Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust

Document Type: **PROTOCOL**		**Unique Identifier:** OBS/GYNAE/PROT/007
Title: **Labour Pre-admission And Admission: Clinical Risk Assessment**		**Version Number:** 4
		Status: Ratified
Scope: All staff involved in the provision of antenatal care and intrapartum care		**Classification:** Departmental
Author/Originator and Title: B Ellison, Midwifery Manager Inpatient Services M. Broadhead, Practice Development Midwife K Charles Shift Leader, Delivery Suite		**Responsibility:** Obstetric/Gynaecology Directorate
Replaces: Replaces version 3 – Labour Pre admission and admission: Clinical Risk Assessment	**Description of amendments:** Amendments throughout	
Name of Committee/Directorate/ Working Group: Policy Group	**Date of Meeting:** 02/09/2010	**Risk Assessment:** Not Applicable **Financial Implications** Not Applicable
Validated by: Obs & Gynae Directorate Meeting	**Validation Date:** 07/09/2010	**Which Principles of the NHS Constitution Apply?** 1 - 4
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Does this document meet with the Race Relation Amendment Act (2000) Religious Discrimination Act, Age Discrimination Act, Disability Discrimination Act and Gender Equality Regulations? Not Applicable

1 PURPOSE

At the commencement of labour all women will receive a full clinical risk assessment.

2 SCOPE

This applies to Obstetricians and Midwives working within Blackpool Fylde and Wyre Hospitals NHS Foundation Trust.

3 PROTOCOL

3.1 CLINICAL RISK ASSESSMENT

The clinical risk assessment when labour commences will take into account the previous antenatal risk factors (appendix 1) and anaesthetic risk assessment (appendix 2) that are documented in the antenatal record. If risks have been identified antenatally, the midwife must review the management plan.

3.1.1 Timing

The Admission risk assessment form (Appendix 3) will be completed within 1 hour of admission to hospital. If a home birth, the clinical risk assessment will be completed within 1 hour of the midwife attending the home.

3.1.2 Medical Conditions to be considered including anaesthetic history

Refer to Appendix 1, 2 & 3

3.1.3 Factors from previous pregnancies

Refer to Appendix 1 & 3

3.1.4 Lifestyle history to be considered

Refer to Appendix 1 & 3

3.1.5 Risk assessment for the appropriate place of birth

All women who are identified as low risk are suitable for a home birth.

Women who have known risk factors and requesting home birth will have an antenatal management plan documented in the antenatal record. On commencement of labour the midwife must review the plan and as a minimum, inform the Delivery Suite Shift Leader and document actions in the birth record

Women who plan to deliver at home and have risk factors identified at the commencement of labour must be advised by the midwife to transfer to the Obstetric unit. If the woman wishes to remain at home, the Delivery Suite Shift Leader and the Supervisor of Midwives must be informed and the midwife will document actions in the birth record.

3.1.6 Thromboembolic Risk Assessment.

The Antenatal Venous Thromboembolism Risk Assessment form must be completed. (OBS/GYNAE/GUID/018)

3. 2 DEVELOPMENT OF AN INDIVIDUAL MANAGEMENT PLAN WHEN RISKS ARE IDENTIFIED DURING THE CLINICAL RISK ASSESSMENT

When risks are identified during the clinical risk assessment, the midwife must refer to the Obstetrician. The Obstetrician must ensure there is an appropriate individual management plan documented in the birth record.

3.3 PROCESS FOR REFERRAL OF WOMEN WHEN RISKS ARE IDENTIFIED DURING THE CLINICAL RISK ASSESSMENT

Once the Midwife has completed the Clinical Risk Assessment and identified a risk a referral is made to the Obstetrician and recorded on the risk assessment form (appendix 3)

Please note: A midwife may refer to a Consultant Obstetrician at any time during the progress of labour.

3.4 DOCUMENTATION

The clinical risk assessment form within the birth record is completed by the midwife within 1 hour of admission to hospital, and if a home birth, completed within 1 hour of the midwife attending the home.

Where clinically relevant i.e. a risk has been identified, the midwife will refer the woman to the Obstetrician and document this on the risk assessment form. The management plan will be documented in the birth record by the Obstetrician.

3.5 PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance is detailed in appendix 4

4 ATTACHMENTS

Appendix 1 – Antenatal Clinical Risk Assessment
Appendix 2 - Guidance on Who to Refer to the Obstetric Anaesthetic Clinic
Appendix 3 – Labour Clinical Risk Assessment
Appendix 4 - Process for Monitoring Compliance

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION

Electronic Database for Policies, Procedures, Protocols and Guidelines
Held by Policy Coordinator/Archivist Office

6. LOCATIONS THIS DOCUMENT ISSUED TO

Copy No	Location	Date Issued
1	Intranet	07/10/2010
	Directorate of Obstetrics and Gynaecology	07/10/2010

7. OTHER RELEVANT /ASSOCIATED DOCUMENTS

Procedure No.	Title
OBS/GYNAE/PROT/008	Antenatal Care http://bfwnet/departments/policies_procedures/documents/Protocol/Obs_Gynae_Prot_008.pdf
OBS/GYNAE/GUID/018	Venous Thromboembolism – antenatal, intrapartum and postnatal risk assessments and prophylaxis http://bfwnet/departments/policies_procedures/documents/Guideline/Corp_Guid_018.pdf
OBS/GYNAE/GUID/053	Maternal Transfer / Discharge http://bfwnet/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_053.pdf

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS

References In Full
NICE 2007 Intrapartum Care; Care of healthy women and their babies during childbirth www.nice.org.uk
NICE 2008 Antenatal Care; Routine care for the healthy pregnant woman www.nice.org.uk

9. CONSULTATION WITH STAFF AND PATIENTS

Name	Designation
Mrs P Tschobotko	Head of Midwifery
Louise Dowell	Clinical Governance Lead
Dawn Burrows	Supervisor of Midwives
Carol Tiffin	Practice Development Midwife
Janet Kerrone	Midwife Data Manager

10. DEFINITIONS/GLOSSARY OF TERMS

NAME	DEFINITION

11. AUTHOR/DIRECTORATE MANAGER APPROVAL

Issued By	Nicola Parry	**Checked By**	Dr J Davies
Job Title	Consultant Midwife	**Directorate**	Clinical Director
Signature		**Signature**	
Date	October 2010	**Date**	October 2010

Appendix 1 – Antenatal Clinical Risk Assessment

Write patient details or affix Identification label

Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

Medical History/Risk Assessment

(Please tick as appropriate and give details where necessary)

For immediate referral to consultant clinic

- ☐ Yes ☐ No Malignant disease
- ☐ Yes ☐ No Significant Endocrine problems
- ☐ Yes ☐ No IUCD in situ
- ☐ Yes ☐ No Probable refusal to accept blood transfusion or blood products
- ☐ Yes ☐ No Renal Disease
- ☐ Yes ☐ No Diabetes Mellitus or GDM or Insulin
- ☐ Yes ☐ No History of DVT/PE (Confirmed)
- ☐ Yes ☐ No Liver disease

For immediate referral for scan and follow up at consultant clinic

AT 12 WEEKS

- ☐ Yes ☐ No Repeated miscarriages (x 3 recurrent)
- ☐ Yes ☐ No Anaesthetic risks as identified by referral to anaesthetic clinic guidelines

AFTER DETAILED SCAN

- ☐ Yes ☐ No Previous Molar pregnancy
- ☐ Yes ☐ No Previous ectopic pregnancy

For referral at 14 weeks after booking scan

- ☐ Yes ☐ No Cardiac history
- ☐ Yes ☐ No Previous gestational diabetes
- ☐ Yes ☐ No Essential Hypertension
- ☐ Yes ☐ No Significant Psychiatric disorders, e.g. requiring anti psychotic drugs or admission to hospital
- ☐ Yes ☐ No History of Hepatitis B or HIV
- ☐ Yes ☐ No Significant Respiratory disorders e.g. poorly controlled asthma requiring admission to hospital in last 6 months
- ☐ Yes ☐ No Current or previous oral steroid therapy (within the last 6 months)
- ☐ Yes ☐ No Previous admission to ITU with pregnancy related problem
- ☐ Yes ☐ No Recent abnormal smear (last 12 months) – if not managed in Colposcopy Department
- ☐ Yes ☐ No Recent sexually transmitted infection (if not managed in GUM Clinic)
- ☐ Yes ☐ No Previous Cone Biopsy
- ☐ Yes ☐ No Stillbirth/Late IUD
- ☐ Yes ☐ No Mid trimester loss
- ☐ Yes ☐ No Neurological eg Epilepsy & MS
- ☐ Yes ☐ No Fetal Malformation/Abnormalities in previous pregnancy
- ☐ Yes ☐ No Family history of chromosomal abnormality

For referral at 20 weeks after detailed scan

- ☐ Yes ☐ No Vaginal bleeding after first trimester
- ☐ Yes ☐ No Previous Myomectomy
- ☐ Yes ☐ No Previous Vaginal Surgery Prolapse Incontinence
- ☐ Yes ☐ No Genital Mutilation
- ☐ Yes ☐ No Body Mass Index >35 or <18.5
- ☐ Yes ☐ No Drug/Substance/Alcohol abuse
- ☐ Yes ☐ No Previous Mild – Moderate PIH + Proteinuria
- ☐ Yes ☐ No Previous Moderate – Severe Eclampsia
- ☐ Yes ☐ No AGE 15 and under
- ☐ Yes ☐ No AGE 38 or over
- ☐ Yes ☐ No Previous Baby > 4.5kg
- ☐ Yes ☐ No Previous Baby <2.5kg
- ☐ Yes ☐ No History of Preterm Labour
- ☐ Yes ☐ No Pregnancy as a result of infertility treatment
- ☐ Yes ☐ No Previous LUSCS
- ☐ Yes ☐ No Shoulder Dystocia
- ☐ Yes ☐ No Previous PPH
- ☐ Yes ☐ No Previous Difficult Instrumental Delivery
- ☐ Yes ☐ No Multiple Pregnancy
- ☐ Yes ☐ No Grand multiparity (>5 pregnancies)
- ☐ Yes ☐ No Previous retained placenta x 2 occasions

Medical History/Risk Assessment - continued (Please tick as appropriate and give details where necessary)

Allergy Assessed

☐ Yes ☐ No Does the patient have any allergies to medicines, foodstuffs or latex?

☐ Yes ☐ No Is the patient allergic to latex or product likely to contain latex, eg. balloons, condoms, rubber gloves, dental blocks, hot water bottles erasers, elastic bands, elastic dressings and bandages, elastic waistbands/ underwear, rubber balls?

☐ Yes ☐ No Is the patient allergic to avocados, kiwi fruit, bananas, or chestnuts?

☐ Yes ☐ No Are the allergic symptoms typical of type *I* allergy: unitcaria rash of rapid onset (minutes), swelling of lips, tongue or throat, runny nose or nasal congestion eye irritation, breathlessness, asthma, full anaphylaxis?

☐ Yes ☐ No Are the allergic symptoms typical of type *IV* allergy: itching redness of skin developing over an hour or more typical of dermatitis?

☐ Yes ☐ No Do the stated allergic symptoms fall outside both Type *I* and *IV* allergy?

Low risk ☐ High risk ☐ Other Allergies

Please review the patient against the following statements for Transmissible Spongiform Encephalopathy (TSE'Ss):

☐ Yes ☐ No The patient is a known or suspected case of TSE

☐ Yes ☐ No The patient has a family history of TSE

☐ Yes ☐ No The patient has received pituitary derived hormone (human growth hormone or gonadotrophin) or a human dura mater graft

☐ Yes ☐ No Has patient had a blood transfusion

☐ Yes ☐ No Is patient taking Folic Acid

Current medications:

.....

.....

.....

Flowchart for screening for gestational diabetes Mellitis completed? ☐ Yes ☐ No

GTT at 28 weeks arranged? ☐ Yes ☐ No

Smoking

	No	Yes
Do you smoke cigarettes	☐	☐
Number per day		
If not, have you smoked during the last 12 months	☐	☐
Does anyone else in your home smoke?	☐	☐

Alcohol

	No	Yes
Do you drink alcohol	☐	☐

How many units per week

Pre-pregnancy Currently

One unit of alcohol
= half a pint beer/lager, or
= single measure of spirits,
= glass of wine or
= small glass of sherry

Non-medical drugs

	No	Yes
Do you use drugs such as cannabis, cocaine, heroin, ecstasy, speed etc.	☐	☐

Details

	No	Yes
Are you receiving treatment for addiction	☐	☐

Additional Information e.g. Surgery History

Appendix 2 - Guidance on Who to Refer to the Obstetric Anaesthetic Clinic

The list below is meant as a guide and cannot ever be exhaustive. If you are unsure whether the patient would be suitable for referral then discuss it with us. There should be a consultant anaesthetist on labour ward

1. History of Problems with Anaesthesia
Malignant Hyperpyrexia
Scoline (suxamethonium) Apnoea
History of Failed Intubation
History of Failed Regional Anaesthesia
History of ICU or HDU admission following surgery
2. Obstetric
Planned Vaginal Delivery of Multiple Pregnancy
Planned Vaginal Delivery of Breech
3. Patients with severe or complex co-existing disease
4. Haematological
Disorders of Clotting / Haemostasis
Thrombophilia
Treatment with Heparin
5. Obesity
BMI >35 may be referred if they have concerns after they have read the information booklet.
BMI >35 at booking with other complex co- morbidities
BMI > 40 at Booking
Weight > 125Kg at Booking
6. Musculoskeletal
Severe Backpain i.e:
History of Surgery to Spine
Sciatica or other referred pain
Registered Disability / Unable to Work
Attends Pain Clinic
Severe Kyphoscoliosis
Spina Bifida (including Spina Bifida occulta)
7. Cardiovascular
Congenital Heart Disease
Arrhythmia requiring treatment
Confirmed Valvular Heart Disease
Significant Ischaemic Heart Disease
Poorly Controlled Hypertension
8. Respiratory
Severe / **Unstable** Asthma i.e:
Frequent Hospital Admissions with Acute Asthma
History of Ventilation for Acute Asthma
Frequent need for Oral Steriods
9. Neurological
Multiple Sclerosis
Poorly Controlled Epilepsy
Fits > 1x / week
Progressive Neurological Disease
Myasthenia Gravis
Myotonic Dystrophy
10. Endocrine
Planned Vaginal Delivery of Insulin Dependent Diabetics probably through Diabetic Midwife.
11. Miscellaneous
Needle Phobia
Patients who would refuse blood or blood products

Appendix 3 – Clinical Risk assessment Labour

Write patient details or affix Identification label
Hospital Number: Name: Address: Date of Birth: NHS Number:

Clinical Risk Assessment at Commencement of Labour (to be completed within 1 hour of admission to hospital or of midwife attending the home)

Risk Factors	Yes (Tick if apply)
Antenatal risks identified (review of antenatal risk assessment)	
Pre-Existing Medical/Anaesthetic problems	
Multiple Pregnancy	
Previous Stillbirth or Neonatal death	
Previous Caesarean Section/Shoulder Dystocia/Uterine Surgery	
Placenta Praevia	
Body Mass Index > 35	
Antenatal haemorrhage	
Likely to decline blood products	
Presence of rhesus or other antibodies	
Intrapartum risks identified	
Preterm labour <37wks	
Malpresentation	
Suspected IUGR and/or oligohydramnios	
Pregnancy induced hypertension/pre-eclampsia	
Prolonged rupture of membranes > 24 hours	
Meconium stained liquor	
MOEWS score above 3	
Induction of labour	
Anaemia below 8.5 g/dl	
Life style issues eg substance misuse	
Group B streptococci	
Others	

LEVEL OF RISK FOLLOWING ASSESSMENT (PLEASE CIRCLE) Suitable for home birth if applicable (please circle)	LOW Yes	HIGH No

Record Individual Management Plan – go to page 5 of the Birth Notes

Referred Yes ☐ No ☐

Referred to ..... Designation .....

Signature*:	**Print name:**	
Designation:	**Date:**	**Time:**

Appendix 4 – Process for Monitoring Compliance

Minimum requirement to be monitored		Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan and Implementation
a)	Timing of the clinical risk assessment	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
b)	Medical conditions to be considered, including anaesthetic history	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
c)	Factors from previous pregnancies	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
d)	Lifestyle history to be considered	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
e)	Risk assessment for appropriate place of birth	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
f)	Development of an individual management plan when risks are identified during the clinical risk assessment	An audit of 1% of health records of women in whom risks have been identified and have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
g)	Process for referral of women when risks are identified during the clinical risk assessment process	An audit of 1% of health records of women in whom risks have been identified and have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum
h)	Documentation of all of the above, where clinically relevant	An audit of 1% of health records of women who have delivered in the preceding year	Midwifery Manager/ Delivery Suite Forum	Annual	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum	Midwifery Manager/ Delivery Suite Forum