Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

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NAME OF DOCUMENT	Specialist Obstetrician – Ward Rounds, Handover, Conditions and Procedures Requiring attendance
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FORMER REFERENCE(S)	Specialist Obstetrician – condition and procedures requiring attendance Out of Hours ward rounds by on-call Obstetric consultant
EXECUTIVE SPONSOR	Medical Clinical Co-director of Maternity Services
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SUMMARY	Guidance of circumstance for mandatory attendance for Specialist Obstetricians

The Royal
HOSPITAL
FOR WOMEN

Royal Hospital for Women (RHW)
CLINICAL BUSINESS RULE

Specialist Obstetrician – Ward Rounds, Handover, Conditions and Procedures Requiring attendance

RHW CLIN068

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1. BACKGROUND

There are some circumstances where attendance of an Obstetric consultant is a mandatory requirement for safe practice. The aim of this CBR is to define such clinical circumstances.

2. RESPONSIBILITIES

2.1 Medical staff – assessment and escalation
2.2 Midwifery/nursing staff - support medical staff and escalate when requested or needed

3. PROCEDURE

3.1 Clinical Practice

Out of hours Ward Rounds

- Ensure the on call 'after hours' specialist obstetrician attends ward rounds in the following way:
  1700 hours on weeknights:
  - Physical attendance at handover in Birth Unit (BU) tearoom. Day team to hand over BU women and any other high risk obstetric inpatients.
  - Physical ward round with evening doctors of BU and other high-risk inpatients as identified at handover

  0800 hours on weekends and Public Holidays:
  - Physical attendance at handover on BU. Night team to hand over BU women and any other high-risk inpatients
  - Physical ward round with day doctors of BU, antenatal women inpatients and any other high-risk women identified at handover

  2100 hours weeknights and 2000 hours weekends and Public Holidays:
  - Telephone call from specialist obstetrician to obstetric registrar to discuss BU women, new admissions, and any other women of concern
  - Physical attendance depending on clinical need, as outlined below, or at discretion of specialist obstetrician
- Be aware, when on-call 'after hours' specialist obstetrician is on duty with an obstetric registrar/fellow post FRANZCOG, physical attendance at the 0800 hours and 1700 hours handover is required, however, the ward round can be conducted by the obstetric registrar/fellow, with liaison as required
- Inform obstetric registrar if an unexpected circumstance prevents attendance at the above times by the on-call specialist obstetrician. It is the responsibility of the specialist obstetrician to contact the obstetric registrar and make alternative arrangements for the patients to be reviewed. This may include arranging another specialist obstetrician to cover for them

Conditions and procedures requiring attendance

- Notify obstetric consultant for **mandatory attendance** in the following circumstances**,** regardless of seniority of obstetric registrar:
    - Suspected amniotic fluid embolus
    - Caesarean Birth (CS):
        - for extreme prematurity < 28 week gestation
        - circumstances where a classical CS is likely to be necessary
        - transverse lie with rupture of membranes (ROM)
        - BMI > 40
        - anterior placenta praevia
        - suspected or known placenta accreta spectrum
        - deranged coagulation
    - Eclampsia, severe preeclampsia when not responding to standard antihypertensive therapy
    - Maternal death
    - Peripartum hysterectomy
    - Postpartum haemorrhage > 1.5 litres with ongoing bleeding
    - Pulmonary embolus (with haemodynamic compromise)
    - Repair of fourth degree tear, extensive vaginal or cervical tears
    - Significant placental abruption
    - Significant sepsis
    - Vaginal breech birth
    - Vaginal birth of twins
    - Refusal of life saving treatment for woman or neonate
    - Uterine Rupture
    - Maternity patient left unattended on operating theatre table as registrar called away (theatre staff to initiate call to obstetric consultant)
    - Any unplanned return to operating theatre
- Notify obstetric consultant to attend **in addition to the above**:
    - At the discretion of the obstetric registrar
    - If registrar NOT credentialled for the following:
        - Caesarean birth:
            - at fully dilated
            - at <32 weeks' gestation
            - posterior placenta praevia
        - Mid cavity non occipitoanterior (OA) position instrumental birth
        - Trial of instrumental in operating theatre
- Notify obstetric consultant to attend if:
    - the obstetric registrar is uncertain of decisions/management or requires support
    - the midwifery or theatre nursing staff deem that the obstetric registrar requires assistance

3.2 <u>Documentation</u>

- K2 guardian
- Electronic Medical record

3.3 <u>Educational Notes</u>

- This above list is a guideline of minimal circumstances rather than a comprehensive list. There may be additional circumstances dependent on the experience and skill level of the registrar on duty, and their familiarity with RHW Clinical Business Rules
- The credentialing status of any given registrar will influence their need for assistance
- Some cases require the presence of two senior doctors – not only for supervision but to provide

extra/second opinion and more assistance

3.4 Implementation, communication, and education plan

This CBR will be distributed to all medical, nursing and midwifery staff via their NSW health email. The CBR will be discussed at ward meetings, education and tabled at divisional and peak Safety and Quality meetings. Education will occur via in-services, open forum, and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet.

3.5 Related Policies/procedures

- Escalation in Birth Unit

3.6 References

4. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for a Aboriginal or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Reviewed and endorsed Maternity Services LOPs 19/6/18 Approved Quality & Patient Care Committee 16/3/17 Reviewed and endorsed Maternity Services LOPs 14/2/17 Minor amendment January 2017 following trigger event Amendments due to RCA – December 2016 Approved Quality & Patient Care Committee August 2012 Reviewed LOPs Committee July 2011 Approved RHW Council 29/3/04 Maternity Services Clinical Committee & Quality Council March 2004		
16/04/2024 17.6.24	3	Maternity CBR Committee Endorsed BRGC