

Document Control

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1. Background

This document sets out guidance for pregnant or postpartum women requiring care in a speciality other than Maternity services.

Good multi-disciplinary communication is essential for effective and coordinated care. The needs of the maternity population are multiple, changing and complex. Women are entering pregnancy with more pre-existing mental and physical health disorders, as well as complex social challenges. Unless care is carefully coordinated across relevant teams, these additional problems inevitably lead to more difficult pregnancies and postnatal outcomes (MBRRACE, 2017).

Management of pregnant or postpartum women with complex medical problems involving multiple specialities requires clear leadership from the Consultant Obstetrician and Physician in addition to the named midwife (operationally this may be the named midwife for the shift in lieu of the named midwife for pregnancy care pathway) to ensure effective communication and co-ordination of clinical care including liaising with anaesthetists, other physicians and all other professionals who need to be involved in the care of these women (MBRRACE, 2017).

2. Purpose

2.1. The SOP has been written to:

- Ensure that pregnant or postpartum women requiring care in another speciality are managed effectively with appropriate specialities communicating and working together.
- Minimise the risks to women who in addition to being pregnant, or having recently given birth, have medical, surgical or mental health needs that require multi-disciplinary and/or complex levels of clinical care.

3. Scope

- 3.1. This SOP relates to all members of the multidisciplinary team involved in care of pregnant or postpartum women requiring care in a speciality other than Maternity services.

4. Location

- 4.1. This SOP will be implemented in all clinical areas where pregnant or postpartum women are admitted to a speciality other than Maternity.

5. Procedures

Women who are pregnant, or have recently given birth, requiring care in a speciality other than Maternity services will have specific needs in relation to;

- keeping the family unit together where possible to promote breastfeeding and effective bonding,
- assessment of their parturient condition as well as their medical and/or surgical condition, and how they interrelate.

Location of care

The decision about location of care will be based on the clinical assessment of the appropriate specialist clinicians in conjunction with the wishes of the woman.

The Consultant Obstetrician, appropriate speciality Consultant and senior midwife will discuss with the woman the best location for her care based on her clinical needs.

Whilst every effort should be made to keep mother and baby together to promote breastfeeding and effective bonding, where they need to be separated for appropriate location of specialist care the baby should be discharged home or be cared for in SCBU by specific arrangement.

Observations

Observations on pregnant or postpartum women must be recorded on the Trust MEOWS chart.

The general adult EWS is not appropriate as the parameters for normal and abnormal findings for pregnant or postpartum women differ significantly from the general adult population. Pregnancy affects the immune system making women more susceptible to life threatening sepsis for example, in addition it affects cardiac, lung and renal function.

The frequency of observations will be determined by the clinical assessment and should follow the Trust [Patients at Risk of Deterioration Policy V3.3 JAN17](#) specifically [Appendix C – EWS Score for Maternity, Patients at risk policy](#)

Maternity assessments; antenatal/postnatal checks and Obstetric assessment on the twice daily ward rounds

Maternity assessments, including antenatal or postnatal checks and Obstetric assessment on the twice daily ward rounds, must take place in accordance with the standard care pathway regardless of location of care. Therefore, women who would ordinarily have electronic fetal heart assessments four times daily, for example, as a maternity inpatient admission should continue to have these same assessments regardless of their location within the Trust.

If there are any concerns about the ability to provide maternity assessments this should be escalated to the appropriate Maternity manager with a timebound action plan concluded.

Multi-disciplinary communication and care planning

Pregnant or postpartum women who have complex needs and/or are admitted to the acute Trust setting must have joint care planning with the named Consultant Obstetrician, appropriate speciality Consultant and senior midwife responsible for her clinical care.

Multi-disciplinary communication and care planning that works effectively for the woman will include;

- a joint discussion with the woman highlighting relevant risk factors, assessment, treatment plans and investigations,
- a documented and timebound plan in the health records,
- a documented plan of the frequency of assessments, investigations and monitoring recorded in the health records.

Discharge planning for women from Maternity services will include;

- liaison with the Maternity team to ensure Community Midwife, Health Visitor and GP continuity of care in the community is effectively and appropriately managed.

The [Escalation, Communication and Record Keeping in Maternity Guideline](#) for guidance on Handover of Care in Maternity should be followed.

6. References

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

7. Associated Documentation

[Patients at Risk of Deterioration Policy V3.3 JAN17](#)

[Appendix C – EWS Score for Maternity, Patients at risk policy](#)

[Escalation, Communication and Record Keeping in Maternity Guideline](#)