

Maternity Triage Comparator

In our unit 'Maternity Triage' is an urgent and emergency assessment area for women in pregnancy, in other units this is often referred to as 'Maternity Assessment' or 'Day Assessment'.

*** Required**

1. **In which hospital trust is your triage department based? ***

University Hospitals of North Midlands – Royal Stoke Hospital

2. **Approximately how many deliveries does your unit have per year? ***

6500

3. **What are your triage department's opening hours? ***

24 hours a day, 7 days a week – Royal Stoke

4. **Do you have any other hospital based assessment / triage services? ***

Mark only one.

No

5. **If so please describe including opening hours:**

Not applicable

6. **Do you have stand alone units that assess women? If so please state how many: ***

Yes one other unit at County Hospital, Stafford

7. **Do you have a separate maternity telephone advice line? * Mark only one**

No

8. **How many midwives do you have per shift in triage? ***

Two

9. **How many MCAs do you have per shift in triage? ***

One

10. **How many beds do you have in triage? ***

5+1 chair

11. **What is the earliest gestation that women can be seen in triage? ***

16 weeks

12. **The following section contains 23 questions asking whether if deemed appropriate you invite women into Triage with the following conditions. Please select yes; no; or only if self-presents in each case. * Check all that apply.**

	Yes	No	Only if self presents
Abdominal pain	X		
Reduced fetal movements	X		
PV bleeding	X		
Possible SRM	X		
Painful swollen leg(s)	X		
Shortness of breath	X		
Vomiting and diarrhoea			x
Hypertension	X		

Headaches	x		
Threatened Pre-term Labour	x		
Itching			x
Flank pain	x		
Back pain			x
Minor trauma			x
Mental health crisis	x		
For diabetic review	x		
For USS review		x	
Abnormal FH with community midwife	x		
Breast inflammation		x	
Raised UPCR & bile acids	x		
Pelvic pain		x	
Concealed pregnancy	x		
Hyperemesis		x	

13. Do you have any further comments regarding your answer to the above question?

D&V would refer to GP as first point of call, but if had other co-morbidity i.e reduced fetal movement would answer yes. If history reported severe-hydration i.e not passing urine would answer yes.

Itching

Would usually refer to GP for bloods and book into Day care for review if abnormal LFT/bile acids. If department was busy would refer out. If no activity and quiet would accommodate patient.

Back pain- If symptomatic of ?UTI would refer to GP, If from history severe pain /pylonephrosis advise to come in

Breast inflammation- ?initial mastitis refer to GP, if already had first line antibiotics or

/abscess or if pyrexial showing other signs of sepsis to come in

USS review-all USS reviews are currently seen in ANC- if due to capacity unable to accommodate occasionally will attend MAU

Pelvic pain-/SPD refer to GP/physio referral- ANC appointment

Hyperemesis- Advise to see GP for first line treatment in community. GP can refer direct to A/N ward if 2+ or >2+ ketones.

14. Do you have any pre-booked assessments arranged to be seen in your area (select all that apply) *

Check all that apply.

GTT	
Hypertension follow-up	
Follow-up bloods	
Admission for steroids and Anti-D	
Outpatient induction of labour	x
CTG follow-up	
Booked CTG	
LSCS pre-admission	x

Other (please state): Hypertension FU, Booked CTGs are performed in Day care Mon-Fri but in Triage at weekends.

15. Do you have access to formal departmental USS on the day of presentation? * Mark only one option:

Always	
Usually	x

Sometimes	
Never	

16. Can your midwifery triage staff perform USS for the following? * Mark only one option per row.

	Yes	No
Viability		x
Presentation		x
Liquor volume		x
Foetal growth assessment		x

3 days per week

At what gestation do the triage midwives perform speculum examinations for vaginal bleeding? *

Midwives do not perform speculums for vaginal bleeding

17. At what gestation do the triage midwives perform speculum examinations for possible SRM? *

37 weeks and over

19. At what gestation do the triage midwives perform speculum examinations for suspected labour? *

MW perform VEs for suspected labour

20. Do you have a doctor(s) dedicated to triage? * Mark only one option.

Yes	
No	x

21. If you have a doctor(s) dedicated to triage please select grade (please choose all that apply): *Check all that apply.*

Foundation year 1/2	
GP trainee	
Obstetric ST1	
Obstetric ST2	
Registrar	

22. Do you have a formal risk assessment score / triage acuity scoring system? *

Yes

Yes Skip to question 23. No Skip to question 31.

Maternity triage comparator - section 2

23. How many categories does your formal risk assessment have? * *Mark only one option.*

3	
4	x
5	
Other	

24. Do you ask standardised questions? * *Mark only one option.*

Yes	x
No	

25. **What are your target times from arrival to initial assessment? ***

15 minutes

Breach if >30 minutes

26. **Is it a locally devised scheme or used in more than one hospital? If so where else is it used?**

Birmingham Women's Hospital

27. **Who performs the initial assessment ***

Midwife band 5	x
Midwife band 6	x
Midwife band 7	x
MCA	

MCA can perform the observations, urinalysis, and document and report them to the midwife in Triage following initial assessment by a midwife

28. **Do you use specific care bundles? *** *Mark only one option.*

Yes	x
No	

29. **Does MEWS (Maternity Early Warning Score) affect the risk assessment score? *** *Mark only one option.*

Yes	x
No	

30. If at all possible please attach to the email response the triage acuity score currently in use

Information not held by UHNM, this may be available from Birmingham Women's Hospital

Maternity triage comparator

31. **The aim of this questionnaire is to collate information regarding variation of practice within maternity triage across the country with a view to improve services. Below please enter any further comments which you believe could be useful to us:**

Birmingham Women's Hospital has developed the BSOTS (Birmingham Specific Obstetric Triage System) which we have fully implemented at Royal Stoke and found to be a consistent and safe means of providing standardised care to women in the perinatal period.

32. **Would your unit be interested in joining a national conversation regarding maternity triage services?**

Yes
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