

Maternity Triage Standard Operating Procedure

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December 2017	December 2023	4a

Purpose

The purpose of this Standard Operating Procedure is to provide all clinical staff working within Maternity Services with the essential guidance on the management of all women who are referred to the service, promoting quality, safety and patient satisfaction.

To promote consistency in delivery of care to the required standard across the service.

Provide a key element of information / training to assist staff in delivering their roles and responsibilities in this area of the service.

Who should read this document?

All midwives
All medical staff working within Maternity Services

Key Messages

This is Standard Operating Procedure for all staff working in the maternity service. The intention of the document is to ensure the maintenance of effective and safe patient care.

Core accountabilities

Owner	Sheralyn Neasham and Charlotte Wilton
Review	Review date December 2022 Clinical Effectiveness Committee, Women's and Children's Services
Ratification	Director of Midwifery/Associate Director of Nursing
Dissemination	To all community- and hospital-based midwives and medical staff working within Maternity Services
Compliance	Director of Midwifery/Associate Director of Nursing

Links to other policies and procedures

Local Maternity antenatal, Intrapartum and postnatal guidelines.
SOP - Maternity Operations: Staffing and Escalation to the out of hours midwifery cover.

Version History

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V4	December 2017	Authors: Lauren Graham and Guideline Committee
V3	May 2016	Authors: Lauren Graham
V2	June 2013	Authors: Charlotte Wilton, Nicola MacPhail, Liza Rose
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Maternity Triage Standard Operating Procedure

1 Introduction

The Maternity Services Triage will provide an appropriate environment for the assessment and management of all antenatal and postnatal women who are referred to the service. It will provide an efficient service to meet local needs whilst promoting quality, safety and patient satisfaction.

2 Purpose

To provide guidance on the appropriate care pathways to ensure a minimum standard of care for all women who access maternity services via Triage.

3 Staffing

The Maternity Triage service will be staffed as required determined by the acuity of the patients in attendance. Midwives working in Maternity Triage should liaise with the Central Delivery Suite (CDS) Coordinator if they feel that they are unable to provide a safe level of care. Acuity and staffing will be reviewed accordingly (see Maternity Operations: Staffing and escalation to the out of hour's midwifery cover SOP).

The recommended minimal staffing for Maternity Triage is as follows:

- Long Day Shift (0730-2000) – 1 Midwife in Maternity Line, 1 Midwife in Triage and 1 Maternity Care Assistant
- Long Night Shift (1930-0800) – 1 Midwife in Triage

If Maternity Line is unable to be staffed or not in operation then there should be 2 Midwives allocated to Maternity Triage during day shift hours.

At least 1 Midwife working in Triage is required to be Band 6 or above.

4 Source of Referrals

Plymouth Hospitals NHS Trust operates a dedicated Maternity Line for all Maternity Triage phone calls/contacts. Currently Maternity Line's operating hours are between usually between 0800 - 1900 (please note the finish time is variable depending upon the Maternity Line Midwife) – 7 days per week. Outside of Maternity Line's operating hours – phone calls will be received direct to Maternity Triage.

Referrals to the Maternity Triage may be from:

- Self-Referral
- Community Midwife
- GP
- Emergency Department
- ANC
- DAU
- Ultrasound Department
- Other Hospitals

5 Admission criteria

Maternity Triage will see all pregnant women greater than 20 weeks gestation requiring unplanned obstetric or midwifery care. Women who are less than 20 weeks gestation may be seen in Maternity Triage depending upon clinical history or presentation.

Exclusion criteria:

- Active antepartum haemorrhage
- Obvious clinical history of established labour
- Fulminating pre-eclampsia
- Women requiring urgent medical treatment

These patients will be seen directly on Labour Ward

Reasons for attendance to Maternity Triage:

- Assessment to confirm onset of labour
- To confirm ruptured membranes
- To confirm/diagnose antepartum haemorrhage
- Assessment of non-specific abdominal pain
- Reduced fetal movements
- Immediate blood pressure assessment
- Postnatal referrals for wound / perineal review
- Fetal well-being and CTG assessment – abnormal heart beat/rate findings in community setting
- Women requiring advice/assessment who are undergoing outpatient induction of labour
- Any other **unplanned** referrals that require assessment **that day**

NB. Assessment that can be planned – i.e. follow-up BP assessment or follow up of prolonged pre-term rupture of membranes should be booked into Day Assessment Clinic under the appointment system.

6 Assessment

At point of referral, an initial telephone assessment will be made and an appropriate care pathway instigated:

- Admission to Maternity Triage
- Care by GP
- Care by Community midwife
- Support and reassurance given as no review required

Documentation of telephone advice

Details of telephone calls/contacts will be recorded electronically on the SALUS form for Maternity Triage (See appendix for guidance).

Details to be taken and recorded by the midwife:

- Date and time of call
- Name
- Hospital Number
- EDD / Gestation
- Parity
- Booking under Consultant or MLC including relevant clinical history (e.g. previous caesarean section)
- Presenting history/reason for call
- Advice given

Criteria that the midwife should take into account when giving advice includes:

- Parity
- Gestation
- Obstetric history e.g. previous LSCS or Stillbirth
- Any previous admissions or problems e.g. Raised BP or bleeding
- Presentation of fetus
- Fetal movements
- Specific needs e.g. planned LSCS

- History of suspected SROM or suspected labour
- Distance of home away from the unit and availability of transport.
- Time of day
- Any social problems/safeguarding details
- Number of calls to Maternity Triage. To advise patient to come in on 3rd call unless phoning to inform that no further concerns / pain settled.

7 Transfer from Triage

Admission to hospital

Maternity Reception will be informed of all pending admissions using the Maternity Reception generic inbox or the rolling list of Maternity Triage admission.

Discharge to community

If the woman is discharged home, the midwife in Maternity Triage will provide the woman with the yellow admission/discharge paperwork and ask them to report to reception as they leave. The Midwife in Maternity Triage will ensure the woman is aware of the follow up plan of care / when to contact again.

8 Working Practice for Midwives and Medical Staff

Midwives, Maternity Care Assistants and Medical staff should practice using the Maternity Triage System paperwork and care pathways. The aim of the system is to ensure that women are seen in a timely manner and within order of clinical priority. Clinical judgement should be used to aid prioritisation.

- The mother and her partner/relatives should be welcomed to Maternity Triage.
- Patient notes must be obtained and accompany the patient at all times.
- An identity band should be attached to the mother's wrist (a red alert band should be used if necessary).

Maternal Assessment

- All women must have an assessment which includes the following:
 - Clinical history
 - Current medication
 - Allergies
 - Weight on admission
- Maternal observations including oxygen saturations charted on a MEOVS chart (observations should be repeated as clinically indicated)
- Palpation, fundal height measurement and auscultation/CTG for antenatal presentations

- Postnatal maternal assessment for postnatal presentations

Further Assessment/Investigations

- Following an initial assessment the following clinical examinations or investigations may be indicated:
 - Blood tests
 - Speculum examination
 - Vaginal examination
 - ECG
 - Ultrasound scan (or referrals for departmental ultrasound scans)

This is **not** an exhaustive list; every assessment should be individualised according to clinical presentation and current guidelines.

All specimen tests should be recorded in the Maternity Triage results book which is located in the Maternity Triage office. It is the responsibility of the Triage Midwife to check the results book at each shift and ensure women receive appropriate follow up or treatment if indicated.

A plan of care should be made in partnership with the patient and recorded in the notes. Accurate and contemporaneous records are a legal requirement and essential for good communication and continuity of care.

The women will be seen by a doctor according to clinical need and priority. Referral to the appropriate obstetric team should be made if necessary.

The current midwifery and obstetric guidelines should be used to manage clinical care.

9 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Guideline Committee and ratified by the Maternity Clinical Effectiveness Committee and the Director of Midwifery.

Non-significant amendments to this document may be made, under delegated authority from the Director of Midwifery, by the nominated author. These must be ratified by the Director of Midwifery and should be reported, retrospectively, to the Maternity Clinical Excellence Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

10 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Midwifery and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

11 Monitoring and Assurance

Standards of care will be reviewed as part of ongoing audits within the department, including standards of documentation, recording of observations on MEOWs charts, appropriate referral of care. These audits are presented at the monthly Maternity Clinical Excellence Committee. Any learning points and actions will be addressed and monitored in the Maternity Clinical Excellence committee, working in conjunction with the Practice Educator where required.

To access the rolling triage admission list:

[http://picts032/Reports/Pages/Report.aspx?ItemPath=%2fReal+Time%2fMaternity%2fPatient+Identifiable%2fMaternity+Triage+Patients+Expected+\(S1003\)&ViewMode=Detail](http://picts032/Reports/Pages/Report.aspx?ItemPath=%2fReal+Time%2fMaternity%2fPatient+Identifiable%2fMaternity+Triage+Patients+Expected+(S1003)&ViewMode=Detail)

For Maternity Line Guidance – see below:

Quick reference guide – how Maternity Line works

In Exeter:

- On arrival call the Triage area on CDS and request phone divert.
- Connect headphones and log in to the Avaya phone
- Log in to SWASFT C3 system and admin screens. Make sure Triage e-form and NHS Mail is open
- If taking a short (comfort) break, set 'away from desk' message. On return to the desk press *Auto In*
- Complete the Salus Triage online form for each call; save the form. A paper back-up form is available
- Complete the SWASFT CAD / C3 record.
- If the woman needs admission to Triage, page the midwife in Triage to alert her
- Email maternity reception plh-tr.MaternityReception@nhs.net to alert them to the expected admission
- The phone will be switched back to Plymouth during the lunch break, then back to Exeter on return
- At the end of the day call Triage to request phone divert back to Plymouth
- The midwife in Exeter **must** check that the phone is switched back to Plymouth before leaving
- Log off from phone, PHNT and SWASFT systems before leaving and replace headphones in drawer

In Triage:

- On request from midwife in Exeter, divert the phone line.
- If a woman needs admission the midwife in Exeter pages the midwife in Triage and emails Reception
- The Receptionist admits the woman on iPM, adds her to the Salus and prints off the Triage form from the Salus data forms page. This will go in the pack with the name bands. Someone from Triage can then collect these from Reception
- The staff in Triage will be able to see any pending admissions / TCI on the Salus page. Recent Triage forms are also visible on the search section of the data forms page
- The phone will be switched back to Plymouth during the lunch break
- In the evening the midwife in Exeter calls Triage midwife or MSW to request phone divert back to Plymouth. The midwife in Exeter **must** check that the phone is switched back by ringing the Triage number.

How it works – midwife in Exeter

- The midwives desk is on the first floor of Unit 4 on the SWASFT site in Abbey Court
- There is a drawer unit near the desk where headphones, small obstetric wheel and information file are stored. Cups, teabags, coffee and biscuits are also in this drawer unit
- The Triage number is 01752 430200. The Triage second phone is 01752 437153. It is advisable to store these numbers in your mobile phone
- The SWASFT allocated number in Exeter is 300 369 0390
- On arrival at the midwives desk in Exeter call the Triage area on CDS to confirm safe arrival and request phone divert. The midwife or MSW on duty in Triage diverts the telephone line to Exeter by lifting the receiver and dialling #99 followed by 0300 369 0390
- Retrieve headphones from the drawer and connect them
- Log in to the Avaya phone is by pressing 6 followed by the midwife's unique SWASFT number. 'Auto In' should be selected
- There are 4 screens: 2 admin, with keyboard and mouse, 2 SWASFT C3 / CAD with keyboard and mouse

- Log in to SWASFT system. This opens 2 screens – 1 C3 / CAD screen and 1 map screen
- Log in to the 2 admin screens. Clicking the Plymouth icon will open the Citrix page and log in is by using the normal log in details for any PHNT pc
- You can then access PHNT folders, Salus and NHS Mail
- The link to the Triage e-form should be in the Departmental Icons folder on the desktop screen. If it is not visible it can be accessed via the internet <https://salus.plymouth.nhs.uk/> Save this to 'Favourites' for speed next time. Try to arrange the screens so that you can see the Triage form page and your NHS Mail account on separate screens
- Check that the Maternity Reception generic inbox and Maternity Triage Inbox is in email contacts list
- If taking a short (comfort) break, press the Aux Work button on the phone, followed by 2. This ensures that anyone calling gets a message to say that the midwife is busy, please call back in a few minutes. When returning to the desk press Auto In
- Triage calls come through to the midwife in Exeter
- Complete the Salus Triage online form for each call, and saving the form. A paper back-up form is available if Salus is offline
- Complete the SWASFT CAD / C3 record. This is not time-critical but is essential for SWASFT to have a record
- If woman calls again retrieve her Salus form and add to it in the second or third call boxes
- If the woman needs admission to Triage, page the midwife in Triage to alert her to a pending admission. That midwife then knows to check Salus
- Also email maternity reception plh-tr.MaternityReception@nhs.net to alert the staff to prepare the notes. There is no need for a message as long as the Subject Line gives the woman's details e.g. Hospital Number, and the woman's initials. If the woman is not booked at Derriford then add a message to this effect, with the woman's name and any other details.
- The Receptionist will admit the woman on iPM as a ward attender, add her to Salus Triage TCI and print off the Triage form from the Salus data forms page. This will go in the pack with the name bands
- If Salus is unavailable the Exeter midwife can email Maternity Triage plh-tr.MaternityTriageInbox@nhs.net to inform the midwife in Triage to expect the woman.

The information would be the same as sent to the Reception inbox unless additional clinical information is required.

- If the woman needs a blue light ambulance the midwife should advise the caller to hang up immediately and dial 999. This is the fastest way to get an ambulance out.
- Any non-advice calls to Maternity Line are logged on a paper form. A copy of this is in the Information file.
- The Clinical Supervisor or 999 call handler may approach the midwife if they need midwifery support.
- Any 999 support events are logged on a paper form, also in Information file.
- Any problems are logged on the record of issues or problems form.
- The midwife can access a duty manager in Derriford if she needs further advice.
- Breaks must be taken during the shift to comply with working time regulations.
- Lunch breaks will be taken from approximately 13:00 – 13:30.
- Additional comfort breaks may be taken as required.
- The phone will be switched back to Plymouth during the lunch break, then back to Exeter when the midwife is back after her break.
- To switch back to Plymouth, the midwife in Exeter rings the Triage area on the second phone line to request the switch back. This number is 01752 437153.
- Once back from her break the midwife in Exeter calls the Triage area to request the phone divert again.
- At the end of the day midwife in Exeter calls the Triage midwife or MSW to request phone divert back to Plymouth when she leaves in the evening.
- The midwife in Exeter **must** check that the phone is switched back to Plymouth before leaving in the evening. This can be done by calling the Triage number and waiting for a response.
- The midwife logs off from PHNT and SWASFT systems before leaving and replaces the headphones in the desk drawer.
- In the event of a fire follow the instructions on the small Fire Evacuation card.

- If a midwife is sick and cannot attend she informs the CDS coordinator and calls SWASFT in Exeter to notify of non-attendance via the Logistics Team – 08458 100200, option 3.
- In the event on unexpected staff absence in Exeter the SWASFT duty manager will contact Maternity Reception at PHNT on 01752 431849 and ask that the CDS Coordinator be informed of the staff absence in Exeter.
- After the midwife leaves, and overnight, calls will come through to the Triage area on CDS
- If last one to leave the PCE car park on Bittern Road, please check it is locked after you exit
In addition to taking Triage calls, midwives may also:
 - Check results (on I-Soft which should be available in the Hub)
 - Contact the Jubilee team for a labour home assessment (if / when this system becomes operational)
 - Work on updating Guidelines

How it works – midwife in Triage

- The Triage number is 01752 430200
- The SWASFT allocated number in Exeter is 300 369 0390
- When the midwife arrives at her desk in Exeter she will call the Triage area on CDS to confirm safe arrival and request phone divert.
- Using the primary (new) Triage phone, the midwife or MSW on duty in Triage diverts the telephone line to Exeter by lifting the receiver and dialling #99 followed by 0300 369 0390. Replace the receiver. Once the divert is on, an engaged tone will then be heard when the receiver is lifted.
- Triage calls come through to the midwife in Exeter.
- If a woman needs admission to Triage the midwife in Exeter pages the midwife in Triage to alert her to a pending admission. That midwife can then check Salus.
- Maternity reception will be alerted to the pending admission by an email from the Exeter midwife. The Receptionist will admit the woman on iPM as a ward attender, add her to Salus CDS Triage TCI and print off the Triage form from the data forms page. This will go in the pack with the name bands. Someone from Triage can then collect these from Reception.

- The staff in Triage will be able to see any pending admissions / TCI on the CDS Salus page.
- If Salus is unavailable the Exeter midwife can email Maternity Triage plh-tr.MaternityTriageInbox@nhs.net to inform the midwife in Triage to expect the woman.
- The midwife in CDS Triage can access the woman's Triage form via Salus to see the woman's history although the form should be available in the pack when she comes in.
- The phone will be switched back to Plymouth during the lunch break which is approximately 13:00-13:30, then back to Exeter when the midwife is back after her break. The midwife in Exeter will ring the Triage area on the second phone line to request the switch back. This number is 01752 437153.
- The midwife or MSW in Triage switches the phone back to Derriford as follows: using the Triage phone which is on divert, the midwife or MSW lifts the receiver and dials ##9, then replaces the receiver. If the switch has been successful the dialling tone will be heard when the receiver is lifted.
- Once back from her break the midwife in Exeter will call the Triage area to request the phone divert again. As before, the midwife or MSW on duty in Triage diverts the telephone line to Exeter by lifting the receiver and dialling #99 followed by 0300 369 0390.
- At the end of the shift the midwife in Exeter calls the Triage midwife or MSW to request phone divert back to Plymouth when she leaves in the evening. The midwife in Exeter **must** check that the phone is switched back by ringing the Triage number.
- If the Exeter midwife is sick and cannot attend she informs the CDS coordinator.
- In the event of unexpected staff absence in Exeter the SWASFT duty manager will contact Maternity Reception at PHNT on 01752 431849 and ask that the CDS Coordinator be informed of the staff absence in Exeter.
- After the midwife leaves, and overnight, calls will come through to the Triage area on CDS.

