

Labour Ward Staffing

Maternity Document: MD089

Date agreed: February 2018

Guidelines Reviewer: Dawn Elson & Susan Alcock

Version: 3.0

Approval Committee: Women's Services Safety and Quality Committee

Date agreed: February 2018

Review date: February 2021

Cross reference: [MD087](#) BSUH Obstetrics and Gynaecology Medical Staffing
[MD088](#) BSUH Obstetric Anaesthesia Medical Staffing
[MP019](#) Hypertensive Disease
[MP055](#) Peri-Partum Collapse & the Severely Ill Woman
[MP053](#) Obstetric Haemorrhage
[MP058](#) Escalation Protocol
[MP059](#) Direct referral to Consultant by Midwife

Contents

Key Principles	4
Scope	4
Responsibilities	4
1 Introduction	5
2 Labour Ward Coordinators	5
2.1 Duties:.....	5
2.2 Requirements:.....	5
3 Consultant Obstetricians	6
3.1 Duties of the Consultant Obstetrician present on labour ward:	6
3.2 Requirements:.....	7
4 Anaesthetic cover.....	7
4.1 Duties of the duty anaesthetist:	7
4.2 Arrangements for ensuring availability of duty anaesthetist on the labour wards 24 hours a day, 7 days a week:	7
5 References:	8

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 protocol applies to:

- All staff on both maternity units

Responsibilities

Midwives & Obstetricians:

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

Management Team:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to parents and all relevant staff

1 Introduction

This document provides information and expected standards of the duties and requirements of key individuals on the labour wards

2 Labour Ward Coordinators

The two Labour Wards are managed on a shift by shift basis by the Labour Ward Coordinators (experienced midwives at a Band 7 level) on each site and overseen by the Labour Ward Leads on each site. The shift coordinators role is pivotal in the leadership of the shift by facilitating communication between professionals and maintaining awareness of activity taking place on the labour ward and the antenatal and postnatal wards.

2.1 Duties:

- The Labour Ward Coordinators oversee the safe and effective staffing of the two labour wards, providing day to day management of staff and labour ward environment, ensuring the maternity units are running smoothly, escalating concerns / making appropriate referrals to the obstetric team, anaesthetic team, midwifery management team and supervisor of midwives as appropriate.
- To undertake and complete the daily checklist
- They are required to ensure they are aware of the clinical workload in other areas of the maternity service (such as antenatal and postnatal wards, homebirths, other site labour ward) and plan staffing and management appropriately following communication with relevant staff in these clinical areas.
- Labour Ward Coordinators should be aware of the clinical and operational protocols and policies and use them appropriately to support quality care. To implement the Escalation protocol and Direct refer to Consultant protocol as required.
- In addition, the labour ward coordinator is responsible for providing a supportive environment that encourages learning and development of all staff ensuring a quality service through evidence-based guidelines, a robust risk management framework, safe and effective resourcing of equipment and support systems for mentoring new and junior midwives and students.

2.2 Requirements:

- For a Labour ward Coordinator to be present for each shift 24/7. A labour ward coordinator is an experienced midwife of at least 3 years post registration experience.
- In the rare occurrence of a Labour Ward Coordinator not been available (due to sickness / short term absence) a contingency can be that an experienced Band 6 Midwife (defined as more than 3 years post registration experience based predominantly on labour ward) would take on the role of shift co-ordinator. As part of the Band 6 development they

have the opportunity to coordinate shifts with a Band 7 on duty for support. When a Band 6 midwife coordinates the Labour Ward Manager would always ensure they are aware to how to escalate any concerns and who to call.

3 Consultant Obstetricians

The model for Medical staffing is outlined in [MD087 BSUH Obstetrics and Gynaecology Medical Staffing](#).

3.1 Duties of the Consultant Obstetrician present on labour ward:

Presence on labour ward is defined as the Consultant being physically present on labour ward as described in *Safer Childbirth* (RCOG, 2007).

- To be available as a resource for staff on labour ward
- To provide support and guidance for doctors in training, midwives, and students.
- To demonstrate high standards of care, management and communication thus acting as an effective role model.
- To undertake a morning and evening ward round with the obstetric, anaesthetic and midwifery team using the time for teaching and training.
- To attend, in person, in the following emergency situations:
 - Eclampsia
(refer to [MP019 Hypertensive Disease](#))
 - Maternal collapse
(refer to [MP055 Peri-Partum Collapse & the Severely Ill Woman](#))
 - Caesarean section for major placenta praevia
(refer to [MP053 Obstetric Haemorrhage](#))
 - Postpartum haemorrhage of more than 1.5 litres where the haemorrhage is continuing and the massive obstetric haemorrhage pathway has been instigated
(refer to [MP053 Obstetric Haemorrhage](#))
 - Return to theatre (laparotomy)
 - Uterine rupture
(refer to [MP055 Peri-Partum Collapse & the Severely Ill Woman](#))
 - Any situation where the on call obstetric registrar or LW co-ordinator requests consultant input
(refer to [MP059 Direct referral to Consultant by Midwife](#) & [MP058 Escalation Protocol](#))

3.2 Requirements:

- At RSCH there is 68 hour Consultant presence on Labour ward and at PRH 50.5 hours (as per “Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour” RCOG 2007).
- This is achieved by Consultant Obstetrician presence on labour ward between 8.30am – 17.00pm at PRH and 8:30am – 20:30 at RSCH Monday to Friday.
- This is achieved by Consultant Obstetrician presence on labour ward between 9:00 - 13:00 Saturday and Sunday's.
- At all other times Consultants are on call for labour ward for 24 hours, part of which is on site in line with the 68 and 50.5 hours of consultant presence and the remainder of the on call they are off site, contactable by phone and able to attend the labour ward within 30 minutes from being called.

4 Anaesthetic cover

The model for Anaesthetic staffing is outlined in [MD088 BSUH Obstetric Anaesthesia Medical Staffing](#)

4.1 Duties of the duty anaesthetist:

- To provide an anaesthetic service 24/7 to both Labour Wards for women requiring
 - epidural analgesia
 - caesarean section emergency or elective
 - to attend any theatre procedure on the labour ward
- To attend any obstetric emergency to provide anaesthetic support
- To demonstrate high standards of care, management and communication
- To provide anaesthetic input into the management of women with high risk conditions as required
- To attend the morning and evening ward round with the obstetric and midwifery team

4.2 Arrangements for ensuring availability of duty anaesthetist on the labour wards 24 hours a day, 7 days a week:

- **In office hours (Monday to Friday)**
 - The Obstetric Anaesthetic service currently has twelve consultants. Most work at both the RSCH and PRH sites, three work only at the PRH site.
 - When consultants are away on leave the sessions are covered by flexible working patterns amongst obstetric anaesthetists, consultant anaesthetists with a general interest and locum

consultant anaesthetists. Rarely a non-consultant may cover consultant leave, this is usually a trainee who is completing a higher training module in obstetric anaesthesia, and this would be appropriate for their level of training. They will have support from the day time 'starred' (on-call) anaesthetist.

- **Out of office hours (and weekend)**
 - Out of hours the delivery suite is staffed by appropriately trained and senior trainee anaesthetists who have completed basic competency assessments in obstetric anaesthesia. The duty anaesthetist for obstetrics in both units is not responsible for the intensive care unit, and on both sites their primary responsibility is to the delivery suite.
 - At the PRH site the out of office hour's anaesthetic resident on call rota is staffed by a mixture of clinical fellows with an interest in obstetric anaesthesia and anaesthetic speciality registrars.
 - At the RSCH site eight ST3/4 grade doctors participate in the night time anaesthetic on call rota.

5 References:

Royal College Obstetrics and Gynaecology. 2007. Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour. RCOG press, London.