

Criteria for Obstetric Consultant and Registrar Review on Postnatal Ward

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Key Amendments

Date	Amendments	Approved by

Consultant to review

Consultant obstetrician assigned for Elective CS if available should review and liaise with the on call consultant Obstetrician . If consultant for elective CS not available for Obstetric on call consultant should review

- Any LSCS where there were significant operative difficulties where the surgeon has requested consultant PN review (would need to inform all the registrars and consultants)
- Any LSCS where there were operative complications
- Severe PET/HELLP (i.e. patients who received magnesium sulphate/fit)*
- Severe Sepsis (i.e. patients on IV antibiotics who are not improving or persistent red flag signs despite fluid resuscitation)*
- Admissions to intensive care *
- Puerperal psychosis or significant deterioration in mental health
- Significant medical comorbidities e.g. cardiac heart disease where consultant review is recommended upon discharge from Labour ward
- Poor or unexpected neonatal outcome
- 4th degree tears
- Wound breakdown

- Readmissions for all maternal reasons - initial review and subsequently if
- Patient's request

*** Initial review and subsequent reviews if persistent concerns/ requested by the midwifery team**

Registrar to review

- PPH >2000ml of EBL
- PET on antihypertensive medication (excluding those who were on MgSO₄) - D1 review (face to face). Subsequent review and discharge review can be a discussion with the SHO
- CS debrief
 - I. Category 1 CS excluding those for consultant review
 - II. Category 2 CSs