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Resident Medical Officer (RMO) Supervision in Obstetrics 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.

The purpose of this guideline is to outline circumstances when an RMO) at Hutt Hospital is expected to consult with the on call Senior Medical Officer (SMO).

The content of this guideline is not exclusive, and there are many alternate scenarios not mentioned where communication with the on call SMO will be necessary. If an RMO is uncomfortable in any situation they must call the on call SMO for advice or assistance.

Whilst this guideline is primarily for reference by RMO and SMO staff, it is also intended as a resource for senior midwifery or theatre nursing staff who are encouraged to contact the SMO directly if they feel a Registrar is in need of assistance.

The document is divided into three sections detailing conditions

- 1) requiring **SMO attendance**,
- 2) requiring **SMO consultation**,
- 3) requiring **SMO supervision in person**.

In certain situations the need for **SMO attendance** will be determined by the credentialing status of the duty RMO. For ease of reference the categories of condition requiring SMO attendance has been subdivided into headings to correspond with the RANZCOG Standard In House Credentialing Documentation.

1. SMO attendance required regardless of seniority of Registrar

- Maternal death
- Patient refusing potentially life saving treatment (for mother and / or baby)
- A woman requiring Caesarean Section / transfer to theatre who is a Jehovah's Witness or for whom blood products are not available
- Post-partum haemorrhage >1.5 litres with on-going bleeding
- Any patient requiring advanced measures for PPH eg Bakri balloon, Blynch suture, uterine artery ligation, hysterectomy
- Amniotic fluid embolus
- Eclampsia
- Severe pre-eclampsia not adequately controlled with standard antihypertensive therapy
- Severe sepsis of unknown source and / or not responding to appropriate antibiotic therapy
- Placental abruption with evidence of coagulopathy
- Complex Caesarean Section
 - Major placenta praevia
 - BMI > 40
 - At full dilatation
 - Transverse lie with back down
- Any patient requiring ICU admission for obstetric indications
- Any patient requiring return to theatre
- Vaginal twin delivery
- Trial of operative vaginal delivery in theatre
- Vaginal breech
- Fourth degree vaginal tear

SMO attendance required when the RMO has not yet achieved credentialing for the procedure.

The credentialing status of any given RMO will determine the need for SMO attendance. RANZCOG credentialing forms are to be used for both RANZCOG trainees & non trainees.

Delivery with significant maternal risk

- Morbid obesity
- Medical co-morbidities

Low outlet vacuum

- Any instrumental vacuum delivery

Low outlet forceps

- Any instrumental forceps delivery

Instrumental: mid cavity

- Instrumental vaginal deliveries when the station is +1 or higher

Instrumental: rotational

- Any instrumental delivery requiring rotational delivery i.e. position not OA, LOA, ROA

Caesarean Section, Simple

- Caesarean Section in first stage of labour
- Elective Caesarean Section

Caesarean Section, with added complication

- Emergency Caesarean Section with previous Caesarean Section
- Caesarean Section with non-cephalic presentation
- Caesarean Section with twins
- Caesarean Section with transverse lie
- Caesarean Section with maternal obesity

NB: Complex Caesarean Sections require SMO attendance

EUA for PPH

- Examination under anaesthetic for PPH

Manual removal

- Manual removal of placenta

Third degree tear

- Repair third degree tear / extensive vaginal laceration

2. Conditions requiring the SMO to be informed, regardless of seniority of RMO:

- Any case requiring transfer to theatre
- Foetal death in labour or unexpected stillbirth
- Third foetal blood sampling
- A woman in labour who is a Jehovah's Witness or for whom blood products are not available
- Transverse lie with rupture of membranes
- Pulmonary embolus
- An unresolved conflict between staff
- Any patient requiring transfer to tertiary unit / Wellington

3. Conditions requiring SMO supervision

In most cases will require SMO review at minimum intervals of 24 hours, regardless of seniority of the RMO:

- Induction of labour for IUGR or oligohydramnios
- Severe pre-eclampsia
- Post-partum haemorrhage >1.5 litres with on-going bleeding
- Amniotic fluid embolus
- Pulmonary embolus
- Severe pre-eclampsia
- Significant sepsis
- Significant placental abruption
- Any patient admitted to HDU or ICU

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).