# Macleod Maternity Assessment Unit (MMAU) Standard Operating Procedure (SOP)

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| **For use in:** | Obstetrics and specifically the Macleod Assessment Unit |
| **By:** | Staff working in the Macleod Assessment Unit |
| **For:** | Midwives and Doctors |
| **Division responsible for document:** | Women and Children's Division |
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| **Assessed and approved by the:** | Maternity Guidelines Committee (MGC)<br><br>If approved by committee or Governance Lead Chair's Action; tick here ☑ |
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| **Ratified by or reported as approved to** (if applicable)**:** | Clinical Safety and Effectiveness Sub-Board |
| **To be reviewed before:**<br>This document remains current after this date but will be under review | 22/04/2025 |
| **To be reviewed by:** | Consultant and Midwife Lead for MMAU |
| **Reference and / or Trust Docs ID No:** | 11525 |
| **Version No:** | 13 |
| **Compliance links:** (is there any NICE related to guidance) | Each flow chart follows relevant pre-existing Trust guideline with exception of hypertension flow chart. This follows guidance in PRECOG paper published BMJ 2005 (2005;330:576) |
| **If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?** | No |

**Version and Document Control:**

| Version Number | Date of Update | Change Description | Author |
|---|---|---|---|
| 8 | 22/05/2020 | The committees have taken out the phrase ST5 or above on MMAU rapid assessment flowchart, as it refers to women choosing expectant management not the actual triage process. Addition of flowcharts. Addition of contents list. | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 8.1 | 09/07/2020 | Page 14 – Actim PROM amended to AmniSure | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 8.2 | 29/03/2021 | Flowchart updated | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 9 | 19/05/2021 | Page 24 – the labour section, replace this box! It has come up as a recommendation from an HSIB report. This also brings the guidance in line with the latent phase of labour guideline | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 10 | 28/05/2021 | New labour flow chart<br>New Rapid assessment form<br>New process for MSU results – positive results to be discussed with Tier 1 doctor | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 11 | 03/12/2021 | Reduced fetal movements. Addition of “appropriately trained midwife” to staff who can review scan<br>Removal of 28 day cutoff to postnatal flow chart | Charles Bircher |
| 12 | 04/03/2022 | Cut off for delivery suite and MAU to start the 18 week cut off from 7th March.<br>Approved at MGC 04/03/2022 and a review date of 6 months as need to review again | Charles Bircher |
| 12.1 | 17/03/2022 | Document reviewed, no changes required | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |
| 13 | 22/04/2022 | Changes to escalation within management of microbiology results section. | Lisa Mastrullo<br>Sherri Richardson<br>Charles Bircher |

**This is a Controlled Document**

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## Contents List

## Objective

To ensure that women are directed to the most appropriate area and/or health professional and provide a safe and efficient service in prioritising, assessing, planning and providing appropriate care. The aim is to ensure a standardised care pathway planned in partnership with the women with timely review/discharge, a reduction in waiting times and avoiding inappropriate referrals, subsequently improving capacity issues within the maternity unit.

The MMAU will combine a 24 hour acute triage service based on a Traffic Light System (Appendix 1) and an appointment system Day Assessment Unit. The MMAU midwife will answer all calls and either direct them to the most appropriate healthcare setting or professional or offer appropriate advice and admission if required. An appointment or admission will be prioritised on clinical need and individual risk assessment.

## Referral Sources

- Self-Referral.
- GP.
- Community Midwife.
- Accident and Emergency.
- Other clinical areas.
- Walk-in centers.
- Paramedics.

## Exclusions

- Women < 18+0 gestation.
- Women >28 days PN, unless a direct maternity problem.
- Women with non-pregnancy related complaints e.g. Fractures etc.
- Chest Pain/respiratory distress - Refer to A+E.
- ?DVT, Pulmonary embolism - Refer to A+E.
- Road Traffic Collision A&E for initial review if required.
- Suspected UTI'S in office hours - See GP.
- Trial without catheter (TWOC) - Refer to Cley Obstetrics.
- Post-natal checks for NICU mothers - Refer to Blakeney Ward.
- Vaginal discharge - Refer to GP.

## MMAU Process

Women will undergo a telephone triage (Appendix 2) and be risk assessed according to the presenting problem via the appropriate flow chart. They will then undergo a second rapid assessment on arrival at MMAU or delivery suite. Both these triages will utilise the traffic light system.

## Initial Contact

Women who self-refer will undergo a telephone rapid assessment (Appendix 3). The contact will be recorded on the telephone contact sheet. Specific telephone assessment tools/flowcharts for the most usual presentations have been created which reflect current guidance to assist the practitioner. The flowcharts are to be found at the end of this operating procedure.

- ?Pre-labour rupture of membranes – see Appendix 4 and 5.
- Reduced fetal movements – see Appendix 6 and 7.
- Itching in pregnancy – see Appendix 8.
- Hypertensive diseases – see Appendix 9 and 10.
- PV bleeding – see Appendix 11 and 12.
- Abdominal pain - see Appendix 13 and 14.
- ?Labour – see Appendix 15.
- Postnatal problems – see appendix 16.

An assessment will be carried out to ensure women are directed to the right service. Any discussion and advice given should be documented. Including:

- Name, Address, Date of birth and hospital number.
- Alert check E3/PAS.
- Referral source.
- Whether this is the first or subsequent call in 24 hours.
- Their reason for calling and current issue.
- Medical History.
- Obstetric history.
- Satisfaction with advice.

Admission, if required will be prioritised according to clinical need, utilising the traffic light system (Appendix 2 and the presentation specific telephone assessment flow charts).

The list of presenting symptoms is not exhaustive, and at all times the midwife answering the phone needs to exercise her clinical judgement. Any patient can be triaged at a more serious level than flow charts suggest, but cannot be downgraded until clinical review.

**Triage Rapid Assessment**

All women presenting to MMAU will have rapid assessment completed within 30 minutes of arrival, and this is recorded on the “Rapid Assessment Form” (Appendix 3). This will include: weight, urinalysis auscultation of the fetal heart and a full set of observations (and with a MEOWS score calculated by a Midwifery Care Assistant (MCA) or Midwife).

Oxygen saturations are not included in the MEOWS score, but sats <95% should prompt immediate medical review. A cut off of 95% has been used after the publication “Gestation-

Specific Vital Sign Reference Ranges in Pregnancy", Green et al, Obstetrics & Gynecology: March 2020 - Volume 135 - Issue 3 - p 653-664.

The midwife will complete the following:

- Review the antenatal notes, assessing medical and obstetric history.
- Confirm gestational age.
- History of presenting issue.
- Abdominal palpation.
- CTG/FH auscultation.
- Refer to obstetrician if required.

If telephone assessed as RED this should be on delivery suite and a CTG should be part of the rapid assessment. Following the rapid assessment of the patient they can be downgraded to amber or green and transferred to MMAU if appropriate.

If after the MMAU rapid assessment, the patient remains AMBER or GREEN, the woman will then be shown back to the waiting room to be seen by the midwife in order of priority, not in order of arrival.

There are flow charts for specific presentations that guide the rapid assessment process, as well as guide what investigations may be required, and help categorise patients as red, amber or green. This list of presentations is not exhaustive, and at all times a clinician can upgrade the priority using their clinical judgement. These flow charts mean investigations can be requested by midwifery staff, but also encourage midwife led discharge if appropriate, as well as when to call for an Obstetric opinion.

**NB – A woman may be re-categorised from rapid assessment on arrival or at any point during MMAU admission according to their clinical need**.
Remember, a change in clinical need to RED will require escalation and moving to delivery suite and to liaise with Delivery Suite Co-ordinator and Obstetric Senior Registrar, or if appropriate, through the emergency bleep (2222), requesting clearly your emergency and location.

**"State emergency, MMAU, Delivery Suite, Room number, West block, Level three"**

**Discharge from MMAU**

- Once the review is completed a plan of care, discussion and any follow-up must be clearly documented in the hand-held notes. The woman will then be discharged or admitted/transferred accordingly.
- If the care episode is a non-timed emergency appointment, it must be recorded as a 'Delivery Suite Contact' on E3 prior to discharge home and a copy secured in the maternal hand-held notes, in the hospital notes and on the receptionists discharge clipboard.
- If the appointment is a timed diary appointment it must be recorded on E3 as an 'Antenatal Contact.' One copy to be secured in the maternal handheld noted and one in the hospital notes.

- Follow-ups by the community midwives will be called out via Medicom by the delivery suite receptionist.
- Appointments for antenatal clinic (ANC) are made on the ANC referral form and the woman is responsible for taking the form to ANC and making the appointment. Out of hours a referral form is attached to the hospital notes and the ANC will contact the woman with an appointment the following working day.
- MMAU follow-up appointments will be given to the woman and documented in the electronic diary on PAS.

## Management of microbiology results

When a specimen is taken in MMAU - inform the woman that if there is a positive result we will contact her via letter or by phone.

The MMAU midwife will check the microbiology results daily and action positive results. The MMAU midwife will check the microbiology results daily and action positive results. Results can be identified by searching on ICE with “Delivery Triage” as the location, and the date required. If results cannot be checked for the previous 24 hours, escalate to the on call Tier 1 (0901) or Tier 2 (0903) doctor depending on their work load. The doctor must be made aware of the following process:

- Check on E3 that the result has not already been actioned (e.g. treated on admission or remains an inpatient in hospital)
- All positive microbiology results must be recorded that they have been checked on ICE (by clicking on “File”) and actioned in the pregnancy notes section on E3 e.g. – Candida found on swab, letter sent to patient.
- GBS
  - All GBS results should be called out to the community midwife to discuss with the woman.
  - Complete GBS letter and send to patient with patient information leaflet (see end of this guideline for letter template).
  - E3 should be updated to include an alert for GBS ASAP.
  - Inform G.P via letter as information only.
  - Complete sticker in GBS book. Only sign when actioned completely.
- Candida
  - Complete the relevant letter template and print the result from ICE and post to the patient (see end of this guideline for letter templates).
  - Update E3 in pregnancy notes.
- All other positive results should be reviewed by the Tier 1 doctor on call. If there is a positive MSU that requires treatment, then the Tier 1 doctor should do an outpatient prescription on EPMA.

## Management of DNA and patients with no transport

This should be as per the flow charts at the end of this guideline.

## Staffing

The MMAU will be coordinated by an experienced midwife who will liaise regularly with the Delivery Suite Coordinator. In daytime/twilight hours the MMAU will be staffed with 3 Midwives and an MCA at peak activity hours. Out of hours this will reduce to one midwife. Staffing has been agreed based on triage admission statistics.

Any women requiring obstetric review will be seen by the on-call obstetric team.
The delivery suite receptionist will admit the woman on the Patient Administration System and obtain the health records.

## Appendix 1

## Telephone Traffic Light System

## Appendix 2

## Telephone Assessment

**Appendix 3**

# Rapid Assessment Form

| | | | | | |
|---|---|---|---|---|---|
| Date | | Reason for admission | Parity | | |
| Time of arrival | | | | | |
| Time of assessment | | | Gestation | | |
| Time of Doctor | *Requested* | | | | |
| | *Seen* | Telephone Risk Assessment | | | |
| | | Red | Amber | Green | |
| Time of discharge | | | | | |
| Risk Factors / Patient Alerts | | | | | |

| **Observations and FH** | | **Abdominal Palpation** | | | |
|---|---|---|---|---|---|
| Temp | | BP | | SFH | |
| Pulse | | RR | | Serial USS | |
| *Circle* | A V<br>P U | | Lie | | |
| MEOWS | | $O^2$ Sats | | Presentation | |
| ***MEOWS ≥ 1 commence observation chart and escalate*** | | | | | |
| FH | | FM's | | Position | |
| Weight | kg | CO level | | Engagement | |

| | | | | |
|---|---|---|---|---|
| Plan | | USS / V Scan | | *Urine Sticker* |

| | | | | | |
|---|---|---|---|---|---|
| | | Bloods | | | |
| | | HVS | | | |
| | | MSU | | | |
| | | UPCR | | | |
| | | Speculum | | | |
| | | Ffn | | | |
| | | Amnisure | | | |
| | | CTG | | | |
| | | DR met at:<br><br>STV: | | | |

| | | | | | |
|---|---|---|---|---|---|
| Triage Risk Assessment / MEOWS ≥ 1 escalation | Red | Amber | Green | | |
| Print Name: | | Signature: | | Title: | |
| Notes | *Where possible and not being admitted please document on E3* | | | | |

| Name: | | Signature | | Title: | |
|---|---|---|---|---|---|

# Rapid Assessment Form

**Appendix 4**

## Appendix 5

## Pre-labour (no uterine activity) Ruptured Membranes: MMAU Rapid Assessment

**Appendix 6**

## Reduced fetal movements: Telephone Assessment

Reduced FMs should only be invited to MMAU **from 24 weeks gestation** – see Reduced FMs guideline for more information (trust i.d. 881)

**Appendix 7**

## Reduced Fetal Movements: MMAU Rapid Assessment

Reduced FMs should only be invited to MMAU **from 24 weeks gestation** – see Reduced FMs guideline for more information (trust i.d. 881)

**Appendix 8**

## Itching in pregnancy: Telephone Assessment

**Appendix 9**

## Hypertension in Pregnancy: Telephone Assessment

## (when assessing use the diastolic or systolic figure that puts BP in the higher risk category)

## Hypertension in pregnancy: MAU assessment

**Appendix 10**

## Hypertension in pregnancy: MMAU Rapid Assessment

## (when assessing use the diastolic or systolic figure that puts BP in the higher risk category)

**Appendix 11**

## SHOW, PV Bleeding, APH: Telephone Assessment

**Appendix 12**

## PV bleeding / APH: MMAU Rapid Assessment

**Appendix 13**

## Abdominal Pain (not labour): Telephone Assessment

**Clinical judgement along with patients perspective needs to be taken into account when assessing if mild/moderate/severe pain**

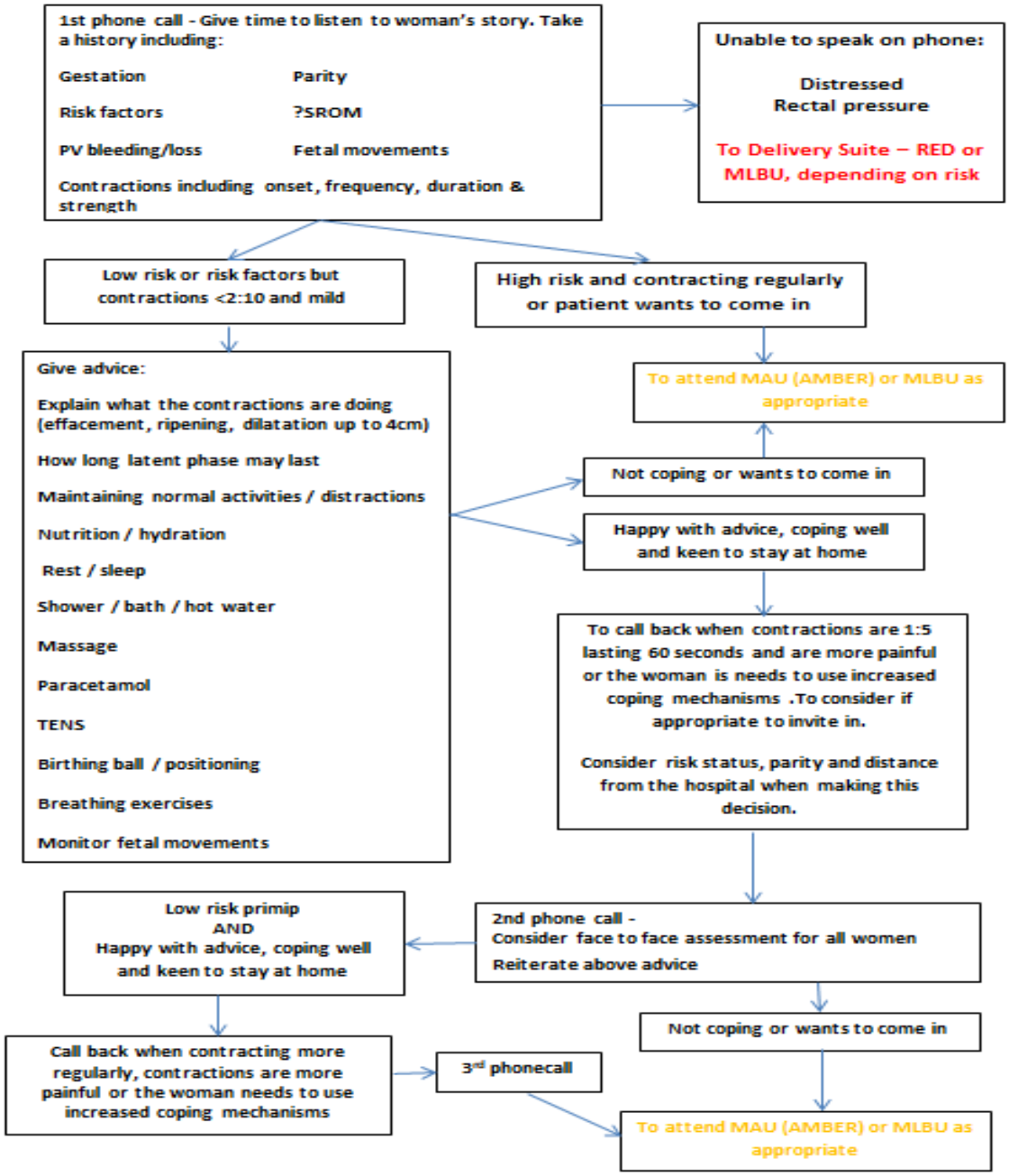
**Appendix 14**

## Abdominal Pain (not labour): MMAU Rapid Assessment

**Clinical judgement along with patients perspective needs to be taken into account when assessing if mild/moderate/severe pain**

**Appendix 15**

## ? Labour: Telephone Assessment



**Appendix 16**

## Postnatal Women: Telephone Assessment

**Appendix 17**

## MMAU Pathway for No Transport

Consider whether this wait is appropriate

** This is only to be used in extreme circumstances. This option needs to be discussed with the Midwifery Manager of the Day (Mon-Fri 08:00 – 17:00hrs) or the Delivery Suite Co-ordinator and Site Practitioner out of hours. The Cost Code is known by the Delivery Suite Coordinators and will be required

**Appendix 18**

## MMAU flow chart for the management of DNA

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**Document actions on E3**

**Appendix 19**



Dear

The result of your swab taken on the Maternity Assessment Unit shows Group B Streptococcus (GBS).

Carrying GBS is not harmful to you but it can affect your baby around the time of birth. You do not need to do anything now, but you will be offered antibiotics during labour to protect your baby. I have enclosed a patient information leaflet for you to read and your community midwife will be in contact to answer any questions you may have.

If you have any further questions, please contact your community midwife via Medicom 01603 481222.

Yours Sincerely,

**Appendix 20**

Our Vision
To provide every patient with the care we want for those we love the most

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Dear

The result of your swab taken on the Maternity Assessment Unit shows a Candida (Thrush) infection to be present. A copy of the result is enclosed.

If this is causing symptoms, such as discharge or irritation, it can be treated easily and safely either by:

- Going to a chemist where treatments (such as a Clotrimazole 500mg pessary and cream) may be bought over the counter without prescription.
- Or attending your doctor's surgery, taking the result with you and asking their advice.
- If you have any further questions, please contact your community midwife via Medicom 01603 481222.

Yours Sincerely,