

Enhanced Care for the Severely Ill Obstetric Patient

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Key Amendments

Date	Amendments	Approved by

Introduction

This guideline covers early recognition and the management of severely ill pregnant women and defines the process by which enhanced care is provided in obstetrics.

Enhanced care refers to the provision of care for pregnant women or those in the postnatal period requiring an enhanced level of care above that readily available on the antenatal or postnatal ward.

Enhanced care includes patients at risk of their condition deteriorating or those recently relocated from higher levels of care, whose needs can be met on Delivery Suite with additional advice and support from the critical care team.

Enhanced care can be provided within the Delivery Suite with support and advice from the senior obstetric, anaesthetic and midwifery staff. If this support is not available, then women should be transferred to a dedicated higher dependency or intensive care setting.

Patients who require additional intervention, including support for a single failing organ system, will be transferred to a dedicated higher dependency or intensive care setting.

NOTE: Modified early warning obstetric charts called WOW charts (Worcestershire Obstetric Warning) should be used in all obstetric inpatient settings
Guideline

Monitoring of women requiring Enhanced care:

All observations should be recorded on the Enhanced Care WOW chart. Frequency of observations should be decided on clinical grounds. Any abnormal observation may trigger medical review and assessment. See WOW guideline

Equipment - minimum requirements for medical equipment for providing enhanced care in delivery suite/obstetric theatre recovery:

- Continuous pulse oximetry
- Intermittent non-invasive blood pressure monitoring
- Capnography, invasive pressure monitoring should also be available to be used when required. ECG can be arranged via bleep 341(WRH)

For all higher level high dependency care the patient is admitted to HDU or ITU.

Responsibilities of different staff groups

Overall responsibility for the medical care of the woman lies with the senior obstetrician on duty at the time. Multidisciplinary approach is essential for such women.

It is mainly a midwifery responsibility, to undertake routine observation of the mother in accordance with Trust policy and to highlight any deviations from the normal observations to a senior midwife or medical staff.

- Midwife in charge to ensure timely medical review and assessment of the woman.
- Senior duty obstetrician to respond in a timely manner to a request to review an unwell woman.
- Duty anaesthetist; to assist when requested by the obstetric team. The resident anaesthetic team will contact the on-call consultant anaesthetist if clinically indicated.

It is understood that the anaesthetic team will be more familiar with the invasive monitoring which may be required as part of enhanced care. The anaesthetist will be expected to support and guide the midwifery staff in the use of this equipment.

The Critical Care Outreach Team (CCOT) should also be considered as they offer support to midwives & medical staff as required in the care of sick women.

There should be a clearly documented handover of care including summary of current situation and on-going management plan.

When to involve staff outside of the maternity service

This will depend on regular assessment of the woman using the observation charts and clinical judgment. In the face of a deteriorating clinical condition appropriate expert opinion should be sought.

The obstetrician in charge of the patient's care will contact the relevant specialist colleague and request review.

The response to that request will be a review of the patient together with a recording in the patient's case notes of the outcome of that review. The provision of either high dependency care and/or intensive care can only be delivered in the specialist HDU/ITU departments and not on Delivery Suite. This is an individual patient based clinical decision made after an obstetric and anaesthetic review.

Criteria for enhanced care provided on Delivery Suite:

Severe pre-eclampsia to include:

- Patients needing intravenous antihypertensives +/- magnesium sulphate infusion
- Eclampsia
- HELLP syndrome
- Severe renal impairment/dysfunction

Major haemorrhage to include:

- APH, abruption resulting in DIC
- Major PPH > 1500ml, uterine balloon in-situ, B-Lynch suture for atonic uterus
- Sepsis
- Amniotic fluid embolus
- Anaesthetic or medical concerns requiring admission for monitoring
- Intensive monitoring for patients requiring step-down care from critical care units (high dependency or intensive care units)
- Unexplained elevation of the WOW score

Criteria for admission to a high dependency or intensive care setting

Women whose disease severity exceeds the level of care than can be provided by enhanced care within the obstetric setting should be transferred to the specialist HDU/ITU departments. These include:

- Further deterioration of any of the above criteria
- Failure of one or more organ systems
- Pulmonary oedema
- Aspiration pneumonitis
- Renal failure
- Respiratory distress syndrome

The care of the woman will remain the multidisciplinary responsibility of the consultant intensivist, consultant obstetrician, consultant anaesthetist and the midwife.