

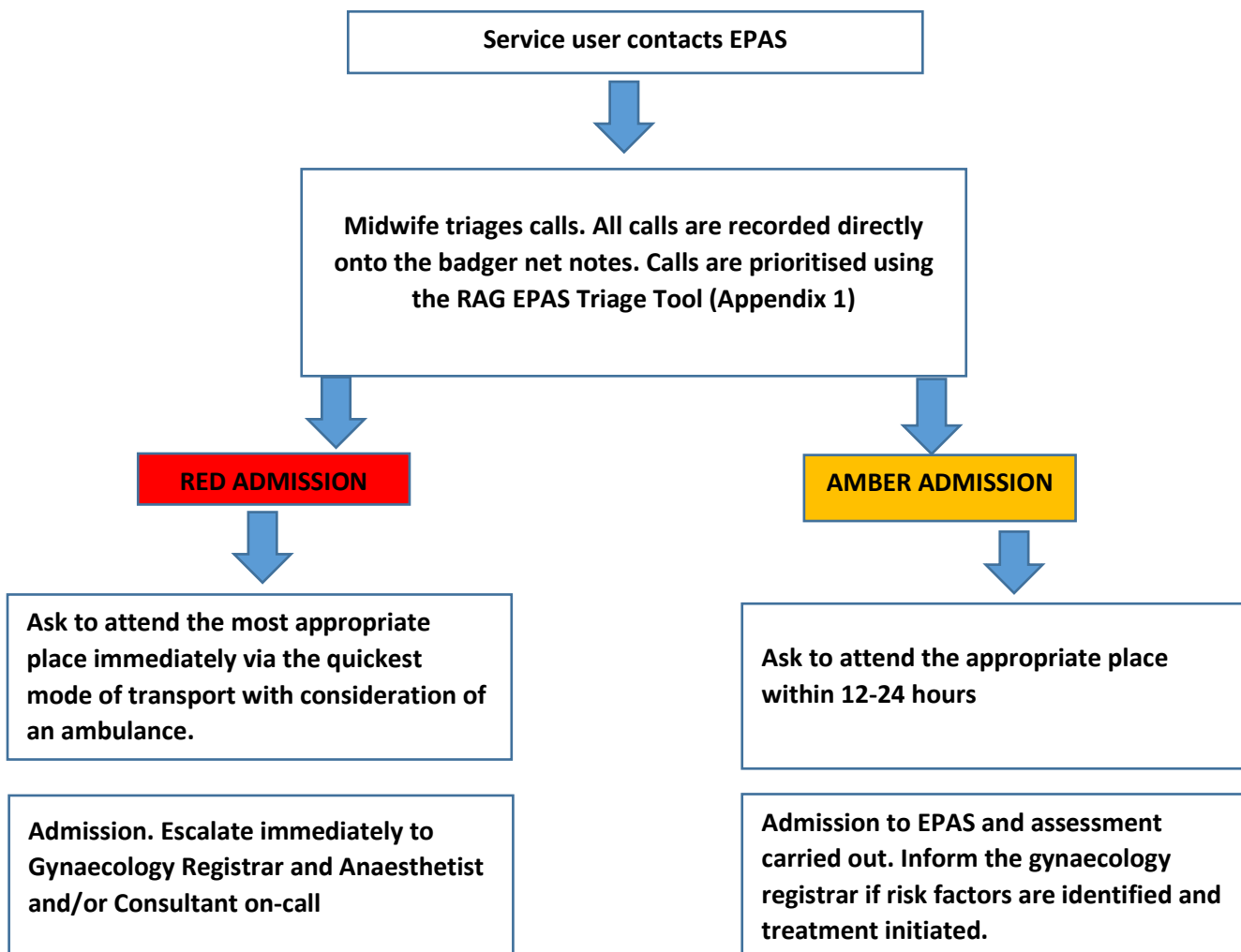
# **NHS Lanarkshire Early Pregnancy Assessment Services**

## **Telephone and Face to Face Assessment**

**Clinical Guideline V0.1 November 2023**

## Summary

This guideline and attached workflows and appendices have been designed specifically to cover the problems likely to be seen within NHS Lanarkshire's Early Pregnancy Assessment Service (EPAS). EPAS is designed to prioritise the pregnant person with early pregnancy complications. Initial assessment and triage will be carried out over the phone by a midwife who will decide the most appropriate place of care. Patients may be directed elsewhere or asked to attend. When asked to attend the unit, they are triaged again by a Midwife and an appropriate care plan followed set out by the local guidelines. The service is jointly led by the Consultant Clinical Lead and Senior Midwife.



## **1. Aim / Purpose of this Guideline**

The Philosophy of EPAS is to give guidance to Midwives, Nurses, Obstetricians, Gynaecologists and other health professionals on effective EPAS Triage, face to face assessment and referral pathways leading to safe, effective and person centred care. The aim of the guidance is to

- Provide a safe and effective EPAS service
- Provide rapid access to appropriate care for women in early pregnancy
- Ensure women are referred to the appropriate place for assessment by the correct health professional in a time appropriate manner in line with the presenting condition
- Ensure women are placed on a referral pathway appropriate to their clinical need.

**1.2** EPAS is designed to see service users with a positive pregnancy test up to 11 weeks and 6 days of gestation. All service users who fit the criteria for EPAS will be assessed in the 3 sites for clinical management.

The referral criteria are:

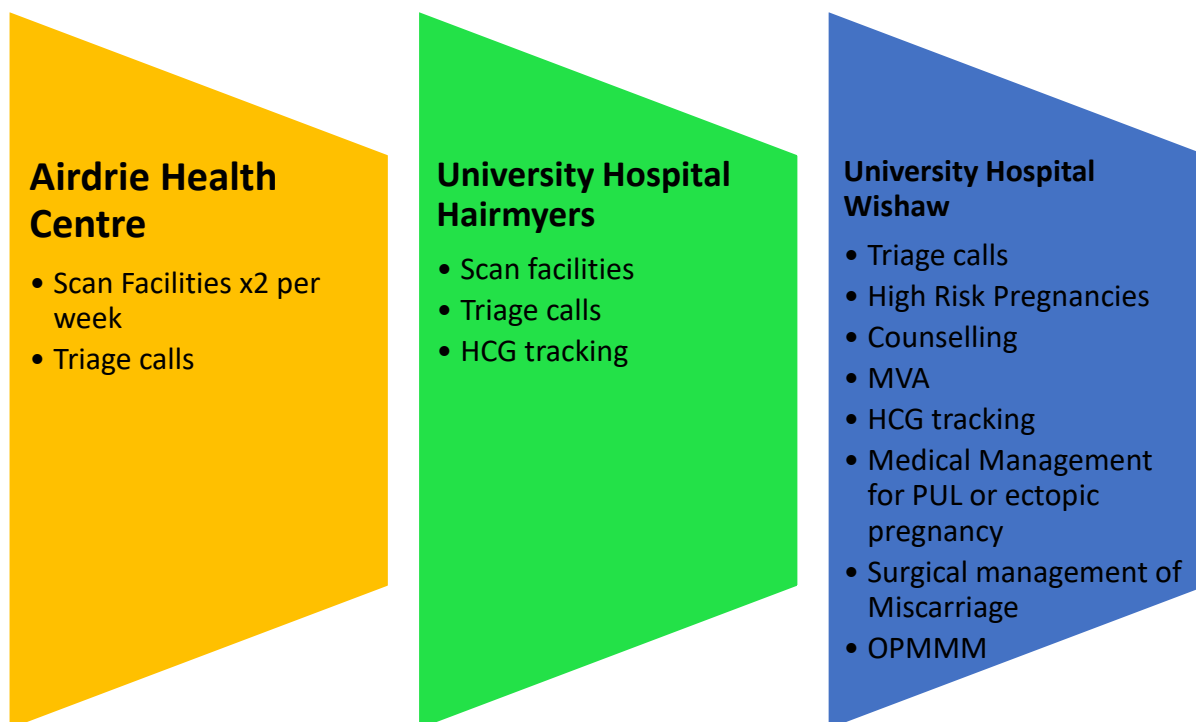
- All women must have a positive pregnancy test
- Patients with pain and/or bleeding up to 11 + 6 weeks gestation, with a positive pregnancy test
- Patients with a history of recurrent miscarriage (2 or More) up to 11 + 6 weeks gestation
- Patients with a history of ectopic pregnancy up to 11 + 6 weeks gestation
- Patients with a history of molar pregnancy up to 11 + 6 weeks gestation

This is with the exception of hyperemesis which will be referred to Maternity Triage and managed as per local guidelines. It is not uncommon to receive telephone referrals for a number of issues. Please refer to algorithms, guidelines and appendices for appropriate management. A list of available guidelines is tabled in Appendix 2

**1.3** This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant. When discussing with a person who does not identify as a woman please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

## 2.0 Service Delivery

EPAS is delivered in University Hospital Wishaw (UHW) EPAS service, University Hospital Hairmyers (UHH) and Airdrie Health Centre. The function of each service is as follows



## 2.0 Indications for referral to the 3 sites.

Referrals to the appropriate site and pathway should be undertaken as defined by the criteria as above. All telephone consultations must be documented in the NHS Lanarkshire Bagernet Electronic Record. Referrals are accepted from GPs, NHS 24, Gynaecology, Scan departments both private and NHS and from women themselves.

UHH and Airdrie's main function is to provide triage advice and scan facilities.

**All other services should be delivered on the Wishaw site.**

Indications for referral to Wishaw should be followed where possible using the definitions as outlined above and the RAG tool for priority.

### 3.0 Telephone Triage

All telephone calls to the EPAS telephone lines will be managed by the EPAS Midwife. The midwife will speak directly to either the woman or to the doctor, midwife or other healthcare professional making the referral. Those patients referred from private scan facilities will be triaged in the same manner. The results of private scans will not be considered when making management decisions about the pregnancy. The triaging midwife will enquire about her current presenting condition and history and prioritise risk using the EPAS RAG tool (Appendix 1).

**3.1** The midwife completing the triage call will use the RAG tool to categorise the urgency of assessment and direct the woman accordingly. Telephone consultation call records will be completed in full.

**3.2.** During the telephone consultation, a contact number for the woman should be clarified and confirmed on the call record. Any woman who has not attended in the expected timeframe should be contacted as follows:

**RED:** should be contacted if not attended within 45 minutes-1 hour unless you know they are on their way to the hospital in an ambulance.

**AMBER:** should be contacted if not attended within 12-24 hours.

**3.3** It is the responsibility of EPAS midwives to follow up/contact the woman if they have not arrived within the expected time frame.

**3.4** At EPAS closure, any patients who have not yet arrived should be escalated to the unit coordinator who will assume responsibility for their review in an alternative department.

#### **3.0 Admissions / Referrals (RAG rating)**

The Early Pregnancy Assessment Tool is a traffic light RAG system of identifying risks factors for priority assessment and treatment by the appropriate professionals. The tool is available in Appendix one and should be used to triage all calls to EPAS.

The following traffic light system supports health care professionals on timely decision making and referral

