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TITLE: Admission to Primary Birthing Unit - Taupo

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1. Purpose

To ensure services provided by Te Whatu Ora Lakes Primary Maternity Services (Taupo) are for hapū women/people and their babies/pēpi who have an uncomplicated pregnancy, labour, birth, and postnatal stay.

Primary Maternity Services provide continuity of care, as specified in Maternity Services Tier Level One Service Specification (2011) and the Code of Health and Disability Services Consumer Rights (1990). In recognition of Te Tiriti o Waitangi (The Treaty of Waitangi) and the Crown’s special relationship with Maori, Te Whatu Ora – Lakes, is committed to acknowledging the Treaty by working in partnership with Maori. Staff involved in implementing this guideline should be aware of the Tiriti o Waitangi Policy (EDMS 40583).

2. Scope

All (LMC) midwifery access agreement holders under Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) (MoH, 2012) with Te Whatu Ora Lakes and Te Whatu Ora Lakes employed Midwives.

3. Definitions

LMC Lead Maternity Carer
 MoH Ministry of Health

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4. Roles and Responsibilities

The LMC must familiarise themselves with the facility, including emergency procedures and locations of telephones, equipment and medications and policy and process relevant to clinical practice and or speciality.

Suitability for Booking at a Primary Unit

The LMC is responsible for completing an antenatal assessment/screening for suitability for booking to birth in a primary unit and discussing this with the hapū woman/person. The Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) (MoH, 2012) provides a basis for these assessments.

A hapū woman/person booking at the primary birthing unit must be fully informed antenatally that;

- The primary birthing unit is midwifery led and has no obstetric doctors on site.
- Where there is a clinical indicator that requires transfer to either a secondary or tertiary service, either during labour and or in the post-partum period, transfer via an ambulance or helicopter may be required and that there may be a time delay in obtaining an ambulance in a more rural location.
- Where the hapū woman/person meets the consultation referral category, the LMC must recommend a consultation and the outcome/recommendation of the consultation regarding suitability of booking at a primary unit should be documented.

Contraindications to Admission to a Primary Birthing Unit

These may:

- be recognisable at the time of booking to birth
- arise later in pregnancy
- present during labour or on admission to the unit

If contraindications arise, the LMC and the hapū woman/person together re-evaluate the plan for place of care/birth.

Specific contraindications include:

- LMC has no access agreement
- The hapū woman/person is less than 20 weeks' gestation
- The hapū woman/person is being transferred to Taupo Hospital by paramedic ambulance with an unstable condition e.g. antepartum or postpartum haemorrhage, low or elevated blood pressure, suspected uterine rupture etc.(in such instances care should be provided in Taupo Hospital Emergency Department).

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Contraindications to Remaining in a Primary Birthing Unit

- Medical/obstetric complications that would preclude primary care
- Any condition requiring secondary care

Please refer to Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) (MOH, 2012).

If a labouring woman/person presents at the primary birthing unit without their LMC and there are contraindications for birthing there, the Hospital Midwife/Nurse must

- contact the LMC as a matter of urgency
- use the Maternity Inter-Disciplinary Communication Record (EDMS 2166449) to communicate the situation.
- if further support is required, the Hospital Midwife/Nurse should contact the on-call midwife and notify the Duty Manager.

Consultation between the LMC and the Hospital Midwife/Nurse must document a plan to ensure risks are identified and explained to the woman and any necessary transfer /retrieval or additional midwifery support required is organised.

When Transfer from the Primary Birthing Unit Cannot Occur

In situations when labour/birth care in a secondary/tertiary facility is the safest place for the hapū woman/person and their baby/pēpi but the hapū woman/person presents and;

- declines transfer, or
- cannot be transferred to a secondary/tertiary facility in labour,

the LMC (or Hospital Midwife providing care) should;

- Continue to provide care according to professional standards.
- Document clearly all clinical discussions, decisions and actions.
- Advise the secondary/tertiary facility of the situation which is occurring.
- Request support and resources from Taupo Hospital Emergency Department if required.
- Request a debrief with colleagues and support post event e.g. via [Employee Assistance Programme \(EAP\)](#).

Woman/Person Presents with No LMC or is Unbooked

When the LMC is not present or an unbooked hapū woman/person presents to Taupo Birthing Unit in labour with no antenatal care;

Unbooked hapū woman/person;

- Hospital Midwife completes a full antenatal assessment and provides clinical care as appropriate (the Hospital Nurse will undertake basic observations only).

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Woman/Person Presents with No LMC or is Unbooked cont'd

- Document clear clinical notes.
- Contact Rotorua Hospital via phone for midwifery and/or obstetric support and advice, if required.
- Provide concise but complete recommendations to the woman/person and obtain informed consent for care provision and transfer.
- The Hospital Midwife/Nurse will contact all local LMC's via phone/text message to ask if any will assume responsibility for care.
- If not, the Hospital Midwife/Nurse will contact the on-call Midwife for further support and to undertake care, or transfer to Rotorua Hospital if indicated.

LMC not present;

- The Hospital Midwife/Nurse must notify the LMC or their back-up of the woman's/person's arrival at the facility, and provide care until the LMC or back-up arrives.
- In a time critical situation, the Hospital on-call Midwife may be called to provide support until the LMC or her backup attends.

5. Related Documentation

- Employee Assistance Programme (EAP);
<http://intranet.lakesdhb.govt.nz/Article.aspx?Id=4159>
- Maternity Inter-Disciplinary Communication Record (EDMS 2166449)
- Transfer from Taupo Maternity Unit – Adult & In-Utero (EDMS 301800)

6. References

- Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines). MOH (2012).
- Tiriti o Waitangi Policy (EDMS 40583)

7. Audit

This guideline may be audited against the following criteria;

- Completeness of the Maternity Booking Form
- Suitability for booking for birth at a Primary Birthing Unit
- Transfers from Taupo Birthing Unit to a secondary/tertiary unit

Authorised by: Corli Roodt – Clinical Midwife Director

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