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1. Introduction and Who Guideline applies to

This guideline applies to all care provided by the Maternity Day Assessment Unit (MDAU) and applies to midwifery, medical and other relevant staff caring for pregnant women and people who may ring for advice or attend in person.

The Maternity Day Assessment Unit (MDAU) has been established to provide a dedicated area for pregnant women and people who would ordinarily be seen in our Maternity Assessment Units (MAU) but do not fit the BSOTS criteria.

MDAU is staffed by midwives, midwife sonographers and midwifery care assistants, with medical support (this medical support maybe covering other areas).

This document provides guidance on the purpose of the MDAU, referral process, roles and responsibilities, clinical pathways, patient information sheets, documentation, follow up and audit.

Related documents:

- [Maternity Assessment Unit UHL Obstetric Guideline.pdf](#) Trust ref: C29/2008
- [Pregnant Women Admitted Outside the Maternity Unit UHL Obstetric Guideline.pdf](#) Trust Ref: B32/2011
- [Pop Up Day Assessment Unit Standard Operating Procedure UHL Maternity Guideline.pdf](#) Trust Ref: C17/2024

Maternity Day Assessment unit:

- The Maternity Day Assessment Unit (MDAU) is a dedicated separate from the Delivery Suites for pregnant women and people to access for advice and assessment. MDAU should be staffed by experienced midwives, maternity support workers and a clinic co-ordinator/ward clerk; the area should have an 'in charge' midwife on every shift.
- Obstetricians are available to review pregnant women and people with appropriate conditions and are accessed via the bleep system.
- Pregnant women and people stay in MDAU for a short time only for a full assessment and appropriate care or treatment to be given. Pregnant women and people may be discharged home or referred to the community midwife or GP following admission. Those requiring further care or treatment may be transferred to the intermediate or high-risk care wards via the midwife bleep holder.
- MDAU functions similar to an outpatient area with an electronic appointment system and clinical documentation on E3 and their handheld notes.
- The appointments will be booked onto a live tracker for visibility
- Pregnant women and people seen in this area will be given appointments either via Single Point of Contact (SPOC) or MDAU staff
- It may not be appropriate for some people to be seen in this area (e.g. postnatal women and people whose baby is admitted to LRI NNU)

Assessments on MDAU

- Where a pregnant woman or person requires clinical assessment for a pregnancy related issue, a decision should be made about the most appropriate clinical area to undertake this.
- Where the pregnant woman or person is seeking advice for a medical or surgical issue not directly related to pregnancy, they should be referred to the most appropriate clinical area depending on the nature and urgency of the problem (GP, ED). Where there is uncertainty regarding the most appropriate place of initial care, it should be discussed with the Consultant Obstetrician/Senior Medical Staff (e.g. bleep holder) who should then decide a plan. Agreement should be made as to which medical professional(s) maintains overall responsibility for the on-going care provision at this time, and the contact details for this person should be clearly documented in the hospital notes.
- The purpose of our assessment units is to ensure that people are seen in the best areas based on their reason to attend. However, given the changing levels of acuity and demand, it could be necessary for the bleep holder, ward manager or matron to have a discussion of where is the most appropriate place to be reviewed.
- Referral to MDAU will be made by the SPOC, in the community or via antenatal services directly to MDAU

2. Roles and responsibilities

Midwife in charge:

- The midwife in charge provides leadership, direction and support to midwives, student midwives, health care assistants and junior doctors. The midwife in charge needs to be visible, accessible and responsive to the needs of pregnant women and people.
- The midwife in charge is responsible for the day-to-day running of MDAU, ensuring that quality care is given at all times. It is the midwife in charge's responsibility to ensure that care is respectful, confidential and meets individual needs.
- The midwife in charge should be aware of any pregnant women or people requiring escalation to the Band 7 on Delivery Suite or the Midwifery Bleep Holder.

Midwife:

- The role of a midwife in a MDAU is multifaceted and essential for providing comprehensive care to pregnant women and people who require additional assessment or monitoring during their pregnancy. Midwives in MDAU play a critical role in assessing, monitoring, educating, supporting and advocating for pregnant women and people, with the overarching goal of promoting maternal and fetal well-being and facilitating positive pregnancy outcomes.
- The midwife is responsible for performing initial assessment of the pregnant woman or person presenting to MDAU and document within E3 and the handheld notes. Some parts of the assessment may be delegated i.e. maternal observations. This assessment will identify those who do not meet MCAU criteria and require transfer to Delivery suite or Maternity Assessment Unit.
- The midwife is responsible for enlisting medical advice from junior and/or senior obstetric staff where there are features in a pregnant woman's or person's presentation or history that indicate deviation from normal, where there is any uncertainty about any aspect of the woman or person's condition, or where the presentation is outside the sphere of the midwife's role or criteria for MDAU.
- The midwife is responsible for escalating any concerns regarding a pregnant woman or person needing urgent medical input, in the first instance by requesting the review. If a doctor is unavailable then this should be discussed with the Delivery Suite Co-ordinator and the woman or person may need to move to the Delivery Suite as a matter of urgency.
- The midwife is responsible for the completion of discharge documentation and ensuring that follow up arrangements, if any (clinic appointments etc.), are in place.
- Handover when admission is required, or at the end of the shift, care should be handed over to the midwife taking over the care using SBAR.

Maternity Care Assistant (MCA):

- The MCA will work closely with the midwife to provide support, **whilst always acting under their guidance and supervision**. The MCA may perform basic clinical tasks for which they have been trained.
- The MCA's responsibilities include:
 - To support the midwife providing care to pregnant women and people
 - To maintain clinical stocks and stationery
 - To maintain general cleanliness
 - To welcome pregnant women and people onto the unit, offer orientation and ensure their general comfort and wellbeing
 - To perform basic computer tasks
 - Maternal observations
 - Venepuncture
 - ECG
 - Cannulation
 - Provide antenatal education (such as infant feeding education)
 - Glucose Tolerance Tests (GTT)

Junior Doctor:

- To assess pregnant women and people referred who require a medical review.
- To communicate with both senior doctors and experienced midwives within the assessment unit. Close working and professional relationships must be maintained at all times and senior help sought in cases where there is any uncertainty.
- Pregnant women and people in MDAU should be seen by doctors at Specialist Trainee (ST) level 3 and above; though it would be acceptable for doctors below this level to be assigned specific tasks (e.g. cannulation, prescribing)
- To complete relevant documentation, including a plan of care for pregnant women and people assessed in MDAU, considering the clinical need as well as the woman or person's needs and wishes.

Consultant:

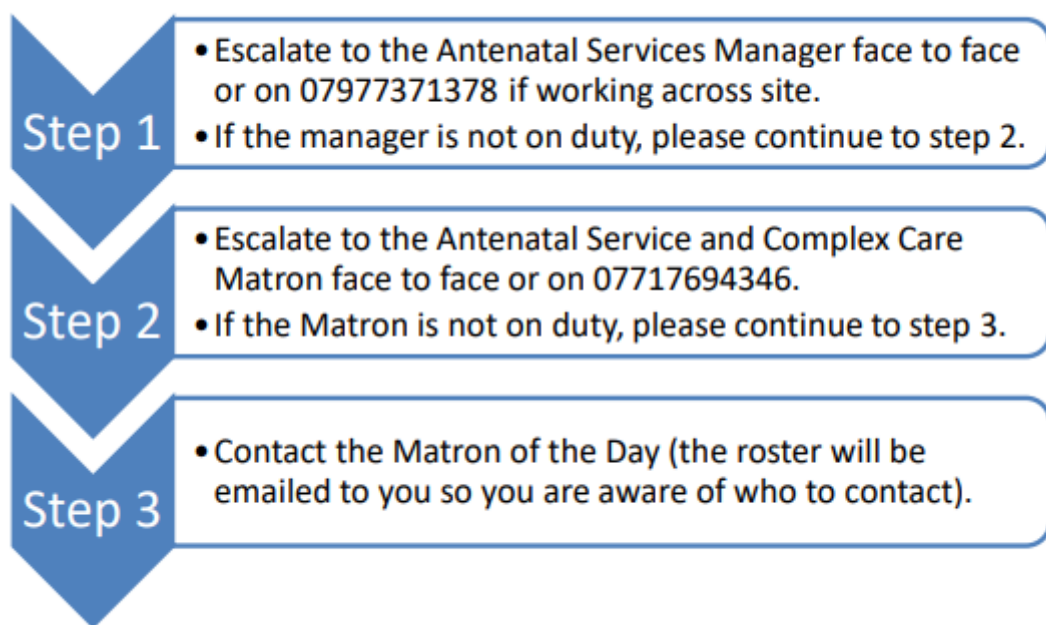
- A named consultant will be present on delivery suite and available to support MDAU from:
 - Monday to Friday all day at the LGH [08.30 – 1700]
 - Weekend cover by consultant on Delivery Suite at LGH
- To aid and support junior medical and midwifery staff in the assessment and management of pregnant women and people presenting to the MDAU to ensure safe and efficient patient flow through MDAU.

- To ensure that pregnant women and people presenting to MDAU receive high quality and timely care and, where appropriate, on-going management, discharge and follow up plans.
- Complete electronic records discharge when necessary to aid with patients discharge

3. MDAU Escalation Policy

MDAU Midwifery and Support Staff Staffing levels:

Monday to Sunday 0800-1800. Minimum staffing levels are two midwives and one maternity care assistant. If additional support is required, this can be escalated to the Antenatal Services Manager and/or Antenatal Services and Complex Pregnancy Matron as per the escalation process below



MDAU Medical Staffing:

Monday to Friday 08:00 to 20:00 a junior doctor (ST3 or above) is available to review patients on MDAU (from MAU and delivery suite staffing).

From 08:00 to 17:00 a consultant obstetrician or Registrar who is on delivery suite or covering the wards can be contacted by phone to discuss and review patients. The junior doctor can discuss patients with the consultant especially if these women are complex. In some situations, it would be ideal for these complex patients to be seen by the consultant based on the ST level of the junior doctor covering the unit.

Out of hours:

The intention is for this service to run between the hours of 0800 – 1730 hours and therefore out of hours cover will not be required. It would be appropriate for appointment times to be given on the following day within MDAU or in a hot clinic (Friday morning at LRI).

4. Admission and discharge procedure

Open referral from 16 weeks of pregnancy to 6 weeks postnatally if pregnancy related

1. Each event should be documented clearly in line with the UHL Maternity Records Documentation Policy
2. Women and people seen in MDAU include but not limited to the following
 - a. Ferrinject administration
 - b. Abnormal blood results
 - c. Leg doppler review
 - d. Pre-clerking for Obstetric theatre list (for list occurring on Monday and Tuesday)
 - e. Trial Without Catheter
 - f. Postnatal review (service users admitted to LGH whilst baby is on NNU)
 - g. Steroid administration

5. Documentation

Admission records:

- All admission details should be recorded on the electronic records. In the patient's written healthcare record ('Hand Held' notes) an entry should be made on AN appointments page to indicate date of admission and direct to the electronic records for information. Any confidential details can be recorded separately in the patient's hospital stored healthcare record.
- Prescribing will be via paper charts available on the unit until an electronic system is in use.

Did not attend (DNA):

- If a woman or person does not attend MDAU following a referral, it is essential that MDAU staff follow the woman or person up by a telephone call. Any woman or person that has not arrived at MDAU 4 hours after their appointment must be followed up.
- This follow up may via their community midwife or consultant led team
- If the woman or person chooses to not attend after being advised to do so, it **must** be documented on the electronic records triage telephone call sheet and appropriate advice given to the woman or person.
- If you are unable to get hold of the woman or person, inform the community midwives office on (0116 2586111) who will pass it to a community midwife to follow up.

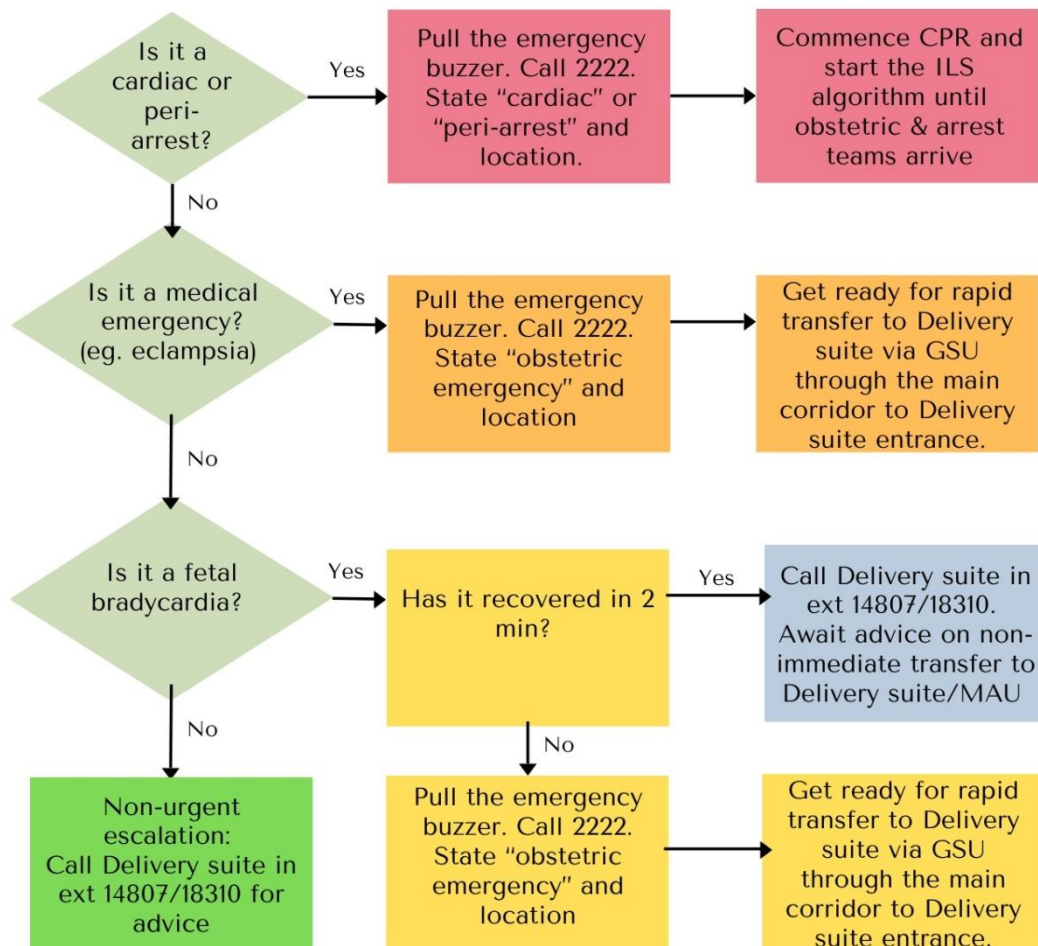
- All actions **MUST** be documented on the electronic records triage telephone call sheet.

6. Clinical pathways

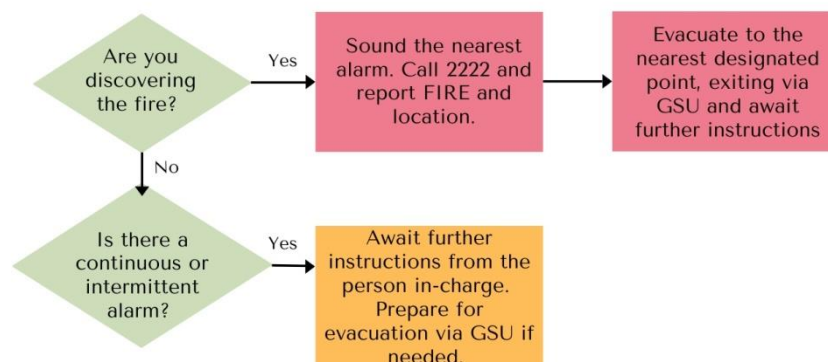
- UHL multi-disciplinary guidelines should be used where applicable. These are held in the Policy and Guidelines Library which can be accessed via INsite.
 - A. Itching in pregnancy, see [Obstetric Cholestasis Guideline](#) (Trust ref C1/2013)
 - B. Anaemia and use of Carboxymaltose in pregnancy and the postnatal period – Guideline for management (Trust ref C1/2012)
 - C. Investigation and Management of VTE in pregnancy and perineum (Trust ref C5/2001)
 - D. Caesarean section and Enhanced recovery in Obstetrics (Trust ref C15/2017)
 - E. Antenatal Cardiotocography UHL Obstetric Guideline (Trust ref C21/2021)

Pathway for Emergency in Maternity Day Assessment Unit

EMERGENCY SITUATION IN MDAU



FIRE SAFETY IN MDAU



For full information regarding fire safety, please refer to the [UHL Fire Safety Policy](#)

7. Key Words

Day Assessment, MAU, MDAU

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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