SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

EDUCATION POLICY & PROCEDURE
(EPP No.05)

OBSTETRIC CARE POLICY

June 2014

DOCUMENT INFORMATION

Author: Christina Fowler
Professional Development Manager

Consultation & Approval: Document Version 3
Staff Consultation Process Not applicable as minor changes only
Reviewed and approved:
Clinical Liaison Education and Audit Review Group

This document replaces: Version 2
Notification of Policy / Strategy Release:
Entered on to the Intranet as Education Policy 05

Equality Impact Assessment
Stage 1 Assessment undertaken – no issues identified

Date of Review: 18th June 2014

Next Review: June 2015

Version: 3
1.0 Policy Statement

1.1 South Central Ambulance Service NHS Foundation Trust (SCAS) supports the guidance for Obstetric Care as detailed in the AACE (also known as JRCALC) (2013) UK Ambulance Service Clinical Practice Guidelines and subsequent guideline revisions. The Trust recognises that the treatment of obstetric 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 AACE (JRCALC) and the NICE guidelines 2012, Young People and Maternity Services (2004) and in accordance with the guidance contained in the document Maternity Matters (2007) and Standards for Maternity Care (2008).

1.3 SCAS is committed to playing its part in the provision of a high quality, appropriately delivered package of assessment treatment and care to all patients what ever their age or clinical condition.

1.4 This policy is designed to be read in conjunction with other Trust policies which are relevant to, including:

- Child & Vulnerable Adults Policy
- Resuscitation (Recognition of Life Extinct) Policy
- Clinical Supervision Policy
- Clinical Supervision in Training Policy
- Obstetric Care Policy
- Association of Ambulance Chief Executive (JRCALC) Clinical Guidelines
- NICE Guidelines
- Medicines Management Policy
- Infection Control Policy (including Hand Hygiene and Inoculation)
- Mandatory Training Policy
- Adverse Incident and Investigation Policy
- Complaints Policy
- Information Governance Policy
2.0 Objectives

2.1 The key objectives of the policy are:

- The Trust acknowledges the guidance outlined in the AACE (JRCALC) and the special responsibilities with regard to the treatment of expectant mothers.
- To ensure that all operational / clinical staff are following the guidance in the AACE (JRCALC).

3.0 Scope


4.0 Equality Statement

4.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

4.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

4.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

4.4 Where there are barriers to understanding; eg, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

5.0 Duties

5.1 The Director of Quality and Patient Care has overall responsibility for the implementation of this policy in accordance with the AACE (JRCALC) guidance and for ensuring that all clinical and non-clinical staff deliver care in accordance with this policy. The Director of Quality and Patient Care sits on the Clinical Review Group and has representation
on the Quality and Safety Committee. Reports on clinical issues are submitted to the Clinical Review Group and the minutes and reports of this group are presented to the Quality and Safety Committee.

5.2 The Assistant Director of Learning and Development, ADLD, who liaises with the Director of Quality and Patient Care, has the responsibility for the Education Department and the delivery of training as determined by the Training Needs Analysis as ratified by the Workforce Board, to meet the requirements of the national guidelines.

5.3 The ADLD also has responsibility for implementing all policies relevant to training and education. The ADLD is a member of the Clinical Review Group and provides regular reports on education and training to relevant groups and meetings, and reports via the of Director Human Resources to the Quality and Safety Committee.

5.4 All Clinical Staff:

- Should ensure that they maintain and undertake assessment, diagnosis and treatment of obstetric and maternity patients is in line with their training and skill level
- Should actively manage obstetric pain appropriate to their skills, training and scope of practice. If the management of pain for a particular patient is beyond their competence level they should promptly consider seeking advice or the attendance of a clinician with more advanced skills.
- Staff must ensure that they are conversant with this policy and ensure that they have the necessary equipment available to manage an obstetric emergency and be able to transport the patient to an appropriate care facility appropriate to the needs of the patient.
- The attending clinicians have a duty to act only within the limit of their scope of practice, expertise and training, and call for assistance in accordance with this policy when appropriate.

5.5 Clinical Review Group

The Clinical Review Group will assess the relevance of clinical policies and guidelines and co-ordinate the production of gap analysis and trust wide action plans for the Quality and Safety Committee to monitor.

5.6 Quality and Safety Committee

The Quality and Safety Committee will monitor the implementation of relevant polices and guidelines, within the Trusts clinical governance structure. The Quality and Safety Committee will monitor the effectiveness of clinical policies and guidelines ensuring that the Trust Board is aware of any significant non compliance as a result of audit activity and maintain a Risk Register in compliance with trust procedure.
6.0 Provision of Obstetric Care by this Trust

6.1 This Trust adheres to the guidance in the AACE (JRCALC) (2013) and subsequent guideline revisions in relation to the recognition of the signs and symptoms of Obstetric and Gynaecological Emergencies (Section 5) and standard 7 of Standards for Maternity Care (2008).

6.2 The most important feature of managing an obstetric incident is a rapid and accurate assessment of the patient to ascertain if anything abnormal is taking place and if so to take the appropriate action.

6.3 Staff will follow the assessment, diagnosis and treatment regimes as described in the AACE (JRCALC) Obstetric and Gynaecological Emergencies Guidelines (2013) and subsequent guideline revisions. These cover the following:

- Birth imminent (normal delivery and delivery complications)
- Effects of pregnancy on maternal resuscitation
- Haemorrhage during pregnancy (including Spontaneous abortion and ectopic pregnancy)
- Pregnancy induced hypertension (including eclampsia)
- Vaginal bleeding – gynaecological causes (including abortion)
- Shoulder Dystocia

And will also take into account when they are attending multiple births that:

Attending staff will request immediate back up in the event of a known multiple birth

6.4 When a multiple birth is identified through the 999 system the Emergency Call Centre staff will undertake the following:

- Emergency Call Takers will use Pathways ‘labour and childbirth’ - with specific reference to high risk complications (AMPDS Card 24 when in use)
- Ambulance Dispatchers will dispatch the appropriate number of vehicles dependant on the number of expected births – one vehicle per child and one additional clinician for the mother with the appropriate skill mix of crew OR will send the appropriate resources on receipt of a SITREP from the attending crew

7 Management of Pain in Obstetric and Gynaecological Emergencies

7.1 The Trust adheres to the guidance as detailed in the AACE (JRCALC) management of pain in adults and recognises that patients in pain need analgesia, regardless of age or situation.

7.2 Analgesia should normally be introduced in an incremental way, considering timeliness, effectiveness and potential adverse events.

7.3 Analgesia should include the non-pharmacological methods of treatment if appropriate as a starting point and these may be managed by attending staff. However, if further analgesia is necessary these must be administered in accordance with the Medicines Management Policy.
7.4 Analgesia administered by Trust staff must be done so only by appropriately trained staff and in accordance with AACE (JRCALC) guidance, giving due considerations to analgesia previously administered to the patient, by the patient themselves, midwife etc.

8.0 Training Strategy:

8.1 The training provide by SCAS will ensure compliance with current national guidelines appropriate to the skill level of the member of staff attending the patient.

8.2 Whenever there is a major change in an associated clinical guideline clinical staff will be required to attend or receive update training, as indicated in the Trust’s Training Needs Analysis.

8.3 Staff should indicate during the Appraisal process if they consider that they require update or additional training in Obstetric and Gynaecological Emergencies or sooner if they deem it appropriate in line with their CPD

8.4 Non-attendance by staff for Obstetric and Gynaecological Emergencies training, as identified by the Training Needs Analysis or personal appraisal, will be monitored and reported via the Learning Management System to the Clinical Liaison, Education and Audit Review Group (CLEAR) and Clinical Review Group and the relevant Divisional Managers will be informed and action plans implemented to rectify this.

9.0 Non Emergency Obstetric Response

9.1 In addition to provision of an Emergency Service in relation to Obstetric and Gynaecological Emergencies the Ambulance Service also has a responsibility to arrange transport in the case of non emergency obstetric need as described in Standard 7 of and Standards for Maternity Care (2008). Such occasions may include:

- the transfer of a woman having a homebirth into hospital
- in-utero transfer
- transfer of babies to other units
- transfer of women in the postnatal period to other units

This care will be delivered in accordance with national best practice guidance as noted previously (3.1)

10.0 Review

10.1 This policy will be reviewed on an annual basis or sooner in the light of any changes in the guidance of the AACE (JRCALC).

11 Process for compliance with and the review of the effectiveness of this Policy

11.1 All Obstetric and Gynaecological events to which a member of the Trust is called to attend will be audited by the Clinical Audit Department through the Clinical Audit Review System (CARS) and these audits will be presented to the Clinical Review Group. This group will:

- monitor the minimum (Level 1) requirements within the current NHSLA Risk Management Standards;
• review quarterly each of the key elements for compliance and effectiveness
• develop methodology to embrace simple educational and clinical audit / outcomes;
• feedback of review findings to the SCAS Quality and Safety Committee

12 Monitoring

12.1 The monitoring of this policy will be through the Quality and Safety Committee

12.2 The ADLD will review this policy annually, through the CLEAR Group, and, if appropriate, will provide a full report with a trust wide action plan, to the Quality and Safety Committee. The audit will include an ‘Audit of Compliance’, which will include:-

• attendance of key managers at relevant meetings and groups throughout the year,
• attendance of staff for identified training
• compliance with national guidelines and standards
• Review of DATIX Reports, complaints and claims with regards to obstetrics

12.3 All staff recruited to a position in the Trust, which requires assessing, diagnosing and treating Obstetric and Gynaecological Emergencies cases will have qualifications which fulfil the minimum standards required.

12.4 Responsibilities with regard to Obstetric and Gynaecological Emergency Care form part of the job description of all clinical staff, compliance will be monitored through audit (CARS) and Clinical Supervision

12.5 The Appraisal will also review the continuous professional development of staff with regard to Obstetric and Gynaecological care continuous education

12.6 Compliance with the requirements of this policy is monitored through the Learning Management System. Non compliance will be addressed through the Capability Policy and if necessary the disciplinary process.

12.7 The monitoring of the assessment, diagnosis and treatment regimes will be monitored through the monthly patient report form compliance audit (CARS) by the operational Clinical Supervisors, who will then feedback to their team. This information is collated by the Trust’s Clinical Governance department. Other auditing, including clinical performance indicators will also form part of this overall monitoring system.
References & Reading:


NICE Guidelines 2012


Medicines Management Policy

NHSLA Risk Management Standard for the provision of Pre Hospital Care in the Ambulance Service


Standards for Maternity Care (2008) Royal College of Obstetricians and Gynaecologists

Health Professions Council (2005), Standards of Proficiency

Institute of Health and Care Development Paramedic Syllabus (2005)

Maternity Matters (2007)


Department of Health (April 2007) Partnerships for Children, Families and Maternity

Department of Health (June 2007) The Competence and Curriculum Framework for Emergency Care Practitioner, Skills for Health

http://www.resus.org.uk/pages/guide.htm [online]
# Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: OBSTETRIC CARE POLICY

Officer completing assessment: Christina Fowler – Professional Development Manager

Telephone: 01962 898075

<table>
<thead>
<tr>
<th>1.</th>
<th>What is the main purpose of the strategy, function or policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide a framework for the provision of Obstetric Care in the trust, showing organisation structure, monitoring, reporting and accountability for managers and staff. This should ensure a standardised approach across all Divisions.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>List the main activities of the function or policy? (for strategies list the main policy areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides clear guidelines and accountabilities on the provision of Obstetric Care in the Trust. Defines clear standards and expectations of managers and staff for the delivery of care to patients. It also details the committees with responsibility for performance monitoring that will be provided by the Trust.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>Who will be the main beneficiaries of the strategy/function/policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 The Patients</td>
<td></td>
</tr>
<tr>
<td>3.2 The Clinical Staff</td>
<td></td>
</tr>
<tr>
<td>3.3 The Trust in terms of having robust governance arrangements</td>
<td></td>
</tr>
<tr>
<td>3.4 The staff and managers who will have clarity of the expectation Patient Care</td>
<td></td>
</tr>
<tr>
<td>3.5 Other stakeholders, who when appropriate, will be informed of the Trusts procedures</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>Use the table overleaf to indicate the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</td>
<td></td>
</tr>
<tr>
<td>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td>Positive Impact – it could benefit</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Women</td>
<td>N/A</td>
</tr>
<tr>
<td>Men</td>
<td>N/A</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British People</td>
<td>N/A</td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>N/A</td>
</tr>
<tr>
<td>Chinese people and other people</td>
<td>N/A</td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>N/A</td>
</tr>
<tr>
<td>White people (including Irish people)</td>
<td>N/A</td>
</tr>
<tr>
<td>Disabled People</td>
<td>N/A</td>
</tr>
<tr>
<td>Lesbians, gay men and bisexuals</td>
<td>N/A</td>
</tr>
<tr>
<td>Trans people</td>
<td>N/A</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>N/A</td>
</tr>
<tr>
<td>Younger People (17 to 25) and children</td>
<td>N/A</td>
</tr>
<tr>
<td>Faith Groups</td>
<td>N/A</td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong> (it is not discriminatory under anti-discriminatory law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intended</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level of Impact</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:

N/A – None identified

6(b). Could you improve the strategy, function or policy positive impact? Explain how below:

N/A – None identified

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How

N/A – None identified

Please sign and date this form, keep one copy and send one copy to the Trust’s Equality Lead.

Signed: Christina Fowler

Name: Christina Fowler  12th June 2014