

# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

**NOVEMBER 15@5.30pm**

**ON-LINE**

**LED BY ELSIE GAYLE – MIDWIFE**

**MATERNITY ADVISER TO THE PATIENTS' FORUM**

<https://us02web.zoom.us/j/88045528295?pwd=cisxWGxHL3ZvMXBPYUg4S3NJWjFydz09>

**NEZIAH'S MUM TALKS ABOUT HER  
TRAGIC EXPERIENCE WITH THE LONDON  
AMBULANCE SERVICE**

**SUFFERING CRITICAL BLEEDS, WHICH ARE INDICATIVE OF PLACENTAL  
ABRUPTION**

## **PRIORITY No.1**

**Women suffering severe vaginal bleeding during pregnancy should always receive an emergency ambulance response within 7 minutes because this is a life-threatening condition for both mother and baby.**

## **PRIORITY NO. 2**

**When the LAS provides emergency care for a woman suffering a severe bleed because of suspected placental abruption, paramedics should quickly establish a presumptive diagnosis, cannulate the patient and take the patient straight to the nearest emergency maternity department.**

## **PRIORITY NO.3**

Where a pregnant woman has suffered a severe bleed with clots, and clinical observations have already been carried out by a FRU Paramedic, the ambulance crew should immediately transport the patient to hospital as an obstetric emergency.

**PRIORITY NO.4**

Where a patient has suffered a severe bleed, paramedics should carefully explain to the patient the importance of canulation and providing fluids to ensure that the patient is fully hydrated. This priority is in accordance with the Montgomery Ruling

**PRIORITY NO. 5**

If a pregnant woman suffers a serious bleed due to suspected placental abruption, the LAS should always call ahead as soon as possible and arrange to be met by the emergency maternity team, to ensure rapid access to treatment to save the baby's life.

**PRIORITY NO. 6**

When a pregnant woman who is bleeding is seen initially by a FRU paramedic, who then hands emergency care over to an ambulance Paramedic, there should be immediate action to get the woman to hospital, not just a repeat of the clinical tests that the FRU Paramedic had already completed. Where a patient is critically ill time is of paramount importance.

**PRIORITY NO.7**

The LAS should be open when they are responsible for a death. They should apologise (Duty of Candour) and demonstrate what steps they have taken to prevent future deaths from this cause.

**CONTACT THE PATIENTS' FORUM FOR THE LAS**

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**CHAIR: MALCOLM ALEXANDER**

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<https://us02web.zoom.us/j/84057950389?pwd=YVJ2eExxTGg3TFIPb0RnQVJVVUhoUT09>

Meeting ID: 840 5795 0389/Passcode: 855938

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