



**Pregnant/postnatal women attending the Emergency  
 Department/non-maternity ward**

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## 1.0 Introduction

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant.

The MBRRACE report (2021) advocates multi-disciplinary working and referral for women with complex issues or women who present in Emergency departments.

MBRRACE report (2019-2021), October 2023 states: " treat pregnant, recently pregnant, and breast-feeding women the same way as non-pregnant person unless there is a very clear reason not to."

## 2.0 Objective

To ensure any pregnant or postnatal (up to 42 days) women attending the Emergency Department or any other ward/unit in the hospital receive when needed a timely obstetric review and care from a multi-disciplinary team including obstetricians and midwives.

To ensure that clear communication occurs between staff outside of the maternity unit and obstetric/ midwifery staff within the hospital, when pregnant women are admitted to a ward or receive emergency department care.

To ensure pregnant and postnatal women admitted throughout BHNFT have vital signs recorded using the Modified Obstetric Early Warning Score (MOEWS).

To ensure pregnant and postnatal women admitted throughout BHNFT have a venous thromboembolism (VTE) assessment completed using the Obstetric Thromboprophylaxis Risk Assessment form (TRAF).

## 3.0 Scope

This guideline applies to any service in the hospital assessing or admitting pregnant/postnatal patients.

## 4.0 Main body of the document

### 4.1 Imminent birth

If a woman presents to the emergency department and birth is imminent, call 2222 and ask for the Obstetric and Neonatal Emergency teams.



[Link to Use of Maternity Bleep System](#)

Move the mother to resus in ED and get the Birth Pack ready, turn on the neonatal resuscitaire. (Stored behind the curtain in Resus E)

If a mother presents to the emergency department in labour, staff can immediately transfer the mother to labour triage and inform the Midwife in charge of the Birthing Centre on bleep 248.

**4.2 Pregnant women or women less than 42 days delivered who attend the Emergency Department**

Any PREGNANCY  $\geq 20/40$  (including 6 weeks after delivery) needs referring to Labour Ward on initial assessment who will require baseline observations to undertake a MOEWS score and advise on immediate care. This telephone advised to ED should be documented by maternity staff on a triage call log sheet/EPR.

Ring 1870 or 1871 and ask for the Birthing Centre Co-ordinator. Document any discussion and plan in the notes.

The Birthing Centre Co-ordinator will then complete or arrange a member of staff to review and complete a Maternity Obstetric Early Warning Score.

Women 20+0 or less weeks gestation complaining of abdominal pain/discomfort or vaginal bleeding should follow the ED Bleeding/Abdominal Pain in early pregnancy pathway.

[Bleeding and Pain in Early Pregnancy](#)

**Pre-eclampsia/eclampsia (20/40+)**

- **Any blood pressure above 150/90 needs immediate escalation to the Obstetric registrar**

Consider Pre-eclampsia/Eclampsia in these patients:

- Epigastric pain unrelated to any other diagnosed or suspected pathology
- Raised blood pressure (particularly raised systolic)
- Proteinuria
- New onset headache
- Visual disturbances
- Leg swelling/Oedema
- Confusion
- Seizures

**NB new onset seizures in pregnancy should be considered as eclampsia until proven otherwise.**



The Obstetric Registrar should be contacted on baton bleep number 664 in the first instance. If there are any difficulties contacting the Obstetric Registrar then the SHO can be contacted on baton bleep number 663. In most cases the patient should be transferred to the Barnsley Birthing Centre for a full review.

#### **4.3 Women admitted to a ward/unit outside of maternity**

The Birthing Centre Co-ordinator must be informed of any pregnant woman admitted to another ward in the hospital to ensure oversight. The woman will then be discussed at the MDT handovers on the Birthing Centre and an Obstetric plan of care for the woman will be formulated.

#### **4.4 Maternal deaths up to one year following birth**

There is a statutory requirement to report all maternal deaths which occur up to one year following birth. Please inform the Maternity bleep holder (248) or the Birthing Centre coordinator if this occurs

#### **5.0 Documentation**

Risk assessments, care plans and clinical reviews will be documented in the hospital records

#### **6.0 Storage of guidelines**

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#### **7.0 Roles and responsibilities**

##### Midwives and Obstetricians

Have a responsibility to work in collaboration with staff on the general hospital wards and departments, including the Emergency Department to ensure women are reviewed and transferred to the most appropriate area for care

Have a responsibility to review women admitted to other departments/wards within the hospital in accordance with agreed plans of care

#### **8.0 Associated documents and references**

Cole, MF (2014) A modified early obstetric warning system, *British Journal of Midwifery* V22 (12)



Accessed online

<https://www.britishjournalofmidwifery.com/content/professional/amodifiedearly-obstetric-warning-system>

MBRRACE-UK. Saving Lives, Improving Mothers care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19 November 2021 [online]

[https://www.npeu.ox.ac.uk/assets/downloads/mbranceuk/reports/maternal-report2021/MBRRACE-UK\\_Maternal\\_Report\\_2021\\_-\\_FINAL\\_WEB\\_VERSION.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbranceuk/reports/maternal-report2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_WEB_VERSION.pdf)

National Maternity Review. Better births. Improving outcomes of maternity services in England – A five year forward view for maternity care (2016) [online]

[www.england.nhs.uk/ourwork/futurenhs/mat-review](http://www.england.nhs.uk/ourwork/futurenhs/mat-review)

## **9.0 Training and resources**

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

## **10.0 Monitoring and audit**

Any adverse incidents relating to the guideline for admission to the emergency department or areas other than maternity will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for admission to the emergency department or areas other than maternity will be audited in line with the annual audit programme, as agreed by the CBU

## **11.0 Equality and Diversity**

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.



This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavour to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

### **11.1 Recording and Monitoring of Equality & Diversity**

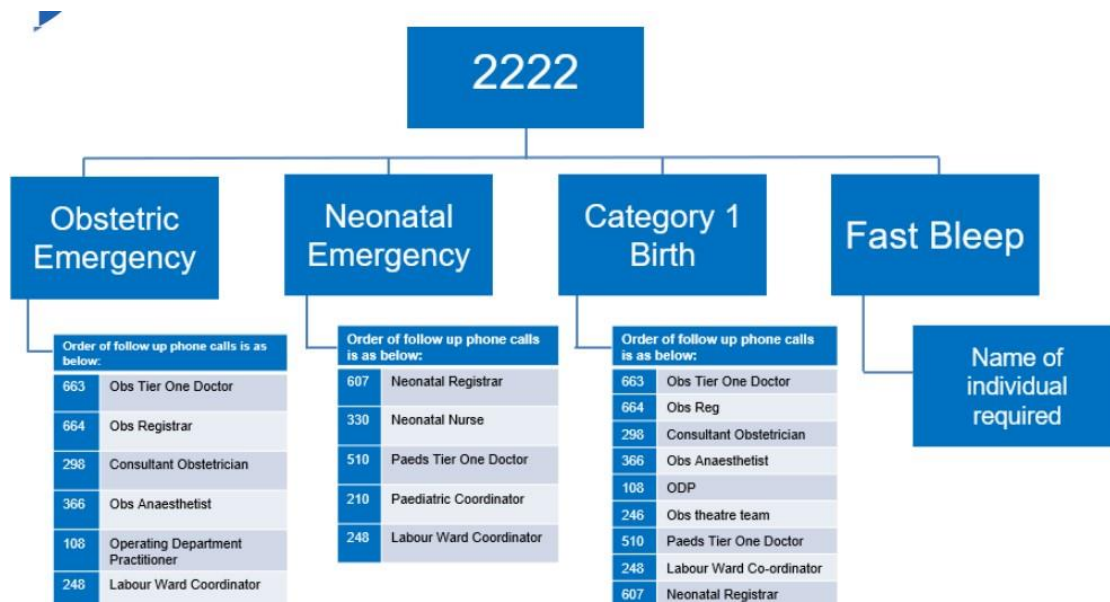
The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



## Appendix 1

This is for all departments that may come into contact with maternity patients and their babies. In the event of an obstetric or neonatal emergency then 2222 is put out followed by stating the type of emergency.



## Appendix 2 Equality Impact Assessment – required for policy only

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

## Appendix 3 Glossary of terms

ED – Emergency Department

MOEWS – Modified Obstetric Early Warning Score

SHO – Senior House Officer





**Appendix 4 (must always be the last appendix)**

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1.	01/08/2011		
2.	11/06/2012		
3.	24/04/2017		
4.	11/3/2024	Guideline simplified to reflect change in practice.	E. Docherty

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	N/A
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Approved by CBU 3 Overarching Governance Meeting	22/03/2023
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Approved at Medicines Management Committee (if document relates to medicines)	N/A