STANDARD OPERATING PROCEDURE

Birmingham Symptom Specific Obstetric Triage System

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PURPOSE

The Maternity Assessment Centre (MAC) is 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.
Triage is performed using the Birmingham Symptom-specific Obstetric Triage System (BSOTS©); a standardised triage system based upon the Manchester 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 MAC 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 SOP.
Women who are attending a Scheduled Care appointment within MAC have a pre-arranged timed slot and so are outside of the triage process.

OBJECTIVE

The aim is to:

- facilitate a standardised triage and clinically prioritise care for women attending the MAC for unscheduled care
- ensure the safety of the women and their fetus

SCOPE

This SOP applies to all women who are assessed in the MAC within ASPH maternity services. It addresses both the process of triage and the pathway by which the MAC team escalate an inability to triage within the maternity structure and what subsequent actions should take place.

This guidance is relevant to following staff groups:

- All midwifery and maternity assistant staff who work in maternity
- All medical staff working within Obs and Gynae team – Consultants, Middle Grades and Juniors
- All staff working to manage the patient pathway –Specialist Midwives, Consultants, Service Manager,
- Obs & Gynae Consultant of the week

COMPETENCIES/RELATED TRUST POLICIES

- As per Trust guidelines
- Any local nursing policies
- Clinical Risk Assessment in Labour guideline
- MEOWS guideline – Identification and monitoring of the severely unwell women in obstetrics
- Antepartum haemorrhage (APH) Management guideline
- Hypertension in Pregnancy guideline

- Pre-labour rupture of membranes guideline – low risk women
- Pre-term pre-labour rupture of membranes guideline (PPROM)
- Reduced/ Absent Fetal Movements guideline
- Sepsis in pregnancy guideline

TRIAGE PROCESS

Referral Pathway

MAC is staffed 7 days a week, 24 hours a day.

MAC referral criteria include pregnant women who are ≥ 12+0 weeks gestation or postnatal (within 6 weeks of birth) who require urgent assessment for a pregnancy related problem. Women who are ≤ 11+6 weeks gestation with pregnancy related problems should be referred to Early Pregnancy Unit (Mon-Fri 09.00-17.00) and Accident and Emergency department any other time.

Women are advised to phone the Surrey Heartlands pregnancy advice line (SHPA line) but can be referred by their community midwife, GP, ANC or other health professionals. All referrers should contact MAC by telephone initially. This referral should be made to a midwife.

Telephone Referral

Ideally the woman would have called the Surrey Heartlands Pregnancy Advice Line (SPHA) line before referral to triage.

If a telephone self-referral is taken and the women asked to attend, then the woman will be triaged on arrival at MAC. Details of the call should be recorded as a communication note on BadgerNet. The outcome is to either give immediate advice and reassurance, invite the woman into MAC for further assessment or to signpost to other providers such as GP/A&E.

Expected attendances to be recorded on the whiteboard with the woman's hospital number and expected time of arrival.

Arrival at MAC/ Initial triage assessment

The Triage MW will write the woman's hospital number and their time of arrival on the whiteboard in MAC and then start the initial triage assessment.

An asterisk will be written next to the initials when women share the same initials to alert staff. The women will wait in the allocated triage chairs until called to triage.

One MAC midwife will be responsible for the initial triage (and will help where they can otherwise) and the other midwives on duty will undertake the subsequent care and investigations. When there is only a single midwife on duty in MAC (i.e. during the night shift), their time will be split between performing triage and providing immediate care. However, assistance may be required from the Labour ward team if clinical acuity means they are unable to perform timely triage.

Immediate assessment to determine the urgency in which women will need to be seen will be performed in the designated triage room. This means there will be a single identified room where triage occurs. This triage area may require to be changed to one of the other bays within MAC if the women cannot be moved once they have been assessed. Ideally the triage room should be available at all times and women should be moved bays/ returned to the waiting room (if appropriate) to facilitate this. The Triage bay laminate will be placed in the triage assessment bay and the other bays in MAC numbered 1-4.

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
- PPROM
- 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 room, women identified as yellow can return to the waiting room and be seen within an hour and women identified as green seen within 4 hours for further assessment.
Women should be informed of when they are likely to be seen.

Immediate Care
Standardised immediate care and investigations are directed using BSOTS© and the symptom specific TAC paperwork.
The relevant triage colour-coded laminated front sheet detailing, women initials, time of triage and when the next baseline observations are due should be placed in priority order in magazine rack. The white board should be updated by ticking under the appropriate column as reviews are completed (assessment MW review and/or obstetric review as appropriate).

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, 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 on the second page of the TAC. This first and second page of the TAC should be kept and stored in Triage and given to the ward clerk to be scanned onto Evolve.

When MAC staff are unable to facilitate triage
This should be escalated using the escalation pathway in the maternity guidelines.

COMMUNICATION PLAN

The SOP will be displayed on the Intranet under Maternity Assessment Centre, and sent to the relevant Care Group clinical teams. The team leaders will be expected to cascade to all relevant staff groups. All medical, nursing and midwifery staff caring for women and newborns should have support and training in implementing the contents of the guideline. In addition, the information will be included in local induction programmes for all new staff members.
The midwifery escalation pathway – should follow the escalation pathway in the maternity guidelines.

For doctor's reviewing the patients Mon-Fri 9-5pm the pathway of escalation would be LW SHO, MAC Reg, LW reg, LW Cons, COW Cons – this is dependent on BSOTS© clinical prioritisation tool.
Out of hours the doctor escalation pathway would be LW SHO, LW Reg, On call Consultant.

There will be a small number of appointments within MAC that will be staffed by the Complex Care Team MW's for women who have early onset pre-eclampsia and/or early onset fetal growth restriction. This will be on a Monday and Thursday. This group of woman will be looked after primarily by the COW consultants in discussion with the fetal/maternal medicine Consultants

With regard to planned care – this will be in the antenatal clinic and staffed by a MW. The things that are suitable for this are (this is not an exhaustive list): -

- Steroid injections for fetal lung maturity
- BP monitoring who are stable on treatment
- OC blood tests
- PPROM bloods and CTG monitoring
- CTG monitoring
- Monofer infusions
- Out-patient inductions
- Anti-D
- Sweeps

RESPONSIBILITES

All clinical staff are responsible for complying with this policy.

AUDIT

This SOP will be reviewed after three years or sooner as a result of audit findings or as any changes to practice occurs.
Audit results will be circulated and presented at the multidisciplinary audit meetings, identified in the monitoring table. Any areas of non-compliance or gaps in assurance that

arise from the monitoring of this guideline will result in an action plan detailing recommendations and proposals to address areas of non-compliance and/or embed learning. Monitoring of these plans will be coordinated by the group/committee identified in the monitoring table.
Those responsible for instigating the resulting actions will be identified in the audit meeting minutes and the action plans and results will also be reviewed by the Intrapartum Care Committee.
The resulting actions will be reviewed or followed up at the subsequent multidisciplinary audit meeting(s).
Key aspects of the procedural document that will be monitored: -

What aspects of compliance with the document will be monitored	**What will be reviewed to evidence this**	**How and how often will this be done**	**Detail sample size (if applicable)**	**Who will co-ordinate and report findings**	**Which group will receive findings**
Number of women seen within 15 mintutes	Patient records	3 yearly		MAC lead Obstetrician/MW manager	LW forum
Number of women seen within time frame for red, orange, yellow and green categories	Patient records	3 yearly		MAC lead Obstetrician/MW manager	LW forum
Frequency of escalation of inability to facilitate triage pathway	Completed incident forms (DATIX's)	3 yearly	10 episodes of escalation	MAC lead Obstetrician/MW manager	LW forum

RISKS

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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