

Maternity Telephone Triage Standard Operating Procedure (SOP)	
Summary statement: How does the document support patient care?	This SOP is to ensure that all clinical staff working within Maternity Services with the essential guidance on the telephone management of all women/people who refer into the service at UH Sussex SRH & WH.
Staff/stakeholders involved in development:	Head of Midwifery Labour Ward Leads (Midwifery), Matron In-patients for Maternity
Division:	Women and Children's
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Acting Head of Midwifery
For use by:	All Midwifery staff at UH Sussex SRH & WH.
Purpose:	To provide a standard operating procedure for maternity staff to follow when performing telephone triage at maternity units in UH Sussex SRH & WH.
This document supports:	
Key related documents:	UH Sussex SRH & WH Maternity Guidelines: CG13019 Triage of maternity patients
Approved by:	Joint Obstetric Guideline Group
Approval date:	19 th July 2023 Date uploaded: 24 th July 2023
Ratified by Board of Directors/ Committee of the Board of Directors	Not Applicable – Divisional Ratification only required
Ratification Date:	Not Applicable – Divisional Ratification only required
Expiry Date:	March 2025
Review date:	September 2024
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	SP22003

Version	Date	Author	Status	Comment
1.0	March 2022	G. Addison, Acting Head of Midwifery	Archived	New SOP in response to CQC recommendations.
1.1	July 2023	CE Team	LIVE	Pathway added for escalating concerns with care raised by women/people. Flowchart for early pregnancy bleeding added.

The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.
If in doubt contact a senior colleague or expert.

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1.0 Aim of this document

The purpose of this Standard Operating Procedure is to provide all clinical staff working within Maternity Services at UH Sussex SRH & WH with the essential guidance on the telephone management of all women/people who refer into the service, promoting quality, safety and patient satisfaction.

To promote consistency in delivery of care to the required standard across the service.

Provide a key element of information / training to assist staff in delivering their roles and responsibilities in this area of the service.

2.0 Scope

This guideline applies to:

- Midwives
- All medical staff working within Maternity Services

3.0 Introduction

The Maternity Services Telephone Triage will provide an appropriate environment for the assessment and management of all antenatal and postnatal women/people who refer to the service for telephone advice.

It will provide an efficient service to meet local needs whilst promoting quality, safety and patient satisfaction.

4.0 Abbreviations used in this guideline

UH Sussex - University Hospitals Sussex	SOP - Standard Operating Procedure
MIS - Maternity Information System	

5.0 Responsibilities

Midwives:

- To access, read, understand and follow this SOP.
- To use their professional judgement in application of this SOP.

Management:

- To ensure this SOP is reviewed as required in line with Trust and National recommendations.
- To ensure this SOP is accessible to all relevant staff.

6.0 Staffing

Staffing of the maternity telephone triage is twofold:

- Telephone calls will either be triaged by a member of the telephone triage team using the NetCall system or the phone line will be diverted to the labour ward and will be answered by a member of staff working on the unit.
- When the telephone triage system (NetCall) is in use, staff trained in the system will be based at either Worthing or St Richard's hospitals operating the dedicated telephone triage phone line.
- Midwives working the telephone system should liaise with the labour Ward Coordinator at the beginning of each shift to ascertain the acuity and capacity in each unit.
- All midwives using the telephone triage system should be band 6 or 7. Band 5 midwives will be given supernumerary shifts on the telephone line as will student midwives.
- If the telephone triage line is unable to be staffed or not in operation then the phone is diverted to each labour ward. When the phone is diverted to the labour wards then calls requiring a patient assessment must be discussed with the labour ward co-ordinator before being invited into the unit.

7.0 Assessment

At point of referral, an initial telephone assessment will be made and an appropriate care pathway instigated:

- Admission to Labour Ward.
- Admission to Maternity Triage.
- Admission to Day Assessment Unit.
- Care by Community midwife.
- Care by GP.
- Support and reassurance given as no review required.
- Referral to the Early Pregnancy Assessment Clinic (EPAC) following flowchart on [Appendix 3](#).

7.1 Pathway for managing concerns with care raised by women/people

For women/people who express a concern with their care, the Triage Midwife should follow the flowchart in [appendix 2](#).


8.0 Documentation of telephone advice

Details of the phone call, advice given and plans made must be recorded on MIS. The phone book is only to be used only in the event where MIS is offline or otherwise inaccessible. ([Appendix 1](#)).

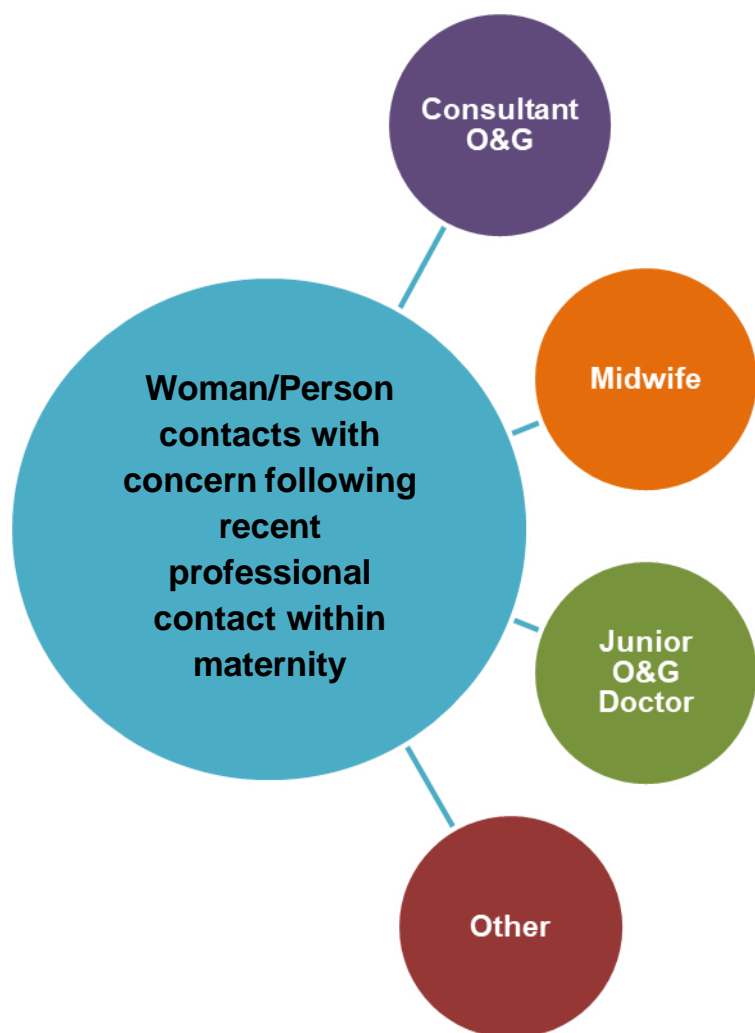
9.0 Number of calls to Maternity Telephone Triage.

The patient must be advised to come in on 3rd call unless phoning to inform that there are no further concerns.

Appendix 1: Telephone Triage Assessment Card

TELEPHONE TRIAGE ASSESSMENT CARD										1 st Call					
Address				Call Taken by						PIN					
				Signature											
				Date		Time		Location							
Woman's name				Woman's Telephone number						Planned place of birth					
Hosp No				Team				Midwife							
Gravida		Parity		EDD or Date of delivery	D	D	-	M	M	-	Y	Y	Gestation	Days PN	
Primary reason for calling Triage		Abdominal pain		Antenatal bleeding		Hypertension									
		Postnatal concern		Ruptured membranes		Suspected labour									
		Unwell/other		Reduced fetal movements											
Relevant medical & obstetric history															

Appendix 2: Escalation pathway when women/people raise concerns with their care



- ANC appointment- Take details from the person and escalate to the ANC Manager / Lead Midwife (Monday- Friday). Inform the person that someone will get back to them ASAP.
- Labour ward review- Take details from the person and escalate to a Matron or labour ward manager (Monday- Friday). Inform the person that someone will get back to them ASAP.

If concerns are regarding fetal and/or maternal well-being contact labour ward coordinator immediately to discuss appropriate care plan. May need discussion with on call consultant.

- Community midwife- Take details from the person and escalate to the Community Team Leader (Monday- Friday). Inform the person that someone will get back to them ASAP.
- Labour ward midwife- Take details from the person and escalate to the Coordinator or Matron (Monday- Friday). Inform the person that someone will get back to them ASAP.
- ANC midwife- Take details from the person and escalate to the ANC Manager / Lead Midwife (Monday- Friday). Inform the person that someone will get back to them ASAP.

If concerns are regarding fetal and/or maternal well-being contact labour ward coordinator immediately to discuss appropriate care plan. May need discussion with on call consultant.

- Registrars; Foundation Year or Specialist Trainees (SHO)- Take details from the person and escalate to the on-call Consultant. Inform the person that someone will get back to them ASAP.

If concerns are regarding fetal and/or maternal well-being contact labour ward coordinator immediately to discuss appropriate care plan. May need discussion with on call consultant.

- Any other Registered Professional (anaesthetists, nurses etc); and Support Workers, Nursery Nurses etc- Take details from the person and escalate to the Matrons (Monday- Friday). Inform the person that someone will get back to them ASAP.

If concerns are regarding fetal and/or maternal well-being contact labour ward coordinator immediately to discuss appropriate care plan. May need discussion with on call consultant.

Appendix 3: Patient information poster for raising concerns




University Hospitals Sussex
NHS Foundation Trust

Do you have any **CONCERNS** about your **PLAN OF CARE?**

Maybe you changed your mind, didn't feel listened to, or
you have been sitting at home worrying about something
in your plan.

If so please **REACH OUT**
so we can listen to your
concerns and make a
plan that **YOU** are
happy with



Call Triage on 01903 285269 to talk with a midwife

Appendix 4: Telephone triage of early pregnancy vaginal bleeding

