The Shrewsbury and Telford Hospital NHS Trust

Standard Operating Procedure (SOP)

SOP Title	**Obstetric Triage SOP**		
SOP Number	017		
Care Group	Women and Children's		
Version Number	4.2		
Effective Date	19th September 2025	Review Date	January 2028
Author	Jasmin Smith, Maternity Matron		
Approved by	Maternity Guideline Group, Maternity Governance		
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Document Control

Version	Date	Author	Status	Comments
Pilot	11.1.16	Anita Timmis (Triage Lead) Claire Murgatroyd (Antenatal Ward Manager).	pilot	
1-1.2	4.10.16-7.11.18	Claire Murgatroyd (Antenatal Ward Manager) Paula Pryce	New	Amalgamation of history document control table see version 1.2 for full history
2	3.2.2020	Emma Biggs (Triage Midwife), Jacqui Bolton (Guideline Midwife) Rachel Lloyd	Revision	Full review Addition of escalation process during the hours of 1930-0800, Addition of escalation process for medical review
3	17.03.2023	Lauren Taylor (Intrapartum Matron)	Revision	Addition of process of Women awaiting Triage Review.
3.1	July 2023	Clinical Audit		Audit & Monitoring paragraph update to reflect new process
3.2	20th October 2023	Lauren Taylor (Intrapartum Matron)	Revision	Small revision to SOP.
3.3	26th March 2024	Lauren Taylor	Minor	Edited by GLM- made to reflect new local PAS system

4	17th January 2025	Jasmin Smith (Intrapartum and Trige Matron) Katie Coles (Triage Deputy Ward Manager)	Full review	
4.1	21st February 2025	Jasmin Smith (Intrapartum and Triage Matron)	Minor	Offer of hospital taxi added
4.2	19th September 2025	Jasmin Smith (Intrapartum and Triage Matron)	Minor	Removal of pager system

SOP Objectives	• To provide a clear process for staff to prioritise the order in which women are seen according to clinical urgency based on triage by clinical priority. • To ensure a clear process for escalation for a medical review after the Midwife has completed their assessment and classified the level of urgency. • To ensure a clear process for women awaiting Triage Review.
Scope	• To be used in conjunction with BSOTS tool on Badgernet. • To be used in conjunction with relevant, symptom specific SATH Maternity Guidelines
Audit/Monitoring	Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out against the auditable standards and the results of the audit will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

Number	Brief	Responsibility
1	**Initial contact** Triage can be accessed as a walk in service 24 hours a day. Telephone calls are taken and logged by a dedicated telephone triage midwife 24 hours a day/ 7 days a week and documented on Badgernet. This documentation will capture the discussion, sign-posting and advice given to the woman. There is a recorded message, safety netting women with advice and then a queue based hold system whilst awaiting an available midwife. Calls will be diverted to delivery suite if triage acuity is high. Calls taken by Delivery Suite will follow the same process, and the Triage Midwives will be informed. **Where a woman is advised to attend the unit for a face-to-face review and has transport issues, a hospital taxi will be offered.**	**Midwife**
2	**Roles and responsibility** • The midwives allocated in Triage, work as a team, Comprising of coordinator/core mw a 2nd triage midwife and a telephone midwife • Each has a defined role and cannot be shared see **sections 3 and 4**. • When patient transfer to delivery suite is required – a midwife from Triage will handover to a Delivery Suite midwife, with the exception when either department is in escalation. Depending on acuity, a delivery suite midwife will be required to collect women from Triage • A Telephone Triage Midwife will be available 24 hours to answer telephone calls, notify triage team of TCI's and update triage board accordingly.	**Midwife**
3	**Triage Coordinator /Core Midwife (MW)** • They provide the **"initial"** consultation/triage, this should be **within 15 minutes** of the patient arriving. The details and time of arrival will be documented on the Triage whiteboard, the triage TAC and Badgernet. • Triage Coordinator/core mw will take the woman to the triage room and complete her history and a full set of observations, this will be documented onto the woman's Badgernet using the BSOTS. • Triage Coordinator/ core MW will use the BSOTS tool and their clinical judgment to prioritise the level of clinical urgency (Red, Orange, Yellow, Green). Dependent upon the algorithm for the main reason of attendance; this may include transfer to delivery suite, transfer to an assessment bay, transferred to the waiting area, or discharged home. Waiting time for further assessment will be advised. • Triage Coordinator/Core midwife will update the white board with the time of triage, categorisation, and plan for her on-going care on badgernet. The patients triage sheet will be placed in the appropriate slot on the wall rack, for triage midwife's attention. • Responsible for timely escalation in times of high acuity and providing support to other staff who are working in the department. • To ensure that equipment checking is undertaken, and documentation competed.	**Coordinator/ Triage core midwife**

	• To hold the drug keys, check drugs, FP10'S and ensure stock is ordered. • Escalation of outstanding blood results at daily handover and to the manager of the day. • Ensure self-discharge SOP is followed.	
4	**Second Triage Midwife** • The care will be carried out using one of the beds in the assessment bay on triage. • Will provide on-going care (for example CTG, speculum, blood tests), based on these findings will escalate accordingly to Medical Staff. • The timing of this care will be symptom specific. • There will be a continual assessment of the clinical priority of patients via the whiteboard and wall rack. • **ORANGE:** patients will be seen **within 15 minutes by the assessing midwife** • **YELLOW:** patients will be seen **within an hour by the assessing midwife** • **GREEN:** patients will be seen **within the next 4 hours by the assessing midwife** *All midwives will be responsible for bleeping the obstetrician (if not already present within the department) as required according to the level of urgency or need for medical review.* • On completion of triage midwife "follow on care", they will use their clinical judgment and the patient's clinical situation to classify the level of urgency for a medical review as follows: → **URGENT-** medical review required **within 1 hour** → **Non- Urgent-** medical review required **within 4 hours** → **Medical review not required** • Patient specific escalation needs to be appropriately documented on Badgernet. • Following escalation for medical review, if during the discussion it is apparent, they are unable to attend within the timeframe (according to the categorisation and level of urgency), the midwife will escalate in accordance with the escalation policy. There may also be an indication to escalate when there number of patients / acuity within the department is such that there is felt to be a risk to maintain safe and effective care. • Document in triage escalation book and Datix appropriately. • All antenatal patients should have TIER 2 or higher review. • Postnatal patients can be reviewed by SHO and discussed with TIER 2 if appropriate. • On-going care will then depend upon the assessment and clinical situation. • Patients may be asked to sit on the waiting chairs and should be informed regarding recommended medical review. • If a patient is to be admitted the consultant on call must be contacted by the obstetrician to inform them of the admission. The consultant must review any admission within 6 hours of admission (excluding women	**Midwife**

	admitted for latent phase of labour alone, postnatal readmission for baby only) this includes postnatal readmission and complete Datix for postnatal readmission. • Escalation should be undertaken by the ward team if the women is not reviewed within 6 hours of admission, or if there is a clinical need to expedite the review. • Escalation to Manager of the day at times of high acuity. • If the patient needs an urgent review by the consultant, the consultant should be informed and asked to attend in line with the relevant escalation and deteriorating adult policies. Inform Manager of the Day/ Manager on Call/ Delivery Suite Coordinator if unable to obtain Consultant due to acuity. • If a patient requires an urgent senior review and due to acuity this cannot be achieved, escalate to Delivery Suite Coordinator and transfer to Delivery Suite.	
5	**Documentation** • Patients who are seen in triage and then return home will have all their care documented on Badgernet. Telephone conversations will be recorded under triage contact. • If a patient calls on 3 occasions with the same concern, they should always be invited into the unit for review. • If a patient has been advised to attend and they do not present to triage, an attempt to contact them should be made If this is unsuccessful, escalate to the manager of the day and the community team should also be informed. • For patients receiving care from an alternative trust, will have a summary of the care they have received documented in their hand-held notes. A printout of their care shall also be given to the patient.	**Midwife**
6	**Women Service Assistant (WSA)/ MSWs** • Will provide support to the triage midwives as part of their current role, by welcoming patients to the Triage area, collecting notes, performing general observations and urinalysis, act as a chaperone, helping with transfers and collecting patients from the waiting area. • Ensure that patients are also admitted into the triage diary. • Responsible for restocking and cleaning. • Responsible for checking suction and oxygen • Ensure that patient drinks trolley is stocked.	**WSA/MSW**
7	**Escalation** • A patient who has waited more than **15 minutes for the initial triage** assessment • A patient who is categorised as **red and cannot** be transferred immediately to delivery suite. • A patient who is categorised as orange has waited more than **15 minutes** for the follow-on assessment. • A patient who is categorised as yellow has waited more than **1 hours** for the follow-on assessment.	**Midwife /Antenatal Ward Manager Delivery Suite Coordinator /Manager on Call**

	• A patient who is categorised as green has waited more than **4 hours** for the follow-on assessment. • When Triage is staffed by **1 midwife and all 3 assessment beds are occupied** with patients requiring a medical review and who are unable to sit in the waiting area. • A CTG where the threshold is not met by 60 minutes • For self-discharges • Escalation must be documented in escalation book and on Badgernet if patient specific. At times of escalation **midwives** must inform: • During office hours - Manager Bleep 254 / Delivery Suite Coordinator/triage coordinator if allocated • Out of hours Delivery Suite Coordinator and/or Women and Children's on call manager. • Consultant on call	
8	**Handover** • 07:30-08:00/19:30-20:00 – Triage Coordinator/Core Midwife • Take place in confidential area (Office opposite DAU) • Check Drug Cupboard/FP10s, and document in book • Diary must be handed over with Quality and Safety folder reviewed.	
9	**Women awaiting Triage Review.** • A woman who is categorised as Red on the BSOTS will not wait for a review in Triage, they will be immediately transferred to delivery suite • Women will be advised to remain in Triage whilst awaiting further review and advised to inform staff if any new concerns arise or existing concerns worsen. • If a patient returns to Triage as they have further concerns, the midwife will perform a full set of observations and score the patient again using the BSOT's.	
10	**Nonattendance** • Refer to Missed Appointments guideline for process for recording non-attendance to Triage when asked to attend following telephone consultation. • To input that not attended on the Woman's Badgernet as DNA.	**Midwife**
11	**Self-discharge** • Women who decline to wait for a follow-on assessment will be asked to sign a self-discharge form. This will be filed in the Maternity Notes and scanned onto their Badgernet. A datix will be submitted. If unable to complete Datix at the time due to acuity to add to triage self-discharge folder. If the Midwife/ Obstetrician feels it is necessary communication to the Community midwives to inform them of the self-discharge so they can follow up the patient in Community. • Women should be safety -netted with advise that they can reattend as triage is a 24 hour service.	**Midwife**

12	**Ambulance Calls** • To establish where is the origin of call i.e. from call centre or crew; please note calls are triaged over the phone and the patient may not have medical attention at time of call • Clinical assessment of situation (SBAR) • Ambulance admissions to attend delivery suite • Taxi can be offered to patients requiring review, if all other options of transport have been explored, and ambulance not required.	

Appendix 1

Obstetric Triage Staffing

Monday-Sunday
07:30-20:00 1 Band 7, 2 Band 6 Midwives, 1 Phone Midwife (10am- 6pm), Band 6 and 1 Womens Service Assistant
19:30-08:00 1Band 7, 2 Band 6 Midwife and 1 Women's Service Assistant

Additionally, Monday-Friday
10:00-18:00 addition of 1 midwife allocated to Obstetric Triage

Midwifery Staffing

07:30-20:00

- Band 7 Midwifery Coordinator or "Core Triage Midwife"
- 2 Band 6 Midwives (x1 for phones)
- 1 Phone Midwife
- 1 WSA/MSW

13:00-21:00

- 1 band 6 Midwife

19:30 – 08:00

- Band 7 Midwifery Coordinator or "Core Triage Midwife"
- 2 Band 6 midwives (x1 for phones)
- 1 WSA/MSW