Bedfordshire Hospitals NHS Foundation Trust

CLINICAL GUIDELINE

Document Title: Guideline on Communication and Referral Pathway for Pregnant Women Presenting with Non-Obstetric Problems

This document is relevant for staff at: *(please indicate)*	Luton Hospital site √	Bedford Hospital site	Both Hospital sites

Document Type: *(please indicate)*	Clinical Guideline √	Standard Operating Procedure	PGD	Integrated Care Pathway

Document Author / Responsible Author(s):
Saadia Waheed (Consultant Obstetrician)
Maria Mouyis (Maternal Physician)
Ilene Machiva (Head of Midwife)

Document Developed in consultation with:
James Ramsay (Medical Director)
Marian Chan (Consultant Ambulatory Care)
Annabella Dutiro (Sister in Ambulatory Care)
Dean Burns (Consultant in Emergency Medicine and Critical Care Medicine)

Is this document new or revised / or has minor amendments?
Guideline updated - Ockenden Report Recommendation

Reason for minor amendments? Please highlight all amendments in your document.
Minor amendment, addition of SOP

Document Number: CG293L	**Version Number:** Version 3
Target Audience/Scope:	Obstetricians, midwives, physicians, surgeons and anaesthetists
Associated Trust Documents:	CG132 Maternal Collapse CG 62 Resuscitation Policy and Clinical Guidelines https://cms.horizonsp.co.uk/viewer/ldh/ecg
Date of Approval: 7th April 2021	**Review Date:** April 2024

Chair of Clinical Guidelines Signature:	**Date:**
 Jogesh Kapadia	7th April 2021

Contents

Guideline on Management of Pregnant Women Presenting with Non-Obstetric Problem to the Luton and Dunstable University Hospital Trust

The aim of this guideline is to provide a framework of collaborative working amongst different specialities when pregnant women who present with non-obstetric complaints or have medical or surgical problems concurrently with an obstetric problem, are being referred and assessed according to their clinical needs. If these women require hospital admission, they need to be admitted in a clinical area best suited for their care, which might be a non-maternity area. Most of these women will have complex clinical needs which require input from obstetrician, midwives, nurses, physicians, surgeons and critical care team.

Pregnant women may present to the Trust through the following routes:

- GP
- Self-refer
- Community midwife
- Ambulance services
- Others

There are a number of locations pregnant women may present to:

- Maternity Department
    - Maternity Triage-Ward 31
    - Maternity Day Assessment Unit (DAU) and
    - Delivery Suite
- Emergency Department (ED)
- Ambulatory Care
- Elective admissions
- Non-elective admissions of pregnant with medical or surgical problems
- Walk-in clinics

For the purpose of this guideline, please see Appendix 1 for contact numbers of various maternity team members.

For ALL pregnant women admitted to the hospital, the responsible admitting teams must inform senior midwife in-charge of Delivery Suite, state the patient's name, location of the ward and the primary diagnosis. The patient's details will be added on the Delivery Suite patient white handover board. The responsible admitting teams need to notify the obstetric registrar on-call of the pregnant women's admission.

Maternity Admissions:

Women greater than 20 weeks gestation complaining of the following symptoms should be referred to the senior midwife in-charge of Delivery Suite.

- Severe headache, nausea, vomiting or epigastric pain, or generally feeling unwell
- Blood pressure > 140/90 mm of Hg
- Vaginal bleeding and /or rupture of membranes
- Abdominal pain
- Uterine contractions
- Proteinuria (1+ or more on dipstick)
- Pyrexia
- Reduced or absent fetal movements.

Maternity Triage/DAU/Delivery Suite:

- Pregnant woman who presents to maternity Triage/ DAU or Delivery Suite with symptoms of shortness of breath, deep vein thrombosis (DVT), headaches, palpitations and chest pain with no obstetric concern and are thermodynamically stable. These women should be referred by the obstetric registrar or consultant to Ambulatory Care. The referral is made using the ICE Yellow Board System (see Ambulatory Care pathway).
- If an obstetric problem along with a medical concern or deemed unsuitable to be referred to Ambulatory Care, bleep **out-reach medical registrar** (bleep 729).
- If the woman is critically ill and haemodynamically unstable – Please put out an emergency call by ringing '2222'. Please state - "Medical Emergency" and "Obstetric Emergency" and state the location.

Pregnant Women with Medical Conditions on the Maternity Ward

- Daily review by the consultant obstetrician covering the antenatal and postnatal ward-round. Monday – Friday 9:00-13:00.
- Saturday, Sunday and out of hours. The consultant obstetrician on-call will have an overall responsibility for the woman's care.
- Following admission, pregnant women with medical conditions requiring medical input MUST be seen within 14 hours of admission into hospital by yellow boarding to the relevant speciality or bleeping the **ward cover medical registrar** (bleep 791).
- Medical reviews: Monday – Friday. Pregnant women with medical conditions will be identified on the patient white noticeboard by a pink magnet next to their names. There will be an in-reach medical ward-round to the wards at minimum twice a week to ensure the required reviews have taken place. This will apply to women on Delivery Suite and women on the antenatal and postnatal wards. The Medical Director will review women on the maternity wards twice weekly to review compliance.
- If the woman is critically ill and haemodynamically unstable in the ward a 2222 call should be put out for "Obstetric Emergency" and "Medical Emergency".
- If a pregnant woman is admitted for more than 48-72 hours in an obstetric ward with non obstetric complaints or develops non-obstetric complaints during her admission for which there is clinical uncertainty, a multidisciplinary meeting involving obstetrician, medical, surgeon and anaesthetist should take place.

Emergency Department (ED)

Pregnant women who are brought in via ambulance, referred by GP or, have self referred to ED are Triaged and seen in accordance with ED pathways.

In an emergency with maternal collapse – please see CG 132: The Management of Maternal Collapse.

Non-Pregnancy Related Problems:

- Pregnancy testing should be considered in all women of child-bearing age.
- When reviewing a pregnant woman with non-pregnancy related problems ED staff should be vigilant that certain serious pregnancy related problems could manifest as other symptoms, e.g. DVT, pulmonary embolism and eclampsia.
- Careful assessment of the pregnancy should be undertaken even if women present with apparent non-pregnancy related problems.
- Obstetrics registrar on-call should be informed of ALL pregnant women presenting to Emergency Department. If the obstetrics registrar is not contactable please contact the consultant obstetrician on-call.
- The woman's GP must be informed of the reasons for admission and outcomes of every discharge from the Emergency Department. (Symphony System).

NB: Consideration should be given to Domestic Abuse and Child safeguarding issues. Please refer to specific ED guideline and safeguarding guidance.

Intensive Care Unit and High Dependence Unit (ITU/HDU) Admission:

All pregnant women in ITU should be seen on a daily basis by consultant obstetrician and responsible clinician physician/or surgeon. The midwifery manager on-call must be informed of the woman's admission to HDU/ITU to ensure continuity of care until such time as the woman is transferred back to maternity. The obstetrician/clinical midwifery manager/senior midwife in-charge on Delivery Suite will work in partnership with the ITU/HDU team to support the timely reviews of the woman while in ITU/HDU, including an MDT review if required. When the woman is transferred back to the Delivery Suite, critical care outreach nurses are to be notified of the transfer to support the ongoing maternity care.

The ITU Team – if any pregnant woman is admitted to ITU/HDU then the obstetric consultant on Bleep 515 and the Senior Midwife on Bleep 550 must be informed.

Ambulatory Care:
(Opening hours Monday-Friday 0900-2100hours; weekend and bank holidays 0900-1700 hours)

The following pregnant women may present to Ambulatory Care with the following conditions:-

- Shortness of breath
- Deep vein thrombosis (DVT)
- Headaches
- Palpitations
- Chest Pain

Refer to the Ambulatory Care pathways on the intranet
https://cms.horizonsp.co.uk/viewer/ldh/ecg

Once these women present to Ambulatory Care, the nurse will assess them with regard to their medical presenting complaint and the following questions will be asked to assess fetal wellbeing and to determine if these women need an urgent obstetrics/midwifery review, using the Maternity Red Flags Symptoms checklist (Appendix 2).

1. Decreased or no fetal movements
2. Ruptured Membranes
3. Contracting
4. Vaginal bleeding
5. Abdominal Pain
6. BP>140/90 mm of Hg
7. Proteinuria (1+ or more on dipstick)

If following the assessment by the nurse, any of the above symptoms are present then Ambulatory Care nurse will contact Delivery Suite to discuss the case with the senior midwife on bleep 550 and transfer the woman to maternity Triage or Delivery Suite. The obstetrics team will review and the decision will be made regarding plan of care.

Escalation Pathway/Sharing of Information following a woman being seen in Ambulatory Care with a positive pathology:-

- Mon- Fri 0900-1700 hours to ring the antenatal clinic on extension 7017 to arrange an antenatal clinic appointment for the woman within the next 24-48 hours;
- Email to “Antenatal clinic midwives” through Outlook (Trust email system) about the referral and need to arrange review in 24-48 hours.

Elective Admission:

The consultant or a member of the team booking an elective admission (e.g. for planned surgery) should inform the obstetrician under whose care the woman is booked. If she is not booked under an obstetrician at the trust (midwifery-care or booked for delivery elsewhere) the consultant on-call should be informed and the senior midwife in Delivery Suite (bleep 550) should be informed about the admission

- The woman's name, hospital number, location and diagnosis should be on the handover board in Delivery Suite.
- Correspondence to be sent by a discharge letter to the GP.

Pregnant Women Admitted Non-electively onto Medical/ Surgical Wards in the Main Hospital with Non-obstetric Problems from the Clinics, ED and Ambulatory Care:

Pregnant women may be admitted to the hospital under other teams with inter-current medical and surgical conditions. Particularly with advancing gestation, the management of the inter-current condition may impact on the pregnancy or the fetus. Accordingly shared or joint care with an obstetrician and midwife may be necessary.

- If a pregnant woman has been admitted to non-obstetrics ward, the admitting team needs to inform the senior midwife on Delivery Suite. See Appendix 3 for actions by maternity team.

Walk-in Centre:

If a woman is admitted from a walk-in centre into a non-obstetric setting, the admitting team to follow the process as highlighted in Appendix 3.

Imminent Delivery of Baby Outside of the Maternity Unit:

If delivery of the baby is imminent outside the maternity unit in the hospital:

- Alert O&G Team. Put out an emergency call by ringing 2222. State – 'Obstetric Emergency' and the location of the imminent delivery.
- If required, alert the neonatal team by calling 2222 and ask for a "Code Blue" and state the location.

Managing complex pregnancies – see Appendix 4:

All pregnant women with complex medical conditions, who are booked at the Luton and Dunstable University Hospital, will need to be under a named obstetric consultant jointed with the appropriate specialist teams - be it locally or externally. Within the Luton and Dunstable Hospital there are specialist obstetric clinics:

- Diabetic Clinic
- Sexually Transmitted Infection (i.e. HIV, Syphilis, Hepatitis B)
- Haematology Clinic
- Cardiology Clinic
- Maternal Medicine/Rheumatology Clinic

Following midwifery booking, the woman is referred to an obstetric consultant in the Antenatal Clinic. If the woman fits the criteria to be referred to one of the specialist obstetric clinics within the Luton and Dunstable Hospital, the appropriate referral is made. If women are already under the existing care of a specialist at a Tertiary Centre (example Rare Metabolic Disorder or Neurosurgical Centre, etc.) or within the local specialties departments (as an example – Renal, Epilepsy, Inflammatory Bowel Disease teams, etc.), the local obstetrician writes to the respective teams, informing them that the women is pregnant in order to get all the relevant medical information.

For women with complex medical conditions that fall outside the remit of the local specialist obstetrics clinics or not under any local or external specialist clinics, they can be referred to our in-house Maternal Physician via ICE referral yellowboard system. During normal working hours, the Maternal Physician can be contacted via switchboard or on the work mobile phone – 07971853788. For out of hours, if urgent, the case needs to be referred to the appropriate on-call teams via switchboard. In case of doubt of referral, please email Maria.Mouyis@ldh.nhs.uk for further advised (not for urgent out of hours referrals).

Women identified as requiring a referral to an external specialist/tertiary centre due to complex medical or obstetric problems in current pregnancy, should be referred to the local Complex Obstetric MDT panel for review. This must be followed by a documented comprehensive action planned in place.

Complex Obstetric MDT

Monthly Complex Obstetric MDT meetings are currently in place. If the need arises, these can be called more regularly if women with complex pregnancies present prior to the next timetabled meeting. If input from another speciality is required, the referring clinician liaises with the relevant speciality and gets advice and requests their attendance at the Complex Obstetric MDT.

The referring clinician is to attend the MDT and follow up any action from the Complex Obstetric MDT. If the referring clinician is unable to attend the meeting, this must be deputised to another colleague. Inform the primary consultant before adding the woman to the Complex Obstetric MDT.

If required, the patient will be referred to a specialist / tertiary centre by the referring obstetric consultant. The ultimate unit where the woman receives her care depends on the woman's presenting problems, taking account of her overall needs.

Auditable standards

Standards to be audited	Lead for the audit	Frequency, audit Tool and Methodology	Reporting arrangements	Acting on recommendations and Lead (s)	Change in practice and lessons to be shared Dissemination of results/action plans.
1) For ALL pregnant women admitted to the hospital, the responsible admitting teams need to inform the senior midwife in charge of Delivery Suite, state the patient's name, location of the ward and the primary diagnosis. 2) A pregnant woman presenting at maternity Triage/ DAU or Delivery Suite with a medical problem and no obstetric concerns was appropriately referred by the obstetric Registrar or Consultant to either Ambulatory Care, Out-reach medical registrar or "Medical & Obstetric Emergency 2222? 3) Women on the maternity wards/Delivery Suite/antenatal/postnatal wards with a medical condition were they reviewed by a consultant obstetrician/ or on-call obstetrician each day during ward round. 4) Women who have been admitted for 48-72h on an obstetric wards with non-obstetric complaint or develops a non-obstetric complaint during admission (where there is clinical uncertainty) should be discussed in MDT 5) Evidence the pregnant woman on ITU/HDU was reviewed on a daily basis by a. Consultant obstetrician b. Responsible clinical physician/surgeon	Consultant and midwife according to the Maternity Governance Audit plan.	This will be performed according to audit plan. Data will be collected using an audit proforma (designed by the auditors and approved by the maternity audit leads. The auditors will analyse the data and develop recommendations and action plans from the audit results. As per the departmental audit schedule.	The audit results, recommendations and action plans will be presented either at an audit meeting, a Clinical Governance day or at a Risk and Audit meeting.	The O & G Risk and Governance Committee will approve recommendations and action plans to be implemented within a specific time frame. The auditors will implement and monitor action plans with support from the clinical leads, senior midwives and pertinent groups. There will be six-monthly update of action plans. The O & G Risk and Governance Committee will oversee the implementation and monitoring of the action plans.	The audit results and approved action plans will be disseminated by the maternity audit team to all relevant staff groups, pertinent meetings and through the Delivery Suite newsletter, Risk and Governance, the Senior Staff meetings, the Delivery Suite Forum and by email.

REFERENCE

Ockenden, D (2020) *Ockenden report: Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.* [online] Available at: https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust

APPENDIX 1: Points of contact:

Obstetric Emergency Team (the entire team is automatically fast bleep)

Consultant Obstetrician on-call	Bleep 515*
Registrar Obstetrician on-call	Bleep 726
Registrar Gynaecology on-call	Bleep 028**
SHO Obstetrician on-call	Bleep 140
Registrar Anaesthetic Obstetrics on-call	Bleep 600
ODP Obstetrics on-call	Bleep 800

* Monday: 08:30 to Friday 21:00
Saturday, Sunday and Bank Holidays: 8:30 to 17:00
Outside the above times, switchboard will contact the obstetric consultant on-call

** Monday to Thursday – 0830 to 20:30. Outside this time Bleep 515
Friday to Sunday – 0830 for 24 hours

All haemodynamically stable gynaecology and women less than 20 weeks pregnant can be referred to the Early Pregnancy Clinic (EPC) and Acute Gynaecology Clinic. Please note that they are run by the same team in the same venue.	Opening times: • Monday to Friday: 0830 to 1130 & 1400-1630 • Ext: 2620
Senior midwife in-charge on Delivery Suite	bleep 550
Midwifery manager on shift	Ring Delivery Suite on ext 2660/8097

APPENDIX 2: MATERNITY RED FLAG SYMPTOMS CHECKLIST

RED FLAG OBSTETRICS CHECKS:

Due date: _____ Gestation:_____

Problems:_____

Decrease or no fetal movement:	YES ☐	NO ☐
Ruptured membranes:	YES ☐	NO ☐
Contractions:	YES ☐	NO ☐
Vaginal bleeding:	YES ☐	NO ☐
Abdominal pain:	YES ☐	NO ☐
BP>140/90 mm of Hg:	YES ☐	NO ☐
Proteinuria (1+or more on dipstick):	YES ☐	NO ☐

If any of these above is a YES please bleep Senior Midwife on Delivery Suite: Bleep 550 or phone Delivery Suite Ext: 2660 or 8097 or 2329.

APPENDIX 3:
ACTION BY MATERNITY TEAM WHEN INFORMED OF ADMISSION TO NON-MATERNITY WARD

The senior midwife in-charge on Delivery Suite bleep 550 to be informed about the admission

↓

The woman's name, hospital number, location and diagnosis should be on Delivery Suite white handover board in Delivery Suite. The women information need to be handed over at each labour ward handover and documented on the handover sheets.

↓

Women > 20 weeks should have an obstetric review by the consultant covering the antenatal wards on weekdays/ consultant on call on the weekends (bleep 515) or obstetric registrar (bleep 726/ 028) within 14 hours.

↓

If the condition has no bearing on pregnancy (and vice-versa) advise no action. If the gestation is over 24 weeks, discuss with the senior midwife in-charge on Delivery Suite the option of a planned midwifery review. Fetal heart auscultation or cardiotocography may be performed if necessary in consultation with the obstetric team.

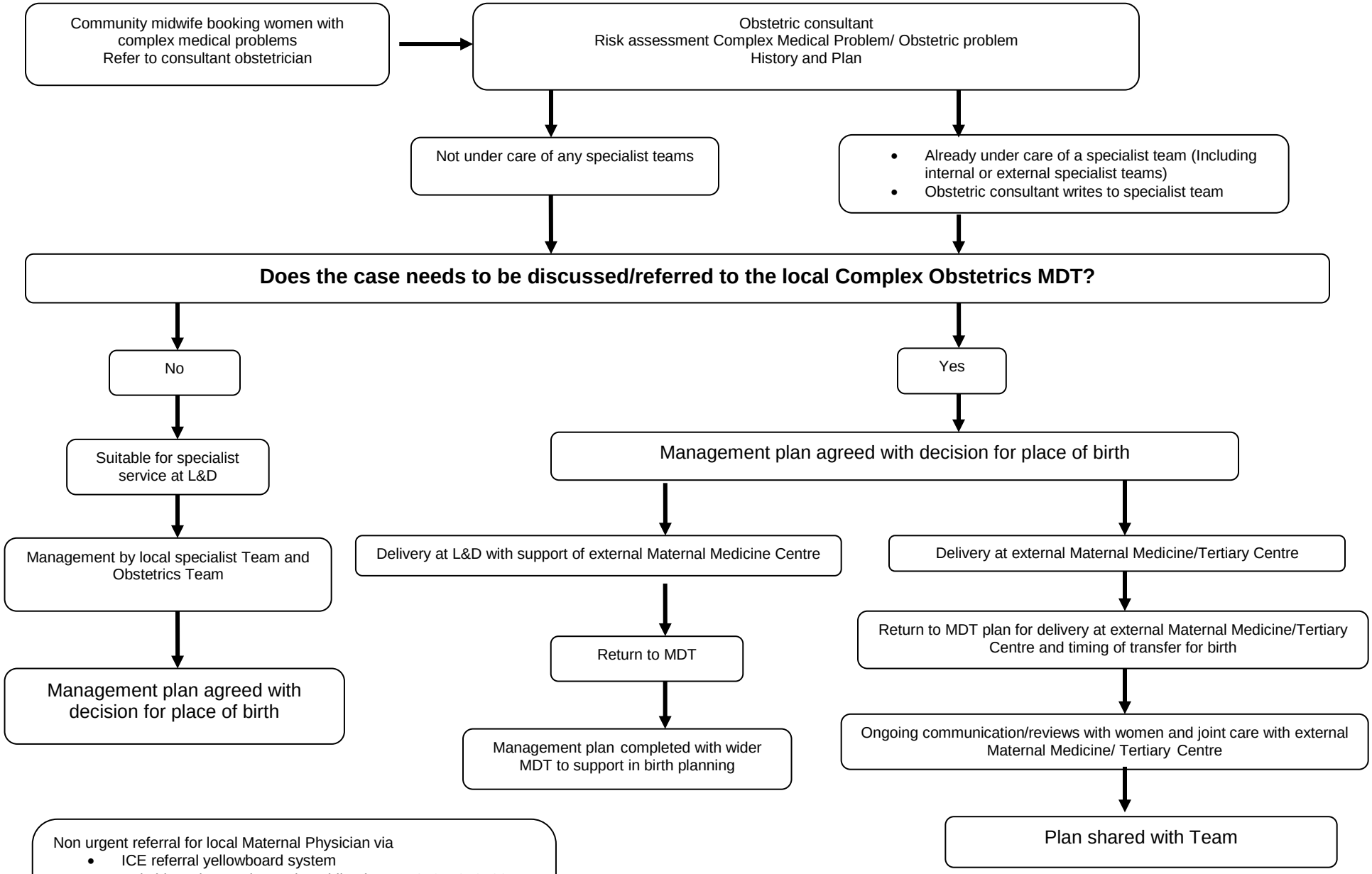
- If the condition impacts on pregnancy (or vice-versa), daily assessment of the woman is carried out by the obstetric consultant or obstetric registrar (bleep 726/ 028)
- Consider if neonatal input is required.

If the pregnant women is <20 weeks, she should be reviewed by the

- Gynae registrar (bleep 028), or
- Gynae Cons on-call via switchboard, or
- Out of hours
  Mon – Thurs
  20:30 pm - 8:30 am
  Resident consultant O&G (bleep 515).

APPENDIX 4:

Referral Pathways for Women with Complex Pregnancy Conditions



Non urgent referral for local Maternal Physician via

- ICE referral yellowboard system
- switchboard or on the work mobile phone – 07971853788

In case of doubt of referral, please email Maria.Mouyis@ldh.nhs.uk further advised (not for urgent out of hours referrals)

APPENDIX 5:

Pathway for pregnant women (≥20weeks) presenting with Acute non-pregnancy related medical conditions

GPs, Community Midwives (CMW), In-patient from Ambulatory Care Centre (ACC), ED, ITU/HDU, ANC, Self –referral, etc.

Source of

Pregnant woman ≥20 weeks. with non-pregnancy related medical problem

May Admit to

Maternity Team Contact numbers

Cons Obstetrician on-call	Bleep 515
Cons Obstetrician ward cover (Mon –Fri : 9am-1pm)	via switchboard
Obstetric Registrar	Bleep 726
Senior MW in delivery suite	Bleep 550

Ward 32, 33

1. Obstetric ward rounds.
2. Twice weekly medical team

1-Yellow board (YB) Appropriate specialty for review within 14hrs:
2-Med Reg. bleep 729: Out of hours and weekends for advice and review.
3-Call 2222 "Medical Emergency"/Outreach- heamo-dynamically unstable or critically unwell

Obs. Team to arrange MDT if no improvement within 3 days post admission

Delivery suite /Triage (Ward31)/ DAU

Obs Reg or Cons Obs reviews woman

1-YB to ACC Haemo-dynamically stable:
2- Med Reg. bleep 729. Not suitable to transfer to ACC
3-Call 2222 'Medical Emergency"/Outreach- heamo-dynamically unstable or critically unwell

Ambulatory care (ACC)

Refer conditions such as SOB, DVT, palpitations, significant or atypical headaches (with no PET symptoms), and Chest pain etc

Women with a positive pathology - ACC nurse rings antenatal clinic ext 7017 and emails "antenatal clinic midwives" to arrange review in 24-48 hours.

ACC nurse contacts **Bleep 550** if obstetric concerns e.g. ↓FM, PET symptoms & signs, bleeding, abdominal pain, contractions etc

Emergency Department (ED)

Pregnant women brought in via ambulance, GP or self referral

ED manages according to their pathways

2222 obstetric emergency and code blue if an emergency

ED team contacts Maternity team for review or advice.

ITU/HDU

ITU/HDU team needs to inform Obs Cons on-call and senior midwife in delivery suite

Cons Obs reviews the woman daily

Daily obstetric review until discharge

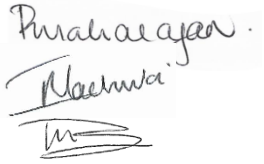
Admissions to non-maternity ward

Inform the Senior MW in delivery suite and Obs Reg.

State - Name location, diagnosis on labour ward board

Obstetric review within 14hrs by

- Cons Obstetrician (ward cover – 9am-1pm) or
- Cons Obstetrician on-call or
- Obstetrician Registrar

CLINICAL PROCEDURAL DOCUMENTS: STANDARD OPERATING PROCEDURES (SOP)			
Document Title: Managing Complex Pregnancies SOP			
This document is relevant for staff at: *(please indicate)*	**Luton Hospital site**	**Bedford Hospital site**	**Both Hospital sites** **√**
Document Type:	**Standard Operating Procedure**		
Document Author / Responsible Author(s): Ilene Machiva, Head of Midwifery, Luton and Dunstable Hospital Tara Pauley, Head of Midwifery, Bedford Hospital Miss Saadia Waheed Consultant Obstetrician and Gynaecologist Dr Maria Mouyis Obstetric Physician Miss Liliana Grosu Consultant Obstetrician and Gynaecologist Mr Montasser Mahran Consultant Obstetrician and Gynaecologist			
Document Developed in consultation with / Guidance provided or issued by which body? Tara Pauley, Head of Midwifery, Bedford			
Is this document new or revised / or has minor amendments? National or local guidance? NEW			
Document Number	**Version Number** 1		
Target Audience/Scope:	All midwives and obstetricians		
Associated Trust Documents:	CG293L Guideline on Communication and Referral Pathway for Pregnant Women Presenting with Non-Obstetric Problems CG208L Guidelines for Antenatal Referral Antenatal MDT SOP (at Bedford site)		
Approval provided by which local Service Line Group /Meeting: **Date of Approval:** **Review Date:**			
Signature of Chief Nurse / Director of Nursing and Midwifery/ Lead Clinician/			**Date: 21.06.2021**

Managing complex pregnancies

All pregnant women with complex medical conditions, who are booked at the Luton and Dunstable University Hospital and Bedford Hospital, will need to be under a named obstetric consultant jointed with the appropriate specialist teams - be it locally or externally. There are specialist obstetric clinics:

At Luton and Dunstable:

- Diabetic Clinic
- Sexually Transmitted Infection (i.e. HIV, Syphilis, Hepatitis B)
- Haematology Clinic
- Cardiology Clinic
- Maternal Medicine/Rheumatology Clinic
- Multiple Pregnancy
- Perinatal Mental Health
- Anaesthetic Obstetric clinic
- Pre-term Birth clinic

At Bedford:

- Diabetic Clinic
- Perinatal Mental Health
- Twins (multiple pregnancy)
- HIV
- FGM

Following midwifery booking, the woman is referred to an obstetric consultant in the Antenatal Clinic. If the woman fits the criteria to be referred to one of the specialist obstetric clinics, the appropriate referral is made. If women are already under the existing care of a specialist at a Tertiary Centre (example Rare Metabolic Disorder or Neurosurgical Centre, etc.) or within the local specialties departments (as an example – Renal, Epilepsy, Inflammatory Bowel Disease teams, etc.), the local obstetrician writes to the respective teams, informing them that the women is pregnant in order to get all the relevant medical information.

For women with complex medical conditions across both sites that fall outside the remit of the local specialist obstetrics clinics or not under any local or external specialist clinics, they can be referred to our in-house Maternal Physician via ICE referral yellowboard system at Luton and through referral letter and email for patients from Bedford site. During normal working hours, the Maternal Physician

can be contacted via switchboard or on the work mobile phone – 07971853788. For out of hours, if urgent, the case needs to be referred to the appropriate on-call teams via switchboard. In case of doubt of referral, please email Maria.Mouyis@ldh.nhs.uk for further advised (not for urgent out of hours referrals).

Women identified as requiring a referral to an external specialist/tertiary centre due to complex medical or obstetric problems in current pregnancy, should be referred to the local Complex Obstetric MDT panel for review. This must be followed by a documented comprehensive action planned in place.

Referral is dependent upon the woman's presenting condition and whether or not she is already known to the referral centre. Our referral centres are Addenbrookes (Cambridge University Hospitals), Norfolk and Norwich University Hospital, or London (University College London Hospital, Queen Charlotte, Royal London (Haematology) and Imperial).

Complex Obstetric MDT

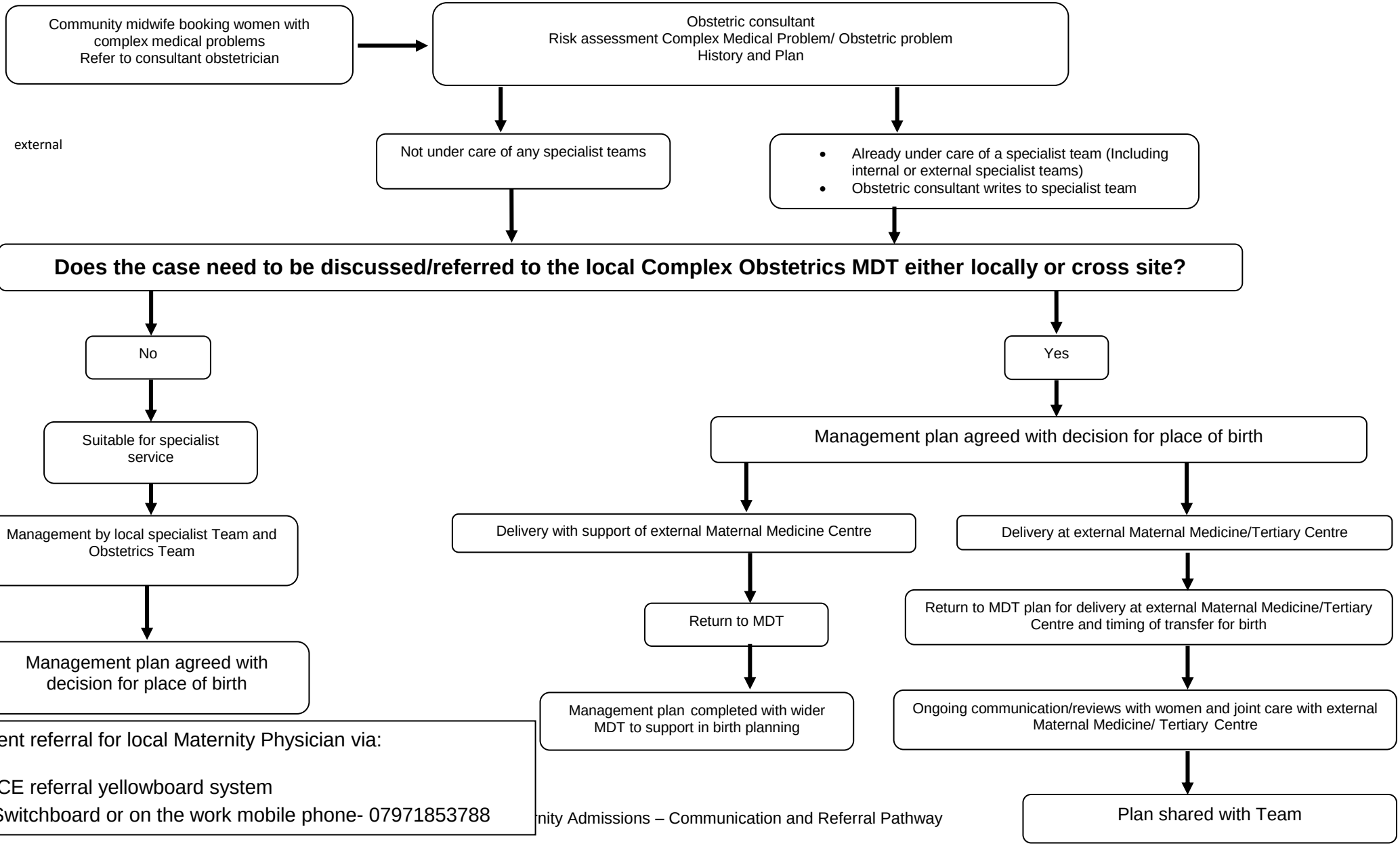
Monthly Complex Obstetric MDT meetings are currently in place. If the need arises, these can be called more regularly if women with complex pregnancies present prior to the next timetabled meeting. If input from another speciality is required, the referring clinician liaises with the relevant speciality and gets advice and requests their attendance at the Complex Obstetric MDT.

The referring clinician is to attend the MDT and follow up any action from the Complex Obstetric MDT. If the referring clinician is unable to attend the meeting, this must be deputised to another colleague. Inform the primary consultant before adding the woman to the Complex Obstetric MDT.

If required, the patient will be referred to a specialist / tertiary centre by the referring obstetric consultant. The ultimate unit where the woman receives her care depends on the woman's presenting problems, taking account of her overall needs.

APPENDIX 1:

Referral Pathways for Women with Complex Pregnancy Conditions



Non urgent referral for local Maternity Physician via:

- ICE referral yellowboard system
- Switchboard or on the work mobile phone- 07971853788

nity Admissions – Communication and Referral Pathway

APPENDIX 2: Speciality Consultants at Luton and Dunstable & Bedford

Specialism	L&D Consultant Obstetrician	Speciality Consultant	Bedford Consultant Obstetrician
Diabetes	Miss Waheed Miss Lam Mr Das	Dr Shiu-Ching Soo Consultant physician Dr Nick Morrish Consultant Diabetologist	Mrs Liliana Grosu
Cardiac	Miss Waheed	-	-
Maternal Medicine	Miss Waheed Mr Das	Dr Maria Mouyis	
Haematology	Miss Das	-	
Anaesthetic	Dr Hickson	-	Dr Helena Stafford
Birth After Caesarean	Miss Lam Mr Griffiths	-	Ms Kim Nash
Female Genital Circumcision	Mr Gyampoh	-	Mrs Sarah Reynolds
Perinatal Mental Health	Miss A Viegas / Miss K Waller	-	Mrs Liliana Grosu
Twins and Multiples	Mr Das	-	Mrs Sarah Reynolds
Fetal Medicine	Miss Bamfo Mr Das	-	-
Infectious Diseases	Miss Waheed	Dr Colver (Syphilis, HIV) Dr Sen (Hepatitis B)	Mrs Sarah Reynolds
Pre-term	Miss Bamfo Miss Das	-	Miss Eunice Issac collaborating with the team in Luton