Royal Devon University Healthcare NHS Foundation Trust

Title: Trauma Protocol for Pregnant Patients in A&E

Reference Number: RDF1273-23
Date of Response: 01/03/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

We are undertaking a survey of Trauma and Orthopaedics, regarding the management pathway of pregnant patients presenting with trauma in the Emergency Department. I am emailing you to a make freedom of information request with regard to trauma protocols for pregnant patients.

We would like to know the following information if available:

1. *Does your hospital/trust have a trauma protocol for pregnant patients presenting in the Emergency Department with trauma?*
   Answer: The Royal Devon University Healthcare NHS Foundation Trust Eastern and Northern Services have documentation for any pregnant patient presenting to the Emergency department, please find attached relating to each service. The Trust does not hold any separate trauma protocol specific for trauma calls in pregnant patients.

2. *If yes, could you please attach it with your response to this email?*
   Answer: Please see response to question 1.

3. *Which specialties are called for a trauma call in pregnant patients?*
   Answer: Please see accompanying documentation, as per question 1.

4. *Do you routinely call Obstetrics and Gynaecology as part of this initial trauma call?*
   Answer: Yes.

Clinical Guideline for:
Emergency Hospital Admission: Care of pregnant women who attend the emergency department (ED) or require admission to a general ward

Summary

This guideline outlines when it is appropriate to refer and how to access appropriate Obstetric assistance.

Key Points

The essential elements of this guideline are:

- The on call Gynaecology SHO must be informed of all women under 14 weeks of pregnancy who present with a pregnancy related illness to the ED department
- The Obstetric Registrar must be informed of pregnant women with specific signs or symptoms listed in this guideline
- If a pregnant woman with a medical condition requires admission to a general ward the on call Obstetric Registrar must be contacted to discuss and plan care
- The Obstetric Consultant on call should be contacted to be informed of all sick pregnant women who require admission to HDU or ITU.

CONTENTS

1.0 INTRODUCTION

The recognition of life threatening illness is a challenge to all clinicians involved in the pregnant women's care. The physiological changes in pregnancy may conceal the development of serious pathology.

The guideline outlines the care of pregnant women seen in the Emergency Department (ED) or elsewhere in the hospital outside the Delivery Suite. It identifies which women attending the ED need to be seen by an experienced doctor from the Obstetrics & Gynaecology team and describes the handover process for ensuring that the on-call obstetric consultant is aware of all sick pregnant women in the hospital who have a nonobstetric (medical) problem.

All guidelines referred to can be found on the Maternity section of HUB.

2.0 WOMEN PRESENTING TO THE EMERGENCY DEPARTMENT WHO REQUIRE ASSESSMENT VIA AN EXPERIENCED OBSTETRICIAN/ GYNAECOLOGIST

All pregnant women should have a urine dip test as part of their clinical assessment on admission to the Emergency Department.

The on call Gynaecology SHO must be informed of all women under 14 weeks of pregnancy who present with a pregnancy related illness. See Clinical Guideline for Early Pregnancy

The Obstetric Registrar must be informed of all pregnant women with any of the signs or symptoms listed below and arrange a plan of care

- Pregnant woman is known to be >14 weeks with a direct pregnancy complication
- Hypertension ≥140/90 with proteinuria ≥ +1
- Visual Disturbance / photophobia/ headaches
- Abnormal liver function tests
- Acutely confused state
- Evidence of sepsis or significant infection – consider Group A streptococcus
- Involvement in a road traffic accident
- Major fractures involving lower limbs
- Chest pains/ shortness of breath
- Suspicion of VTE
- Physical Assault

- Drug/alcohol overdose
- Medical condition requiring admission
- Abdominal lumbar or sacral back pain

If woman presents and birth is impending then call the Labour Ward on **Ext.** [redacted] to request a midwife urgently.

Any woman whose condition is unstable must be reviewed by the Obstetric Registrar or in their absence the Consultant as a matter of urgency.

If there are any safeguarding concerns the relevant actions should be undertaken to ensure immediate safety - see Trust Safeguarding Children Policy.

3.0 PREGNANT WOMEN REQUIRING HOSPITAL ADMISSION WITH A MEDICAL CONDITION TO A GENERAL WARD

If a pregnant woman with a medical condition requires admission to a general ward the on call Obstetric Registrar must be contacted to discuss and plan care.

It is the responsibility of the admitting ward to notify Labour Ward **Ext.** [redacted] of the admission of any pregnant women, any transfer and discharge home. The woman's name, ward location and condition should be written on the Labour Ward board and annotated for the duration of the hospital stay.

The outlying woman should be discussed at the Labour ward handover and any chance in plan should be communicated with Medical/surgical Team responsible

All pregnant women admitted to the hospital must be allocated a named Obstetric Consultant; this will be the Consultant On-Call on the day of admission if she has not already been allocated an Obstetrician for this pregnancy.

The Obstetric Consultant on call should be contacted to be informed of all sick pregnant women who require admission to HDU or ITU.

A plan for appropriate obstetric follow up must be made, communicated to the woman prior to discharge and documented in her hand held maternity records.

4.0 REFERENCES

MBRRACE-UK (December 2017) S*aving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15*

5.0 PUBLICATION DETAILS

Author of Clinical Guideline	Senior Matron for Hospital Services
Division/ Department responsible for Clinical Guideline	Specialist Services/CWH/Maternity
Contact details	[redacted]
Version number	1.8
Replaces version number	1.7
Date written	September 2004
Approving body and date approved	Maternity Governance Forum 13/06/2018
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Date document becomes live	15/06/2018

Document Control

Title

Admission of Pregnant Women to the Emergency Department Guidelines

Author	**Author's job title** Labour Ward Co-ordinator
Directorate Unscheduled Care	**Department** Maternity

Version	Date Issued	Status	Comment / Changes / Approval
0.1	Sep 2009	Draft	First Draft of new Guidelines/Reviewed into new trust format.
1.0	Oct 2009	Final	Approved at October MS Guideline Group and Published on Tarkanet.
1.1	Feb 2010	Revision	Amended to include the recommendations made by the CNST assessor.
2.0	Feb 2010	Final	Approved at February Guidelines Group and Maternity Services Patient Safety Forum.
2.1	Aug 2011	Revision	Revised for New Template.
2.2	Sep 2011	Revision	Minor amendments by Corporate Governance to document control report, version control, headers and footers and formatting for document map navigation.
2.3	Mar 2013	Revision	Minor amendments to terminology, addition of flow chart and documentation form.
3.0	Apr 2013	Final	Approved at April 13 Guidelines Group and sent for noting to Maternity Services Patient Safety Forum for May 2013.
3.1	Jul 2013	Revision	Minor amendments by Corporate Governance including title change and formatting.
4.0	May 2020	Final	Approved at the Maternity Speciality Governance Group with minor amendments.

Main Contact Labour ward Co-ordinator Ladywell Unit North Devon District Hospital Raleigh Park Barnstaple, EX31 4JB	Tel: Direct Dial – Tel: Internal – Email:
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Superseded Documents	

Issue Date	Review Date	Review Cycle
May 2020	May 2023	Three years

Consulted with the following stakeholders: (list all)

- Senior Midwives
- Obstetricians and Gynaecologists
- Women's and children's Directorate Management

Approval and Review Process

- Maternity Speciality Governance Group

Local Archive Reference G:\Maternity Governance\Guidelines\2020 **Local Path** **Filename** Admission of Pregnant Women to the Emergency Department Guidelines	
Policy categories for Trust's internal website (Bob) Maternity	**Tags for Trust's internal website (Bob)**

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1. Purpose

1.1. This document sets out Northern Devon Healthcare NHS Trust's best practice guidelines for the care of pregnant women seen in the Emergency Department or elsewhere in the hospital.

1.2. The following general principles can be applied in order to ensure all women admitted to an Emergency Department have their midwife available or an obstetric team available in an emergency situation.

2. Definitions

2.1. Postnatal Period - The postnatal period extends to the 28th day following delivery.

2.2. MAU - Medical Assessment Unit

2.3. KGV – King George 5th Ward

3. Responsibilities

Pregnant women are advised to contact the Delivery Suite, their team midwife or GP if they have symptoms that concern them.

Pregnant women may present to the Emergency Department with either an Obstetric problem and / or following an accident / injury, domestic violence or with a medical /surgical problem, they are also seen in MAU and KGV following referral by their G.P. This guideline should be followed for all pregnant and postnatal women.

The Obstetric consultant should be informed by the SHO and/or Staff Grade of all sick pregnant / postnatal women in the hospital with a non-obstetric admission on a daily basis. This will enable the Obstetric team to be involved in the care planning for the woman at an early stage.

The Obstetric Consultant should be informed by the SHO and/or Staff Grade of any sick pregnant or postnatal woman that is in the hospital with an Obstetric problem on a daily basis. This will enable the Obstetric team to be involved in the care planning for the woman at an early stage.

For all of the above the sharing of information should take place at the daily team handovers at 09:00, and 21:00.

In an emergency the bleep system should be used to summon the most appropriately qualified obstetric clinician for advice.

Please note that serious pregnancy related problems can manifest as other conditions: Deep Vein thrombosis, Pulmonary Embolism, please refer to the Trust policy on VTE/ Eclampsia, HELLP syndrome

Non-specific abdominal pain may be a cry for help for women subjected to Domestic Violence.

4. Maternal Death

There is a statutory requirement to report all Maternal Deaths up to one year following birth, miscarriage or termination of pregnancy irrespective of the reason for the death. The Head of Midwifery, Obstetric Consultant on call and Supervisor of Midwives on call (contacted via delivery suite) should be informed to ensure appropriate reporting. See Maternal Death guidelines.

5. Education & training

Responsibility for education and training on caring for pregnant women admitted to Accident and Emergency department lies with O&G Consultants, ED Consultants, and managers of the Maternity unit and department. It will be provided through formal study days and informal training in the departments, it will also form part of the induction process.

6. Monitoring Compliance with and the Effectiveness of the Guideline

Monitoring of implementation, effectiveness and compliance with the Management of Pregnant Women on Admission to the Emergency Department guidelines is the responsibility of the senior clinical/management team.

7. Associated Documentation

- Maternal Transfer Guidelines
- Handover of care guidelines
- Management of Ectopic pregnancy guidelines
- Maternal Death Guidelines
- Obstetric Haemorrhage Guidelines
- Maternal sepsis

Obstetrics & Gynaecology

SHO Bleep [redacted]

Associate Spec Bleep [redacted]

All pregnant women attending the Emergency department should be assessed appropriately.

CALL O&G SHO

If birth appears imminent call Delivery Suite on **EXT** [redacted] a midwife will attend ED department

If the accident, emergency or health concern is non pregnancy related then the woman should be seen by the Emergency Department team and then referred to the appropriate healthcare professional.

Any admission to a surgical /medical ward /ITU or HDU or any other inpatient areas, please inform the Obstetric SHO who will liaise with a senior Obstetrician & L/W Co-ordinator. This will enable the Obstetric team to be involved in the care planning for the woman at an early stage.

Joint care plan should be agreed between medical & obstetric team.

Identification of most appropriate environment made jointly based on maternal condition & needs.

If more than **18 weeks** pregnant, with a pregnancy related complaint

Refer to Obs & Gynae

SHO – Bleep [redacted]

Delivery Suite **EXT** [redacted]

Liaise with the Coordinating midwife, consider transfer to Delivery suite. These women must be seen by a member of the Obstetric team

If the condition relates to postnatal complications e.g postpartum haemorrhage the patient should be seen by the Obstetric team without delay. See Obstetric Haemorrhage Guideline / Maternal sepsis guideline

If the women are less than **18 weeks** pregnant call the Obstetric and Gynaecology SHO to assess the woman. If gynaecological pathology is suspected

All women of childbearing age who present with unexplained pain should have ectopic pregnancy excluded as part of their diagnostic treatment. See guidelines on management of ectopic pregnancy.

Any pregnant woman involved in a RTA however minor must have an assessment of fetal well-being by a midwife or an obstetrician. The clinical decision will be made by the Emergency Department team on the most appropriate time to inform the Obstetric team.

If a trauma call is made for any woman over 20 weeks the Obstetric Consultant should be called plus the Associate Specialist.