Telephone Triage Standardised Advice (*April 2023)*

- Telephone triage predominately provided by CAM line, if women are unable to contact CAM line/line is closed please follow guidance below
- Ensure calls are received in a protected quiet area away from triage
- Advice is to be given by a relevant health care professional (midwife) who is clinically active
- There should be access to electronic patient records (BadgerNet) when providing telephone triage

Advice for all calls
Record each call on the Communication BadgerNet form.

Introduce yourself and your role
Use your clinical expertise to explore the reason for phoning. Consider patient's parity, their individual needs and pre-existing risk factors. If uncertain, seek more senior advice from Team Leader, MOC or Obstetrician.

If reason for call is a minor issue, reassure and advise women to attend next scheduled appointment with the midwife and raise any concerns there.

Check who the caller is
- *If someone is calling for someone else, ask to speak to the woman concerned. If you can't -check why. (If woman is unresponsive/has extreme shortness of breath then advise to attend A&E straight away).*

Check number of weeks pregnant/postnatal
- *If less than 12/40 or more than 6 weeks postpartum, advise woman to call GP/A+E/EPU*

Check her parity

Check whether there are any current pregnancy complications, such as diabetes or high blood pressure, or underlying health problems? (Do they see the consultant for care? If so, for what reason?)
- *If she has a high-risk/complex pregnancy or medical history, your threshold for advising attendance should be lower*
- *Check if she is taking any medicines regularly.*

Ask for brief reason why they are ringing and whether she has phoned triage in the last 24 hours

All women should be asked the following questions whatever the reason for the call:
- ***Antenatal***
  - *Is your baby moving normally?*
  - *Have your waters broken?*
  - *Are you in any pain?*
  - *Have you had any bleeding (fresh or old)?*
- ***Postnatal***
  - *Date and mode of birth*
  - *Any major complications (PPH, HDU admission etc.)*
  - *Feeling unwell/ feverish*

Whether you ask her to attend straight away or as soon as possible should be based on your clinical judgement and clearly documented.

1. Suspected Labour

To attend if any of the following:

- Suspected labour <37 weeks
- Term and contractions are regular and strong:
  - Multips (2-3 in 10 mins lasting over 40 seconds)
  - Primips (3-4 in 10 mins lasting over 60 seconds)
- Distressed/not coping at home
- Third call to triage
- Has tried pain relief options and this is not effective
- Previous short labour
- Any concerns about the woman's medical and obstetric history (booked for CS or previous CS)

Advise not to attend if:

- Blood stained mucus show at term
- In early labour (see below for advice)

Call back if:

- Contractions are at least once every 5 minutes and last 40-60 seconds or more
- Membranes rupture (especially if brown/green or pink/red)
- PV bleeding
- Baby's movements change

Advice (latent phase/early labour):

- Eat nutritious, high energy foods
- Drink plenty of fluids
- Rest – sleep or relax
- If rest not possible/uncomfortable –mobilise (walking/birthing ball etc.)
- Ask birth partner to give massage
- Use of TENS machine
- Take paracetamol if needed, (use cautiously if SROM has occurred as it may mask signs of infection)
- Bath/hot water on lower back using shower head
- Breathing techniques/hypnobirthing

If a woman is calling to report a mucous show rather than bleeding, follow the guidance for suspected labour. If there is any doubt as to whether the PV loss is bleeding or a show, the woman should be invited in for assessment

2. Antenatal Abdominal Pain (explore nature, duration and frequency)

To attend if:

- Moderate, severe or constant pain

Advise not to attend if:

- Chronic or mild pain e.g. pelvic girdle pain on mobilising only

Call back if:

- Pain/contractions increase, any PV bleeding or fetal movements change

Advice:

- Take paracetamol and have warm bath

3. Antenatal Bleeding (explore extent and colour to determine urgency of attendance)

To attend if:

- Any PV bleeding >12 weeks
- Blood stained mucus show <37 weeks

Call Back if:

- Pain/contractions, turns into fresh PV bleeding or fetal movements change

Advice:

- Fresh pad on and keep old pads

If a woman is calling to report a mucous show rather than bleeding, follow the guidance for suspected labour. If there is any doubt as to whether the PV loss is bleeding or a show, the woman should be invited in for assessment

4. Reduced Fetal Movements (RFM)

To attend if:

- Any RFM over 22 weeks (or no FM between 17-22/40 if felt previously)

Advise not to attend if:

- No fetal movements felt yet. Advise women that if fetal movements have not been felt by 24 weeks gestation they should contact their midwife so that an ultrasound scan can be arranged to check fetal wellbeing

Call Back if:

- Pain/contractions, PV bleeding or fetal movements change

Advice:

- See CMW if advised not to attend (check when next attendance is)
- DO NOT advise cold water/ ice cream

5. Spontaneous Rupture of Membranes (SROM)

To attend if:

- Convincing history of SROM at term
- Known or suspected SROM with prematurity, offensive liquor, a temperature, or GBS positive

Advise not to attend if:

- No clinical features of SROM

Call Back if:

- Think membranes have gone or pad shows liquor not urine, any pain/contractions, PV bleeding or fetal movements change

Advice:

- If unsure of SROM – ask to put in a fresh sanitary pad and wait 1-2 hours to see if any liquor on pad (if it does not smell like urine)

6. Headache

To attend if:

- Moderate or severe headache (not migraine) and/or visual disturbance, epigastric pain, fit/loss of consciousness

Advise not to attend if:

- Migraine sufferer and headache feels like a migraine

Call Back if:

- Headache gets worse, any pain/contractions, PV bleeding or fetal movements change

Advice:

- Take paracetamol, have a rest, increase fluid intake and eat something then see if resolves
- If any neurological symptoms such as numbness or weakness to attend A+E

7. Unwell/Other

To attend if:

- ?UTI - pain/stinging when passing urine, or passing urine more frequently at any gestation
- Persistent itching hands or feet or increase in itching if confirmed Obstetric Cholestasis
- Tender, swollen, red, painful, hot to touch calf
- Temperature (>37.8 if taken or feels hot, feverish or extremely cold) and/or obvious infection site (e.g. abdominal wound, perineum or breasts
-

Advise not to attend if:

- Diarrhoea and/or vomiting or hyperemesis - if able to keep water down and/or pass urine
- Mild to moderate mental health concerns –check if supported at home and refer to community midwife/specialist midwife
- COVID 19 signs and symptoms other than a temperature

Call Back if:

- Continue to feel unwell, any pain/contractions, PV bleeding or fetal movements change

Advice:

- Take some paracetamol and have a rest to see if resolves
- Stay at home if COVID 19 signs and symptoms in line with national guidance

8. Postnatal

To attend if:

- Heavy continuous lochia after five days
- Offensive lochia or passing large clots at any time
- Suspected mastitis/infection/temperature (>37.8 if taken or feels hot, feverish or extremely cold)/feeling unwell

Advise not to attend if:

- Anything to do with baby – need to call NHS 111 or go to nearest A&E
- Increased lochia after being active, sleeping, breast feeding or if lochia has settled again

Call Back if:

- Lochia becomes heavy and continuous or offensive, sudden onset of abdominal pain, or starts to feel unwell

Advice:

- If minor contact community midwife
- **If any neurological symptoms such as numbness or weakness advise to attend A+E**

Consider an ambulance/A&E for the following non-pregnancy related issues:

- Any non-pregnancy issue e.g. sprained/broken limbs, insect bites
- Mental health issues/concerns that need assessment (significant change in mood/behaviour or confusion)
- Chest pain
- Breathing difficulties
- Blinding headache ('thunderclap') if not a migraine sufferer and have no pregnancy related issues
- Any loss of consciousness or if an epileptic, experiencing more or changes to fits than normal
- Sudden weakness/numbness especially on one side of the body, trouble speaking/seeing or lack of co-ordination