



Agenda, PP

<b>Report to:</b>	Quality Oversight Group		
<b>Date of meeting:</b>	6 <sup>th</sup> November 2018		
<b>Document Title:</b>	Maternity Update – Health Care Professionals (HCP) Request for Transfer		
<b>Report Author(s):</b>	Amanda Mansfield – Consultant Midwife		
<b>Presented by:</b>	Amanda Mansfield		
<b>History:</b>	Update on minutes and issues		
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/> <b>Information</b>

**Background / Purpose:**

- In November 2017 – The response categories for HCP requesting conveyance was changed and the result impacted upon the following:
  - o Midwives' requesting a transfer for the following:
    - Fetal Distress
    - Post Partum Haemorrhage
    - Other maternity emergencies requiring a category one response.
- Subsequent to this change, between 1<sup>st</sup> November 2017 and the 12<sup>th</sup> June 2018, nine concerns were raised with the LAS in regards to the transfer protocol and length of wait. All the concerns were reviewed and the provider maternity unit was requested to provide morbidity or mortality for the woman, the fetus, and or the newborn.
 

Of the episodes of care recorded (n=9), 44% were requests due to the presence of primary post-partum haemorrhage. The remaining 56% were due to fetal heart rate abnormalities, in one case, the woman (and her husband) made their own way to hospital. From a limited review of each individual case, it is apparent from the point one recognises and requests transfer for a post partum haemorrhage or fetal heart rate abnormalities, the risk of requiring further obstetric interventions and/or obstetric surgery is likely, and the potential for maternal, fetal and neonatal harm is likely.

The response times to postpartum haemorrhage ranged from **34 minutes to 66 minutes**. Assuming that the initial management of the post partum haemorrhage was appropriate by the midwife on scene, then as the bleeding had not responded, the likelihood of a worse outcome would be likely. It is likely in two of the outcomes, where a blood transfusion was required, that an early intervention of a more immediate transfer may have directly impacted upon maternal morbidity.

The response times to midwives requesting transfer for fetal distress ranged from **34 minutes to more than one hour**. In one case the woman could not wait for the ambulance to attend and the couple made their own way into hospital. Whilst in this case the baby was sadly stillborn it is not known whether an immediate conveyance would have changed the outcome in question.
- Following escalation to the commissioners in July 2018, Clinical agreement was made to review the requests from this group of HCP to ensure the appropriate response.
- The change process was agreed in July 2018 and the interim solution was implemented in October 2018. (See Attachment) Control Bulletin TB 06/18

**Recommendation(s) to QOG:**



# Control Services



London Ambulance Service **NHS**  
NHS Trust

15<sup>th</sup> Oct 2018

TB: 06/18

## Maternity Complications Midwife Requests

### Background

Midwives provide maternity care in community settings i.e. GP surgeries, in women's homes, and in Free-standing Birth Centres (midwife only facility).

The London Ambulance Service (LAS) are contacted directly by midwives requesting an ambulance response for calls where there are complications to a mother, unborn baby or newborn baby.

Midwives are being provided with a communication card to ensure they are clear in their request for emergency help and to ensure you are able to document the correct "Maternity Complications".

### Midwife Actions

Midwives will contact the LAS via the HCP Lines (or 999) and will request a response dependant on the conditions provided in the two excerpts below (taken from the midwife communication card).

### Category 1 Request

#### CONDITIONS REQUIRING TRANSFER FOR:

**Moderate/Significant Antepartum Haemorrhage (APH)**

**Postpartum Haemorrhage (PPH)/Retained Placenta**

**Fetal Heart (FH) Rate Abnormalities including bradycardia, tachycardia**

**Fresh, Particulate or Significant Meconium**

**Maternal Compromise /Newborn Compromise**

#### YOU WILL BE ASKED:

**'Is the patient breathing?'**

**'Is the patient awake?'**

**'Tell me exactly what's happened?'**

#### YOU MUST SAY:

**"I'm a midwife requesting a Category 1 response  
for a Maternity Complication / Obstetric Emergency"**

# Information



## Category 2 Request

### CONDITIONS REQUIRING TRANSFER FOR:

Delay in labour/Pain relief/Maternal Request/Perineal suturing

### YOU WILL BE ASKED:

'Is the patient breathing?' 'Is the patient awake?'

'Tell me exactly what's happened?'

### YOU MUST SAY

"I'm a midwife requesting a Category 2 response  
for a Maternity Complication / Obstetric Emergency"

## EMD Call Handling Actions

If the caller identifies themselves as a midwife (a HCP) with one of the listed emergencies below, select MATCOMP and triage the call through 'Protocol 35 HCP Admission' documenting the condition stated .

<b>MATCOMP (Maternity complications / Obstetric Emergencies)</b>	Head out / visible Breech presentation (i.e. hands feet or buttocks)  Cord presentation/Cord prolapse Multiple births (e.g. twins, triplets etc.)  3rd trimester pregnancy with PV bleed	Moderate/Significant Antepartum Haemorrhage (APH) Postpartum Haemorrhage (PPH) Retained placenta Fetal Heart Rate Abnormalities including bradycardia, tachycardia Fresh, particulate, significant meconium Maternal Compromise Newborn Compromise
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## Area Controller Call Handling Actions

To ensure the calls receive the appropriate response level, EMDs should process the call as presented, including the use of the MATCOMP NOC.

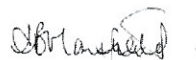
All **35D** responses will present on the High Risk Determinant monitor and must be reviewed by the Area Controller Call Handling (CTM) as they present. If the call has been completed and the MATCOMP NOC has been used, the Event must be **edited** and the "Pri" field updated to a "C1" (Category 1) response.

This will be a short term solution ahead of a HCP C1 priority being developed.

Any questions regarding the instructions or to access a further understanding, please contact Amanda Mansfield, Consultant Midwife.



**Jules Lockett**  
Practice Learning Manager, EOC



**Amanda Mansfield**  
Consultant Midwife

Expiry Date: UFN