HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Facilitated by: Chris Hiess, Midwife	Last reviewed: December 2015
Approved by: Maternity Quality Committee	Review date: December 2018

Day Case Monitoring For Women with Pre-Eclampsia Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this policy is to outline the care that is required for women who are admitted to Hutt Valley District Health Board for day case monitoring for hypertension and/suspected or confirmed pre-eclampsia.

Scope

All Midwives employed by Hutt Valley District Health Board Maternity Services
All LMC/ access holders
All obstetric medical staff employed by Hutt Valley District Health Board Maternity Services

Associated Forms – see examples appendix 1 & 2

Antenatal Day Case Sheet: MATF 040
MAU Day Case Referral Form: MATF 040a

Procedure for day case monitoring

Referral for Day Case Monitoring

Women can be referred by their LMC via an O & G consult for day case monitoring

Women can also be referred from the secondary care clinic when further assessment is required to confirm a diagnosis.

Procedure for booking women for day case monitoring

Once discussed with O&G on call

0800-1630 hours

1. The LMC contacts the Maternity Assessment Unit midwifery staff and requests that the woman be admitted for day case monitoring for pre-eclampsia.
2. The woman's name and relevant details are recorded in the MAU diary.
3. The woman is asked to present at 0900 hours

1630 – 0800 hours, Saturday or Sunday

The LMC contacts the midwifery staff in Delivery Suite to record the woman's details in the MAU diary, which will be kept in D/S, out of MAU Hours, or the LMC may do this direct.

A letter or written referral form, (see appendix one) with relevant information must be faxed through to the MAU prior to the woman arriving, detailing any instructions given by the O&G on call team.

Relevant information includes:

- Reason for assessment
- Relevant clinical information including
  - Customised growth chart
  - Blood pressure recordings
  - Urinalysis results
  - Height and weight
  - Blood results
  - Scan reports
  - Symphyseal-fundal height measurement

Full and updated booking information should be in the woman's notes before she arrives for assessment.

Give explanation of daycase assessment to woman including that may be in MAU 2 – 3 hours.

Care of the woman while admitted for assessment in the maternity unit

Aim

The aim of treatment is to provide an accurate assessment of the woman's condition so that a diagnosis can be made.

Although an explanation of the procedure and assessments should have been provided by the LMC, it is important that the midwife explain to the woman exactly why she is here and what to expect during her time in the unit when she is admitted. Informed consent is given by the woman.

Physical care and assessment of the woman

Maternal Assessments

1. History
   a. A full maternal history should be taken to ascertain reason for admission to unit
2. Blood pressure recordings
   a. Should be taken half hourly or more frequently if clinically indicated
   b. Use appropriate sized equipment
   c. Diastolic taken as 5th Korotkoff sound
   d. Record on observations sheet

Refer to Guidelines for Blood Pressure Monitoring

3. Medication
   a. Notation should be made of any medication that the woman is currently taking
4. Urinalysis
   a. Dipstick urine should also be completed assessing for proteinuria
   b. Send sample of urine for protein creatinine ratio (PCR) normal range less than 30.
   c. A mid-stream urine should be sent for urinalysis and microscopy
   d. It may be necessary for the woman to be brought in to commence a 24 hour urine sample that can be sent to the laboratory for analysis

5. Laboratory blood testing should include:
    a. CBC Complete Blood Count
    b. Coagulation studies if there is evidence of thrombocytopenia or haemolysis
    c. Serum urate
    d. Serum creatinine
    e. Liver function tests
    f. Electrolytes
6. Maternal observations
    a. Headaches and visual disturbances
    b. Epigastric and/or right upper quadrant pain
    c. Observations for signs of convulsions: i.e. hyperreflexia with clonus,

Fetal Assessments

1. Assess where the baby sits on the Customised Growth Chart.
2. Electronic fetal monitoring
    a. Palpation should be performed before EFM commences
    b. Discontinued when classified as Normal
    c. Full documentation of assessment of CTG to be recorded in the clinical notes
3. Ultrasound for growth, dopplers and liquor volume as necessary

The woman is reviewed with an on-going plan to be decided by the medical team.
If any abnormalities are detected then consultation should occur with the obstetric SMO
The LMC is notified of the continued plan of care. As per Section 88, Public Health and Disability Act 2002.

Documentation

- A full and accurate assessment should be recorded in the clinical notes
- All observations should be noted on the Maternity day case monitoring sheet, See Appendix 2
- Any EFM that is performed should be written in full in the body of the notes and the tracing inserted in the notes as per normal practice

Related policies and guidelines

Guidelines for blood pressure measurement in pregnancy, labour and the postnatal period

References

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Milne, F. et al, (2005). The pre-eclampsia community guideline (PRECOG): how to screen for and detect onset of pre-eclampsia in the community. *BMJ*, 330, 576 – 580.

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North, R. (2005). Pre-eclampsia. Presentation made at the APEC study day. *Lower Hutt: June 2005.*
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Scottish Obstetric Guidelines & Audit Project, (1997). *The management of mild non-proteuniuric hypertension in pregnancy*. www.sign.co.uk/guidelines. Last accessed July 2005

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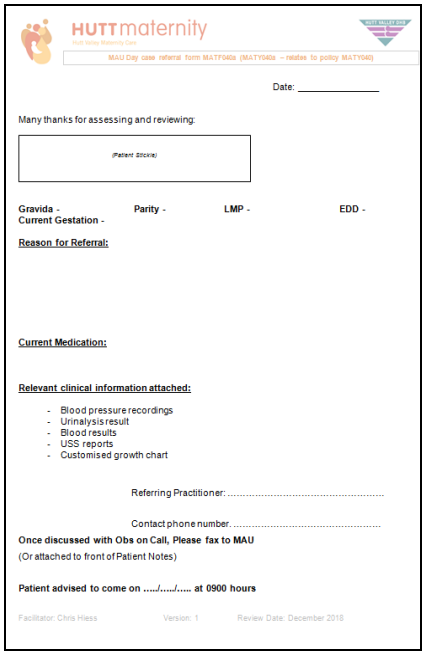
RANZCOG. (2015). Foetal Surrveillance APractical Guide. Retrieved from www.ranzcog.edu.au/fse_programme/index.shtml

Appendix One: Day Case Referral Form MATF 040a



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MAU Day case referral form MATF040a (MATY040a – relates to policy MATY040)

Date: _____

Many thanks for assessing and reviewing:

(Patient Sticker)

Gravida - **Parity -** **LMP -** **EDD -**
Current Gestation -

Reason for Referral:

Current Medication:

Relevant clinical information attached:

- Blood pressure recordings
- Urinalysis result
- Blood results
- USS reports
- Customised growth chart

Referring Practitioner: .....

Contact phone number. .....

Once discussed with Obs on Call, Please fax to MAU
(Or attached to front of Patient Notes)

Patient advised to come on ...../...../..... at 0900 hours

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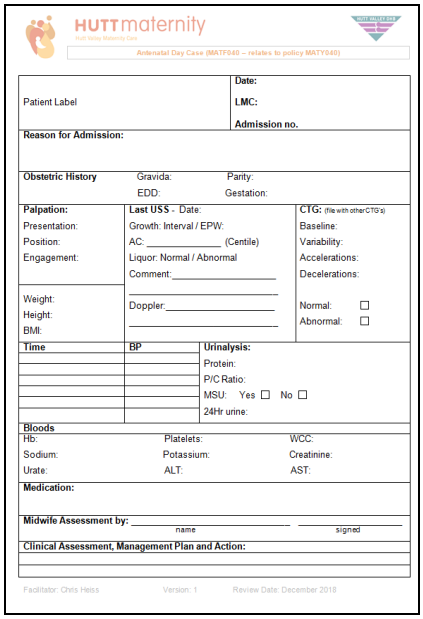
Appendix Two: Antenatal Day Case Sheet MATF 040:



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Antenatal Day Case (MATF040 – relates to policy MATY040)

Patient Label	**Date:** **LMC:** **Admission no.**
Reason for Admission:	
Obstetric History Gravida: Parity: EDD: Gestation:	
Palpation: Presentation: Position: Engagement: Weight: Height: BMI:	**Last USS** - Date: Growth: Interval / EPW: AC: _____ (Centile) Liquor: Normal / Abnormal Comment: _____ _____ Doppler: _____ _____
CTG: (file with other CTG's) Baseline: Variability: Accelerations: Decelerations: Normal: ☐ Abnormal: ☐

Time	BP	Urinalysis:
		Protein:
		P/C Ratio:
		MSU: Yes ☐ No ☐
		24Hr urine:

Bloods

Hb:	Platelets:	WCC:
Sodium:	Potassium:	Creatinine:
Urate:	ALT:	AST:

Medication:

Midwife Assessment by: _____ (name) _____ (signed)

Clinical Assessment, Management Plan and Action:

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Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).