Non Obstetric Emergency Care for Pregnant and Postpartum Women

This procedural document supersedes: PAT/T 37 v.3 - Non Obstetric Emergency Care for Pregnant and Postpartum Women

Did you print this document yourself?
The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. *If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.*

| Author/reviewer: (this version) | Elaine Merrills – Interim Matron, Children & Families Care Group  
Than Than Yin – Consultant Obstetrician and Gynaecologist |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date written/revised:</td>
<td>August 2016</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Obstetrics and Gynaecology Clinical Guideline Group</td>
</tr>
<tr>
<td>Date of approval:</td>
<td>October 2016</td>
</tr>
<tr>
<td>Date issued:</td>
<td>19 December 2016</td>
</tr>
<tr>
<td>Next review date:</td>
<td>October 2019</td>
</tr>
<tr>
<td>Target audience:</td>
<td>All Clinical Staff</td>
</tr>
</tbody>
</table>
Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed *without change*, this information will still need to be recorded although the version number will remain the same.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Brief Summary of Changes</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 4</td>
<td>19 December 2016</td>
<td>• Fully revised please read in full</td>
<td>Elaine Merrills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Than Than Yin</td>
</tr>
<tr>
<td>Version 3</td>
<td>July 2012</td>
<td>• Fully revised please read in full.</td>
<td>Andrea Squires</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New style format used in accordance with CORP/COMM 1.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Title changed to Non Obstetric Emergency Care for Pregnant and Postpartum Women.</td>
<td></td>
</tr>
<tr>
<td>Version 2</td>
<td>Sept 2009</td>
<td>References Updated</td>
<td>Carol Lee</td>
</tr>
<tr>
<td>Version 1</td>
<td>Aug 2008</td>
<td>This is a new document please read in full</td>
<td>Michelle Glave</td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>Purpose</td>
</tr>
<tr>
<td>3</td>
<td>Pregnant/Postpartum Women Attending Accident &amp; Emergency or any acute Ward</td>
</tr>
<tr>
<td>4</td>
<td>Discharge of Pregnant or Recently Delivered Women</td>
</tr>
<tr>
<td>5</td>
<td>Women not booked to deliver at DBH</td>
</tr>
<tr>
<td>6</td>
<td>Potential Domestic Violence</td>
</tr>
<tr>
<td>7</td>
<td>Mental Health Problems</td>
</tr>
<tr>
<td>8</td>
<td>Maternal Death</td>
</tr>
<tr>
<td>9</td>
<td>Monitoring</td>
</tr>
<tr>
<td>10</td>
<td>References</td>
</tr>
</tbody>
</table>

### Appendices:

- **Appendix 1**: Pathway of Care for Women Attending A&E | 9
- **Appendix 2**: Fast Track for Potential Miscarriage/Ectopic Pregnancy from A&E | 10
- **Appendix 3**: Admission to Acute Ward | 11
- **Appendix 4**: Maternity A&E Attendance/Outliers Log | 12
1. **INTRODUCTION**

Pregnant or postnatal women who have booked for delivery or have delivered at Doncaster & Bassetlaw Hospitals NHS Foundation Trust are advised to contact Triage or their GP if they have any symptoms which may concern them.

However, pregnant and postnatal women may also present at the Accident & Emergency Department, the Out of Hours GP Service or elsewhere in the hospital following an accident/injury, domestic violence or the occurrence of a medical problem.

‘Saving Lives, Improving Mothers’ Care published in 2015 makes recommendations regarding the management of pregnant and postnatal women in emergency departments and this guideline incorporates those recommendations.

2. **PURPOSE**

- To ensure that any pregnant woman or postpartum woman (up to 42 days) who attends or who is admitted to the Trust, is managed promptly.

- To ensure a communication link via the outlier log on CDS/Labour Ward is established and maintained with the obstetric/midwifery teams in order to provide the most appropriate care.

- To ensure that the Modified Obstetric Early Warning Score is used for all pregnant woman or postpartum woman (up to 42 days).

3. **PREGNANT/POSTPARTUM WOMEN ATTENDING A&E OR ADMITTED TO AN ACUTE WARD**

- All women of childbearing age attending A & E/Acute Ward with unexplained symptoms such as abdominal pain, PV bleeding or gastrointestinal symptoms that may be the result of a pregnancy related illness, should have a pregnancy test performed.

- Pregnant and postnatal women should be assessed initially by A & E/acute ward staff and appropriate treatment provided.

- The Modified Obstetric Early Warning Score (MOEWS) must be used for all pregnant woman or postpartum woman (up to 42 days) in conjunction with MSG 166 Early Recognition of the Severely Ill Antenatal/Postnatal Woman Using the Modified Obstetric Early Warning Score.

- Where there is a suspected or confirmed DVT/PE, the woman should be admitted to the Medical Assessment Unit (Please see MSG 20 Management of Thomboprophylaxis).

- CSD / Labour Ward are to be informed of All attendances and /or admissions to areas
other than Maternity. The outlier log (Appendix 5) must be completed to ensure ongoing awareness of these women.

Appendix 1 for Doncaster and Appendix 2 for Bassetlaw should be followed for all pregnant women attending A & E and Appendix 4 should be followed for women attending an Acute Ward.

### 3.1 Potential miscarriage/ectopic pregnancy

- Any woman up to 16+6 weeks gestation, presenting at A & E with abdominal pain and/or PV bleeding should be assessed using Appendix 3.

### 3.2 Women who should be seen by an experienced doctor form the obstetric/gynaecology team

- When reviewing a pregnant/post natal woman A & E/Acute Ward staff should be vigilant that certain serious pregnancy related problems could manifest as other symptoms e.g. DVT, Pulmonary Embolism, or Eclampsia.
- The A & E/Acute Ward team should request a review by the on-call Obstetric Registrar for pregnant women or postpartum women (up to 42 days) when presenting within the table below and for any other concerns that may present.

<table>
<thead>
<tr>
<th>Suspected ectopic pregnancy</th>
<th>Pyrexia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal or pelvic pain</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>Headache</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Post-operative/procedure readmission</td>
</tr>
<tr>
<td>Abnormal liver function tests</td>
<td>Wherever surgery is considered</td>
</tr>
<tr>
<td>Low platelets</td>
<td>Chest pain</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>Pyrexia or any evidence of infection</td>
<td>Involvement in a road traffic accident</td>
</tr>
<tr>
<td>Vomiting or diarrhoea</td>
<td>Fractures involving lower limbs</td>
</tr>
<tr>
<td>Proteinuria</td>
<td>Overdose or deliberate self- harm</td>
</tr>
<tr>
<td>Epigastric pain</td>
<td>Suspicion of domestic violence</td>
</tr>
</tbody>
</table>

- Any pregnant woman involved in a Road Traffic Accident, however minor, must have an assessment of fetal well-being by a midwife and/or an obstetrician.
- If at any time, birth appears imminent, dial 2222, state obstetric emergency and give your location.
- All communication should be documented in the general notes/patients electronic record (K2).
3.3 Care of women with non obstetric problems requiring admission to/treatment from, another speciality

- When a pregnant or postnatal women diagnosed with a medical condition/non pregnancy related problem requires treatment from/admission to, an alternative specialty, the Obstetric Team should be informed by the admitting Doctor and the proposed management plan discussed in conjunction with the Obstetric Team.

- The Obstetric team will ensure that the woman is reviewed as appropriate to monitor maternal and fetal well-being.

- All communication must be documented in the general notes/patients electronic record (K2) and in the Maternity outlier log.

- Where a sick pregnant or postnatal woman with a non-obstetric problem is admitted to another area in the hospital the Maternity Department should be informed by contacting the labour ward coordinator.
  - At DRI please contact CDS on extensions 642644 / 642645
  - At Bassetlaw please contact labour Ward on extension 2235.

- For those women who have a suspected or confirmed diagnosis of DVT or PE, an urgent referral should be made to the obstetricians for review.

3.4 Informing the on call obstetric consultant of a sick pregnant woman in the hospital

- The Obstetric Consultant should be contacted by the on call Registrar / labour ward coordinator as soon as possible.

- Should the woman require admission to DCC the Obstetric Consultant on call should be notified immediately.

- The woman’s name and ward should be documented on the white board on CDS/Labour Ward indicating where review necessary and the woman’s details should also be entered in the outlier log.

- All communication should be documented in the general notes.

4. DISCHARGE OF PREGNANT OR RECENTLY DELIVERED WOMEN

- In order to provide appropriate ongoing care, the Maternity Services must be notified of the discharge of any pregnant or recently delivered woman, via the CDS/Labour coordinator. Ward. This information will be documented on the outlier log and in the woman’s electronic records.
5. WOMEN NOT BOOKED TO DELIVER AT DONCASTER AND BASSETLAW
NHS FOUNDATION TRUST

- Any woman, who presents and is apparently pregnant (irrelevant of gestation) should be asked if she has booked for maternity care. If she has not booked for maternity care the Maternity Bleep Holder/Labour Ward Coordinator should be informed, who can organise for either a midwife to review the woman in A&E/within the Maternity Department, or can arrange for an appropriate follow up appointment to be made.

6. POTENTIAL DOMESTIC VIOLENCE

- The Maternity Department must be informed where any injury or attendance leads to the suspicion of domestic violence. It is the responsibility of the Labour Ward Coordinator who is made aware of this attendance to ensure that the Community Midwife and safe guarding midwife is aware of the attendance and outcome.

7. MENTAL HEALTH PROBLEMS

- If a pregnant or newly delivered woman is referred to any psychiatric services, the Maternity Bleep holder/Labour Ward Coordinator should be informed.

8. MATERNAL DEATH

- A maternal death is defined as a woman dying during pregnancy, or within 1 year of birth, termination of pregnancy or miscarriage (CEMACH 2011).

- The Head of Midwifery should be informed within working hours, at other times the Maternity Bleep Holder/Labour Ward Coordinator must be informed. This should occur as soon as possible following the death. It is a Trust and statutory requirement to report all Maternal Deaths up to 1 year following birth, irrespective of the reason for death.

9. MONITORING

Compliance with the guideline will be monitored in accordance with the approved Clinical Governance Monitoring Document.

10. REFERENCES


**Associated Guidelines**

MSG 166 Early Recognition of the Severely Ill Antenatal/Postnatal Woman Using the Modified Obstetric Early Warning Score (MOEWS, Available from: [http://intranet/Library/Maternity_Guidelines/MSG%20166%20MOEWS%20May%202012.pdf](http://intranet/Library/Maternity_Guidelines/MSG%20166%20MOEWS%20May%202012.pdf)

APPENDIX 1 – PATHWAY OF CARE FOR WOMEN ATTENDING A&E

Pregnant woman attending A & E. This excludes minor injuries e.g. cut finger

Initial resuscitation required

Yes

Refer A&E Middle grade
Initiate resuscitation Dial 2222.
State obstetric emergency
(also paediatric emergency if birth imminent)

No

Abdominal pain and/or PV bleed under 16 weeks. Follow Fast Track for potential Miscarriage

Inform CDS/LW Coordinator of attendance:
Ext. 642644 (DRI)
Ext. 2235 (BDGH)
(Document on Outlier Log)

Review needed by Obstetric/Gynae Registrar in A & E if any of the following are present:
- Pyrexia
- Headache
- Diarrhoea
- Vomiting
- Epigastric pain
- Proteinuria
- Hypertension
- Abdominal Pain
- Tachycardia
- Fitting/Seizures

If admission
To appropriate ward dependant on history and condition

NB: Women with the following must be seen by the Maternity Care Team prior to discharge:-
- Trauma - any injury to abdomen, RTA, fall/collapse
- suspected domestic violence, assault victims
- any pregnant women with mental health problems
- sick/unwell pregnant women

Blood group must be known to ascertain need for Anti D

All Maternal deaths must be notified to the CDS/LW Coordinator.
This includes all deaths occurring in pregnancy or within a year of pregnancy (including TOP, miscarriage, ectopic) whether related to pregnancy or not.
APPENDIX 2 – FAST TRACK FOR POTENTIAL MISCARRIAGE/ECTOPIC PREGNANCY FROM A&E

Women with PV bleeding and/or abdominal pain, within child bearing age range consider pregnancy even if using contraception

ABC assessment/consider hypovolaemia

Stable

Pregnancy Not Confirmed

Pregnancy Confirmed

Negative test with history of possible pregnancy refer to Gynae Registrar

Unstable

Refer A&E SHO Initiate resuscitation Dial '2222' State 'obstetric emergency' and location

Note pain - type, character, duration and location. (consider ectopic)

Note PV loss

Minimal old loss (brown) with mild or no pain

Fresh red PV loss and/or moderate/severe abdo pain - Always canulate prior to transfer to ward for admission. Obtain FBC, Bhcg and Group & Save.

Under 12 weeks: Discharge home with EPAU Outpatient Appointment as soon as possible

To arrange EPAU appointment ring DRI EPAU: 3161 BDGH EPAU: 2307/86 2254

12 weeks and over:

To be reviewed by Obstetric/Gynae SHO in A&E Also inform CDS/LW Coordinator of attendance DRI: 3165 BDGH: 2235

Contact the on call Obstetrician/ Gynae Registrar

NB in all cases of PVB bleeding in pregnancy the women’s blood group must be known to ascertain the need for antiD
APPENDIX 3 - ADMISSION TO ACUTE WARD

PREGNANT/DELIVERED WOMAN ADMITTED TO ACUTE WARD - DONCASTER OR BASSETLAW
Up to and including 42 days after a delivery of a baby irrespective of gestation

Admitting ward
Nursing Staff/ medical team

Inform CDS/ Labour Ward Coordinator –
DRI: 642644 BDGH: 2235

Ensure aware of admission

Inform obstetric team on call.
Where pregnant woman is sick on call consultant to be informed

Log admission
advise as appropriate

Provide appropriate midwifery support as required

If pregnant-develop ongoing plan of care, in conjunction with speciality medical team
Document and communicate to speciality Medical staff and senior ward nurse

Delivered woman-
provide advice regarding effects of treatment

Inform community midwife as appropriate
## APPENDIX 4 - MATERNITY A&E ATTENDANCE/OUTLIERS LOG

**Doncaster and Bassetlaw Hospitals NHS Foundation Trust**

**Maternity A&E Attendance / Outliers**

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Patient Identifiers</th>
<th>Synopsis of details</th>
<th>Obstetric team review (Yes/No)</th>
<th>On call consultant informed Date and Time</th>
<th>Admitted / Transferred to</th>
<th>On-going review required - Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This page has been left blank.