

1. Introduction and who this procedure applies to

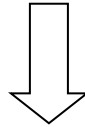
Reviewing and acting on community samples will now be the sole responsibility of the requesting midwife or community team.

From 01/02/2025 GPs will no longer be reviewing or actioning maternity samples taken in the community.

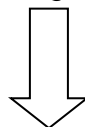
2. Standards and procedures

All maternity samples are the responsibility of the requesting midwife or maternity department.

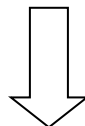
Samples MUST be requested by the named Community Team on ICE, or paper form and not reported or copied to the GP surgery.



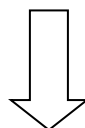
Samples should be reviewed and appropriate action taken within 10 working days, of the sample being taken unless otherwise indicated (e.g. Urgent, symptomatic MSU, PCR, PET, OC as per guidelines).



A record of samples should be documented in a clear, accessible, central location which should be reviewed and acted upon in a timely manner.

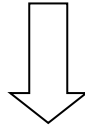


Samples taken in clinic should be recorded on the next clinic list (System One/Excel/etc) to be checked and actioned. If a covering midwife is in the clinic then this is their responsibility to review.



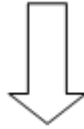
In the event clinics are cancelled it is the responsibility of the team lead to ensure results are reviewed

Team leads will maintain an overview of whole teams results, reviewed a minimum of twice weekly as a failsafe

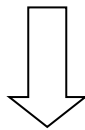


Email GPs with any abnormal results for review or to request prescription

Prescriptions to be arranged by the GP



Routine sample results should be uploaded to electronic medical records in appropriate section



Spot checks and audit can be performed by monitoring electronic medical records data input and reviewing ICE.

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Compliance with procedure	Spot checks Audit of electronic medical records	Matron/ Community Leads		Maternity Governance

5. References

[Booking Bloods and Urine Test UHL Obstetric Guideline](#)

6. Key Words

GP, ICE

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.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Procedure Lead (Name and Title) Emily Wakelin - Matron			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
January 2025	1	Maternity guidelines group UHL Women’s Quality & Safety Board	New document