

STANDARD OPERATING PROCEDURE	
Maternity Day Assessment Unit (MDAU)	
Clinical and Operational	
Authors: Jan Thurgood Karin Leslie	DATE: March 2023
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<p>V1 New SOP May 2020</p> <p>V2 Update - reflecting ongoing separate DAU and triage service model, current staffing model, updated escalation policy, and implementation of Surrey Safe Care (Cerner).</p> <p>V3 Update Feb 2023</p>	
<p>This SOP is to be used in conjunction with:</p> <ul style="list-style-type: none"> • Maternity Support Worker Role, Ward Clerk Role, Registered Nurse Role Maternity Triage locally adapted BSOT's SOP • Recognising the deteriorating Pregnant Woman Guideline • Antepartum haemorrhage (APH) Management Guideline • Antenatal CTG Guideline • Antenatal Clinical Risk Assessment Guideline • Fetal growth surveillance guideline • Hypertension in Pregnancy Guideline • Intrahepatic Cholestasis in Pregnancy (ICP / OC) guideline • Spontaneous Rupture of Membranes SRM at Term Guideline • Reduced Fetal Movements Guideline • Tommy's application Guideline • Escalation Guideline • Roles and responsibilities of the Consultant providing acute care in Obstetrics and Gynaecology SOP • Other relevant local and national guidelines 	

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BACKGROUND

MDAU is where antenatal, and postnatal women are seen for **scheduled care**.

The escalation pathway for such occasions is described within this SOP.

AIMS

The aim is to:

- facilitate a standardised MDAU process for women attending MDAU for scheduled care.
- ensure the safety of the women and their fetus

SCOPE

This guidance is relevant to following staff groups:

- All midwifery, nursing and maternity support workers working in the maternity service
- All medical staff working within Obs and Gynae team – Consultants, Middle Grades and Juniors
- All staff working to manage the patient pathway –admin and operational staff

TRIAGE STAFFING MODEL

Maternity DAU is staffed 5 days a week Monday-Friday), 12 hours a day.

The staffing template will include:

- 1 x midwife – Band 6 or above
- 1x MSW
- Ward Clerk (Maternity Reception)

The MDAU registrar is available 09.00-17.00hrs to review any woman who attends MDAU requiring an Obstetric review. Bleep 5059. Where staffing does not allow a dedicated MDAU registrar the gynae registrar will be available for MDAU.

There is one Midwife allocated to MDAU from 07.30hrs-20.00hrs. Monday –Friday excluding weekends and Bank Holidays. They will be supported by the MDAU MSW.

Women attending MDAU will have a scheduled appointment. This includes Outpatient Induction of Labour, Monofer infusions and women requiring Blood pressure monitoring and fetal monitoring using cCTG.

CLINICAL AND OPERATIONAL OVERSIGHT

Clinical oversight of MDAU is the responsibility of the Consultant of the Week (CoW), ANC team Leader and MOC, (Maternity Operational Coordinator) where rostered. After 1700 the Consultant on Call and labour ward registrar are responsible. A request for support or escalation from MDAU should prompt senior input by either the ANC team Leader, MOC or Obstetric team. The MOC, Team Leader in the absence of the MOC, will undertake a review of the staffing daily in line with the Trust site team reporting structure. The findings will be reflected on the Bleep Log and the Maternity Acuity Tool. Staff redeployment and support delivered will be annotated on the Bleep Log and reported to the Trust site team 4 hourly as per established sit rep reporting process currently in place.

If there are delays in any women requiring an Obstetric review this must be escalated via the ANC team leader or the MOC.

MDAU CRITERIA

MDAU criteria:

- Women booked for maternity care at ASPH
- $\geq 12+0$ weeks gestation or postnatal (within 6 weeks of birth). Other than women attending for booking bloods where the Community Midwife has been unable to obtain the required bloods.
- Require scheduled follow up for a pregnancy related problem.
- Women referred from Maternity Ultrasound requiring clinical review
- Women seen in Triage who have been assessed using BSOTs criteria and are categorised as 'Green'

Women attending MDAU outside the referral criteria:

- Women who are $\leq 11+6$ weeks gestation with pregnancy related problems should be referred to Early Pregnancy Unit (Mon-Fri 09.00-17.00) and the Emergency Department (ED / A+E) at any other time.
- Women not booked for maternity care at ASPH – refer to triage SOP

REFERRAL PROCESS

- Women are advised to phone the Call a Midwife advice line (Surrey Heartlands LMNS) with any pregnancy related concerns, who will arrange review in MDAU or Triage whichever is appropriate.
- Women can also be referred by their community midwife, maternity ultrasound, GP, ANC or other health professionals. The appointment should be booked via the ward clerks in the main ANC reception. Any woman who arrives in MDAU who does not have a scheduled appointment must be directed to triage where she will then be assessed using BSOTS. If following this assessment the woman is categorised as 'Green' she may be seen in MDAU following a discussion between the Triage and MDAU Midwife. The handover should follow SBAR format and may be conducted over the telephone.

TELEPHONE CONTACTS WITH MDAU

- If a women phones requesting clinical advice or results this call should be

taken by a midwife. If it is regarding an appointment then an MSW or ward clerk can deal with the call.

- If the MDAU midwife is unavailable, then the call should be diverted to the ANC team leader or another Midwife in ANC.
- If clinical advice is given then the details of the call to be recorded as a communication note on BadgerNet.
- The outcome is to either give immediate advice and reassurance, invite the woman into triage for further assessment, arrange a scheduled review in MDAU or to signpost to other providers such as GP/Urgent Treatment Centre / ED.

MDAU PROCESS

ARRIVAL

The women will book into MDAU at main reception.

The women will have her attendance admitted onto Cerner. The women will wait in the main waiting room in the ANC until called by either the MSW or Midwife. Women presenting with possible COVID or flu will be managed in line with the Trust IPC guideline.

Women are asked to notify the reception team if they are not called within 30minutes of their scheduled appointment time.

MDAU Assessment

Observations and urinalysis should be undertaken by the MSW or Midwife, and recorded in BadgerNet as a 'Smart assessment Unit' episode assessment.

Any woman attending MDAU for anything other than a blood test MUST be seen by the MDAU Midwife. The MSW can complete maternal observations prior to this assessment.

Any women attending MDAU must have a fetal well-being check documented. If the MDAU appointment is the first encounter ie this represents an escalation of care then a cCTG must be completed if pregnancy greater than 26 weeks. If a cCTG is not indicated or the pregnancy less than 26 weeks then the FH must be auscultated using a doppler or Pinnards.

If the MDAU Midwife has significant concerns regarding maternal and/or fetal well-being an immediate transfer to labour ward should occur with communication with the shift leader / MOC. Urgent assistance can be summoned via the 2222 emergency call system if needed.

Obstetric Review

Indications for obstetric review are detailed within the relevant local guidance. The MDAU midwife should document the indication for obstetric review and time referral made within the BadgerNet maternity record. Obstetric review should usually occur within 1hr of this being requested. If there is a delay of more than 1hr discuss with the Registrar and if a further delay is anticipated escalate to the CoW. Where women

have been waiting longer than 2hrs for obstetric review follow the formal escalation process. This should be recorded via the bleep log and a Datix completed.

OUTCOME – ADMISSION, DISCHARGE & FOLLOW UP

Following completion of the review, women will either be admitted or discharged with appropriate follow up appointments arranged as necessary.

Discharge and/or admission should be documented on BadgerNet and Cerner. Women should NOT be advised to call and arrange their own follow up – these should be made by the ward clerk or by Badger referral at the time of her appointment.

If admitted, safe handover and transfer of care should be facilitated by using the SBAR tool on BadgerNet.

Before the woman leaves MDAU the Midwife must ensure the woman knows when her next appointment is due, whether that is with MDAU or the Community Midwife.

Unless a woman has attended for a GTT, CBT or booking bloods then it is the responsibility of the Midwife to discharge the woman from MDAU.

WOMEN WHO DO NOT ATTEND

If a woman has not attended MDAU for her scheduled appointment. The MDAU Midwife should ensure a phone call takes place directly to the woman after it has been confirmed she is not already an inpatient.

Ensure the DNA policy is followed.

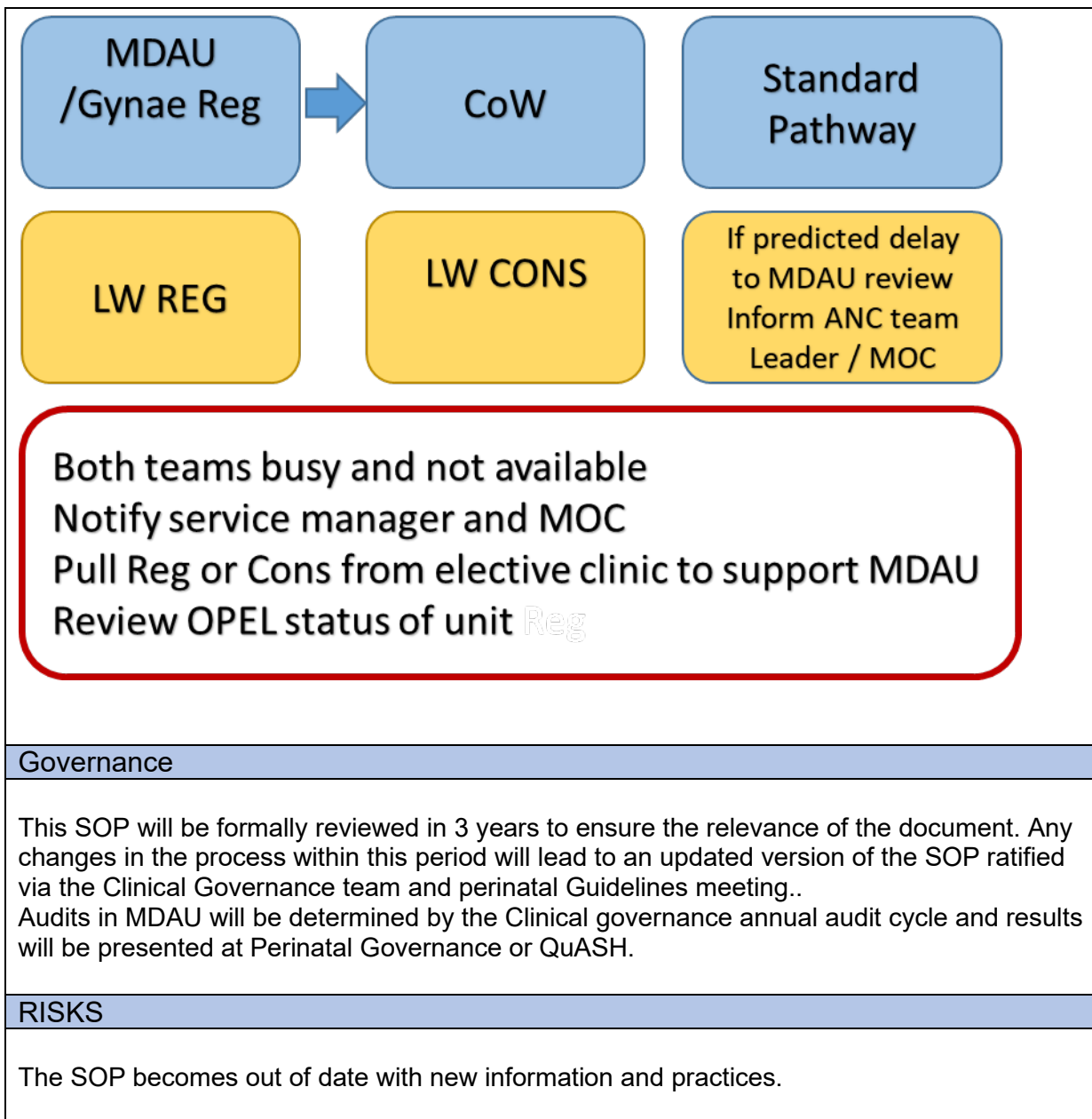
If there are any concerns regarding the woman's welfare then escalate to the ANC team leader or the MOC and follow the Safeguarding policy.

ESCALATION

Escalation may be required due to a lack of staff, insufficient staff for the acuity, or delay in obtaining Obstetric review (greater than 2hr).

The MDAU Midwife will escalate to the ANC team leader (or MOC in team leaders absence) if support is required, MOC Telephone number for escalation: 07789 270606. The MOC/TL will refer to and follow the Escalation Policy as appropriate. Any escalation or redeployment carried out will be captured on the Bleep Log. The Senior Manager on Call (SMOC) is available for further escalation as per Escalation Policy. Staffing updates via Sitrep and MOC are provided to CAT meeting- CSNPs for Trust support if unresolved in the unit.

In Hours Obstetric Pathway Monday – Friday 9-5pm
(after 1700 refer to the triage escalation SOP)



Appendix 1: Locations for referral in Maternity

[Locations for Referral in Maternity Table Mar 2024.pdf \(asph.nhs.uk\)](#)

References: -

1. Kenyon S et al. The design and implementation of an obstetric triage system for unscheduled pregnancy related attendances: a mixed methods evaluation. BMC Pregnancy and Childbirth (2017) 17;309
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