NHS
Yorkshire
Ambulance Service
NHS Trust

Maternity Care Policy (Excludes NHS 111) V6.0

Date Approved: May 2021

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V2.1	16.7.12	Ruth Mellor	D	Amended
V 2.2		Steven Dykes	D	Amended to include Operational, Training, and Clinical issues
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V4.0	July 2018	Simon Standen	D	Document reviewed and updated based on 2017 Clinical Practice Guideline review
V5.0	August 2019	Steven Dykes	D	Document reviewed by Y&H Maternity Clinical Network and updated
V5.1	Nov 2020	Ruth Parker	D	Extension agreed by TMG
V5.2	Feb 2021			Version circulated for comment
V6.0	May 2021	Risk Team	A	Approved at TMG

A = Approved D = Draft

Document Author = Deputy Medical Director

Associated Documentation:

- Safeguarding Policy (Children, Young People and Adult at Risk)
- Domestic Abuse Management Guidance
- Policy for Identifying and Acting Upon National Clinical Guidance
- JRCALC UK Ambulance Clinical practice Guidelines
- NICE Obstetric Guidelines:

- Resuscitation Policy
- Assessment, Conveyance and Referral of Patients Policy

Staff Summary

Even the slightest doubt must make the clinician consider if any abdominal pain or vaginal bleeding may be pregnancy related in any patient who is capable of becoming pregnant

If a midwife is on-scene, they will assume the role of senior clinician regarding the decisions relating to maternity care, and may choose to manage the birth on scene. YAS clinicians should work under the direction of the midwife.

For both uncomplicated and complicated cases, time must not be spent on scene awaiting a midwife to attend. There should be no delay in transporting these patients to the nearest Obstetric Unit/Delivery Suite. Unless normal birth is imminent with the head advancing, or other time sensitive interventions are required then the patient should be transported immediately. If the birth is considered imminent but does not progress, then the patient should be transported immediately. The booked Delivery Suite is the most appropriate destination, but will be dependant on the distance, clinical care required and urgency of the situation. A pre-alert to the booked Delivery Suite is mandatory, and a decision may be made to divert to an alternative unit due to travel, capacity or clinical reasons.

Sick pregnant patients should be transported in the left lateral position, left lateral tilt or with the uterus manually displaced. Uncomplicated labouring patients should be transported in the most comfortable position, but must avoid lying flat. Refer to JRCALC *Pre-hospital emergency management of cord prolapse* for positioning of a patient with a cord prolapse.

Pregnant patients in cardiac arrest are an indication for rapid transfer to hospital regardless of cause of arrest or initial rhythm. Transport to hospital should be initiated immediately once safe to do so. They should be transported to the nearest Emergency Department with a pre-alert call.

When dealing with a pregnant patient, the well-being of the patient is essential to the survival of the fetus and therefore the resuscitation of the patient must always be the priority.

Maternal resuscitation should not be terminated in the pre-hospital environment.

Working Together to Safeguard Children (DCSF 2010) includes the imperative to protect unborn children. The protection of children from harm is the responsibility of everyone. It is essential that whenever an individual has concerns about whether a child is suffering, or is at risk of suffering significant harm, that they share their concerns using the YAS Policy for Safeguarding Children and Young People or the YAS Policy on management of domestic abuse.

Staff should indicate during their personal development review (PDR), whether they require update training in obstetric emergencies. This can be facilitated via the clinical leadership programme or if new skills are needed via YAS Academy.

1.0 Introduction

1.1 This policy details the processes by which Yorkshire Ambulance Service NHS Trust (YAS) will effectively implement and manage the provision of maternity care across the Trust.

1.2 This policy applies to the management of all patients who are pregnant.

1.3 This policy does not apply to staff working in NHS 111

1.4 The care for all obstetric patients will delivered in accordance with national best practice guidance, from such bodies as JRCALC, National Institute for Clinical Excellence (NICE), Royal College of Obstetrics and Gynaecology, The Royal College of Midwives

1.5 This policy is designed to be read in conjunction with other Trust policies which are relevant to obstetrics, including:

- Safeguarding Policy (Children, Young People and Adult at Risk)
- Domestic Abuse Management Guidance
- Resuscitation Policy
- Assessment, Conveyance and Referral of Patients Policy

2.0 Purpose

2.1 The purpose of this policy is to ensure the delivery of safe and effective care to obstetric patients.

2.2 To ensure that all staff are trained appropriately in the delivery of care to obstetric patients.

3.0 Process

Delivery of Care

3.1 Even the slightest doubt must make the clinician consider if any abdominal pain or vaginal bleeding may be pregnancy related in any patient who is capable of becoming pregnant.

3.2 When dealing with a pregnant patient, the maternal well-being is essential to the survival of the fetus and therefore the resuscitation of the patient must always be the priority.

3.3 Recognition of obstetric emergencies involves the identification of a number of key signs affecting the patients airway, breathing, circulatory or neurological systems. If these signs are present, the patient must be regarded as time critical. Following the Maternity pre-hospital screening and action tool (Appendix A) provides guidance to clinician in the situation management of the patient and baby.

3.4 Staff will follow the assessment, diagnosis and treatment regimes as described in the JRCALC UK Ambulance Clinical Practice Guidelines covering the following areas:

Guidelines

- Maternity Care (including Obstetric Emergencies Overview)
- Birth Imminent: Normal Birth and Birth Complications

- Care of New Born
- Haemorrhage During Pregnancy (Including Miscarriage and Ectopic Pregnancy)
- Maternal Resuscitation
- Pregnancy Induced Hypotension (including Eclampsia)
- Trauma in Pregnancy
- Vaginal Bleeding: Gynaecological Causes

Algorithms

- Breech Birth: Pre-hospital maternity emergency management
- Cord Prolapse: Pre-hospital maternity emergency management
- Eclampsia: Pre-hospital maternity emergency management
- Haemorrhage During Pregnancy: Pre-hospital maternity emergency management
- Normal Birth: Pre-hospital maternity emergency management
- Post-partum Haemorrhage: Pre-hospital maternity emergency management
- Shoulder Dystocia: Pre-hospital maternity emergency management
- New Born Life Support

Normal Delivery and Delivery Complications

3.5 The YAS Maternity Pre Hospital Screening and Action Tool (appendix A) supports YAS clinicians to make decisions in maternity cases. For both uncomplicated and complicated cases, time must not be spent on scene awaiting a midwife to attend. There should be no delay in transporting these patients to the nearest Obstetric Unit/Delivery Suite. Unless normal birth is imminent with the head advancing, or other time sensitive interventions are required then the patient should be transported immediately. If the birth is considered imminent but does not progress, then the patient should be transported immediately. The booked Delivery Suite is the most appropriate destination, but will be dependant on the distance, clinical care required and urgency of the situation. A pre-alert to the booked Delivery Suite is mandatory, and a decision may be made to divert to an alternative unit due to travel, capacity or clinical reasons.

3.6 In maternity cases where birth is not imminent and there are no complications it may be appropriate to contact the maternity unit for advice, prior to making transport arrangements. In situations where the booked unit is not within a reasonable distance or travelling time, clinicians should base their decisions on the maternal assessment and take the patient to the most appropriate unit.

3.7 If a midwife is on-scene they will assume the role of senior clinician regarding the decisions relating the pregnancy and labour, and may choose to manage the birth on scene. YAS clinicians should work under the direction of the midwife, unless there is an overriding non-obstetric condition requiring emergency management

Transport of Pregnant Patients

3.8 Sick pregnant patients with potential cardiovascular compromise should be transported in either the left lateral position or with the uterus manually displaced. Patients with uncomplicated labour should be transported in the most comfortable position for them, but must avoid lying flat. Refer to JRCALC *Pre-hospital emergency management of cord prolapse* for positioning of a patient with a cord prolapse.

Transport of Postnatal Patients

3.9 Patients up to 6 weeks postnatal with obstetric complications e.g. post-partum haemorrhage are to be transferred to a Maternity Unit for obstetric care.

Resuscitation

3.10 Pregnant patients in cardiac arrest must be rapidly transported to hospital regardless of the cause of the arrest or the initial presenting rhythm. Transport to the nearest Emergency Department must be initiated immediately once safe to do so. The baby will need to be delivered by emergency caesarean section in order to facilitate resuscitation of the patient.

3.11 Pregnant patients in cardiac arrest must be transported supine with the uterus manually displaced to the left.

3.12 A mechanical chest compression device may be used to facilitate effective chest compressions during transport where one is immediately available.

3.13 Maternal resuscitation should not be terminated in the pre-hospital environment.

Safeguarding Children and Adults at Risk.

3.14 Working Together to Safeguard Children (HM Gov, 2018) includes the imperative to protect the unborn. The protection of children from harm is the responsibility of everyone. It is essential that whenever an individual has concerns about whether a child is suffering, or is at risk of suffering significant harm, that they share their concerns using the YAS Safeguarding Policy (Children, Young People and Adult at Risk) and YAS Domestic Abuse Management Guidance.

3.15 Domestic abuse often begins or may escalate during pregnancy and is associated with increased rates of miscarriage, premature birth, foetal injury or foetal death. YAS clinicians should remain vigilant to the signs of domestic abuse and should follow the YAS guidance for managing Domestic Abuse.

3.16 Occasionally pregnancy may be concealed or denied until labour commences. In both situations there may have been no ante-natal care. These patients are incredibly vulnerable and may have associated mental health problems or issues with drug and/or alcohol dependence. Some concealments may also result in the birth occurring in secret. YAS clinicians must remain vigilant and be aware of the consequences of concealment Concerns should be raised using the YAS policy for safeguarding adults.

Investigation of complaints and incidents involving maternity patients

3.17 Investigations form a vital part of informing and improvement across YAS. Understanding why things go wrong and learning from these cases influences the safety and quality of care provision across the Trust. Following a complaint or submission of an incident through the Datix system, a full investigation will be undertaken in accordance with current Trust policies.

3.18 In addition, the Healthcare Safety Investigative Branch will investigate cases notified by the hospital of intrapartum stillbirth, early neonatal deaths and severe brain injury diagnosed in the first seven days of life, when the baby:

- was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); or
- was therapeutically cooled (active cooling only); or
- had decreased central tone and was comatose and had seizures of any kind.

As part of their investigations, any contact with the ambulance service will be considered to identify any system-wide learning.

4.0 Training expectations for staff

4.1 All staff responding to emergency or urgent calls involving maternity patients will receive the relevant level of maternity training on their core training course as outlined in the course learner outcomes, awarding body objectives or module indicative content. These are held by YAS Academy and dictate the programme of education for all core courses.

4.2 All staff who will attend maternity patients as part of their normal range of duties will receive training which meets the standards set in the Training Needs Analysis (TNA) for both core and refresher/updating training requirements, and managed through the Clinical Portfolio Governance Group

4.3 Staff will receive refresher/update training which will be monitored through the completion of a clinical competency portfolio and signed off by a Clinical Supervisor and quality assurance checked by the Clinical Development Manager.

4.4 Whenever there is a major change in clinical practice guidelines information will be cascade via clinical updates, a Clinical Supervisor or Clinical Development Manager or may form part of update training. The methods used will be dictated by the nature or complexity of the changes.

4.5 Staff should indicate during their personal development review (PDR), whether they require update training in obstetric emergencies. This can be facilitated via their Clinical Supervisor or Clinical Development Manager or if new skills are needed via YAS Academy.

4.6 A database will be maintained by YAS Academy highlighting which staff have received obstetric training and will be monitored through the Clinical Portfolio Governance Group

5.0 Implementation Plan

5.1 The latest approved version of this policy will be posted on the YAS intranet for all members of staff to view. New members of staff will be signposted to this guidance as part of their trust induction.

6.0 Monitoring compliance with this policy

Standard	Monitor

Process for monitoring the organisational duties	Organisational and individual duties have been assigned Monitoring and compliance of duties will be via the Clinical Governance Group Deficiencies in the applications of and/or adherence to this policy will be reported to the Clinical Governance Group who will note them in their minutes together with any corrective action(s) that need to be taken to ensure compliance. Progress of these actions will be reviewed at subsequent meetings.
Process for managing obstetric care	All staff trained to national guidelines monitored via the OLM (Oracle Learning Management) staff database Monitored through the Clinical Case Review (CCR) process via the Clinical Governance Group Obstetric care management to be monitored through Patient Care Record (PCR) completion Actions to address any identified deficiencies will be noted in the minutes of the Clinical Governance Group and reviewed at subsequent meetings.
Process for managing the organisations expectations in relation to staff training as identified in the training needs analysis	All staff identified as requiring obstetric training will undergo initial training linked to course learner outcomes agreed with the Clinical Directorate or awarding body All staff undertaking core training with obstetric care as an element will be added to the OLM data base which will be monitored by the Clinical Education Coordinator and reported through the Clinical Governance Group Staff requiring update training will be coordinated and added to the OLM database by the Clinical Education Coordinator and reported via the Clinical Governance Group. Ongoing monitoring of compliance will be via the Clinical Leadership Framework system and monitored through the achievement of operational competencies, and recorded on the OLM system Any required update training will be via the YAS Academy

Process for monitoring the minimum standards of obstetric care training which reflect national guidelines	This will be monitored through the Clinical Leadership Framework system and the achievement of observed practice and achievement of operational competencies held on the OLM system
Process for monitoring compliance with all of the above	A workforce compliance report will be presented to the Clinical Governance Group on a monthly basis, monitoring the compliance of set standards. Actions to address any identified deficiencies will be noted in the minutes of the Clinical Governance Group minutes and reviewed at subsequent meetings.

Appendix A - Roles & Responsibilities

Trust Board
The Trust Board have overarching accountability for all aspects of the obstetric policy and will be required to gain assurance that all aspects are implemented and adhered to.

Clinical Directorate
The Clinical Directorate will ensure best practice is observed and implemented, and work with the YAS Academy ensuring best practice and current evidence based practice is utilised in the training of obstetric care.

The Clinical Directorate will be responsible for ensuring that the care provided to pregnant women is audited.

YAS Academy
The YAS Academy will oversee and provide all training requirements regarding obstetric care.

They will develop all learner outcomes and implement them for all obstetric care courses or obstetric elements of core courses delivered within YAS.

The YAS Academy will monitor and evaluate all education/training activities and report the findings through the Clinical Governance Group.

They will implement changes in line with best practice following discussions or direction from the Clinical Directorate or Clinical Governance Group.

Operations Directorate
The operations directorate will ensure that mechanisms are in place to monitor all clinical operational staff, ensuring that they deliver the appropriate levels of care to obstetric patients.

They will link in to the clinical directorate and YAS Academy, highlighting any areas of concern regarding obstetric care. They will ensure that staff remain appropriately trained to provide high quality, safe and effective care to pregnant women.

They will ensure that effective communication processes are in place between Consultant Paramedics, Clinical Development Managers and Clinical Supervisors, to ensure that the dissemination of changes in clinical practice pertaining to obstetric care are managed appropriately.

Clinical Governance Group
The Clinical Governance Group will monitor and sign off any changes to practice or implementation of new practices or equipment used in obstetric care management.

Support Services Directorate
The support services directorate will ensure that front-line clinicians are appropriately equipped to care for pregnant patienbts.

The support services will work collaboratively with the clinical directorate to review the minimum equipment list for compliance on a yearly basis.

The relevant equipment procurement groups will coordinate the assessment and any subsequent roll-out of new equipment as directed by the clinical directorate.

Chief Executive
The Chief Executive is responsible for ensuring that resources and mechanisms are in place for the overall implementation, monitoring and review of this policy.

Executive Medical Director
Has overall responsibility for the implementation of this policy in accordance with the JRCALC guidance and for ensuring that all staff delivers care in accordance with this policy.

The Executive Medical Director may devolve some duties to other roles within the Clinical Directorate.

Head of YAS Academy
Is responsible for ensuring that each core course has an appropriate level of obstetric education embedded within the syllabus, to meet the area of responsibility for that role. Some of this responsibility will be devolved to the Education Assurance manager within YAS Academy.

Will ensure that learner outcomes are derived from best practice in line with Clinical Practice Guidelines

To liaise with the clinical directorate regarding changes in best practice or implementation of additional/new elements to be covered in the syllabus, and paediatric equipment to be issued or carried by the Trust or on Trust vehicles or premises.

Ensuring all tutors and personnel under their supervision are competent in all aspects of obstetric care up to their level of responsibility of practice.

To evaluate and review all taught educational material on a regular basis to ensure it meets; current best practice, Trust requirements and is appropriate for its purpose.

Communicate information on the correct selection, usage and maintenance of obstetric care equipment to staff, particularly relating to actions taken, post incident reports or as part of a “lessons learned” process.

Clinical Staff
Ensure that they maintain their obstetric assessment, diagnosis and treatment skills (as appropriate) in line with their training, and skill level.

Actively manage obstetric patients appropriate to their skills, training and scope of practice. If the management of an obstetric patient is beyond their skills, competence or knowledge, they should promptly consider seeking advice or the attendance of a clinician with more advanced skills.

Ensure that the maternity care policy is adhered to within their area of responsibility.

Ensure incidents involving maternity care failure are reported to their line manager and through DATIX promptly and accurately.

Appendix A - YAS Maternity Pre-hospital screening tool: Yorkshire and the Humber

Maternity Pre-hospital Screening and Action Tool

NHS Yorkshire Ambulance Service NHS Trust

ASSESSMENT			RED FLAGS- MAY INDICATE DETERIORATION
LOOKS UNWELL?		NO	YES
C A B	Haemorrhage Respiratory Rate $SP0_2$	No – continue assessment 11 - 20 95% - 100%	Yes – see haemorrhage section 0-10 ≥21 ≤94%
C	Pulse Rate	50-99	≤49 ≥100
	Systolic BP	100-149	≤99 ≥150
	Diastolic BP	40-90	≤39 ≥91
D	Neurological Response AVPU	Alert	Nil response to voice, pain, or unresponsive, fitting, twitching, visual disturbance >20 wks position left lateral tilt OR manual uterine displacement
E	Temp	36 – 37.9	≤35.9 or ≥38
	Bleeding	No spotting	YES >50mls Soaked sanitary towel, blood on the floor
	Membranes fluid	Intact, clear ≥37 weeks	<37 wks blood stained, meconium, offensive
F	Uterine Fundus	≥37 weeks in labour, with regular, intermittent, painful contractions	Pre-term labour <37 weeks and painful contractions. Sudden, severe and constant pain Tender and rigid uterus
	Foetus	Document last reported foetal movements	
G	Load and Go	<13+6 weeks consider ED, GP or EPU as applicable ≥14weeks- contact maternity unit for advice	Early extrication and interventions en-route

- **LOAD and GO** with any **red flag** condition including established labour where the head is not yet advancing or visible (including known multiple births and high risk pregnancies)
- If head is visible and/or contractions are 1-2 minutes apart remain on scene, request a midwife and prepare for the birth. Request a second ambulance.
- If any other part of the baby is visible (e.g. arm, leg or buttocks) **DO NOT DELAY** on scene
- Transport to the nearest maternity unit with pre-alert, using SBAR and provide ETA, including gestation period
- If mother in cardiac arrest transport to nearest ED (request obstetric team to ED)
- If birth is not imminent and there are no complications it may be appropriate to contact the maternity unit for advice, prior to making transport arrangements
- Pregnant women with non-obstetric conditions should be discussed with the maternity unit. This does not include trauma (unless no injury), airway compromise, cardiac or time critical cardio-respiratory conditions

Version 7 – July 19 SS/MS

Maternity Pre-hospital Screening and Action Tool

Yorkshire Ambulance Service NHS Trust

Manage Haemorrhage Immediately JRCALC Maternity Care Section

Post-partum haemorrhage (PPH) - up to 6 weeks postnatal - contact nearest maternity unit immediately
(Refer to JRCALC for full guidelines)

Transport Guidance

≤13 weeks +6 days gestation - nearest ED with pre-alert for **any red flag** condition or concern. Consider referral to GP for non-time critical conditions or early pregnancy unit where local pathways exist

≥14 weeks gestation - contact nearest maternity unit
(Note: 14-20 weeks gestation may be advised to go to ED depending on local maternity unit policies)

Identify **any red flags** and communicate to maternity unit or ED using SBAR format

During transport consider maternal position:

- Position with left lateral tilt
- Refer to JRCALC for position if cord prolapse
- Consider IV access on route with 16G cannula where possible

Administer Entonox if pain relief required

Baby Born on Arrival or with Crew

Baby needs to be transported unless midwife has arrived

Follow JRCALC Care of the Newborn, Newborn Life Support and Maternity Care guidelines.

- Perform APGAR score at 1 and 5 minutes after birth
- Wait until cord stops pulsating prior to clamping/cutting
- Alert the maternity unit and take advice
- Transport as clinical need indicates

Minimise heat loss as a priority by:

- Drying the baby with clean towels
- Ensuring skin-to-skin contact with mother and place warm towel/blanket on top (or wrap the baby if more appropriate)
- Putting a hat on the baby
- Putting a nappy on the baby

APGAR SCORE

Score	0	1	2
Appearance	blue or pale all over	blue at extremities, body pink	body and extremities pink
Pulse rate	absent	<100	≥100
Grimace or response to stimulation	no response to stimulation	grimace/feeble cry when stimulated	cry or pull away when stimulated
Activity or muscle tone	none	some flexion	flexed arms and legs that resist extension
Repiration	absent	weak, irregular, gasping	strong, lusty cry
Outcome total	0-3 (critically low)	4-6 (below normal)	7+ (normal)

Maternity Unit Alert Numbers

South Yorkshire
Jessop, Sheffield: 0114 226 1035
Chesterfield: 01246 512499
Bassetlaw: 01909 572235/572227
Barnsley: 01226 431870/1871
Doncaster: 01302 553165
Rotherham: 01709 424491

East Yorkshire
Hull: 01482 604433
Scunthorpe: 03033302270
Grimsby: 03033304789

West Yorkshire
Airedale: 01535 292402
Dewsbury: 01924 816161
Pinderfields: 01924 541661/1662
LGI: 0113 392 7445
Bradford: 01274 364531/364532
St James's: 0113 206 9103/5781
Calderdale: 01422 222111

North Yorkshire
York: 01904 725924
Scarborough: 01723 342124
Harrogate: 01423 553184/553185
James Cook: 01642 854833/4881
Darlington 01325 743449