



London Ambulance Service **NHS**
NHS Trust

Obstetric Care Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure that the treatment of obstetric care given by the Trust will be delivered in accordance with national best practice guidance.

Sponsor Department: Medical Directorate

Author/Reviewer: Medical Director. To be reviewed by Service Consultant Midwife Advisor

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
24/09/08	1.0	Clinical Education Manager and Medical Director	Major first draft
12/12/08	1.1	Assistant Head of Clinical Audit and Research	Minor – 8.1.3 amended

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Senior Management group	29/09//08	1.0
Ratified by:		
Clinical Governance Committee	12/11//08	1.0

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The Pulse	01 /10/08	Records Manager	GDU

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP/018	Suspected Cases of Child Abuse Procedure and Recognition of Abuse notes.	
OP/021	Sharing of Information Agreement between LAS and Metropolitan Police Service Child Protection Unit.	
	Operational Procedure (OP/028) - Procedure for Specific Named Patient Protocols and No Resuscitation Orders / Advanced Directives.	
	Resuscitation Policy	
	Training Needs Analysis	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1.0 Policy Statement

- 1.1 The London Ambulance Service NHS Trust (the 'Trust') supports the guidance for Obstetric Care as detailed in the JRCALC Clinical Practice Guidelines. The Trust recognises that the treatment of obstetric care patients requires special measures to ensure that appropriate care is delivered.
- 1.2 This care will be delivered in accordance with national best practice guidance, for example JRCALC guidelines and the National Service Framework for Children, Young People and Maternity Services.
- 1.3 This policy is designed to be read in conjunction with other Trust policies which are relevant including:
 - Suspected Cases of Child Abuse Procedure and Recognition of Abuse notes (Trust Policy TP/018).
 - Sharing of information agreement between LAS and Metropolitan Police Service Child Protection Unit (Operational Procedure OP/021).
 - Resuscitation & Recognition of Life Extinct Policies.
 - JRCALC Clinical Practice Guidelines.

2.0 Objectives

2.1 The Key objectives of the policy are:

- The Trust acknowledges the guidance outlines in the JRCALC Clinical Practice Guidelines and the special responsibilities with regard to the treatment of mothers experiencing normal and abnormal labour or Birth (do not use delivery accepted term is now Birth)
- To ensure that all operational staff are adhering to JRCALC guidance, along with relevant Trust policies and procedures.

3.0 Scope

3.1 The policy embraces the guidance in the JRCALC Clinical Practice Guidelines.

4.0 Equality & Human Rights Impact Statement

4.1 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is take out belittled, excluded or disadvantaged in anyway shape or form.

5.0 Responsibilities

5.1 The **Medical Director** has overall responsibility for the implementation of this policy in accordance with the JRCALC guidance and for ensuring that all clinical and appropriate non-clinical staff deliver care in accordance with this policy.

5.2 **All Clinical Staff** should:

Ensure that they maintain and update their obstetric care assessment, diagnosis and treatment skills (as appropriate) in line with their training.

6.0 General Policy

6.1 The Trust acknowledges that the best clinical care for a mother who is experiencing an abnormal labour or delivery is for her to be transferred for further care without delay.

6.2 That maternal assessment is carried out according to the JRCALC guidance and includes assessment of the following:

- Is the mother presenting with an obvious non-pregnancy related emergency (eg. Trauma)
- Is the mother presenting with one of the following obstetric complications:
 1. Eclampsia
 2. Severe vaginal bleeding
 3. Prolapsed cord
 4. Continuous severe abdominal pain (indicating placental abruption)
 5. Presentation of part other than the infants head buttocks/feet
- Is the period of gestation 20-37 weeks
- Is birth imminent

Staff will respond according to the assessment and the JRCALC guidance

6.3 If birth is imminent the JRCALC guidance is followed:

- On scene but birth not imminent – transport to booked obstetric unit
- On scene but birth imminent – request midwife and second vehicle/paramedic (Prepare for birth Practice Guidelines)
- Manage birth as per procedure (JRCALC guidance)
- Any complications proceed to appropriate Obstetric Unit having firstly provided a blue call.

(Ref. JRCALC Clinical)

7.0 Education

- 7.1 All staff responding to general accident and emergency calls involving obstetric emergencies receive the relevant level of Obstetrics training on their core training course e.g. A&E Support Worker, Emergency Medical Technician, Student Paramedic, and Paramedic as outlined in Appendix 1.
- 7.2 All obstetrics training is in line with the current clinical guidelines issued by JRCALC and wherever possible an external midwifery/obstetrics tutor, experienced midwife or service midwife advisor is used to carry out the training and is available for enquiries and support.
- 7.3 Whenever there is a major change in an associated clinical guideline this will be communicated via update training for all relevant staff.
- 7.4 Update training requirement for A & E operational staff is indicated in the Trusts Training Needs Analysis. Staff are required as part of their annual CPD/PDR assessment to demonstrate competency, this includes attendance at all mandatory update training. Update training is facilitated by the Trust through CPD training days for relevant staff.
- 7.5 Periodically, JRCALC may review their guidance and following any updates will provide a gap analysis, highlighting any significant changes to practice. This is documented in **every copy** which is distributed to staff, with a lead in period stated which allows for queries or extra educational needs required. The Clinical Practice Manager will ensure that all relevant clinical staff are aware of these changes to practice via the Medical Director Bulletin process.
- 7.6 Staff should indicate during the PDR process whether they require update training in obstetric emergencies and will also be reminded of any changes to clinical practice as outlined above.

7.7 Non-attendance against the Obstetric Emergencies training as per the essential training needs analysis will be monitored and reported via Promis/ Learning Management System to the Training Services Group on a monthly basis by the Clinical Education and Training Manager and will also be highlighted to the relevant Assistant Director's of Operations for action.

8.0 Monitoring

8.1 Obstetric Care is monitored by the Clinical Governance Committee in the following way:

8.1.1 Responsibilities of attendance by key personnel at meetings and by ensuring that all staff recruited to a position in the Trust, which requires assessing, diagnosing and treating maternity cases will have qualifications which fulfil the minimum standards required.

8.1.2 Responsibilities through the Personal Development Review (PDR) process (conducted on an annual basis).

8.1.3 The monitoring of the assessment, diagnosis and treatment regimes will be monitored through regular audit by the Trust's Clinical Audit and Research Unit and reported to the Clinical Governance Committee.

8.1.4. Process for managing Obstetric care through the Continuous Professional Development of staff via the PDR process ensuring that all relevant staff continue to remain competent and comply with the requirements of the Trust's essential training table in regard to obstetric care.

8.1.5 An annual review of the Trusts Training Needs Analysis will be undertaken by the Heads of Clinical Governance, Clinical Audit and Research, Assistant Director for Employee Services in conjunction with the Trust Clinical Training and Education Manager to ensure that staff training requirements remain appropriate and continue to reflect national guidelines regarding minimum standards in obstetric care. Implementation of the Training Needs Analysis will be monitored on a bi-annual basis by reports to the Clinical Governance Committee.

8.1.6 Non-compliance with the Trust's essential training table including non-attendance of update training will be monitoring by reports provided by the Clinical Education & Training Manager to the Training Services Group on a monthly basis.

9.0 Review

9.1 This policy will be reviewed on an annual basis or sooner in the light of any changes in the guidance of the JRCALC

IMPLEMENTATION PLAN	
Intended Audience	All clinical staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	CPD update for all clinical staff
Monitoring	See section 8