



Obstetric Policy

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1 Statement of Aims and Objectives

- 1.1. This policy will define the expectations of all SECAMB colleagues when providing maternity care on the phone or through face-to-face patient contact. This includes clinicians and non-clinicians such as those in dispatch and control environments.
- 1.2. The key **objectives** of the policy are:
 - 1.2.1. To provide safe, effective and evidence-based emergency maternity and neonatal care outlined in the Clinical Practice Guidelines (2019) and focusing on the special responsibilities with regard to the treatment of mothers experiencing normal and abnormal labour or birth and any obstetric complication, prior, during and after labour (antenatal, labour and postnatal period.) (The postnatal period being classified as the time from birth of the baby, delivery of the placenta and membranes to six completed weeks after the birth or delivery has taken place. Of note, that is the postnatal period in considering some complications, may extend up to 12 weeks postpartum.)
 - 1.2.2. To ensure that colleagues are equipped with the necessary knowledge and skills to exercise their respective clinical roles within SECAMB.
 - 1.2.3. Unless birth is imminent, the Trust acknowledges that the best course of action for a woman in labour is to be transferred for further care at the nearest maternity unit with obstetric services in a safe and timely manner.
 - 1.2.4. The guidance acknowledges that pregnancy, birth, and the postnatal period are covered herein, however, there is further detail in regards the management of foetal tissue and pregnancy remains, as well as resuscitation of the new-born at the extreme of viability (less than 24 completed weeks of pregnancy).
 - 1.2.5. Whilst the postnatal period is commonly considered to be up to and including the 4 weeks after birth, consideration is given to the occurrence of secondary postpartum haemorrhage that can occur up to 12 weeks after birth.

2 Principles

- 2.1. To ensure that the provision of maternity care provided across the trust is delivered in accordance with the UK Ambulance Services Clinical Practice Guidelines (JRCALC Plus 2019), in use at time of amendment. Throughout this document, these guidelines will be referred to as 'clinical practice guidelines.'



3 Definitions

- 3.1. The following definitions refer to all stages of pregnancy and thereafter:
- 3.1.1. Ante-natal care – in pregnancy
 - 3.1.2. Intrapartum care – In labour
 - 3.1.3. Postnatal care – after baby is born.
- 3.2. This policy relates to all pregnancy related calls including those involving women undergoing termination of pregnancy. It also includes the care of mothers and new-born babies up until 4 weeks after birth.
- 3.3. This policy covers the period of pregnancy from conception through to the birth, miscarriage or termination of pregnancy. If pregnancy is suspected but not confirmed this policy also applies.
- 3.4. The postnatal period is classified as the time from birth of the baby, delivery of the placenta and membranes to four completed weeks after the birth, miscarriage or termination of pregnancy has taken place.
- 3.5. A term pregnancy is defined as pregnancy ≥ 37 week's gestation.
- 3.6. The following classifications of babies are necessary for alignment with child death review processes and clinical guidance such as new-born life support and care of the new-born:

Classification of preterm babies by gestation – Resus Council UK, 2021; BAPM 2022	
Term	37 weeks +
Pre-term	34+0 – 36+6 weeks of gestation
Moderately preterm	32+0 – 33+6 weeks of gestation
Very preterm	< 32+0 weeks of gestation
Extremely preterm	< 25+0 weeks of gestation
Non-viable (not for resuscitation)	< 22 weeks of gestation

- 3.7. A new-born baby relates to a baby that has been born within the last 12 hours.
- 3.8. A neonate is a baby that is between 12 hours and 4 weeks old.



3.9. The table below is taken from JRCALC Maternity pre-term pathway which is SECamb specific

Gestation	No resuscitation	Ventilate only	Full resuscitation
Under 22/40	✓	✗	✗
22 – 24/40	✗	✓	✗
Over 24/40	✗	✗	✓

4 Responsibilities

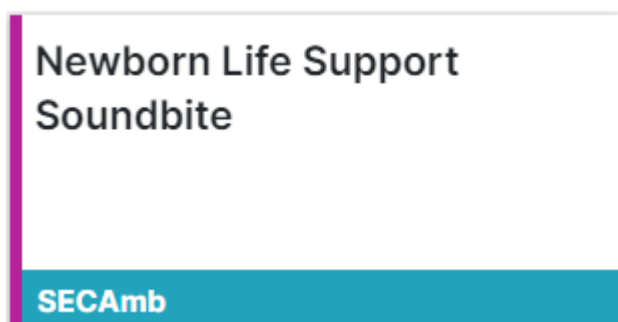
- 4.1. The **Chief Executive Officer** is responsible for all clinical care.
- 4.2. The **Chief Medical Officer** has overall responsibility for the implementation of this policy in accordance with the Clinical Practice Guidelines and for ensuring that all clinical and appropriate non-clinical colleagues deliver care in accordance with this policy.
- 4.3. The **SECamb Consultant Midwife** is responsible for advising the Chief Medical Officer of current best practice that may be adopted by SECamb over and above that of the Clinical Practice Guidelines for emergency maternity care.
- 4.4. **Professional Practice Group** has overall responsibility for managing compliance with the requirements of this policy.
- 4.5. All **Clinical Colleagues** should ensure that they maintain and update their maternity skills. Paramedics must comply with the HCPC professional code of conduct. Colleagues must maintain competence to the required clinical practice guidelines. These standards are reviewed to ensure compliance with best practice (NICE) (RCOG).
- 4.6. All **Emergency Operations Centre colleagues** should ensure that they follow the relevant NHS Pathways Procedures when handling maternity calls and ensure that they apply internal and external escalatory measures where a pre-attendance assessment indicates that the mother and/or baby may be at risk.
- 4.7. **All colleagues** are responsible for adhering to this policy.

5 Education and training

- 5.1. On occasions the content of the maternity skills training will include ongoing learning from themes highlighted through incidents/risk and concerns/complaints from colleagues and patients.



- 5.2. The Quality and risk team will evaluate on going themes from the following groups:
- 5.2.1. Patient Experience Team
 - 5.2.2. Governance and Assurance Department
 - 5.2.3. Legal Services Department
 - 5.2.4. Clinical Education and Standards
 - 5.2.5. Colleagues feedback
 - 5.2.6. Colleagues representatives
- 5.3. The themes will be incorporated into an on-going programme of communication to colleagues including:
- 5.3.1. Bulletins – as required according to clinical priority.
 - 5.3.2. Feedback through Datix
 - 5.3.3. Clinical Updates
 - 5.3.4. Face to face training or individual feedback
- 5.4. Whenever there is a major change in an associated Clinical Practice Guidance or relevant practice guidance relevant to SECAMB colleagues, this will be communicated to colleagues and where applicable further/ update training for all relevant colleagues will be provided. The SECAMB Consultant Midwife will ensure that all relevant clinical colleagues are made aware of these changes to practice via the clinical bulletin.
- 5.5. Neo-natal resuscitation soundbites to support Clinical colleagues in the field can be found on JRCALC Maternity under newborn life support soundbites.



6 Monitoring compliance

- 6.1. Compliance with this policy is monitored and overseen by the consultant midwife and professional practice group.
- 6.2. Should non-compliance be identified, the appropriate executive lead will take this forward as necessary with the responsible managers.



7 Audit and Review (evaluating effectiveness)

- 7.1. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.2. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.3. All changes made to this policy and procedure will go through the governance route for development and approval as set out in the Policy on Policies.

8 References

- 8.1. World Health Organisation (2019) maternal mortality
<https://www.who.int/healthinfo/statistics/indmaternalmortality/en/>
- 8.2. MBRRACE-UK: Saving Lives, Improving Mothers' Care report for (2018)
<https://www.npeu.ox.ac.uk/mbrance-uk/reports>
- 8.3. NHS Improvement (2018) Reporting a Serious Incident - Strategic Executive Information System (StEIS)
<https://improvement.nhs.uk/resources/steis/>
- 8.4. Joint Royal Colleges Ambulance Liaison Committee
jrcalc.org.uk

9 Financial Checkpoint

- 9.1. This document has been confirmed by Finance to have no unbudgeted financial implications.