

**WOMEN'S HEALTH AND PAEDIATRICS  
 MATERNITY UNIT**

**Maternity Assessment in Triage/DAU Guideline**

<b>Amendments</b>			
<b>Date</b>	<b>Page(s)</b>	<b>Comments</b>	<b>Approved by</b>
January 2018		New Guideline	Women's Health Guidelines Group
August 2021		Introduction of MDAU and BSOTs	

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 Nadia Pridmore- Labour Ward Manager

**In Consultation with:** Jo Hale- Consultant Obstetrician

**Ratified by:**

**Date Ratified:**

**Date Issued:**

**Next Review Date:**

**Target Audience:** All staff working within the maternity department

**Impact Assessment Carried out By:** Women's Health Guidelines Group

**Comments on this document to:** Lauren Brown or Nadia Pridmore

## Executive summary

This guideline outlines the parameters for maternity outpatient assessment in both triage and MDAU. BSOTs guidance is included and expectations of time frames for care are laid out.

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## 1 SUMMARY

The aim of this guideline is to facilitate a standardised triage across both areas of maternity assessment and clinically prioritise care for women attending either area for unscheduled care, ensuring safety of both mother and fetus/baby at all times.

## 2 INTRODUCTION

This guideline is to be used for all women who present to the maternity unit who require assessment, treatment or admission without delays in both triage and MDAU. It outlines the suitability for women to attend each area for assessment and when alternatives may be better suited.

Maternity Assessment areas (triage and MDAU) are where antenatal, suspected labour and postnatal women are seen and assessed for unscheduled care.

As part of this assessment, women undergo clinical triage, ideally within 15 minutes of arrival, to determine the priority of their care and treatment based on the severity of their presenting complaint.

Initial triaging is performed using the Birmingham Symptom-specific Obstetric Triage System (BSOTS); a standardised triage system based upon the Birmingham pathways which has been validated for both consistency and patient safety.

This system, endorsed by both the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM), includes a standardised initial assessment by a midwife and the allocation of a category of clinical urgency using prioritisation algorithms. The system also guides timing of subsequent assessment and immediate care (by an obstetrician if required). This ensures that women are given advice, care which is timely and appropriate or transferred to the clinical area that is most suitable to their individual needs. There may be occasions where triage or MDAU staff are unable to facilitate triage such as due to a lack of staff or episodes of especially high acuity. The escalation pathway for such occasions is described within this guideline.

The triaging process is not applied to women who are attending a scheduled care appointment or for an outpatient induction of labour within triage or MDAU.

## 3 SCOPE

This guideline applies to all women who are assessed within either triage or MDAU within ASPH maternity services. It address both the process of triage and the pathway by which all staff will escalate any inability to fulfil this requirement. It also addresses the difference between the two assessment areas and appropriateness of assessing different complaints in each area.

## 4 PURPOSE AND ROLES OF EACH AREA

### 4.1 Triage

Triage is located on the labour ward at ASPH. It is a high risk area where women who trigger red or orange on BSOTs criteria should be seen within the appropriate time frames. Women should be referred to triage via 'call a midwife surrey advice line', community midwife or GP. It is usual

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practice for women to contact the 'call a midwife surrey advice line' directly however, self-referrals will be accepted if the patient contacts triage directly.

## 4.2 MDAU

MDAU is located within antenatal clinic at ASPH. It is appropriate for women who score green or yellow on BSOTS to be seen within MDAU. Women can be referred by all of the above pathways but also may have follow up appointments. Abnormal ultrasounds will be referred to MDAU by the ultrasound department. Referrals for pre-planned appointments in MDAU should be made through BadgerNet.

## 4.3 Role of Midwife in Triage or MDAU

- To liaise closely with the labour ward shift leader, Antenatal Clinic team leader, midwives in the Day Assessment Unit or Triage and obstetric team to maintain a streamlined, safe service for women.
- Ensure women are welcomed and assessed within 15 minutes of arrival.
- Ask the woman how she is, and about her wishes, expectations and any concerns, ask the woman about the baby's movements, including any changes.
- Give information about what to expect when she accesses care.
- Provide guidance and support to the woman's birth companion(s).
- To promptly refer women to be fully assessed by the most appropriate member of the team in the correct setting following an assessment as detailed below.
- For triage- Attendance entered onto PAS/Patient Centre as WAA or inpatient if it is an admission and recorded in the Maternity triage attendance diary.
- For MDAU- Attendance recorded in diary, maternity reception team will add patients to PAS/patient centre clinic and record as attended.
- Women are given an identification bracelet prior to admission checking name, date of birth and any known allergies with the woman.
- A VTE assessment is completed on BadgerNet for those women requiring admission.
- Ensure that all women have been booked. If a woman presents and is not booked with Ashford and St Peters, a short booking must be carried out and recorded on BadgerNet. All booking bloods must be taken and sent to the laboratory to be processed as urgent.
- Ensure that all investigations taken e.g. blood samples and swabs are recorded on BadgerNet for follow up.
- Follow up all investigations taken, as per the SOP, on a daily basis, escalating any abnormal results to obstetric staff.
- If discharged home, agree a plan of care with the woman, including guidance about who she should contact next and when.
- Document the guidance that she gives to the woman.

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## 5 REFERRALS FOR ASSESSMENT

Ideally the woman should contact the 'call a midwife surrey advice line' themselves. A telephone triage should then take place and the triaging midwife should assess if the woman requires further assessment, the appropriate place to do so and the level of urgency as per the table below.

Referrals from other medical professionals should be taken by telephone by a midwife and assessed in the same way. This should be documented on BadgerNet as a communication note and include the name of the healthcare professional referring.

Women should be assessed on their main reason for calling out of the 8 reasons below. Women should be meet all criteria in the specified box to be assessed in that area. If any aspect is outside of this criteria the woman should be seen on labour ward triage.

- Abdominal Pain
- Antenatal Bleeding
- Hypertension
- Postnatal
- Reduced fetal movements
- PPROM/PROM
- Suspected labour
- Unwell/ other

Women who are under 12 week's gestation should be referred to EPU by a healthcare professional (GP, Midwife, 'call a midwife surrey advice line' or A&E).

Any woman over 4 weeks postnatal should be referred to their GP for advice and guidance or advised to attend A&E if deemed more appropriate.

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	Labour Ward Triage	MDAU (if out of hours please refer to LW triage)	Abbey Birth Centre	Other (GP, community midwife, EPU, A&E)
<b>Abdominal Pain</b>  (if suspected abruption advise patient to call 999/ arrange an ambulance and alert labour ward on priority 'red' phone)	Moderate, severe or continuous pain regardless of other symptoms	Mild pain only but can include- <ul style="list-style-type: none"> <li>• No active bleeding</li> <li>• Fetal movements (normal or reduced but not absent)</li> <li>• Not suspected labour</li> <li>• 1x suspected altered MEWS score (palpitations, tachycardia, tachypnoea, temperature or generally feeling unwell)</li> </ul>	Not to be seen unless suspected labour >37/40 (see below)	If <12/40 GP, SHPA line or community midwives to refer to EPU for assessment  If out of hours or signs of ectopic patient should be advised to attend A&E  EPU contact details: <u>Asp-</u> <u><a href="mailto:tr.earlypregnancy@nhs.net">tr.earlypregnancy@nhs.net</a></u> 01932 722662 Mon-Fri 9am-4pm  If suspected pelvic girdle or muscular pain community midwife or GP to refer to physiotherapy
<b>Antenatal Bleeding</b>  (if suspected massive haemorrhage/ altered consciousness advise	All active antenatal bleeding regardless of pain and fetal movements Blood stained mucous show <37/40	Minimal brown loss or spotting in the absence of abdominal pain with normal fetal movements only	Not to be seen	If <12/40 GP, SHPA line or community midwives to refer to EPU for assessment  If out of hours or signs of

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<p>patient to call 999/ arrange an ambulance and alert labour ward on priority 'red' phone)</p>				<p>ectopic patient should be advised to attend A&amp;E</p> <p>EPU contact details: <u>Asp-</u> <u><a href="mailto:tr.earlypregnancy@nhs.net">tr.earlypregnancy@nhs.net</a></u> 01932 722662 Mon-fri 9-4</p>
<p>Hypertension  (If eclampsia is suspected/ fit imminent advise patient to call 999/ arrange an ambulance and alert labour ward on priority 'red' phone)</p>	<ul style="list-style-type: none"> <li>• Suspected or confirmed new hypertension during this pregnancy</li> <li>• Any patient with systolic above 160 or diastolic above 110 regardless if known or new presentation of hypertension</li> </ul>	<p>Known hypertensive including-</p> <ul style="list-style-type: none"> <li>• Planned follow up BP and urine checks</li> <li>• Regular PET bloods or PLGF bloods</li> <li>• New onset of mild symptoms (headache, oedema, visual disturbances, epigastric pain)</li> <li>• Referral from community midwife if already on treatment but single raised BP/ new proteinuria</li> </ul>	<p>Not to be seen</p>	<p>If &lt;12/40 GP should continue with current management and refer to complex care team for follow up Email address....</p>
<p>PPROM/ PROM/ SROM</p>	<p>New or suspected PROM</p>	<p>Known PPRM attending</p>	<p>Low risk term pregnancies</p>	<p>Regular/ planned community</p>

<p>Premature prelabour rupture of membranes/ prelabour rupture of membranes &lt;37/40/ spontaneous rupture of membranes</p> <p>(if suspected cord prolapse advise patient to call 999/ arrange an ambulance and alert labour ward on priority 'red' phone)</p>	<p>&gt;24 hours PPROM Meconium PV bleeding Offensive or green liquor Temperature or feeling unwell</p>	<p>for planned routine follow up New prelabour rupture of membranes &lt;24 hours at term in the absence of contractions (unless low risk ABC criteria)</p>	<p>only booked for ABC care (including GBS) No meconium or PV bleeding</p>	<p>midwifery checks only</p>
<p>Reduced Fetal Movements (including altered patterns and excessive movements)</p>	<ul style="list-style-type: none"> <li>• Absent fetal movements when previously felt</li> <li>• Second presentation or more within last 3 weeks</li> <li>• Any bleeding or abdominal pain</li> <li>• Known pre-eclampsia or risk factor for stillbirth/FGR</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced or altered pattern &lt;26/40</li> <li>• Reduced or altered pattern &gt;26/40 first episode or more than 3 weeks since last episode</li> <li>• Regular cCTG attendances (planned outpatient appointments)</li> <li>• Must not have</li> </ul>	<p>Not to be seen</p>	<ul style="list-style-type: none"> <li>• If &lt;26/40 and never felt fetal movements during this pregnancy can be auscultated in community for maternal reassurance</li> <li>• (If between 24-26 weeks and never felt movements a referral to fetal medicine is required email <b>Asp-tr.anscreening@nhs.net</b>)</li> </ul>

	<ul style="list-style-type: none"> <li>Unable to auscultate fetal heart in community</li> </ul>	bleeding or abdominal pain		
<p>Suspected Labour (on third call MUST be seen in person)</p> <p>BBA- advise patient to call 999/ arrange an ambulance and alert labour ward on priority 'red' phone</p>	<p>Any suspected labour which does not fit ABC criteria</p> <p>If VBAC and experiencing scar pain, prolonged latent phase, heavy bleeding or pain between contractions, ask patient to attend ASAP</p>	Not to be seen	Low risk term pregnancies only booked for ABC care	Planned homebirth only- contact ABC on 01932 723761 who will contact on call community midwife
<p>Postnatal</p> <p>(if signs of psychosis refer to A&amp;E, consider ambulance)</p>	<ul style="list-style-type: none"> <li>Acute disturbance of mental health?</li> <li>Signs of sepsis</li> <li>Shortness or breath or chest pain/ signs of PE</li> <li>D&amp;V</li> <li>Suspected secondary haemorrhage</li> <li>potential nerve damage or dural tap headache</li> <li>moderate or continuous pain</li> </ul>	<ul style="list-style-type: none"> <li>Signs of DVT/ calf pain</li> <li>Suspected wound infection/ dehiscence</li> <li>Suspected perineal breakdown</li> <li>Known hypertension with raised blood pressure checked by community midwife</li> <li>Voiding difficulties</li> <li>Routine midwifery checks for mums who</li> </ul>	Low risk term postnatal women previously under ABC care	<p>Regular/ planned community midwifery checks only</p> <p>Can refer to GP- Perineal infection Mastitis</p> <p>A&amp;E- numbness or weakness</p> <p>For baby- refer to community midwife for visit ASAP</p>

	<ul style="list-style-type: none"> <li>• suspected or imminent eclampsia</li> <li>• offensive lochia/ large clots</li> </ul>	have babies in NICU		
<p>Unwell/Other (if signs of psychosis or an acute disturbance of mental health refer to A&amp;E, consider ambulance)</p>	<ul style="list-style-type: none"> <li>• Shortness of breath or chest pain</li> <li>• Signs of sepsis</li> <li>• Suspected or confirmed COVID (complete covid risk assessment on BadgerNet) or Flu</li> <li>• Moderate to severe headache not migraine or symptoms of PET (not known hypertensives)</li> </ul>	<ul style="list-style-type: none"> <li>• Signs and symptoms of OC</li> <li>• Abnormal ultrasound scan (referral from sonographer only)</li> <li>• cCTG referral from ANC</li> <li>• monofer</li> <li>• steroids for fetal lung maturity</li> <li>• outpatient inductions</li> <li>• pre-op appointments</li> </ul>		<ul style="list-style-type: none"> <li>• If normal fetal movements the following can be referred to GP... UTI, viral illness, Upper respiratory tract infection, thyroid function, anxiety or depression ('call a midwife surrey advice line' can refer to specialist midwives/ safeguarding team if required) thrush, migraines</li> <li>• D&amp;V with normal fetal movements</li> <li>• RTC/ significant trauma/non-pregnancy issue- A&amp;E</li> <li>• Hyperemesis, regardless of gestation, if tolerating</li> </ul>

				<p>fluids, normal urine output and normal fetal movements- GP</p> <ul style="list-style-type: none"> <li>• Hyperemesis, under 12 weeks gestation, unable to tolerate fluids, reduced urine output- EPU/A&amp;E for assessment prior to attending MDAU, if over 12 weeks gestation refer to MDAU directly</li> <li>• Community midwives- ANTI-D, new mental health concerns, sweeps</li> <li>• ANC- women requesting out of guideline/ ELCS/ IOL</li> </ul>
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## 6 MATERNAL AND FETAL ASSESSMENT

Upon arrival the woman will check in at reception for MDAU or with the midwife if attending Triage directly. The relevant midwife should start their initial triaging process within 15 minutes of arrival. The MAC midwife performing triage chooses the Treatment assessment card (TAC) most appropriate to the woman's presenting complaint and writes the time of the triage assessment on the white board. The symptom specific TAC includes the initial assessment, immediate care and investigations and ongoing care documentation. There are eight TACS which cover the most frequent MAC presentations. These include:

- Antepartum haemorrhage
- Abdominal pain
- Hypertension
- Postnatal
- PPRM
- Reduced fetal movements
- Suspected labour
- Unwell/ other

The unwell/other TAC should be used if the presentation does not fit any of the other presentations.

If a woman presents with multiple complaints, the TAC relevant to the main presenting complaint should be used.

The TAC's are validated so that in this scenario, the same triage category will be applied irrespective of which TAC is chosen.

The BSOTS© initial assessment is completed and symptom specific algorithm followed to assign a triage category. Whilst the triage category can be upgraded by the assessing midwife if they have clinical concerns, it should not be downgraded. This would invalidate the safety aspect of BSOTS©. The triage category allocates a level of urgency within which further assessment and investigations should take place. The highest level of urgency (red) should be seen immediately and transferred to labour ward, women identified as orange should be seen within 15 minutes and remain in the Triage on labour ward, women identified as yellow can return to the waiting room and be seen within an hour in either area and women identified as green seen within 4 hours for further assessment in MDAU if open.

Women should be informed of when and where they are likely to be seen.

### Immediate Care

Standardised immediate care and investigations are directed using BSOTS© and the symptom specific TAC paperwork. All care should be documented under 'Triage assessment' unless a planned appointment which should be documented using an 'antenatal day unit' episode of care.

### Ongoing care

Following completion of the immediate investigations and reviews, women will either be admitted or discharged with appropriate follow up appointments arranged as necessary. When admitted,

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safe handover and transfer of care should be facilitated by using the SBAR tool on BadgerNet. The details of transfer or discharge should be documented along with appropriate safety netting advice given. The following referrals may be required:

- If follow up in DAU required- complete BadgerNet referral for day assessment unit or book appointment before leaving
- If ANC follow up required- complete BadgerNet referral for obstetric referral and advise to contact ANC team leader if they have not heard within 3 working days
- If ultrasound needed please email [asp-tr.abbeywingultrasoundoffice@nhs.net](mailto:asp-tr.abbeywingultrasoundoffice@nhs.net)  
.NB. Routine follow up following a scan is not required- the sonographer will refer using the relevant SOP. However, all second or subsequent episodes of reduced fetal movements should be referred back to MAC for ongoing plan and assessment of movements that day

### **When MAC staff are unable to facilitate triage**

This should be escalated using the escalation pathway in the maternity guidelines.

## **7 TRAINING**

All midwives working independently in Maternity either area must have received adequate training and support from an experienced colleague before being allocated to work alone in either area. This includes:

BSOTS online module

Supported shift with band 6 or more senior midwife

## **8 APPROVAL AND RATIFICATION**

Ratification of this policy will be sourced from the Women's Health Guideline Group.

## **9 REVIEW AND REVISION ARRANGEMENTS**

The guideline will be reviewed every 3 years or sooner if the local service changes or there are changes to the evidence supporting the guideline.

## **10 DOCUMENT CONTROL AND ARCHIVING**

Where minor amendments are required e.g. change of names, job titles, these can be made then approved and ratified by the relevant Chair of the Committee through Chairman's action. The amendments must be recorded in the history brief (page 2) of the document. Where this occurs, this should be minutes at the next committee meeting. Previous guidelines must be archived and kept.

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## 11 DISSEMINATION AND IMPLEMENTATION

The policy will be disseminated through global email to clinical staff working within the maternity department. This policy will be published on the trust intranet and internet sites.

## 12 MONITORING COMPLIANCE WITH THIS POLICY

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
e.g. All policies will be reviewed by their authors at least annually to ensure that they remain valid and in date	Compliance audit of sample of policies (including review history)	Annual	Divisional Chief Nurse	Women's health Governance meeting

## APPENDIX 4: EQUALITY IMPACT ASSESSMENT

### Equality Impact Assessment Summary

**Name and title: Maternity Assessment Guideline**

<b>Background</b> <ul style="list-style-type: none"><li>Who was involved in the Equality Impact Assessment</li></ul>
Clinical midwifery managers Consultant obstetrician
<b>Methodology</b> <ul style="list-style-type: none"><li>A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</li><li>The data sources and any other information used</li><li>The consultation that was carried out (who, why and how?)</li></ul>
This guideline will be applied to all women who are pregnant  The guideline was informed by NICE and RCOG guidance  The guideline was reviewed by the multidisciplinary team
<b>Key Findings</b> <ul style="list-style-type: none"><li>Describe the results of the assessment</li><li>Identify if there is adverse or a potentially adverse impacts for any equalities groups</li></ul>
This guidance ensures that any woman who has concerns regarding their pregnancy receives evidence based care in the right place at the right time that involves the multidisciplinary team.
<b>Conclusion</b> <ul style="list-style-type: none"><li>Provide a summary of the overall conclusions</li></ul>
This guideline will ensure that all pregnant women who have concerns regarding their pregnancy receive a multidisciplinary evidence based approach to their care.
<b>Recommendations</b> <ul style="list-style-type: none"><li>State recommended changes to the proposed policy as a result of the impact assessment</li><li>Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li><li>Describe the plans for reviewing the assessment</li></ul>

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The guidance should be updated three yearly or as when new evidence is discovered

**Policy/Service:**

<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Description of the aims of the policy</li> <li>• Context in which the policy operates</li> <li>• Who was involved in the Equality Impact Assessment</li> </ul>
<ul style="list-style-type: none"> <li>• To ensure consistent and evidence based care to pregnant women</li> <li>• Maternity Services</li> <li>• Maternity Guideline group</li> </ul>
<p><b>Methodology</b></p> <ul style="list-style-type: none"> <li>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</li> <li>• The data sources and any other information used</li> <li>• The consultation that was carried out (who, why and how?)</li> </ul>
<ul style="list-style-type: none"> <li>• Impact assessment revealed no obvious impact identified</li> <li>• N/A</li> <li>• The multidisciplinary team delivering maternity care had the opportunity to contribute to development of the policy.</li> </ul>
<p><b>Key Findings</b></p> <ul style="list-style-type: none"> <li>• Describe the results of the assessment</li> <li>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</li> </ul>
<ul style="list-style-type: none"> <li>• No impact identified</li> </ul>
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Provide a summary of the overall conclusions</li> </ul>
<ul style="list-style-type: none"> <li>• No impact</li> </ul>
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• State recommended changes to the proposed policy as a result of the impact assessment</li> <li>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li> <li>• Describe the plans for reviewing the assessment</li> </ul>
<ul style="list-style-type: none"> <li>• Impact assessment will be reviewed at next policy review</li> </ul>

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## Guidance on Equalities Groups

<p><b>Race and Ethnic origin</b> (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</p>	<p><b>Religion or belief</b> (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</p>
<p><b>Disability</b> (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</p>	<p><b>Sexual orientation including lesbian, gay and bisexual people</b> (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</p>
<p><b>Gender</b> (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</p>	<p><b>Age</b> (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</p>
<p><b>Culture</b> (consider dietary requirements, family relationships and individual care needs)</p>	<p><b>Social class</b> (consider ability to access services and information, for example, is information provided in plain English?)</p>

## **APPENDIX 5: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS**

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

**Title of the document: Maternity Assessment Guideline**

**Policy (document) Author: Lauren Brown**

**Executive Director: Gemma Puckett**

		Yes/No/ Unsure/N A	<u>Comments</u>
<b><u>1.</u></b>	<b>Title</b>		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b><u>2.</u></b>	<b>Scope/Purpose</b>		
	Is the target population clear and unambiguous?		
	Is the purpose of the document clear?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b><u>3.</u></b>	<b>Development Process</b>		
	Is there evidence of engagement with stakeholders and users?		
	Who was engaged in a review of the document (list committees/ individuals)?		
	Has the policy template been followed		

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		Yes/No/ Unsure/N A	<u>Comments</u>
	(i.e. is the format correct)?		
<b>4.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are local/organisational supporting documents referenced?		
<b>5.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve/ratify it?		
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?		
<b>6.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
<b>7.</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
<b>8.</b>	<b>Review Date</b>		
	Is the review date identified and is this acceptable?		
<b>9.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		
<b>10.</b>	<b>Equality Impact Assessment (EIA)</b>		
	Has a suitable EIA been completed?		

**Committee Approval (insert name of Committee)**

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Section 1 Organisational Policy	<b>Current Version is held on the Intranet</b>	First ratified: 15/01/2018	Review date: January 2020	Issue V1.0	Page 19 of 20
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<b>Name of Chair</b>		<b>Date</b>	
<b>Ratification by Management Executive (if appropriate)</b>			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
<b>Date: n/a</b>			

**APPENDIX 1- ESCALATION PATHWAYS**

Section 1 Organisational Policy	<b>Current Version is held on the Intranet</b>	First ratified: 15/01/2018	Review date: January 2020	Issue V1.0	Page 20 of 20
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