Worcestershire Acute Hospitals NHS Trust

Guideline for management of Pregnant and recently delivered women who attend Accident and Emergency (A&E) Department and pregnant women seen in the hospital with non-obstetric emergencies

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Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
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Key Amendments

Date	Amendments	Approved by

Introduction
Pregnant women booked for delivery at Worcestershire Acute Hospitals NHS Trust are advised to contact the Delivery Suite, their community midwife, GP, or the Antenatal Day Assessment Unit or Maternity triage if they have symptoms which concern them.

However pregnant women do present to the A&E or other emergency department e.g. acute Medical assessment unit (AMAU) following an accident/injury, domestic violence or with a medical problem.

"All pregnant women attending A & E departments should be seen quickly, by a doctor, and those with anything other than very minor physical injuries should be seen in conjunction with an obstetrician or senior midwife". "Individual obstetric units should develop protocols for the management of pregnant woman who are acutely ill/collapsed for non-obstetric reasons" (CEMACH 2000-2002)

Recommendations from The MBRRACE Report - Saving Lives, Improving Mothers' Care 2015 state that all pregnant and postnatal women presenting to the Emergency Department with medical problems should be discussed with a member of the maternity medical team. This should ensure appropriate investigations and treatments for pulmonary embolism are not withheld and prophylaxis is prescribed where appropriate.

Details of Pathway: See appendix 3

Worcestershire Royal Hospital: Prior to 16 weeks refer to Gynaecology SHO, who will liaise with gynaecology inpatient staff or Early Pregnancy Assessment Unit, as appropriate. After 16 weeks and in the postnatal period refer to Obstetric SHO and Delivery Suite Co-ordinator.

See appendix 2 for a pathway when pregnant women attend A & E in Alexandra Hospital, Redditch. There are no maternity in patients in Redditch. When pregnant women attend A&E, immediate transfer must be organised after discussion with the on call team.

Pregnancy Related Problems
All pregnant women carry their own notes during pregnancy "Pregnancy Notes" All professionals should ascertain if the woman has these with her, to assist in management of her care.

Initial Obstetric assessment should include:
- Gestation
- Signs and symptoms of labour
- Presence of fetal movements/fetal heart sounds
- Blood pressure, pulse, respiration rate and temperature
- Urinalysis (presence of blood and protein can be a sign of urinary tract infection, but also of ruptured membranes and proteinuria with raised blood pressure is a sign of pre-eclampsia)

If the woman is over 16 weeks gestation a call should be made to delivery suite and advice will be given as to whether the woman should go up to the delivery suite or be seen in the Day Assessment Unit or maternity triage.
The Day Assessment Unit hours are: WRH :08.00 – 20.00 hrs Monday to Friday

If a birth appears imminent, contact the maternity unit coordinator bleep 223 who will arrange for a midwife to attend A&E immediately. ***(NB: Delivery Packs are available in the A&E department.)***

The on-call Consultant Obstetrician should be informed of all sick pregnant women in the hospital who have an obstetric problem.

If the woman is less than 16 weeks gestation, the Gynaecology Registrar should be called to assess the woman.

All Rhesus negative pregnant women should receive Anti D intramuscularly (250 iu if 12 - 20 weeks and 500 iu if > 20 weeks) if there is a history of vaginal bleeding or abdominal trauma, this needs to be done within 72 hours.

Apparent Non-Pregnancy Related Problems:
The pregnant woman who presents in the emergency department with an apparent non-pregnancy related problem, will still need careful assessment of her pregnancy. When assessing these women, remember that certain serious pregnancy related problems can manifest as other conditions e.g. DVT, pulmonary embolism, eclampsia.

See **appendix 1** for Pathway for pregnant women >16 weeks who present with suspected DVT or PE; If < 16 weeks contact the Gynaecology team via switch board

All pregnant women attending emergency departments with anything other than minor complaints should be seen quickly. Obstetric on-call team / delivery suite should be informed so appropriate review / follow up can be arranged.

If a women attending A& E with minor non-pregnancy related complaint requests reassurance for fetal wellbeing the delivery suite should be informed who will the make the appropriate arrangements.

It may not be necessary for the woman to be seen by the obstetric/midwifery team at that time depending on the presenting condition, but the midwife may advise an earlier appointment with her own midwife/GP.

If the condition of the woman warrants admission to a medical/surgical ward the Obstetric Registrar and Maternity Bleep holder **must be informed** and they will ensure that she is reviewed as appropriate to monitor the maternal and fetal wellbeing. The Obstetric Consultant should be informed of the admission at the next opportune occasion. Should the woman require admission to ITU or HDU the Obstetric Consultant on call should be notified immediately.

Pregnant women who are not booked
Any woman, who presents and is apparently pregnant at any gestation, must be asked if she has booked for maternity care or has an appointment to be seen for booking. If she has not, the delivery suite should be informed and the maternity bleep holder will arrange for either a midwife to see her in the emergency department or for the community midwife to see the woman. If not booked with our trust or out of areas ensure that safeguarding checks are carried out.

RTA

Any pregnant woman over 20 weeks' gestation involved in an RTA, however minor, must have an assessment of fetal wellbeing by a midwife or an obstetrician. If the condition of the woman is serious following the RTA, a clinical decision will be made by the A&E team on the most appropriate time to inform the obstetric team.

Postnatal Period

The postnatal periods extends to the 28th day following delivery for midwifery care and up to 42 days following delivery for obstetric care. Should a mother be referred to the emergency department in the postnatal period, there should be an initial assessment by the emergency care staff and appropriate measures taken to address the woman's symptoms/complaint.

If the reason for referral, or the women has symptoms of a well-recognised postnatal complication i.e. thrombosis, postpartum haemorrhage the Obstetric Registrar on call/maternity bleep holder should be informed. They will see the women in the A&E Department if clinically necessary or advise re the appropriate action.

If the condition of the woman warrants admission to a medical/surgical ward the Obstetric Registrar and Maternity Bleep holder **must be informed** and they will ensure that she is reviewed as appropriate to monitor the maternal wellbeing. The Obstetric Consultant should be informed of the admission at the next opportune occasion. Should the woman require admission to ITU or HDU the Obstetric Consultant on call should be notified immediately.

Place of Admission

If the postnatal mother (with baby) needs admission for maternal complication, the place of her admission needs to be assessed carefully. The patient must be admitted in an appropriate ward after discussion between The Consultant Obstetrician and Maternity Bleep holder. If the postnatal mother (with baby) requires admission to ITU/HDU the baby needs to be cared for by the family. In individual circumstances where this is not possible the on-going care for the baby must be discussed with the neonatal unit.

Maternal Deaths

We have a statutory requirement to report all Maternal Deaths up to 1 year following birth, miscarriage or termination of pregnancy irrespective of the reason for that death. The maternity service will co-ordinate all reporting to MBRRACE. If a woman meets this criteria, the maternity bleep holder must be informed and she will make the necessary arrangements for reporting. See protocol for Maternal Death in treatment pathways

Appendix 1 Pathway for pregnant women >16 weeks who present with suspected DVT or PE (If < 16 weeks contact the on call Gynaecology team via switch board)

Pathway for pregnant women >16 weeks who present with suspected DVT or PE

(to be used in conjunction with WAHT-TP-094—Treatment of venous thromboembolism occurring in pregnancy)

Referral source

GPs, A&E, CMWs, self referral, other departments, Countywide ANCs

Presenting symptoms

Shortness of breath Palpitations Chest pain Calf pain and swelling

Referral from A & E WRH

- Presenting to A & E—review by A&E doctor; baseline observations, to be documented on WOW chart
- Referral to maternity triage for further assessment by Obstetric team—for appropriate investigations and escalation to senior obstetric team if appropriate
- If patient is unwell, it may be more appropriate to see in A&E, rather than transfer to triage

Contact numbers

- Maternity triage ext 30771 / 30548 / 01905 733196
- Maternity day assessment unit ext. 30124 / 01905 / 01905 760594
- Delivery suite ext. 39141 / 39142 / 01905 760571
- Obstetrics SHO bleep **675** / Registrar bleep **800** / Consultant bleep **217**

Maternity triage pathway

- Accept patient from referral source
- Review within 30 minutes (if unable to do, liaise with delivery suite/maternity DAU for assistance)
- Full assessment based on WOW chart scoring—using triggers for Obstetric review as indicated
- Escalation using SBAR to Obstetric Doctors, to include:
  Presenting complaint ; Medical history if relevant ; Gestation
  and Observations: BP/Pulse/Temperature/Respiration rate/O2 saturations/Pain score
- Doctor to review and decide on further investigations/appropriate senior review
- Admit in antenatal ward for further care; if needed, request medical registrar review
- **Refer to guideline WAHT-TP-094; if indicated, commence treatment while awaiting investigation**

Patients who attend with suspected P.E

- Junior Doctor to review patient
- Review baseline observations
- Assess need for arterial blood gases/chest x-ray , ECG & further imaging (VQ or CTPA)
- Arrange admission to ANW if needed
- Ensure senior review

Patients who attend with suspected DVT

- Junior Doctor to review patient
- Contact anti-coagulation team for leg Doppler **(Bleep 512)**
- After scan patient to be sent to DAU for Doctors to review scan and plan treatment (if out of hours liaise with delivery suite)
- If admission indicated liaise with ANW, ensure a clear plan of care/senior review

Documentation

All patient admissions and care plans to be documented on the maternity electronic system, and reference must be made in the patients hand held notes AND in the antenatal summary within the patients hospital notes.

Follow up plan, prior to discharge

Ensure consultant clinic appointment is in place/made and CMWs have been informed if VTE is confirmed

Appendix 2 Pathway for pregnant women presenting to Alexandra Hospital A&E

Management of Pregnant women presenting to Alexandra Hospital A and E

- Pregnant patients presenting to Accident and Emergency should be triaged within 15 minutes and have basic observations performed on arrival.
- Observations to be recorded on WOW Chart.
- If there are no Obstetric concerns and stable observations they can be reviewed by senior Accident and Emergency staff. Contact the on call team after initial assessment and medical review
- Unstable or critically ill pregnant patients immediate resuscitation should be initiated alongside discussion with the Obstetric or the Gynaecology on-call team depending on the gestation
    - In these situations maternal health outweighs fetal survival.
    - The appropriate obstetrics/gynaecology +/- neonatal teams should be informed at Worcester.
    - Patients should be stabilised before transfer to WRH is considered

Critically ill pregnant women presenting to A&E <16 weeks

Stabilise the patient
IV access with 2 wide bore cannula 16 G grey venflon.
Record the observations on WOW chart
Senior medical staff review
Contact On call Gynaecology Team at WRH
(Consultant Bleep 474, Registrar 654)
Transfer patient to WRH in a blue lighted ambulance to GAU/A&E depending on advice from the on call Consultant/ Registrar.

Critically ill pregnant women presenting to A&E >16 weeks

Stabilise the patient
IV access with 2 wide bore cannula 16G grey venflon.
Record the observations on WOW chart
Senior medical staff review
Contact On call Obstetrics Team at WRH
(Consultant Bleep 217, Registrar 800)
Transfer patient to WRH in a blue lighted ambulance to Delivery Suite

Contact numbers	
WRH Maternity Triage	01905 733196 Extn 30771; 30548
WRH Delivery suite	01905 760571 Extn 39141; 39142
WRH GAU	01905761489 Extn 30425

Worcestershire Acute Hospitals NHS Trust

Appendix 3 Pathway for pregnant women presenting to WRH A&E

PREGNANT WOMEN ATTENDING WRH A&E

Worcestershire NHS
Acute Hospitals NHS Trust

Gestation: Less than 16 weeks

Presents with pregnancy related problems
Bleep Gynae on-call SHO/ Registrar
They should review the patient

Presents with non-pregnancy related problems other than minor complaints

Inform Gynae on-call SHO/ Registrar

- If needs admission admit to ward appropriate to medical / surgical problem
- Depending upon the nature of presenting problem she may/ may not require urgent obstetric / Gynae review.
- Gynae SHO/ Registrar should inform the on-call consultant to arrange appropriate review / follow up
- If she requires admission to ITU/ HDU on-call consultant should be informed immediately.

Gestation: 16 weeks or more

Presents with pregnancy related problems
Call Delivery suite and advice will be given as to

- Transfer the woman to delivery suite
- Transfer the woman to Day Assessment
- Midwifery / obstetric staff to review the woman in A&E

Presents with non-pregnancy related problems other than minor complaints

Inform delivery suite / obstetric SHO and registrar

- If needs admission admit to ward appropriate to medical / surgical problem
- Depending upon the nature of presenting problem she may/ may not require urgent obstetric review.
- The appropriate midwifery support/ review and obstetric review should be arranged by the maternity team.
- Obstetric SHO/ Registrar should inform the on-call consultant to arrange appropriate review / follow up
- If she requires admission to ITU/ HDU on-call consultant should be informed immediately.