	Maternity Triage 24/7 Women >16 weeks pregnant to 6 weeks postnatal	**Maternity Day Assessment Unit Monday – Friday 8am-8pm**	**Abbey Birth Centre**	**Other: GP/ED/Gynae on call and Community Midwives** Call a Midwife line >16 weeks and postnatal for pregnancy related concerns NHS 111 for <16 weeks (ED = A+E, for pregnancy related concerns they will direct stream to gynae on call)
Abdominal Pain	Moderate, severe, or continuous pain, regardless of other symptoms >16/40 (confirmed on dating USS) If suspected abruption advise patient to call 999/arrange an ambulance and then alert the Labour ward Team Leader or MOC	Not to be seen in Day Assessment Unit If a patient presents for a planned appointment and reports moderate abdominal pain they should be referred to Triage unless suspected pelvic girdle pain or muscular pain after a midwifery assessment	Not to be seen unless felt to be in suspected labour >37/40 and low risk. If unsure then refer to Triage for assessment	If <12/40 GP, NHS 111 or community midwives to refer to EPU for assessment. If out of hours or signs of an ectopic patient should be advised to attend ED If 12-16 weeks (so not eligible for EPU) then GP or ED If suspected pelvic girdle pain or muscular pain, community midwife or GP to refer to physiotherapy after a full telephone assessment
Antenatal Bleeding	Any antenatal bleeding >16/40 weeks gestation (confirmed on dating USS) regardless of pain and fetal	Not to be seen in Day Assessment Unit	Not to be seen in Abbey Birth Centre	If <12/40 the GP, NHS 111 or community midwives to refer to EPU for assessment. If out of hours patient should

	movements to be seen in Triage If suspected haemorrhage or altered consciousness advise patient to call 999/arrange an ambulance and alert the Labour Ward Team Leader or MOC			be advised to attend A&E unless painless spotting, which should be referred to EPU within hours as above If 12-16 weeks (so not eligible for EPU) then ED

Hypertension	Any patient with a reading of >160/110 Any patient with BP >150/100 on 3rd measurement in community Any patient with BP 140-149/90-99 **and** symptomatic on 3rd measurement in community, regardless if known or new presentation of hypertension Refer to Triage if a patient has any symptoms for PET (epigastric pain/headaches/ visual disturbances) Refer to triage if any proteinuria ≥1+ **with** maternal symptoms	Known hypertensive including: • Planned follow up BP and urine checks • Regular PET bloods or PLGF bloods If BP in community is 140-149/90-100 with **NO** proteinuria or symptoms on 3rd measurement in community should be referred to MDAU for an appointment within 48 hours as per hypertension guideline ≥2+ protein or more on urinalysis (regardless of symptoms) refer to MDAU within 48hours as per hypertension guideline	Not to be seen in Abbey Birth Centre Refer to ABC guideline for when referral to Triage/Labour Ward is indicated	If <16/40 GP to manage and refer to the Complex Care team and Maternal medicine (women can be reviewed on a case by case basis in DAU with input from the MFM team)
Spontaneous Rupture of Membranes	SROM with a high risk pregnancy New or suspected SROM >24 hours Suspected SROM <37/40 weeks gestation	Known PPROM attending for planned routine follow up appointments	Low risk term pregnancies If a patient presents to ABC and after assessment is found to	Regular and planned community midwifery checks only

	SROM with: • Suspected meconium • PV bleeding • Reduced fetal movements • Offensive or green liquor • Temperature >37.5 or feeling unwell		have meconium, PV bleeding, reduced fetal movements or abnormal maternal observations/feeling unwell then immediate referral to Triage is required	
Reduced Fetal Movements	Any concerns regarding fetal movements >24/40 Unable to auscultate the fetal heart in community at >16/40	Planned appointments for cCTG in the presence of recurrent reduced fetal movements	Not to be seen in Abbey Birth Centre Patients to be referred to Triage for a CTG and plan of care if attending ABC for a labour/SROM assessment and reports reduced fetal movements	If <26/40 and a fetal heart is heard in community by the community Midwife then a referral to Triage is not required, unless there are any other concerns If fetal movements have <u>never</u> been felt by 24 weeks gestation, then a referral to fetal medicine is required
Suspected Labour	Any suspected labour which does not fit ABC criteria following a telephone assessment The patient must be asked to attend Triage/ABC after their 3rd phone call with suspected labour	Not to be seen in Day Assessment Unit	Low risk term pregnancies only booked for ABC care including those with an out of guideline birth plan	Planned homebirth only - contact ABC or Triage if ABC is closed. Please inform the Labour Ward Team Leader/MOC to arrange for a Community Midwife to attend

	For a BBA or if birth appears to be imminent at home advise patient to call 999/arrange an ambulance and inform the Labour Ward Team Leader or MOC			
Postnatal	Any of the following until 6 weeks PN: • Signs of sepsis. • Suspected secondary haemorrhage • Abnormal or offensive lochia (increasing amounts, passing large clots) • Potential nerve damage or dural tap headache • Moderate or continuous pain • Suspected wound dehiscence • Suspected perineal breakdown • Wound/perineal infection and feeling unwell/raised temperature • Mastitis and feeling	Routine and planned midwifery checks for mums with babies on NICU	Not to be seen in Abbey Birth Centre	The following can be referred to the GP for review: • Suspected wound infection or perineal infection if feels well • Mastitis Shortness of breath/chest pain/suspected DVT to be referred to A&E Any other medical problem not related to pregnancy/postnatal period - refer to the GP or A&E as appropriate For baby refer to the community midwife or JBW/GP or A&E as appropriate. Babies are not to be seen in Maternity Triage Postnatal Hypertension: • >160/110 or symptomatic for same day urgent review

	unwell/raised temperature Postnatal Hypertension: • >160/110 or symptomatic for same day urgent review in Triage			in Triage • 150-159/100-109 increase medication as per guideline and for GP or hospital review with 24 hours • 140-149/90-99 repeat BP in 48 hours
Unwell/ Other	Any new obstetric related complaint if >16/40 gestation (confirmed on dating USS) not suitable for management in ANC/MDAU/CMW Signs of sepsis Hyperemesis >16/40 gestation (confirmed on dating USS) and not tolerating oral fluids/reduced urine output. If signs of psychosis or an acute disturbance of mental health refer to ED Antenatal Suspected DVT/ PE >16 weeks <u>after</u> triage in ED for completion of imaging pathway and LMWH (not undifferentiated SOB or	Pre-booked appointments only. If a patient presents without an appointment they should be directed to Triage if >16/40 for an assessment as per BSOTS • Signs and symptoms of OC with normal fetal movements • Scan reviews • cCTG referral from ANC • Administration of iron infusion • Steroids for fetal lung maturity • Outpatient inductions • Pre-op appointments	Not to be seen in Abbey Birth Centre	If normal fetal movements the following can be referred to GP: • UTI • Viral illness • Upper respiratory tract infection • Thyroid function • Thrush - (if other abnormal PV discharge for referral to triage) • Migraines • Any other non-urgent complaints D&V with normal fetal movements and able to tolerate oral fluids can be managed with self-care and referral to GP if not improving.

	palpitations)/Postnatal – ED			RTC/significant trauma – ED (Obstetrics will attend majors) Shortness of breath/chest pain/suspected DVT to be seen in ED regardless of gestation, once triaged in ED may be streamed to maternity triage. Hyperemesis – regardless of gestation, if tolerating fluids, normal urine output and normal fetal movements can be seen by the GP Hyperemesis under 16 weeks gestation - unable to tolerate fluids, reduced urine output- EPU/ED for assessment. (EPU <12 weeks, ED 12-16 for gynae on call) ANC - women requesting out of guideline care/ELCS/IOL (out of guideline care also refer to birth choices clinic)