LOCAL OPERATING PROCEDURE

Approved by Quality & Patient Care Committee
21 June 2018

DELIVERY SUITE – RESPONSIBILITY FOR REVIEW AND MANAGEMENT OF PUBLIC PATIENTS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To achieve clarity regarding team responsibility, in order to facilitate optimal care of pregnant woman by the Delivery Suite team

2. PATIENT

- Woman attending Delivery Suite for antenatal review or labour management as a public patient

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Perform midwifery admission
- Discuss case with midwife in charge of Delivery Suite and categorise woman's risk assessment as per Australian College of Midwives national midwifery guidelines for consultation and referral (ACM guidelines) e.g. low risk or category A, B or C
- Document clearly risk assessment in the woman's medical records and electronic journey board (EJB)and update should her risk status change
- Admit woman who presents to Delivery Suite in spontaneous labour at term, with no risk factors antenatal or intrapartum (as per ACM guidelines) under midwifery led care. This woman does not require medical review
- Inform the medical staff if the risk status changes and advise the woman when medical review is requested
- Discuss with the medical team, at the discretion of the midwife, a woman who is assessed as category A. However, they do not need to be routinely discussed if both the responsible midwife and the midwife in charge of Delivery Suite agree this is unnecessary. A woman presenting with the following conditions is also suitable for midwifery led care and does not require routine medical review:
  - Ruptured membranes at term, not in labour, with no risk factors
  - Early labour at term, with no risk factors, and being discharged home. Ensure bedside ultrasound by suitably trained clinician is performed prior to discharge to ensure cephalic presentation
- Review woman by the medical team as soon as possible after admission, if category or clinical scenario dictates. If the woman is reviewed by a Resident Medical Officer (RMO) then the case should be discussed with either the Obstetric Registrar or the Obstetric Consultant to formulate a plan of management.
- Present and discuss woman at each routine medical handover, which occur at 0800 hours 1700 hours and 2200 hours.

…./2

LOCAL OPERATING PROCEDURE

Approved by Quality & Patient Care Committee
21 June 2018

DELIVERY SUITE – RESPONSIBILITY FOR REVIEW AND MANAGEMENT OF PUBLIC PATIENTS cont'd

- Document in medical records and EJB at each handover if woman remains suitable to continue with midwifery led care as assessed by the midwife in charge of Delivery Suite.
- . This woman does not **require routine review by the medical team on the ward round following handover,** but may require medical review if requested by the midwife or woman
- Document in medical records and update EJB woman who requires medical review on ward round. Review woman in conjunction with the midwife caring for the woman
- Inform the medical team (by the midwife in charge) should there be particular privacy issues with an individual woman. An individualised management plan can then be made, taking into account the woman's wishes while maximising safety and team care
- Ensure the above arrangements do not delay a woman's care in urgent situations when her's and her baby's safety should be priority

6. DOCUMENTATION

- Medical Record
- Electronic Journey Board(EJB)

7. EDUCATIONAL NOTES

- The usual sensitivities are required when entering a delivery suite room, to ensure a woman's privacy is not breached, particularly during vaginal examinations or active second stage
- Usual practice on the ward round would be to knock on the door and await an invitation to enter
- Delivery Suite is an area of enormous complexity within any hospital. At any time, there may be women experiencing normal childbirth, as well as others who may be suffering complications of pregnancy. It is also an area where successful multidisciplinary working is vital for patient safety
- The ACM guidelines state:
  - It is the intention that the Guideline be used to facilitate consultation and integration of care between midwives and doctors, thereby giving confidence to providers, women and their families
  - The achievement of collaboration and co-operation between the professional groups involved in maternity care is of major importance for optimal care. This involves recognition of the particular expertise found within the various groups of health care-providers
- The Royal College of Obstetricians and Gynaecologists (RCOG) states:
  - The midwife and the obstetrician must have a mutually supportive relationship. Their roles are separate and distinct but each requires the other to ensure that women and their babies get the best possible care and in order to ensure that women have real choice within a service that is safe
  - The role of the midwife as the primary carer for women with uncomplicated pregnancies and labour has remained essentially unchanged for many years
- Each health authority employee is responsible and accountable for their own practice

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Australian College of Midwives (ACM) Guidelines for Consultation and Referral
- Midwifery Admission
- Rupture of Membranes – Prelabour at Term – Assessment and Management

LOCAL OPERATING PROCEDURE

Approved by Quality & Patient Care Committee
21 June 2018

DELIVERY SUITE – RESPONSIBILITY FOR REVIEW AND MANAGEMENT OF PUBLIC PATIENTS cont'd

9. RISK RATING

- Low

10. RATIONAL STANDARD

- Standard 1 – Clinical Governance

11. REFERENCES

1 Australian College of Midwives; National Midwifery Guidelines for Consultation and Referral. 3rd Edition May 2017
2 Royal College of Obstetricians and Gynaecologists;Providing Quality Care for Women: Obstetric and Gynaecology Workforce. November 2016

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs 19/6/18
Approved Quality & Patient Safety Committee August 2012
Reviewed Obstetrics LOPs Committee April 2012
Approved Quality & Patient Safety Committee 18/8/11
Obstetrics Guidelines Group July 2011

FOR REVIEW : JUNE 2023