



Standard Operating Procedure: Women and Children's services WAHT and WVT

LMS management of fetal medicine patients or patients with multiple pregnancies (excluding uncomplicated dichorionic diamniotic twin pregnancies)

Document Summary

To provide a shared care approach to management patients requiring fetal medicine services. To ensure that care and management is provided by the level 2 unit (WAHT) in the first instance and that referrals to the tertiary unit (BWH) are made from WAHT if required. To ensure that care is provided for women in the most appropriate unit.

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as "uncontrolled" and, as such, may not necessarily contain the latest updates and amendments.

1 SCOPE

This Standard Operating Procedure (SOP) is to be used to inform the care and management of patients requiring fetal medicine services within the Local Maternity System (LMS).

2 INTRODUCTION

Wye Valley NHS trust provides Level 0 fetal medicine services, providing screening services and fetal growth surveillance for singletons and uncomplicated DCDA twin pregnancies.

Women requiring fetal medicine services including; known fetal anomaly, invasive testing, care of MCDA, MCMA or higher order multiples or fetal growth restriction requiring intensive fetal growth and Doppler surveillance should be cared for at WAHT level 2 fetal medicine centre.

Within the LMS it is the intention that care is shared across the health economy with care provided as close to home as possible and within the LMS whenever practical. As the Herefordshire and Worcestershire LMS does not have a Level 3 NICU or fetal medicine service within its footprint, care for babies more preterm than 27+0 weeks gestation or requiring level 3 fetal medicine services such as in-utero transfusion is not included in this SOP. It is expected that these patients will be admitted to Birmingham Women's Hospital (BWH) or Heartlands hospital via an alternative shared agreement.

3 STATEMENT OF INTENT

The purpose of this SOP is to provide a shared guideline across the LMS for the consistent and safe management of this cohort of patients, both mothers and babies.

4 DUTIES

Clinical responsibility for the patient lies with the team who have the patient in their clinical setting. For example a patient with a fetal medicine concern admitted to WVT will remain the responsibility of the WVT obstetric consultant until she arrives at WAHT and the plan of care (which may be shared) will be outlined in the fetal medicine report.

5 PROCEDURE

Follow flowchart in appendix 1. All doses of medications should be as per latest version of the British National Formulary

6 TRAINING

All teams involved in obstetric/midwifery or paediatric care of these patients should be made aware of this SOP by their clinical leads.

Any patients who do not follow this pathway should be reported as an incident through the standard reporting systems particularly if the reason for not following this pathway was a capacity issue.

7 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trust's monitoring arrangements for this document.

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group/ committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Monitor datix reports of non-compliance.	Datix handlers for each dept	HOM and clinical leads	Ongoing	LMS board	LMS board
Audit locations and outcomes of preterm births	Annual review of outcomes	Neonatal clinical lead and operational delivery network lead	Annual	Provider trusts, LMS and specialised commissioners	Women and children governance meetings, LMS board, ODN and spec comm

8 RELATED TRUST POLICIES / PROCEDURES

No specific trust policies

Network and RCOG guidelines

Glossary for Appendix 1

MCDA	Mono-chorionic di-amniotic
MCMA	Mono-chorionic mono-amniotic
WAHT	Worcestershire Acute Hospitals Trust
WVT	Wye Valley Trust
BWH	Birmingham Women's Hospital
CVS	Chorionic Villus Sampling
AMNIO	Amniocentesis
CMW	Community midwife

APPENDIX 1 Flowchart for management

Fetal Medicine Referral Process- WVT to
WAHT

