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| **Key Document code:** | WAHT-TP- 094 | |
| **Key Documents Owner/Lead:** | Dr Hillman | Consultant Obstetrician |
| **Approved by:** | Maternity Governance Meeting | |
| **Date of Approval:** | 15th November 2019 | |
| **Date of review:** | 15th November 2022 | |

**Key Amendments**

| Date | Amendments | Approved by |
|---|---|---|
| | | |

## 1. Introduction

Comprehensive health record keeping is integral to communication between health care professional which in turn is essential to high quality patient care. Contemporaneous, accurate and complete health records are one of the most important tools to enable continuous risk assessment processes.

This guideline is relevant to all maternity staff.

## 2. Background

Worcestershire Maternity Services utilize the Perinatal Institute Pregnancy and Postnatal notes for mothers and babies. All women booked for maternity care are advised to carry their hand held maternity records to all appointments with their health care providers; this ensures continuity of care during the course of her pregnancy. Women should be advised to take their records with them when they are going on holiday or if they are travelling, the woman's obstetric history is then readily available to any maternity services or health professional she may need to access.

Intrapartum and Antenatal Ward Admission documentation is recorded on K2 Maternity System.

Meadow Birth Centre and Homebirths are recorded on Perinatal Institute Intrapartum notes.

BSOTS (Birmingham Symptom Specific Obstetric Triage System) has been introduced for Maternity Triage, this documentation is paper based. CTGs are printed d to evidence the assessment for Dawes Redman Analysis. At the end of the pregnancy episode the health records Antenatal and Postnatal records including CTGs will be scanned and available electronically in the form of Ez notes.

During the pregnancy the woman's current pregnancy records that remain in paper format are stored in a purple "Obstetric" folder and tracked across the 3 sites (Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Treatment Centre) via the OASIS system as a "P" folder. At 36 weeks gestation the Obstetric folder is transferred to Worcestershire Royal Hospital in preparation for Labour.

## 3. Storage arrangements

- **Cardiotocographs:** The CTG should be stored securely in a named brown envelope within the health records.
- **Anaesthetic records including epidural records:** must be secured within the appropriate pregnancy health records.
- **Fetal blood sampling and/or cord pH results/reports:** Updates electronically onto K2 from the blood gas machine.

- **Reports/results relating to previous pregnancies:** must be secured into the appropriate pregnancy record to which they relate.
- **Antenatal screening and ultrasound results or reports:** Are documented or secured in the health records. Currently maternity services are in transition from paper to paperless electronic system - ICE. I.e. pathology results are accessed via ICE for viewing and filing investigations.
- **Venous Thromboembolism (VTE) assessment:** Antenatal assessment in the green Perinatal Institute notes and postnatal assessment in the purple Perinatal Institute notes.

If clinically indicated the following paper records are used and stored in the Obstetric folder and then scanned into Ez notes:

- Worcestershire Obstetric Warning chart (WOW)
- Plymouth Maternity Pressure Ulcer risk assessment scale.
- Peripheral Vascular Devices (PVD)
- Blood Transfusion Pathway
- Fluid Balance
- Care and Comfort
- Drug Chart
- IV Infusion Chart
- Self-discharge form
- Smoking disclaimer form
- Antenatal Risk Assessment form
- Ultrasound Record
- Antenatal Summary Card

## 4. Lead Professional

Antenatal risk assessment during the booking process identifies if the woman is low risk midwifery led care, shared care or consultant care the lead professional

The named lead professional will be recorded on the green hand held pregnancy notes. Should the lead health professional changed during pregnancy this will be amended.

## 5. Contemporaneous record keeping

Staff will ensure a contemporaneous and complete record of care is provided. Retrospective entry must be dated and timed when the addition to the health record is made.

## 6. Maternity Think Pink – Alert Envelope

Maternity services ‘Think Pink’ initiative aims to alert staff to high risk confidential information relating to the woman, her partner, social circumstances or her unborn child. Think Pink compliments the Trusts front alert sheet and safeguarding divider. For mothers that deliver and have a Pink envelope the alert is transferred onto the baby’s record when registered on Oasis at birth this is the responsibility of the Midwife registering the baby.

Examples of ‘Think Pink’ information that maybe stored within the envelope are as follows:

- Mental Health Care Plans

- Blood Borne Virus Management Plans
- Management plans associated with fetal anomalies
- Domestic Abuse Information
- Copies of Safeguarding information

## 7. In-Utero Transfers

The original Worcestershire Trust case notes should accompany In utero transfers between the Worcestershire Royal, Kidderminster Treatment Centre and the Alexandra Hospital. Staff must ensure the case notes are tracked appropriately on OASIS. For in utero transfers out of Worcestershire a photocopy of the maternity health records including copies of results should be made prior to transfer. The photocopied health records will accompany the woman on transfer to the receiving maternity unit.

## 8. Basic record keeping standards

- All entries should be legible.
- To ensure the author is identifiable maternity health professionals should print and sign in the designated signature boxes or within the pregnancy records.
- All entries to records should be factual, in a chronological order and be as close to the actual event time as possible.
- Each entry should be signed, dated and timed.
- The trust records policy states that abbreviations should be avoided. Within maternity services recognised abbreviations are common place please refer to approved maternity abbreviations outlined in Appendix A.
- Approved abbreviations can be used it is good practice to write the abbreviation once in full within the body of the maternity records.
- Records should not be altered or falsified by any person.
- Entries written in error should be scored through with a single line and signed it is possible to edit entries on K2 these are shown also with a single line scored through.

## 9. Basic clinical note keeping standards

The following points relate to record keeping in maternity and compliment the Trust Clinical Record Keeping Policy:

- As a minimum all women should have an antenatal risk assessment completed at booking and review at 36 weeks gestation.
- High risk women should have a labour ward management plan documented in the health records.
- Records should identify any risks or problems that have arisen and provide clear evidence of the arrangements made or actions taken for on-going care and future antenatal and intra-partum management.
- Health professionals must record any debrief / discussions / advice given to women and their families particularly in cases of suspected or poor outcome. The discussion should be recorded in the appropriate place within the birth records i.e. Green Hand Held records, Yellow Birth records, Purple Mother and Baby Notes or the baby's Neonatal Records.

- Clear operative delivery notes should be recorded on K2.
- All anaesthetic interventions, debrief and follow up should be clearly recorded in the health records, this should include anaesthetic team involvement in intra partum, high dependency or postoperative care should be documented on the relevant anaesthetic charts or within the appropriate birth / postnatal notes.
- Records should identify discharge arrangements from hospital to community care (if applicable) and from community midwifery care to the health visitor.

## 10. Monitoring and Compliance

Maternity records will be subject to review of documentation standards via case reviews/audits and medical and midwifery appraisal. If documentation concerns are identified the relevant line manager will discuss with the individual concerned and plan actions necessary.

The K2 midwife will monitor compliance with the standards for record keeping and escalate accordingly.

## 11. Maternity Abbreviations

A laminated copy of approved maternity abbreviations will be available for reference via the intranet as appendix A to the Maternity Health Records Policy. The abbreviation list will be displayed throughout the maternity departments including the community offices. s

Appendix A

## Worcestershire Maternity Services

List of acceptable abbreviations within the maternity departments

| | |
|---|---|
| **A** | |
| Abdominal circumference | AC |
| Amniocentesis | Amnio |
| Amniotic fluid index | AFI |
| Antenatal | A/N |
| Antenatal clinic | ANC |
| Antepartum haemorrhage | APH |
| Alpha-feto-protein | AFP |
| Artificial feeding | AF |
| Artificial rupture of membranes | ARM |
| Asked to see patient | ATSP |
| Aspartate transaminase | AST |
| **B** | |
| Beats per minute | bpm |
| BD – Twice daily | BD |
| Bi-parietal diameter | BPD |
| Birth weight | BWT |
| Blood pressure | BP |
| Body mass index | BMI |
| Born before arrival | BBA |
| Breastfeeding | BF |
| **C** | |
| Caesarean section | C/S |
| Cardiotocograph | CTG |
| Cephalic | Ceph |
| Cephalo pelvic disproportion | CPD |
| Cervix | Cx |
| Chorionic villus sampling | CVS |
| Combined spinal epidural | CSE |
| Congenital dislocation of the hips | CDH |
| Congenital heart disease | CHD |
| Continuous Positive Airway Pressure | CPAP |
| Controlled cord traction | CCT |
| Culture & sensitivity | C&S |
| Congenital cystic adenomatoid malformation | CCAM |
| Cytomegalovirus | CMV |
| **D** | |
| Date of birth | DOB |
| Decreased / reduced | ↓ |
| Deep vein thrombosis | DVT |
| Diagnosis | Δ |
| Dichorionic diamniotic | DCDA |
| Did not attend | DNA |
| Dilatation & Curettage | D&C |
| Discussed with | D/W |
| Disseminated intravascular coagulation | DIC |
| Ductus venosus | DV |
| **E** | |
| Early pregnancy assessment unit | EPAU |

| | |
|---|---|
| Elective lower segment caesarean section | EL LSCS |
| Electronic fetal monitoring | EFM |
| Emergency lower segment caesarean section | Em LSCS |
| End diastolic flow | EDF |
| Estimated blood loss | EBL |
| Estimated date of delivery | EDD |
| Evacuation of retained products of conception | ERPC |
| Examination under anaesthesia | EUA |
| Expected date of confinement | EDC |
| Expressed breast milk | EBM |
| External cephalic version | ECV |
| **F** | |
| Fasting blood glucose | FBG |
| Femur length | FL |
| Fetal blood sampling | FBS |
| Female genital mutilation | FGM |
| Fetal growth restriction | FGR |
| Fetal heart | FH |
| Fetal heart heard regular | FHHR |
| Fetal heart rate | FHR |
| Fetal movements | FM |
| Fetal movements (not) felt | FM(N)F |
| Fetal scalp electrode | FSE |
| Feto maternal medicine | FMM |
| Forceps delivery | FD |
| Fresh frozen plasma | FFP |
| Full blood count | FBC |
| **G** | |
| Gamma glutamyl transferase | GGT |
| General anaesthesia | GA |
| General practitioner | GP |
| Genito-urinary medicine | GUM |
| Glucose tolerance test | GTT |
| Gram | g |
| Gravida | G |
| Group and save serum | G&S |
| Group B streptococcus | GBS |
| Glucose Tolerance Test | GTT |
| **H** | |
| Haemoglobin | Hb |
| Head circumference | HC |
| Hepatitis B | Hep B |
| High dependency unit | HDU |
| High vaginal swab | HVS |
| History of | HO |
| Hour(s) | hr |
| Human immunodeficiency virus | HIV |
| Hypoxic ischaemic encepholopathy | HIE |

| | |
|---|---|
| **I** | |
| Idiopathic thrombocytopenic puerpera | ITP |
| Immediately | STAT |
| Increased / raised | ↑ |
| Induction of labour | IOL |
| Insulin dependent diabetes mellitus | IDDM |
| Intensive care unit | ICU |
| Intermittent positive pressure ventilation | IPPV |
| Intramuscular | IM |
| Intra-uterine contraceptive device | IUCD |
| Intra-uterine death | IUD |
| Intra-uterine growth restriction | IUGR |
| Intravenous | IV |
| Intravenous infusion | IVI |
| Investigations | Ix |
| Invitro fertilization | IVF |
| In utero transfer | IUT |
| **J** | |
| Jehovah's Witness | JW |
| **K** | |
| Kiellands forceps delivery | KFD |
| Kilogram | kg |
| Kidderminster Treatment Centre | KTC |
| Potassium | K |
| **L** | |
| Large for gestational age | LGA |
| Last menstrual period | LMP |
| Left occipito-anterior | LOA |
| Left occipito-lateral | LOL |
| Left occipito-posterior | LOP |
| Left occipito-transverse | LOT |
| Left sacro-anterior | LSA |
| Left sacro-lateral | LSL |
| Left sacro-posterior | LSP |
| Left sacro transverse | LST |
| Litre | L |
| Liver function test | LFT |
| Low birth weight | LBW |
| Lower segment Caesarean section | LSCS |
| Low vaginal swab | LVS |
| **M** | |
| Manual removal of placenta | MROP |
| **Maternity Day Assessment Unit** | **MDAU** |
| Mean cell haemoglobin | MCH |
| Mean cellular volume | MCV |
| Meconium | Mec |
| Methicillin-resistant staphylococcus aureus | MRSA |
| Middle cerebral artery | MCA |
| Mid stream specimen of urine | MSU |
| Milligram or Magnesium | Mg |
| Minutes | Mins |
| Monochorionic diamniotic | MCDA |
| Monochorionic monoamniotic | MCMA |

| | |
|---|---|
| **N** | |
| **Negative** | **NEG/-ve** |
| Neonatal death | NND |
| Neonatal unit | NNU |
| Neonatal intensive care unit | NICU |
| Neville Barnes forceps delivery | NBFD |
| Nitrous oxide & oxygen(Entonox) | $N_2O + O_2$ |
| No abnormality detected | NAD |
| Neural tube defect | NTD |
| Normal vertex delivery | NVD |
| Not passed meconium | NPMec |
| Not passed urine | NPU |
| Nuchal translucency | NT |
| **O** | |
| Observations | obs |
| Occipito-anterior | OA |
| Occipito-posterior | OP |
| Occipito-transverse | OT |
| On admission | O/A |
| On examination | O/E |
| Out patients appointment | OPA |
| Out patients department | OPD |
| Oxygen | $O_2$ |
| **P** | |
| Parity | P / para |
| Passed meconium | PMec |
| **Passed urine** | **PU** |
| Past medical history | PMH |
| Past obstetric history | POH |
| Per rectum | pr |
| Persistent occipito-posterior | POP |
| Per vaginum | PV |
| Platelets | Plt |
| Positive | +ve |
| Postnatal | PN |
| Post-partum haemorrhage | PPH |
| Paediatrician | Paed |
| | |
| Pre eclampsia | PET |
| Pregnancy induced hypertension | PIH |
| Pre-labour rupture of membranes | PROM |
| Presenting part | PP |
| Preterm Pre-labour rupture of membranes | PPROM |
| Protein/creatinine ratio | PCR |
| Pulsatility index | PI |
| Pulmonary embolism | PE |

| | |
|---|---|
| **R** | |
| **Random blood sugar** | **RBS** |
| Respirations | resps |
| Rhesus factor | RhD |
| Right occipito-anterior | ROA |
| Right occipito-lateral | ROL |
| Right occipito-posterior | ROP |
| Right occipito-transverse | ROT |
| Right sacro-anterior | RSA |
| Right sacro-lateral | RSL |
| Right sacro-posterior | RSP |
| Right sacro-transverse | RST |
| Review | R/V |
| **S** | |
| **Situation Background Assessment Recommendation** | **SBAR** |
| **Serum bilirubin** | **SBR** |
| Sexually transmitted infection | STI |
| Small for gestational age | SGA |
| Sodium | Na |
| Special care baby unit | SCBU |
| Seen by | S/B |
| Serum alpha fetoprotein | SAFP |
| Spontaneous rupture of membranes | SROM |
| Spontaneous vaginal birth | SVB |
| Spontaneous vaginal delivery | SVD |
| Stillbirth | SB |
| Sudden Infant Death Syndrome | SIDS |
| Symphysis fundal height | SFH |
| Symphysis pubis dysfunction | SPD |
| **Staff** | |
| Consultant | Cons |
| Community midwife | CMW |
| Doctor | Dr |
| Supervisor of Midwives | SoM |
| Maternity Support Worker | MSW |
| Maternity Community Support Worker | MCSW |
| Medical Student | Med St |
| Midwife | MW |
| Nursery Nurse | NN |
| Specialist Registrar | Reg / ST /SpR |
| Senior house officer | SHO / FY |
| Student midwife | St Mw |
| **T** | |

| **Temperature** | **T/temp** |
|---|---|
| Termination of pregnancy | TOP |
| TDS | Three times daily |
| To come in | TCI |
| To keep vein open | TKVO |
| Toxoplasmosis, rubella, cytomegalovirus, herpes | TORCH |
| Transcutaneous electrical nerve stimulation | TENS |
| Transitional care unit | TCU |
| Treatment | Rx |
| **U** | |
| **Ultrasound scan** | **USS** |
| Urea and electrolytes | U&E |
| Urinary tract infection | UTI |
| **V** | |
| **Vaginal examination** | **VE** |
| **Vaginal Birth After Caesarean** | **VBAC** |
| **Vertex** | **Vx** |
| Venous thrombo embolism | VTE |
| Vitamin K | Vit K |
| Von Willebrand's Disease | VWD |
| **W** | |
| Water | $H_2O$ |
| Well contracted | W/C |
| White cell count | WCC |
| Worcestershire Obstetric Warning chart | WOW |
| Ward Round | WR |

**September 2009** (Miller, 2003) **(Capsticks - Abbreviations in Clinical Practice – Dr Eve Miller LLM MBBS**