

Midwife Led Unit

Maternity Manual guideline

Document Type:	Guideline
Version:	1
Date of Issue:	November 2012
Review Date:	November 2015
Lead Director:	Divisional Clinical Director
Post Responsible for Update:	Midwife – NHSLA Lead
Ratifying Committee:	Obstetric & Gynaecology Governance Committee
Ratified by them in the minutes of:	Obstetric Governance Committee 6th November 2012
Distribution to:	All Trust staff via the Trust Intranet

Contents:

Heading Number	Midwife Led Unit	Page Number
	Contents / Risk rating	2
1	Introduction / Purpose	3
2	General Document Principles	3
3	Definitions	4
4	Associated Documents	4
5	Duties	4
6	Consultation and Communication with Stakeholders	4
7	Implementation	5
8	Education and training	5
9	Monitoring and review	5
10	References / Bibliography	6
11	Appendices A. Version Control Document B. Communication / Training plan C. Equality Impact and Assessment Tool	6

Risk Rating			
Who will be affected by this Procedure?	Trust Employees / Patients		
Have any existing risk assessments related to this procedure been appropriately updated	N/A	Details: N/A	
Is a new risk assessment required by this procedure?	No		
Does this procedure require Health and Safety training?	No		
Does this procedure require specialist equipment?	No		
Name:	Mrs J Dunn		
	A Potential Severity (1-5)	B Likelihood of Occurrence (1-5)	C Risk Rating (A x B = C)
Raw Risk Rating	2	5	10
Final Risk rating	2	2	4

1. INTRODUCTION / PURPOSE

Midwifery Led Unit is for midwifery led care women. All low risk women should be offered choice of birth at MLU or home at booking.

It is the policy of the Trust that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access.

2. GENERAL DOCUMENT PRINCIPLES

2.1 Midwifery Led Unit – Assessment for place of delivery.

- The community midwife will discuss place of delivery around 36 weeks. All women assessed as low risk category will be booked for the MLU unless they opt out.
- For women who are booked as high risk antenatally and meet the criteria for delivery on the MLU, the professional making the decision to transfer care should document this in the medical records and record the place of birth as an alert on sigma.
- If women fall into the high risk category but wish to use the midwifery led unit then the supervisor of midwives is to be contacted and a consultant review arranged. These women should be booked to deliver on the high risk unit and the informed choices they have made respected. E.g. VBAC choosing not to be continually monitored.

2.2 Exclusion criteria

- Unstable lie/malpresentation
- Haematological : Sickle cell anaemia, Von Willebrand, Previous VTE,DVT
- Respiratory: Asthma: severe attack requiring nebulizer.
- Previous retained placenta if associated with PPH above 1 litre or amount which had adverse effect on the woman.
- Hb below 10g/dl
- Endocrine : diabetes { diet only low risk care}
- Cardiovascular: Heart surgery, on medication for heart defect, hypertension.
- VBAC
- Previous PPH of 1 litre or above or any amount of blood loss which had an adverse effect on the woman.
- BMI 40 and over
- Multiple Pregnancy
- Prolonged rupture of membranes>24 hours
- Other major medical conditions should be discussed with consultant first.

2.3 Risk factors which allow for inclusion.

- Refusal of blood products: Depending on other risk factors.
- Previous instrumental
- Retained placenta [as discussed if not associated with PPH]
- 3rd/4th degree tear: if perineal clinic assessment is in favour of NVD.
- Meconium: (light) continue on MLU. If no contractions then auscultate and discharge home with advice on contact numbers if labour does not commence.

- Child protection: Depending on child protection order. If a hospital stay is part of the child protection plan then transfer to postnatal ward. Individualised plans can be utilized to assess inclusion to MLU with input from the safeguarding midwives
- Group B streptococcal infection
- Psychiatric conditions: unless any other risk factors
- Previous pre term deliveries
- Term plus 10-14 IOL who having received proposs go into labour and have a normal CTG at the beginning of regular contractions
- Infection: HIV, TB, Hepatitis B, Substance abuse
- Mum on antidepressants
- Baby with dilated renal pelvices
- Baby needs Hep B vaccine.

2.4 Use of Fetal monitoring

All women should have intermittent auscultation as per local guideline. Any concerns with intermitted auscultation, a CTG should be commenced and analysed after 30 minutes. If normal the CTG can be discontinued. If suspicious or pathological see below.

2.5 Criteria for transfer to high risk unit.

First Stage

Transfer

Epidural request.

Meconium significant: Preparation for transfer unless birth is imminent i.e. following SRM vertex visible with next contraction.

Deviation from guideline for normal labour i.e. lack of progress despite regular contractions and adequate pain relief.

Intrapartum bleeding.

Suspicious CTG

Pre-Eclampsia

Signs of Sepsis

Immediate review by labour ward co-coordinator or obstetrician

Pathological CTG

Second Stage

Any deviation from the normal should be discussed with the labour ward coordinator or Obstetrician.

2.6 Discharge from MLU

- The MLU will not be open to visitors only birth partners are permitted onto the unit
- The discharge home time for all women using the MLU is as soon as appropriate or unless under a child protection plan or if any risk factor prevents the discharge.

3. DEFINITIONS

Please see the [Agreed Obstetric Abbreviations](#) guideline.

4. ASSOCIATED DOCUMENTS

- i. [Care of Woman in Labour Maternity Manual Guideline](#)
- ii. [Clinical Risk Assessment \(Antenatal\) Maternity Manual Guideline](#)
- iii. [Clinical Risk Assessment \(Labour\) Maternity Manual Guideline](#)
- iv. [Operational Policy for Midwifery Staffing of the Intrapartum Unit](#)

5. DUTIES

All staff working within the maternity service have an individual responsibility to be aware of the contents of any clinical guideline which may be relevant to their clinical practice.

Please refer to the current version of the Maternity Service Risk Management Strategy.

6. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This guideline has been developed in consultation with:

- Divisional Clinical Director
- Consultant Obstetrician Clinical Lead for Obstetrics and Gynaecology
- Consultant Obstetrician Lead Obstetrician for Risk Management and Labour Ward

- Consultant Obstetrician Lead Obstetrician for Audit
- Clinical Governance Lead, Risk Manager and CNST Lead for Women's Health
- Supervisor of Midwives
- Head of Midwifery
- Obstetric, Gynaecology & Sexual Health Governance Committee
- Endocrine team – Consultant Endocrinologist

Governance.policies@mcht.nhs.uk

7. IMPLEMENTATION

This document will be available for all staff to access on the trust intranet under policies and procedures maternity manual.

An email is sent to all relevant staff informing them of the publication of a new updated guideline.

8. EDUCATION AND TRAINING

Within the maternity unit all staff attend mandatory training according to their clinical role. When guidelines are reviewed/ amended at the Obstetric Governance Committee, the Divisional training needs analysis will be reviewed and updated with any additional training requirements.

9. MONITORING AND REVIEW

9.1 Process for Monitoring Compliance with all of the above requirements, review of results and subsequent monitoring of action plans

Adverse incidents relating to Midwife Led Unit should be reported via the Trust Incident Reporting System, such incidents will be investigated and managed in accordance Trust Policy '*Integrated Governance & Risk Management Strategy 2010 – 2013*' March 2011.

This guideline will be monitored via the 'Monitoring Compliance Assessment tool'. Maternity health records will be assessed on a monthly basis for compliance and results will be fed back into the directorate via the monthly report which is discussed at the Obstetric, Gynaecology and Sexual Health Governance meeting before being distributed for information to all Ward and Departments.

The requirement to audit this guideline will be included in the Divisional Clinical Audit programme in liaison with the Divisional Clinical Audit Lead and will be approved by the Obstetric, Gynaecology and Sexual Health Governance meeting.

The results of the completed audits will be reported to the Obstetric, Gynaecology and Sexual Health Governance meeting. The meeting will consider the recommendations, approve the actions to be taken and will agree subsequent monitoring arrangements.

Standard/process/issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Audit of the process of this guideline on a rolling basis. Processes to be audited will be selected based on any previous hot spots of clinical incidents.	Audit of health care records of 1% of women who have delivered on the Midwife Led Unit	Clinician nominated by Clinical Audit Lead as part of the departmental rolling audit programme.	Clinical Audit Meeting.	3 yearly.

9.2 Audit Proforma

The MCHFT Audit proforma must be used to demonstrate effective monitoring and implementation of planned actions. This can be found on the intranet in frequently used forms/clinical audit.

9.3 Review

This guideline will undergo review at least on a 3 yearly basis or earlier if new guidance is published.

10. REFERENCES / BIBLIOGRAPHY

1. Antenatal Care: NICE Guidance. (2010). <http://www.nice.org.uk/nicemedia/live/11947/40115/40115.pdf>. Accessed 28th September 2012.
2. Postnatal Care: NICE Guidance. (2006). <http://www.nice.org.uk/nicemedia/live/10988/30146/30146.pdf>. Accessed 28th September 2012.

11. APPENDICES

- A Version Control Document**
- B Communication / Training plan**
- C Equality Impact and Assessment Tool**

APPENDIX A - Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved.

VERSION CONTROL SHEET			
Date dd/mm/yy	Version	Author	Reason for changes
November 2012	1	C. Murray	New Document

APPENDIX B - Training needs analysis

Communication/Training Plan (for all new / reviewed documents)	
Goal/purpose of the communication/training plan	To ensure all relevant staff are aware of the contents of this guideline.
Target groups for the communication/training plan	All relevant Staff.
Target numbers	All relevant Staff.
Methodology – how will the communication or training be carried out?	Reviewed via the practice development midwife and incorporated into the divisional training programmes as required.
Communication/training delivery	Internal experts.
Funding	None.
Measurement of success. Learning outcomes and/or objectives	See monitoring table in section 10.
Review effectiveness – learning outputs	See monitoring table in section 10.
Issue date of Document	November 2012
Start and completion date of communication/training plan	Ongoing from date of issue of document.
Support from Learning & Development Services	N/A

APPENDIX C - Equality Impact Screening Assessment

Please read the Guide to Equality Impact Assessment before completing this form. To be completed and form part of the policy or other document appendices when submitted to governance-policies@mcht.nhs.uk for consideration and approval or to be completed and form part of the appendices for proposals/business cases to amend, introduce or discontinue services.

POLICY/DOCUMENT/SERVICE – MIDWIFE LED UNIT

		Yes/ No	Justification and Data Sources
A	Does the document, proposal or service affect one group less or more favourably than another on the basis of:		
1	Race, ethnic origins (including gypsies and travellers) or nationality	No	
2	Sex	N/A	Guideline only applies to pregnant woman
3	Transgender	N/A	Guideline only applies to pregnant woman
4	Pregnancy or maternity	N/A	Guideline only applies to pregnant woman
5	Marriage or civil partnership	No	
6	Sexual orientation including lesbian, gay and bisexual people	No	
7	Religion or belief	No	
8	Age	No	
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
10	Economic/social background	No	
B	Human Rights – are there any issues which may affect human rights		
1	Right to Life	No	
2	Freedom from Degrading Treatment	No	
3	Right to Privacy or Family Life	No	
4	Other Human Rights (see guidance note)	No	

NOTES

If you have identified a potential discriminatory impact of this document, proposal or service, please complete form 2 or 3 as appropriate.

Date: ...November 2012..... Name: C Murray

Signature: Job Title: Advanced Midwife Practitioner

Date: ...November 2012..... Name: J. Dunn

Signature: Job Title: NHSLA Lead Midwife