

5 INTRAPARTUM CARE

5.2 ASSESSMENT OF THE WOMAN ON

ADMISSION TO LABOUR AND BIRTH SUITE

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5.2.5 Presentation at KEMH of Women booked on the Community Midwifery Programme (CMP)

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Section B

Clinical Guidelines

King Edward Memorial Hospital

Perth Western Australia

5.2.5 PRESENTATION AT KEMH OF WOMEN BOOKED ON THE COMMUNITY MIDWIFERY PROGRAMME (CMP)

AIM

To ensure the appropriate management of a woman who requires care at King Edward Memorial Hospital, but was originally booked on the Community Midwifery Programme.

KEY POINTS

- Prior to attending the Labour and Birth Suite the CMP midwife shall discuss the case and management plan with
 - The Obstetric Consultant or Senior Registrar on duty.
 - The shift coordinator of Labour and Birth Suite.(unless the client attends LBS via MFAU, in which case this becomes the responsibility of the MFAU midwife)
- The CMP midwife may, depending on circumstances, accompany the woman into King Edward Memorial Hospital
- The CMP midwife shall be responsible and accountable for the appropriateness and quality of his/her professional practice.
- The CMP midwife shall adhere to the KEMH clinical guidelines while practising at KEMH.
- The CMP On-Call Midwifery Manager is responsible for informing the CMP midwife to attend a client for ongoing care.

PRESENTATION TO THE MATERNAL FETAL ASSESSMENT UNIT (MFAU)

- Unless the client self refers, the CMP midwife shall discuss the case with
 - The shift co-ordinator of MFAU to ensure that they are aware she is attending and
 - The Obstetric Consultant or Senior Registrar if required.
- Following management / care in MFAU KEMH midwifery staff shall
 - Ensure the woman's presentation is recorded in the Patient Handheld Record
 - Fax a copy of the MR225 Maternal Fetal Assessment Admission form and the CMP Discharge form to the CMP office (94067721).

- Attach an additional copy of the Maternal Fetal Assessment form to the patient's handheld record.
- Page the on –call CMP Midwifery Manager (93244099) and request him / her to call KEMH on the appropriate unit number for discharge details if a verbal handover is required.

LABOUR AND BIRTH SUITE MANAGEMENT

- On arrival at Labour and Birth Suite the CMP midwife shall provide a verbal handover to
 - The level 3 or above Obstetric Registrar.
 - The shift coordinator.
 - The Labour and Birth Suite midwife who has been allocated as a resource person if the CMP midwife remains the primary carer.
- The CMP midwife shall provide a completed MR08C Intrapartum Clinical Handover / Transfer Document form .This shall be placed in the woman's Hospital Medical Record.
- The woman's management plan shall be documented by the medical staff on the Integrated Progress Notes (MR250), following discussion with the woman, her partner and the CMP midwife.
- Obstetric decisions shall remain the responsibility of the obstetric medical team.
- The CMP midwife shall continue to be the primary midwife only if the management is still within his/her scope of practice. The CMP midwife has the option of declining to be the primary caregiver if fatigued.
- The CMP midwife is responsible for ensuring that she is working within her roster agreement in relation to hours of work. If the midwife is in excess of her hours she will be advised by the On-Call CMP Midwifery Manager to hand the care of his / her client over to the KEMH midwife and to return home for a specified break.
- A Labour and Birth Suite midwife shall be allocated as a resource person to the CMP midwife if he / she remains the primary caregiver.
- A Labour and Birth Suite midwife shall assume the role of primary caregiver when the midwifery care is outside the CMP midwife's scope of practice. In this instance, the role of the CMP midwife becomes that of the support person. This must be clearly documented in the clients medical records to ensure it is clear who remains the primary midwife.
- The CMP midwife shall assume the role of support person if the woman is required to go to theatre for any procedure.

POSTNATAL CARE

- If the mother and baby are both well they shall be discharged home in the care of the CMP midwife from Labour and Birth Suite within 4 – 6 hours.
- The CMP midwife shall manage the postnatal care.

- If the woman or her baby requires ongoing monitoring / care, they shall be transferred to the ward. This care shall be provided by KEMH staff until discharge. On discharge the care shall be handed back to the CMP midwife.

TRANSFER BACK TO THE CMP FROM KEMH

POSTNATAL DISCHARGES

- Fax a copy of the STORK discharge printout to the CMP office (94067721).
- Provide a copy of the STORK printout to the woman to take home.
- Page the on-call CMP Midwifery Manager (93244099) and request him / her to call KEMH on the appropriate unit number for discharge details.

ANTENATAL DISCHARGES

- The CMP Midwifery Manager does not need to be contacted about antenatal discharges which do not require immediate follow-up by CMP.

DOCUMENTATION

- The original handheld Pregnancy Health record and a copies of the Labour and Birth Summary (MR230.01) and Integrated Progress Notes (MR250) notes shall be forwarded to the Community Midwifery Programme department for filing.
- KEMH shall keep a copy of the Pregnancy Health record in the patient's medical records.

STORK

- If a birth occurs at home and the mother requires admission to KEMH (due to a complication e.g. PPH , suturing), the birth data is entered by the CMP midwife as a birth occurring at the CMP STORK site. The birth information is **not** entered into the L&B Suite Register at KEMH.
- KEMH staff can view STORK records for births that have occurred at other sites and should use the "Next Admission" modules for both mother and baby relating to the admission to KEMH.
- STORK data for women cared for by CMP midwives who are transferred to KEMH **in labour** are entered into KEMH STORK. The birth is entered into the LBS Birth Register at KEMH.