



Armada Kalamunda Group

Antenatal Assessment Unit Inclusion Criteria Guideline

1. Purpose

Antenatal Assessment Unit (AAU) is a 7 day, 24 hour service providing emergency, ongoing monitoring and follow-up antenatal care for women over 20 weeks gestation with specific pregnancy related problems. The Antenatal Assessment Unit (AAU) also assesses women who may be in early labour and is responsible for the admission and care of women attending for induction of labour.

2. Guidelines

This guideline aims:

- To guide appropriate referral to the AAU
- To assist in detection, monitoring or management of complications that may arise between normal clinic appointments
- To ensure women presenting to AAU are appropriately triaged and provided with care that optimises clinical outcomes
- To establish baseline observations are performed and recorded.

2.1 Telephone advice

Women are encouraged to self-refer to the AAU service for any pregnancy related concerns, preferably by telephone in the first instance.

Women should be advised to attend for assessment if telephone consultation relates to complications such as (but not limited to) all those listed below as indication for referral to AAU.

For all women contacting AAU directly, the telephone advice sheet MR9 must be completed as a record of the conversation and advice given, and for activity based funding requirements. The advice prompts on the MR9 should be followed and all fields completed by the AAU midwife.

2.2 Appointment bookings

All appointments to AAU are to be made through the AAU midwife Co-Ordinator who will record the booking in the appropriate Outlook shared calendar. It is the responsibility of the clinician requesting the appointment to ensure the appointment is booked, the woman is informed and the appointment is documented in the woman's hand held record/medical record.

2.3 Indications for women who should be referred to AAU in the antenatal period include:

- Cardiotocograph (CTG) monitoring
- Fetal assessment and monitoring of:
 - Assessment of wellbeing
 - Reduced fetal movements

- Small for gestational age/Intrauterine Growth Restriction
- Oligohydramnios or polyhydramnios
- Abnormal USS findings
- Check fetal position
- Monitoring of multiple pregnancy.
- Monitoring of hypertensive disorders, pregnancy induced hypertension +/- pre-eclampsia
- Suspected or confirmed pre-labour rupture of membranes, including pre-term, pre-labour rupture of membranes
- Early labour assessment including suspected pre-term labour
- Administration of steroids
- Women with vaginal bleeding/loss
- Abdominal pain
- Assessment and monitoring of complications arising in pregnancy, e.g. cholestasis
- Minor abdominal trauma, e.g. falls, low speed motor vehicle accident after emergency department assessment (if applicable)
- Assessment and management of maternal illness
- Review of USS and CTG at 41 weeks
- Membrane sweep at 41 weeks prior to induction booked at 41+3 and not before
- Induction of labour at 41+3 weeks in a normal pregnancy
- Induction of labour for diet controlled GDM at 40 – 40+6 weeks gestation
- Induction of labour for a complication

This is not an exhaustive list. Pregnant women and their caregivers should be encouraged to phone the unit to discuss any concerns.

2.4 Assessment and care of women in AAU:

Women presenting to AAU are assessed and triaged by the Midwifery staff according to clinical presentation.

Assessment and care of the woman should include as minimum:

- Confirmation of the woman's identify and address with the medical record
- The history of the presenting problem/situation is obtained alongside presenting symptoms or concerns.
- Documentation of at least one full set of core physiological observations using an Antenatal - Maternity Adult Deterioration Detection System Observation and Response Chart (AKMR 140.8) with any required escalation conducted via the use of the actions/interventions required, including the use Rapid Response System (Code Blue)
- An assessment including history, previous pregnancy details, previous medical conditions, current medications and allergies is obtained.
- Familiarise women with the environment including call bell, light and toilet.
- Inform the AAU/LW Midwife Co-ordinator
- Organise GP Obstetrician/Specialist Obstetrician review as per the ACM National Midwifery Guidelines for Consultation and Referral (2013, 3rd Edition).

- The woman is treated, or referred as required for further tests or follow up.

The woman is to have clear documentation of the outcome of the assessment and subsequent management plan.

2.5 Documentation

All attendances to AAU will be fully documented on the Antenatal Attendance Form (AKMR8) and Antenatal MADDs chart (AKMR 140.8) with follow up management including:

- Time of presentation to and discharge from AAU must be recorded.
- Ongoing observations or documentation of examination, treatment and management plan should be continued on Progress Notes (AKMR 55A)
- As minimum, the subsequent management plan should include details of any referrals made, home care advice and the next midwifery/obstetric appointment.
- The top copy of the AKMR 8 is to be filed within the hospital medical record, the 2nd copy in the patient's Hand Held Record and the last filed in the attendance record folder (for activity based funding requirements).

2.6 Follow up

Obstetricians requesting Ultrasounds (USS) will call AAU to ensure all requests are documented in the USS request diary. All USS results will be followed up by the GP Obstetrician in the afternoon. Midwifery staff in AAU will obtain the medical records to enable the GP Obstetrician to record the result of the USS on a MR55A and document any arrangements made for follow up required.

Investigations carried out in AAU (e.g. swabs for microbiology or virology, bloods and urine for MC&S) are to be entered in the investigations diary with the woman's name and unit number to be reviewed by Midwifery Staff on the following shifts. All investigations must have a documented result obtained and appropriate follow up so that the woman receives the treatment required.

Presentations of women booked with a Midwifery Group Practice/Community Midwifery Program, who present without their midwife, will be recorded to enable follow up by their caregiver.

Women booked with Antenatal Clinic at Armadale Health Service will be advised if they require further and/or a more timely routine appointment and given the details for this to be arranged.

2.7 Exclusions

- Private or GP own appointments for routine care
- Medically unstable – those assessed on telephone triage as medical must be advised to present directly to the Emergency Department*

*Women who have been directed to AAU by Emergency Department staff prior to, or after ED triage should be cared for within AAU. In cases of medical emergency, the AHS Medical Emergency Rapid Response and Escalation policy should be followed.

- These guidelines present recognised methods and techniques of clinical practice, based on published evidence, for consideration by, midwives, obstetricians/ gynaecologists and other relevant health professionals. The ultimate judgement regarding a particular clinical

procedure or treatment plan must be made by the doctor or other attendant in the light of clinical data presented by the patient and the diagnostic and treatment options available. Departure from the AHS protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken and a "Declining recommended treatment" form signed by the patient and the clinician involved.

3. Legislative context

The following documents are required to give effect to this policy.

- Health Department of Western Australia (HDWA) [Consent to Treatment Policy \(OD 0657/16\)](#)
- HDWA [Clinical Handover \(MP 0095\)](#)
- East Metropolitan Health Service (EMHS) [Patient Identification and Procedure Matching Policy \(EMHS: 21\)](#)

4. Supporting information

The following documents support the implementation of this policy:

- [Non-Obstetric Related Admissions of Pregnant Women >20 weeks Procedure \(OBS-PRO-0488-18\)](#)
- [Non-specific abdominal pain in pregnancy greater than 20 weeks gestation Guideline \(OBS-GUI-0303-14\)](#)
- [Clinical Handover Maternity Procedure \(OBS-PRO-0086-17\)](#)
- [Antenatal Clinical Guidelines \(OBS-GUI-0036-10\)](#)
- [Antenatal: Triage of Referral Guidelines \(OBS-GUI-0037-18\)](#)
- [Discharge Guidelines Obstetrics \(OBS-PRO-0129-14\)](#)

5. Compliance, monitoring and evaluation

Compliance against this guideline will be evaluated and monitored by the Obstetrics and Gynaecology Safety and Quality Meeting.

Monitoring activities may include:

- Clinical incident reported data via the Datix Clinical Incident Management System (CIMS).

6. Relevant standards

National Safety and Quality Health Service (NSQHS) Standards (second edition):

- Standard 6 – Action 6.5 Correct identification and procedure matching
- The health service organisation:
 - a. Defines approved identifiers for patients according to best-practice guidelines
 - b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated
- Standard 6 – Action 6.7 Clinical handover
- The health service organisation, in collaboration with clinicians, defines the:
 - a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines

- b. Risks relevant to the service context and the particular needs of patients, carers and families
- c. Clinicians who are involved in the clinical handover
- Standard 6 – Action 6.9 Communicating critical information
- Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to:
 - a. Clinicians who can make decisions about care
 - b. Patients, carers and families, in accordance with the wishes of the patient

7. References

1. Antenatal Care CG62: NICE <http://guidance.nice.org.uk/CG62/NICEGuidance/pdf/English>

8. Document owner

Enquiries relating to this guideline may be directed to:

Title: Nurse Coordinator Women and Children's
 Department: Women and Children's
 Email: louise.keyes@health.wa.gov.au

9. Review

This guideline will be reviewed and evaluated as required to ensure relevance and currency. At a minimum it will be reviewed within one (1) year after first issue and at least every three (3) years thereafter.

Version	Effective from	Effective to	Amendment(s)
Version 4	19/12/2019	19/12/2022	

10. Authorisation

This guideline has been authorised and issued by the Director Nursing and Midwifery.

Authorised by	Mary Ferrier
Authorisation date	19/12/2019
Published date	19/12/2022

Appendix 1: Antenatal Assessment Unit Flowchart

Appendix 1: Antenatal Assessment Unit Flowchart

