

## Operational Guidelines for Maternity Day Assessment Unit (DAU) (FPH)

### Key Points

- The purpose of Day Assessment Unit is to provide an outpatient assessment of maternal and fetal wellbeing, to detect deviations from normal and make appropriate referrals to the obstetric team.
- The Day Assessment Unit is for those women who need extra surveillance of in the pregnancy or who are reporting reduced fetal movements within operational hours.
- If an obstetric review is required, this must be by a registrar (ST3 and above). All admissions should be discussed with an Obstetric Consultant and have a clear plan made before admission.
- Care will be prioritised in order of clinical need.
- Women must be made aware of all outstanding specimen results before they leave the unit, how/when they can access these results and the implications of these results for future care.

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**Print copies must be destroyed after use.**

### Abbreviations

CTG	Cardiotocograph
DAU	Day Assessment Unit
FPH	Frimley Park Hospital
HG	Hyperemesis Gravidarum
PIH	Pregnancy induced hypertension
PLGF	Placental Growth factor
PPROM	Preterm pre-labour rupture of membranes
RFM	Reduced Fetal Movements

**Contents**

<b>1. Purpose of the Guideline .....</b>	<b>3</b>
<b>2. Day Assessment Unit overview .....</b>	<b>3</b>
<b>3. Criteria for same day referrals to Day Assessment Unit.....</b>	<b>4</b>
<b>4. Criteria for booked Day Assessment Unit appointments .....</b>	<b>4</b>
<b>5. Procedures for same day referrals to Day Assessment Unit .....</b>	<b>5</b>
<b>6. Procedures for booked Day Assessment Unit appointments .....</b>	<b>6</b>
<b>7. Results .....</b>	<b>9</b>
<b>8. DNA.....</b>	<b>9</b>
<b>9. Obstetric Cover .....</b>	<b>9</b>
<b>10. Escalation Policy.....</b>	<b>9</b>
<b>Reference.....</b>	<b>11</b>
<b>Full version control record.....</b>	<b>12</b>

## 1. Purpose of the Guideline

The Day Assessment Unit (DAU) provides outpatient assessment of maternal and fetal wellbeing for those requiring extra surveillance in their pregnancy, for women with ongoing complications in the antenatal period and for those with concerns about fetal movements during operating hours.

### 1.1 Aim

Our aim is to provide a high level of care to women in DAU, to provide reassurance, escalate as appropriate and to have seamless working with other areas of the maternity unit and hospital to ensure the best possible care.

### 1.2 Our location, layout and contact details:

DAU is in Room 6 in the Antenatal Clinic on the ground floor at Frimley Park Hospital.

There are four reclining chairs, all with privacy curtains.

The patient waiting area & toilets are located in the antenatal clinic.

The direct phone number is 0300 613 6397. There is a mobile phone for emergency use and interpreter use.

DAU has two emergency bells.

## 2. Day Assessment Unit overview

DAU is open from 0700hrs -1930hrs every day of the week including weekends and bank holidays.

There are 2 Midwives, one of which must be a Band 6.

Antenatal referrals to the Day Assessment Unit should be for those women over 16 weeks gestation, women can self-refer by calling the MAMAs line otherwise referrals may be made by community midwives, antenatal clinic, GPs and obstetricians.

The record of attendance in DAU and all relevant information will be recorded on EPIC and in the DAU spreadsheet.

All women attending DAU should have an antenatal assessment performed, including urinalysis, a full set of observations, FH auscultation or CTG (as appropriate) and bloods depending on clinical need.

CTG's are performed using the Huntleigh monitors with Dawes Redman criteria for analysis.

Daily checks and cleaning of equipment is carried out and recorded on a spreadsheet for auditing purposes. Expiry dates of equipment and medications are carried out once a week.

All emergency boxes are situated in the antenatal clinic.

Incident reporting (RL system) should be carried out in line with Trust guidance.

The unit is cleaned by housekeeping staff seven days per week in accordance with the cleaning standards.

All staff working within DAU must remain vigilant for the possibility of women presenting with safeguarding concerns. Referrals should be made promptly in accordance with the local/national guidance.

### 3. Criteria for same day referrals to Day Assessment Unit

- Reduced fetal movements – without abdominal pain, suspected rupture of membranes, vomiting/diarrhoea or feeling unwell – these patients will need to be seen in Triage
- Antenatal women attending with raised blood pressure and/or pre-eclampsia symptoms
- Suspected Obstetric Cholestasis (OC)
- Hyperemesis Gravidarum >16 weeks
- Fetal monitoring which includes referrals for irregular heartbeat, fetal tachycardia, growth restriction or fetal wellbeing following ED attendance
- Obstetric ultrasound reviews for scans performed after reduced fetal movement attendances

### 4. Criteria for booked Day Assessment Unit appointments

- Diagnosed prelabour preterm rupture of membranes (PPROM)
- Diagnosed Obstetric Cholestasis (OC)
- Diagnosed Pre-eclampsia
- Diagnosed pregnancy induced hypertension (PIH)
- Presentation ultrasound  $\geq$  36 weeks
- Pregnancies causing concern with Consultant plan in place
- Steroid injections at weekends

**Both referrals and appointments should be made via the snapboard on EPIC named 'Mat Day Assessment Appointments or Mat Day Assessment Referrals'**

**The Day Assessment Unit Traffic Light System must be used to ensure women are seen in order of clinical priority.**

Green (Within 4 hours):	Amber (Within 20 mins):
Booked appointments Presentation scan referrals Itching Routine fetal monitoring Ultrasound reviews Routine doctor review i.e. breech presentation Hyperemesis Steroids (outside of ANC hours)	Reduced fetal movements. Hypertension <b>Anyone experiencing a hypertensive crisis, BP&gt;150/100 and/or symptomatic an ambulance transfer to hospital and admission directly to labour ward should be considered.</b> Fetal Tachycardia Pre-eclampsia symptoms

**Women who present with any abdominal pain, PV bleeding, suspected rupture of membranes or who are generally unwell should be seen in Triage**

## 5. Procedures for same day referrals to Day Assessment Unit

**At each visit the following MUST be completed – this is not an exhaustive list, clinical judgement is required. Please also refer to relevant individual guidelines for further information.**

### **Reduced fetal movements**

- Discuss general wellbeing, symptoms, and fetal movements pattern
- Urinalysis
- A full set of observations
- Fetal heart rate assessment; Dawes Redman CTG for women  $\geq 26$  weeks gestation
- Review Gap & Grow and act accordingly
- Obstetric referrals as per [Reduced Fetal Movements](#) guideline.

### **Antenatal women referred with raised blood pressure and/or pre-eclampsia symptoms**

- Discuss general wellbeing, symptoms, and fetal movement pattern
- Urinalysis – a urine PCR and MSU needs to be sent to the laboratory if 1+ or more protein is present
- A full set of observations including a Blood Pressure profile, with a minimum of three readings at least ten minutes apart
- Fetal heart rate assessment. CTGs are required for women if clinically indicated for example reduced fetal movements, raised blood pressure, or symptomatic for pre-eclampsia
- Bloods should only be taken if clinically indicated, and ordered on EPIC using the profile 'Pre-eclampsia' which includes LFTs; AST; and FBC; U&E's
- Review Gap & Grow and act accordingly
- Obstetric referral if clinically indicated
- Refer to [Hypertensive Disorders in Pregnancy](#) guideline as necessary.

### **Suspected Obstetric Cholestasis**

- Discuss general wellbeing, symptoms, and fetal movement pattern
- Urinalysis
- A full set of observations
- Fetal heart rate assessment – CTGs are required for women with reduced fetal movements  $\geq 26$  weeks gestation
- Bloods should be ordered on EPIC using the 'Obstetric Cholestasis' profile which includes LFTs; AST; FBC; and Bile Acids. Women should eat around 30-120 minutes before the blood tests are taken as fasting bloods are not accurate (1)
- Review Gap & Grow and act accordingly
- Advise women if blood tests are normal and they remain symptomatic, bloods should be retaken weekly whilst symptoms persist, either with their community midwife or by calling MAMAs line to make a DAU referral.
- Refer to [Obstetric Cholestasis \(OC\)](#) guideline as necessary.

**Hyperemesis Gravidarum**

- Discuss general wellbeing, symptoms, and fetal movements (depending on gestation)
- Urinalysis
- A full set of observations
- Fetal heart rate assessment
- Refer to obstetric team for plan and review
- Refer to [Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum](#) guideline.

**Fetal monitoring**

- Discuss general wellbeing and fetal movement pattern
- Urinalysis
- A full set of observations
- Dawes Redman CTG – if concerns, escalate immediately. If normal home with safety netting
- Review Gap & Grow and act accordingly
- **Irregular heart rhythm** – if CTG normal; refer to 'Irregular fetal heart rhythm' leaflet – contact community midwife for follow up.

**6. Procedures for booked Day Assessment Unit appointments**

**At each visit the following MUST be completed – this is not an exhaustive list, clinical judgement is required - Please also refer to relevant individual guidelines for further information**

**Confirmed PPROM** (once per week)

- Discuss general wellbeing, liquor, and fetal movements.
- Urinalysis
- A full set of observations
- Fetal heart rate assessment; Dawes Redman CTG for women  $\geq 26$  weeks gestation
- Full blood count and CRP
- Ensure the woman is under Consultant led care and has the appropriate follow up with DAU in place
- Review Gap & Grow and act accordingly
- Refer to obstetricians if any clinical changes or concerns.
- Refer to [Preterm Pre-Labour Rupture of Membranes \(PPROM\)](#) guideline.

**Confirmed Obstetric Cholestasis** (once per week)

- Discuss general wellbeing, symptoms, and fetal movements.
- Urinalysis
- A full set of observations
- Fetal heart rate assessment – Dawes Redman CTG should be performed for women with reduced fetal movements
- Bloods should be ordered on EPIC using the 'Obstetric Cholestasis' profile which includes LFTs; AST; FBC; and Bile Acids. Women should eat around 30-120 minutes before the blood tests are taken as fasting bloods are not accurate (1)
- Further testing should be performed once on initial diagnosis. When diagnosed an obstetric review is required to ensure the woman has the correct medications, and a liver USS is requested.
- Ensure the woman is under Consultant led care and has the appropriate follow up with DAU in place
- Review Gap & Grow and act accordingly
- Refer to obstetricians if any clinical changes or concerns.
- Refer to [Obstetric Cholestasis \(OC\)](#) guideline.

**Confirmed Pre-eclampsia** (twice per week)

- Discuss general wellbeing, symptoms, and fetal movements
- Urinalysis – send MSU if raised PCR and not been sent previously
- A full set of observations including a Blood Pressure profile, with a minimum of three readings at least ten minutes apart
- Fetal heart rate assessment – Dawes Redman CTGs is required for women  $\geq 26$  weeks if clinically indicated for example reduced fetal movements, raised blood pressure, or symptomatic.
- Bloods should be ordered on EPIC using the profile 'Pre-eclampsia' which includes LFTs; AST; and FBC; U&E's.
- Offer PLGF based testing to women with a singleton pregnancy at 20-36+6 gestation with suspected pre-eclampsia or clinical uncertainty about the diagnoses, once only. This must be taken in an additional EDTA tube and given straight to the laboratory as it needs to be processed within one hour.
- Ensure the woman is under consultant led care and has the appropriate follow up with DAU in place
- Review Gap & Grow and act accordingly
- Refer to obstetricians if any clinical changes or concerns.
- Refer to [Hypertensive Disorders in Pregnancy](#) guideline.

**Confirmed Pregnancy induced hypertension (PIH)** (once per week)

- Urinalysis
- Perform full set of observations including a Blood Pressure profile, with a minimum three readings at least ten minutes apart
- Fetal heart rate assessment. Dawes Redman CTG is required for women >26 weeks and if clinically indicated for example reduced fetal movements, raised blood pressure, or symptomatic.
- Bloods should be taken weekly or more frequently if clinically indicated, and ordered on EPIC using the profile 'Pre-eclampsia' which includes LFTs; AST; and FBC; U&E's
- Discuss general wellbeing, symptoms, and fetal movements.
- Ensure the woman is under consultant led care and has the appropriate follow up with DAU in place. Review Gap & Grow and act accordingly
- Refer to obstetricians if any clinical changes or concerns.
- Refer to [Hypertensive Disorders in Pregnancy](#) guideline.

**Presentation USS** – suspected breech after 36/40

- Women will be referred into DAU by their community midwife if no handheld scanner available
- Ultrasound should be performed by trained staff to ensure timely referral to obstetrician for discussion and plan
- If detected in community – referral should be made for obstetric review, if no upcoming antenatal clinic appointments already booked in

**Pregnancies causing concerns** (e.g., fetal growth restriction) for additional fetal monitoring.

- If routine fetal monitoring is needed for pregnancy complications this should be decided by a consultant, and the plan documented in EPIC. This should not be used for recurrent reduced fetal movements



## 7. Results

- Any sample taken in the Day Assessment Unit must be documented on an individual Results sheet. As the midwife requesting samples, you must be in the Mat Day Assessment context on EPIC to ensure results are routed back to the correct basket.
- Results should be checked at the beginning and the end of the shift as a minimum, they must be added onto the results sheet, a result note added on EPIC and the result released to the patient.
- These forms are then filed into the main results folder, and then subsequent results for each patient can be added on at each visit.
- Any results which are out of the expected range, or a change in clinical picture should be discussed with the on-call registrar or the named consultant and then actioned accordingly.

## 8. DNA

- If a woman does not attend DAU for her booked appointment or after being referred in, the midwives are responsible for ensuring that she is safe and that an appropriate plan is made, please call the woman if she does not arrive.
- Refer to the guideline called “Booking and antenatal care, including the management of Non-Attendance to Antenatal Appointments” please refer to this if a woman does not arrive. If there are safeguarding concerns, it is also important to discuss with the safeguarding midwives and make them aware of the situation. Escalate to the Manager on Call if necessary. [Antenatal Care and Booking](#)

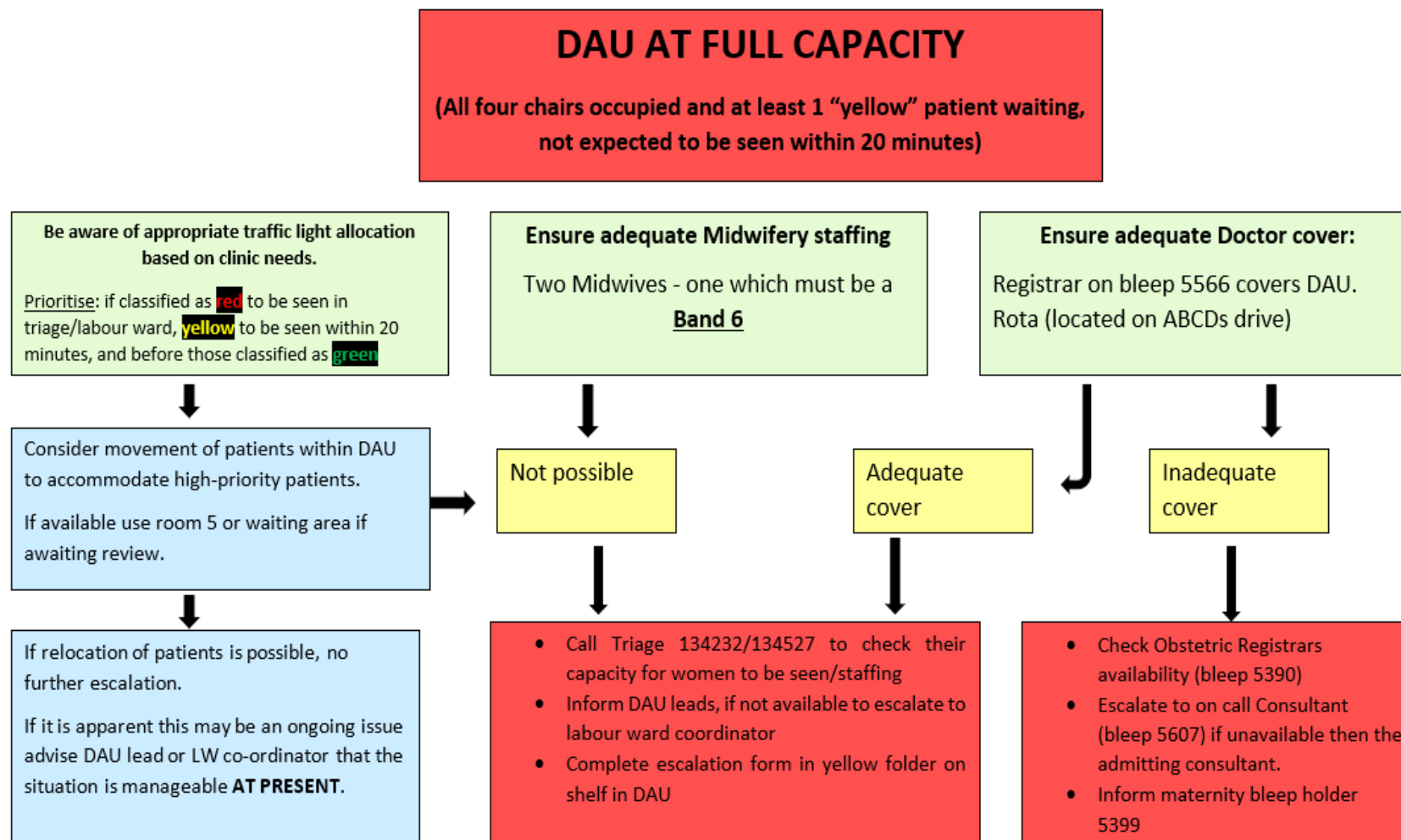
## 9. Obstetric Cover

- The Gynae Registrar covers DAU, they carry bleep 5566, if you have clinical concerns and are unable to speak to the Gynae Registrar or they are unavailable, please escalate to the admitting Consultant by calling the operator who will call their mobile. Please also escalate to the DAU leads and/or labour ward coordinators as appropriate. You can also bleep the Obstetric Registrar on 5390 and Labour Ward Consultant on 5607 or put out an obstetric emergency call on 2222 if necessary.
- Patients should not be booked into DAU for a doctor review due to ANC being overbooked.

## 10. Escalation Policy

- See chart below for escalation processes ensuring adequate midwifery staffing and adequate doctor cover for when DAU is at full capacity.
- When a Category 1 EMCS is called from DAU, the patient must be taken in a wheelchair straight to theatre via the main theatre entrance, not taken to labour ward or Triage for reassessment.

## Day Assessment Unit Escalation Policy



## Reference

1. Mitchell A, Ovadia C, Syngelaki A, Souretis K, Martineau M, Girling J, Vasavan, T, Fan HM, Seed PT, Chambers J, Walters JRF, Nicolaides K, Williamson C. Re-evaluating diagnostic thresholds for intrahepatic cholestasis of pregnancy: case-control and cohort study. *Br J Obstet Gynaecol* 2021; **128**(10): 1635–1644

**Full version control record**

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

**Version Control Sheet**

Version	Date	Guideline Lead(s)	Status	Comment
1.0	August 2023	Joanna Cox & Laura O'Sullivan	Final	Approved at Cross Site Obstetrics Clinical Governance meeting, 21.11.2023

**Related Documents**

Document Type	Document Name
Guideline	<a href="#">Obstetric Cholestasis (OC)</a>
Guideline	<a href="#">Hypertensive Disorders in Pregnancy</a>
Guideline	<a href="#">Reduced Fetal Movements</a>
Guideline	<a href="#">Preterm pre-labour rupture of membranes (PPROM)</a>
Guideline	<a href="#">Antenatal Fetal Heart Rate Monitoring</a>
Guideline	<a href="#">Management of Nausea and Vomiting of Pregnancy (NVP) and Hyperemesis Gravidarum (HG)</a>