University Hospitals Sussex
NHS Foundation Trust

Day Assessment Unit (DAU)

Maternity Protocol: MP025

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Guideline Reviewer:	Nikki Creese & Deborah Stokeley
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Approval Committee:	Women's Services Safety and Quality Committee
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Cross reference:	MP001 Provision and Schedule of Antenatal Care MP008 Infections in Pregnancy MP018 Diabetes MP019 Hypertensive Diseases MP021 Obstetric Cholestasis MP024 Reduced Fetal Movements MP032 Rupture of Membranes (RoM) Term and Pre-Term MP033 Induction of Labour MP050 Caesarean Section MP053 Obstetric Haemorrhage

Contents

Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Scope

This guideline applies to:

- All women attending DAU at PRH or RSCH

Responsibilities

Midwives & Obstetricians:

- To access, read, understand and follow this guidance
- To use this guideline when writing protocols and policies for maternity care

Management Team:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations
- To ensure the guideline is accessible to all relevant staff
- To ensure this guideline is available to service users on request

1 Introduction

1.1 Location of DAU

1.1.1 MAU is situated L12, RSCH

1.1.2 DAU is situated within Antenatal Clinic, ground floor, PRH

1.2 Opening times of DAU & Contact details

1.2.1 PRH DAU is open from 08:30-17:00 Monday 8.00 19:00 and Tuesday- - Thursday 08:00 – 18:00 and Friday 08:00 – 17:00 (ext. 65486)

1.2.2 RSCH MAU is open from 09.00-18.00 Monday-Friday and 09.00-17.00 on Saturday (ext. 64392).

1.3 Staffing of DAU

1.3.1 DAU is a consultant -led service run by midwifery staff with referral to the on-call obstetric team when necessary.

1.4 Facilities at DAU

1.4.1 Each DAU has a waiting area, clinical assessment area and toilets. Clinical rooms are available for consultations

1.5 Appointment and referral systems

1.5.1 There are a number of appointment slots that can be booked in advance for planned attendance. There are also appointment slots available for on the day referrals.

1.5.2 There are 2 appointments available for women booking for 'outpatient' IOL using propess at RSCH (*refer to Maternity Protocol MP033 Induction of Labour)*

1.6 Process

1.6.1 Complete the IOL booking via BadgerNet then email to: UHSussex.rsch.ancreferrals@nhs.net Sussex house midwife will pick up the referral and contact the women/person with a date and time to attend for their IOL. If urgent IOL (to be commenced within 72hours) contact MAU to booked IOLs

1.6.2 PRH 'outpatient' IOL is arranged though DAU or Triage (*refer to Maternity Protocol MP033 Induction of Labour*

1.6.3 Referrals are accepted from all areas i.e. community or hospital, however, referral should be triaged by the midwife or obstetrician taking the phone call prior to admission (see 1.6 below). Drop-in assessments are discouraged.

1.6 Indication for referral to the DAU and other clinical areas:

Sussex House	DAU	Triage	Labour ward	EPU	GAU
<FM <26weeks	Minor PV bleeding >14 weeks	Minor PV bleeding >14 weeks (when DAU closed)	Significant PV bleeding >14 weeks	PV bleeding ≤ 17^{+6} weeks - booked appointment	PV bleeding <14 weeks (out of EPU hours)
Pre-op clerking for obstetric surgery	Abdominal pain in pregnancy >14 weeks (emergency)	Abdominal pain in pregnancy >14 weeks (emergency) when DAU closed or dependant on clinical condition	Abdominal pain in pregnancy >14 weeks (emergency) when DAU closed or dependant on clinical condition	Abdominal Pain ≤ 17^{+6} weeks - booked appointment	Abdominal Pain <14 weeks (emergency)
Confirmed OC continued management	No fetal heart audible >14 weeks	SROM (any gestation)	Obstetric emergencies		Hyperemesis under 14 weeks
Suspected small for dates fetus Request USS via Panda if unable to perform please email: UHSussex.urgentscanrequests@nhs.net	Preterm pre-labour ROM (ongoing reviews)	Labouring women for assessment (any gestation)	Labouring women with birth imminent		
Suspected malpresentation Request USS by emailing:	Reduced fetal movements >26	Postdates > 40+12 declining	In-utero transfers		

UHSussex.urgentscanrequests@nhs.net	weeks	IOL			
	First Presentation Itching / rash in pregnancy				
	Raised BP/ PET				
	Pre-op clerking for obstetric surgery at PRH				
	Musculo-skeletal pain				
	Suspected oligo / polyhydramnios				
	Fetal heart rate irregularities				
	Non-specific unwell women				

2 Ultrasound Scans (USS)

Note: If possible please don't attend with your children. Note they will not be able to attend in the scanning department unless there are exceptional circumstances.
This needs to be escalated via the AN clinic leads / consultant Midwife.

2.1 All urgent day time scans will be booked through DAU.

2.1.1 For RSCH women, Complete Scan request on Bamboo out of hours, can email urgentscanreferral.nhs.net for Sussex house MW's to follow up.

2.1.2 PRH women who need a scan the same day, DAU (midwife) or registrar will complete the request via bamboo. At PRH, for out of hour's women, who need a scan the following day, registrar needs to complete a (INCLUDING a day time contact number of the woman. The USS department will contact the woman/people the next working day.

2.1.3 There limited urgent scan slots available per day at PRH and RSCH, please ensure appropriate patients are booked in these slots. As per protocol

2.1.4 ultrasound scan indications (*please see Maternity Protocol MP032 Rupture of Membranes (RoM) Term and Pre-Term,* and *Maternity Protocol MP024 Reduced Fetal Movements*, section 14 below)

2.1.4.1 PPROM

2.1.4.2 Static growth on 2 occasions

2.1.4.3 SFH ≤3cms for below expected for gestation age

2.1.4.4 Reduced fetal movements after second presentation

2.1.4.5 Suspected malpresentation from 36 weeks

2.1.4.6 Fetal viability

2.1.4.7 Declining IOL >42 weeks

2.1.4.8 Suspected Polyhydramnios

2.2 All non-urgent, routine or follow-up scans should still be booked in the usual way.

3 EPU (refer to EPU protocol)

3.1 EPU mainly sees women with early pregnancy related issues. DAU mainly sees women with 2nd and 3rd trimester issues. Where there is discrepancy or a case that is not covered by the guideline the lead nurse / gynaecologist and midwife / obstetrician in each area should communicate and agree appropriate location for care for that individual woman

3.1.1 PRH: The Early Pregnancy Unit (EPU) runs Mon/Wed/Fri, 08:00-12:00 & and is covered by a nurse sonographer 09:00 – 17:00and Thursday is consultant led clinic 09:00 – 12:30

3.1.2 RSCH: The Early Pregnancy Unit (EPU) runs from Mon-Fri, 08:00-16:00

3.1.3 Appointments are made by telephone 64402 (RSCH) and 65685/6 (PRH).

3.1.4 Women presenting out of hours are seen by the on call gynaecology team in A&E

4 Referrals and Documentation

4.1 The role of the community midwife and GP

The DAU is designed to support primary and community care. Many enquiries or referrals may be dealt more appropriately within primary care. Should community midwifery or GP review be appropriate (see list for DAU referrals page 6), then the caller would be advised to organise an appointment with CMW/GP and this advice documented. However, in rare circumstances, this may be facilitated by DAU staff if the caller experiences difficulty arranging the appointment.

4.2 Documentation

All calls (including women's name and ID, gestations, history, reason for call, advice given and mane and designation of the member of staff taking the call) should be recorded in the DAU/MAU book by the person taking the phone call. Triaging of telephone calls should be undertaken by experienced qualified clinical staff. Student midwives must be supervised by their mentor when working in DAU/MAU. All contacts, assessments, investigations and planning must be documented

4.3 The Antenatal clinic support

Women who are receiving consultant led care in ANC may be seen in DAU between appointments either as part of a management plan (e.g. to have a blood pressure check) or as an additional issue (e.g. episode of reduced fetal movements). Should referrals to other clinics be required (e.g. specialist clinics) this should be arranged by the midwife or obstetrician. Urgent referrals should be made by the Registrar on call.

5 Delivery Suite

5.1 It may be evident during the telephone triage process that direct admission to Delivery Suite or triage is more appropriate than DAU assessment. This decision should be made by qualified staff and clearly documented in the DAU book.

5.2 Medical / obstetric review of women seen in DAU

5.2.1 Many conditions will not require any medical/ obstetric review. If an obstetric review is required the on-call obstetric team must provide medical support as requested by the midwife as per BSOTs pathway. Hyperlink!

5.2.2 Referrals likely to result in an antenatal admission should still have their initial review on the DAU/MAU. Most antenatal ward admissions stay for 24-48 hours or less. All investigations should be undertaken on DAU/MAU prior to admission to antenatal ward

6 Other Clinical Conditions

6.1 Hypertension in Pregnancy
Please refer to Maternity Protocol MP019 Hypertensive Disease

6.2 Itching in Pregnancy
Please refer to Maternity Protocol MP021 Obstetric Cholestasis

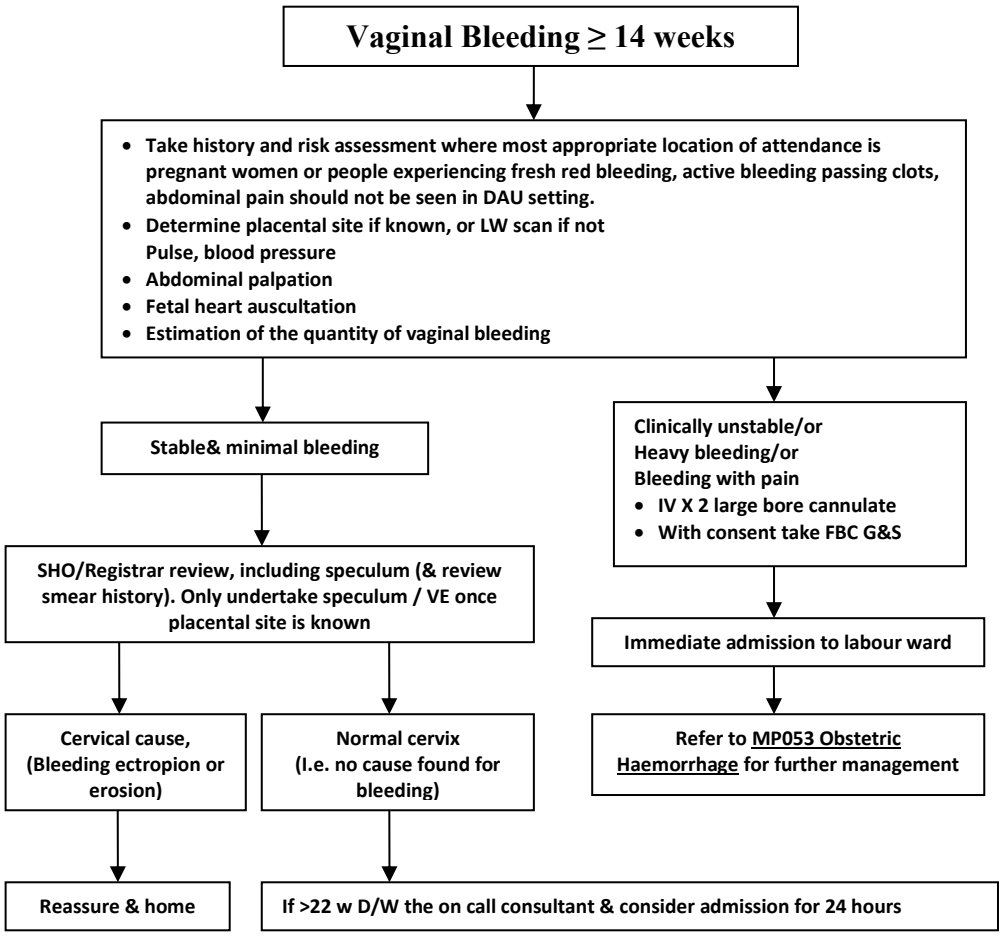
6.3 Reduced Fetal Movement
Please refer to Maternity Protocol MP024 Reduced Fetal Movements

6.4 Preterm Pre-labour Rupture of Membranes
Please refer to Maternity Protocol MP032 Pre-Labour Rupture of Membranes (RoM) Term and Pre-Term

6.5 Viral Infections in Pregnancy
Please refer to Maternity Protocol MP008 Infections in pregnancy

6.6 Elective Lower Segment Caesarean Section
Please refer to Maternity Protocol MP050 Caesarean Section

7 Vaginal Bleeding In Pregnancy



8 Clinically Small for Dates

From 24 weeks gestation, the community midwife will undertake a fetal assessment by abdominal palpation, assessment of fetal movements and Symphysis Fundal Height (SFH). The SFH measurement should be plotted on the SFH chart on BadgerNet

8.1 Symphysis Fundal Height (SFH)

8.1.1 The midwife should undertake a full maternal and fetal assessment if a single SFH which plots below the 5th centile, or serial measurements which demonstrate slow or static growth by crossing lower centiles (a distance of approx. 3cms), should be referred via Panda for Urgent USS, At RSCH if you are unable to complete a referral email UHSussex.urgentscanrequests@nhs.net

8.1.2 If the woman reports concerns about fetal movements, there should be an urgent referral and the woman should be seen in Sussex house if below <26/40 in MAU from <26/40 onwards and assessed as per MP026 BSOTs criteria and MP024 Reduced Fetal Movements

8.2 On arrival at DAU

The DAU midwife should undertake the following assessment as per BSOTs and Rag rate urgency

8.2.1 Full maternal history and review of badger notes/notes

8.2.2 Risk assessment and identification of risk factors

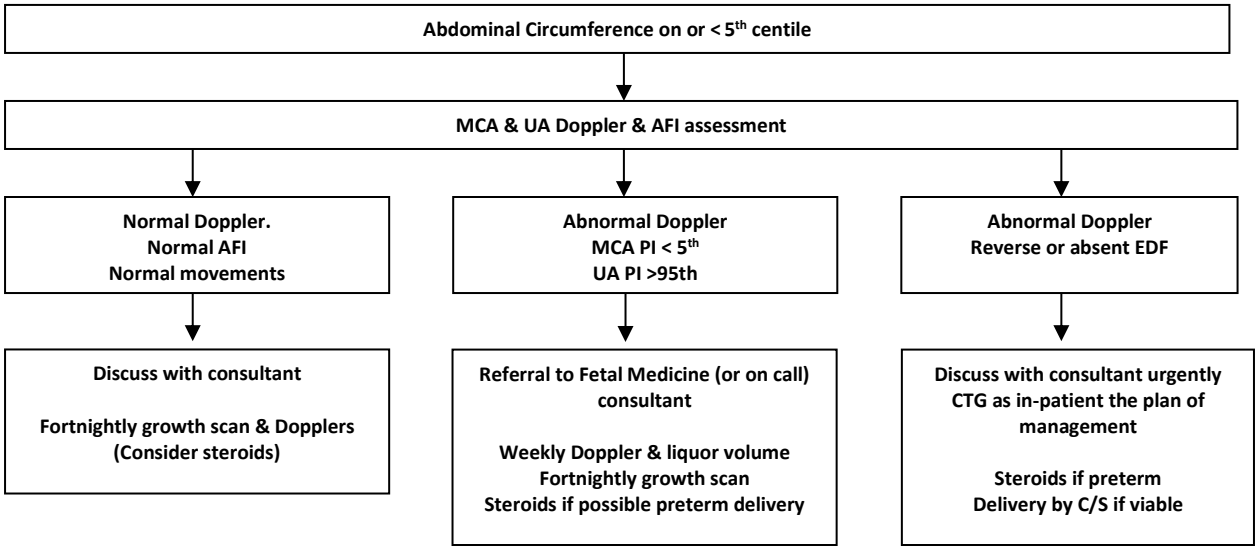
8.2.3 Maternal observations: temp, BP, pulse and urinalysis

8.2.4 Fetal assessment: abdominal palpation, SFH and fetal movements. If reduced fetal movements are reported and ≥26 /40, undertake a CTG Registrar to review and an individualised plan of care to be fully documented

8.3 If any concerns, Registrar should discuss with the on-call consultant

9 Care plan following UA & MCA dopplers

9.1 Suggested algorithm after registrar/ consultant review of the scan following UA and MCA Doppler



10 Suspected Large For Dates in Non Diabetic Women

See Maternity Protocol MP001 Provision and schedule of Antenatal Care.

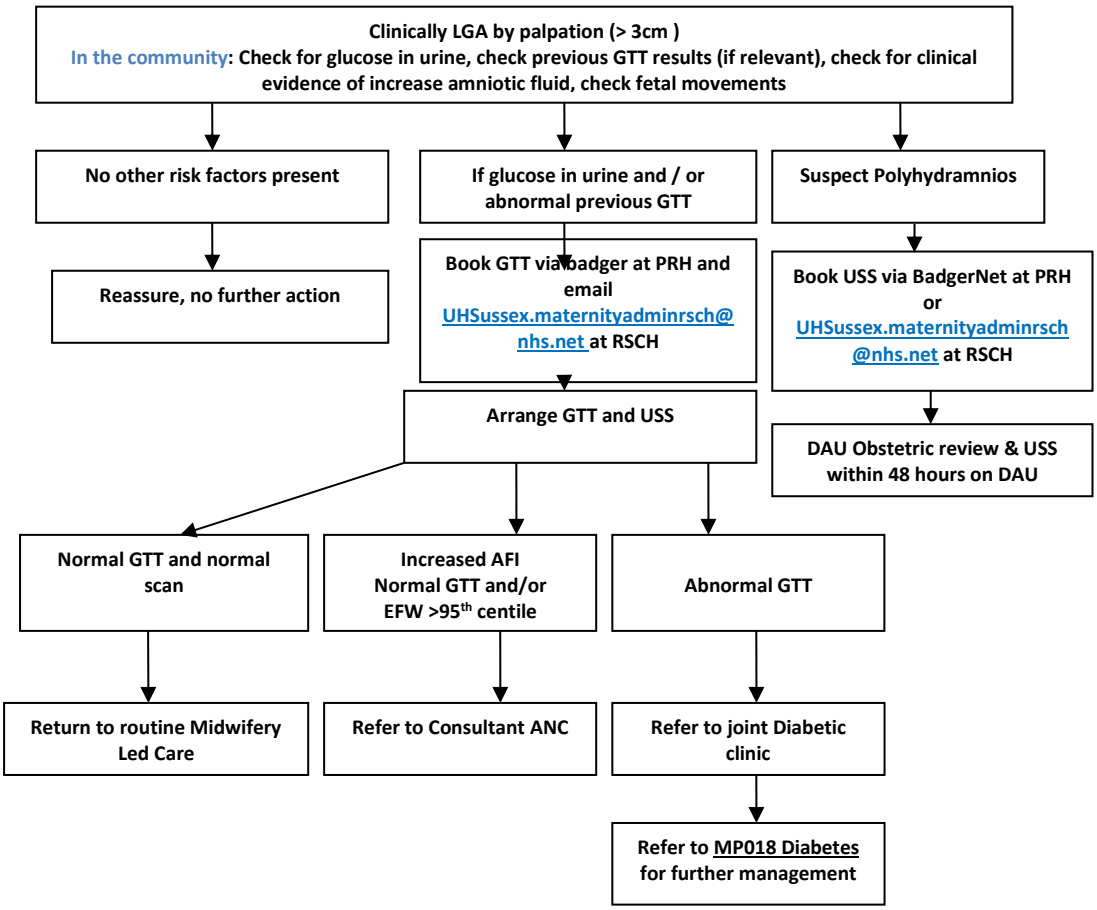
10.1 Women with a suspected large for dates fetus from clinical review and abdominal palpation (>3cm more than gestation in weeks) should not be referred for an ultrasound scan providing there are no other risk factors identified (NICE, 2008).

10.2 Midwife to check for glycosuria; if positive refer via BadgerNet for GTT on BadgerNet and for RSCH make referral via UHSussex.maternityadminrsch@nhs.net

10.3 Ensure you check the results and if negative care can continue with normal A/N care pathway.

10.4 If Polyhydramnios is suspected from clinical review and abdominal palpation women should be referred in to DAU for an urgent obstetric review and referral for ultrasound scan if clinical indicated

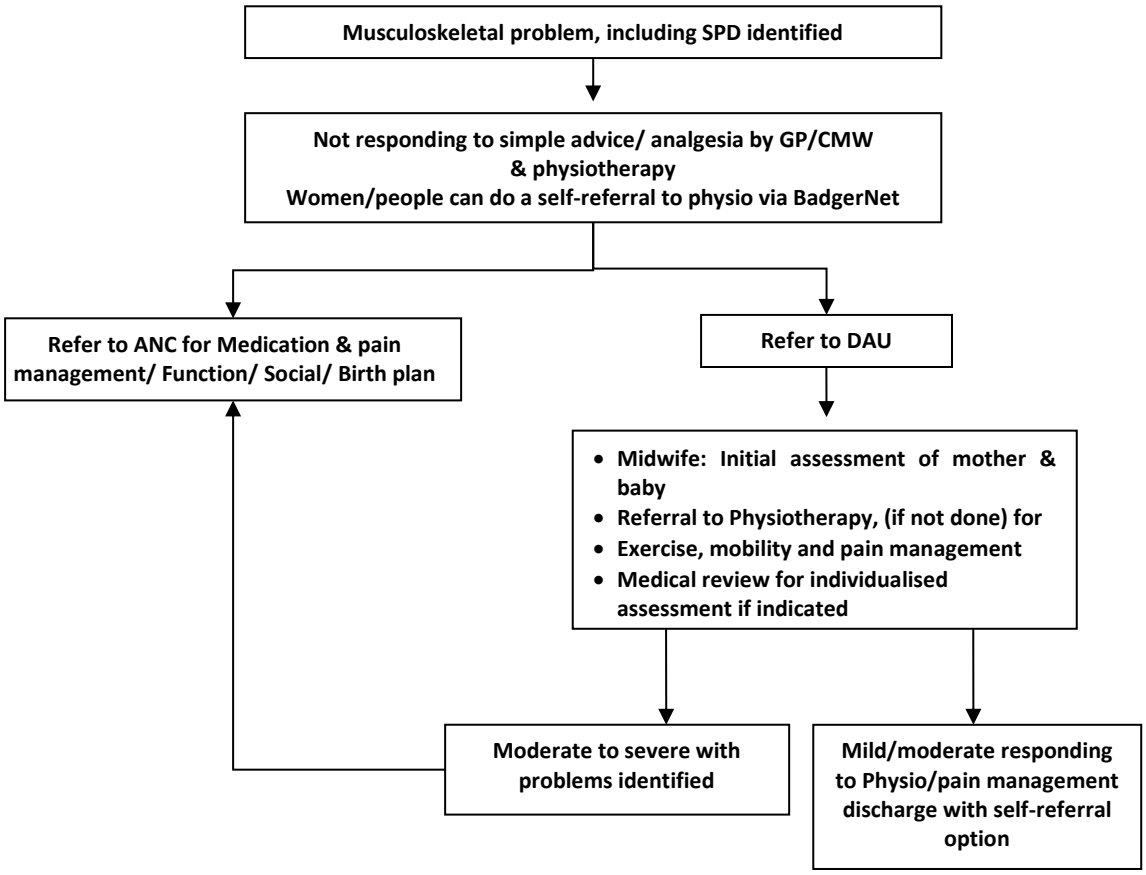
10.5 Algorithm for the diagnosis of large for gestational age (LGA) pregnancy in non-diabetic women



11 Indications for Growth Scans

11.1 In addition to the routine scans, additional scans maybe indicated for the following maternal conditions. These scans are normally arranged and followed up in the AN consultant clinics, however the result may be followed up in the DAU or Sussex House by the medical staff if needed

12 Musculoskeletal Dysfunction in Pregnancy Pathway



13 Propess IOL for Low Risk Pregnancy

Please refer to the Maternity Protocol *MP033 Induction of Labour*

13.1 At PRH: contact triage to arrange a slot in the induction calendar and document IOL booking on BadgerNet

13.2 At RSCH: Complete the IOL booking via BadgerNet then email to: UHSussex.rsch.ancreferrals@nhs.net Sussex house midwife will pick up the referral and contact the women/person with a date and time to attend for their IOL.

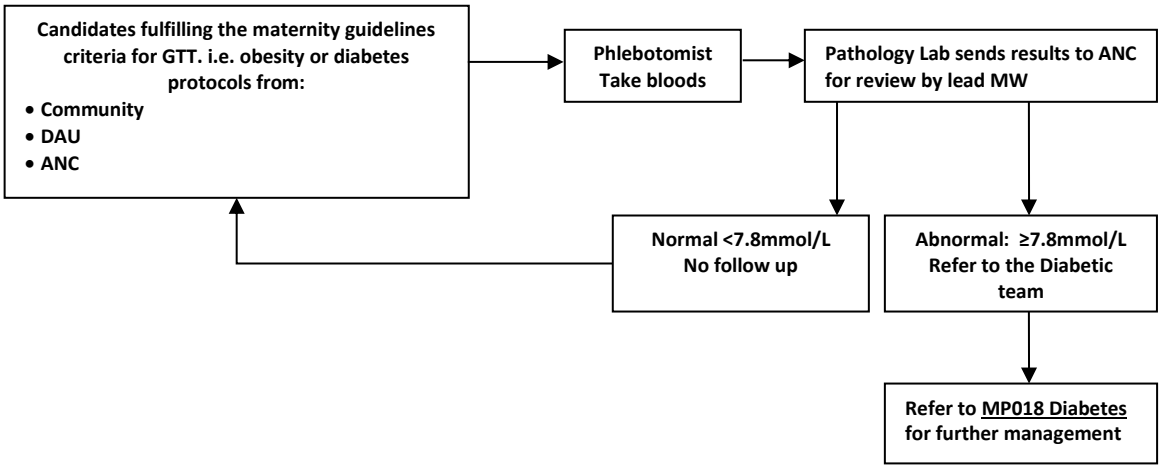
13.2.1 If urgent IOL (to be commenced within 72hours) contact MAU to booked

14 Women Who Decline IOL (42weeks) DAU:

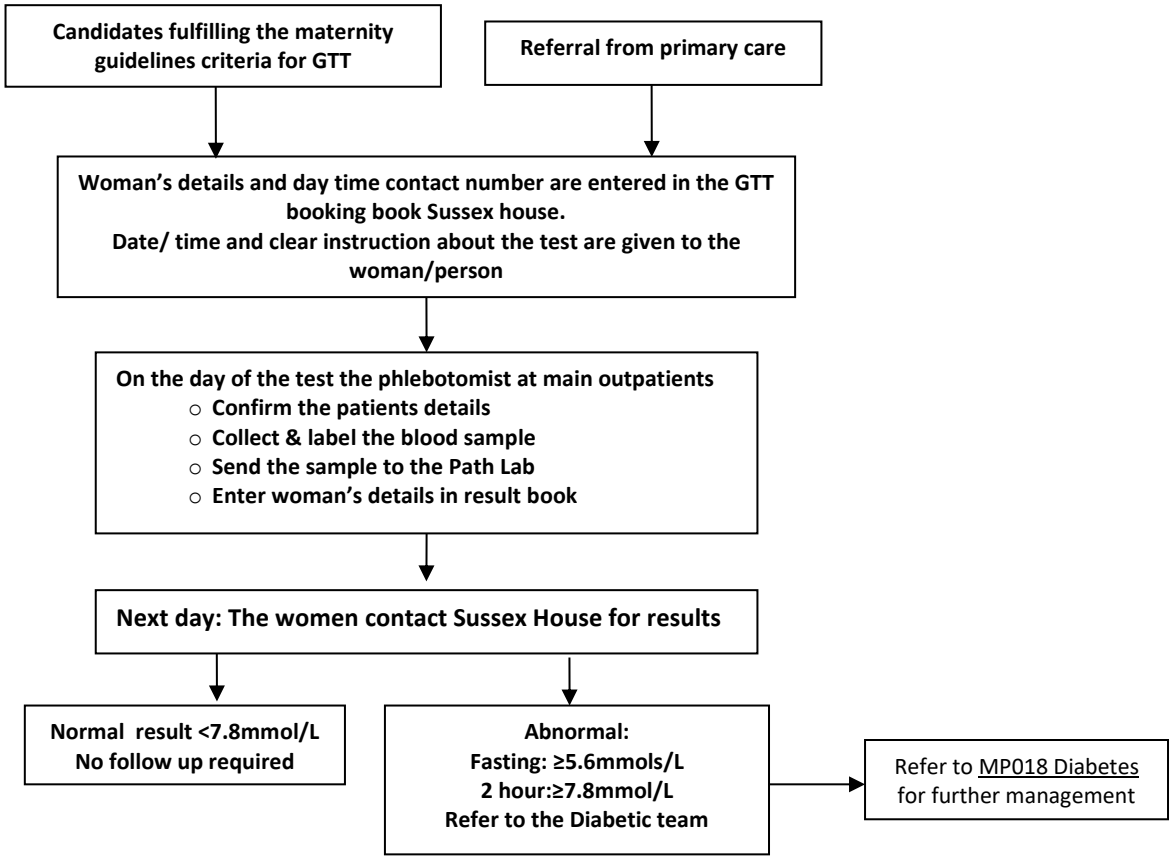
Please refer to Maternity Protocol *MP033 Induction of Labour*

15 GTT Booking:

15.1 PRH GTT booking flowchart: Women/people are referred directly to the Phlebotomist. Results are sent back to the ANC



15.2 RSCH GTT booking flowchart:



16 References:

Abbreviations: ALP, alkaline phosphatise; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CRP, C reactive protein; fT3, free T3; fT4, free T4; GGT, gamma-glutamyl transpeptidase; LFT's, liver function tests; MCV, mean cell volume; TFT's, thyroid function tests; TSH, thyroid stimulating hormone; WBC, white blood cell.

National Institute for Health and Care Excellence (NICE). (2019) Antenatal care for uncomplicated pregnancies. Clinical guideline [CG62]

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