




**P.H.O.N.E.999**  
Pre-Hospital Obstetric Neonatal Emergency at Home

**Kat Simpson** – Clinical Skills Midwife  
Royal Berkshire Hospital

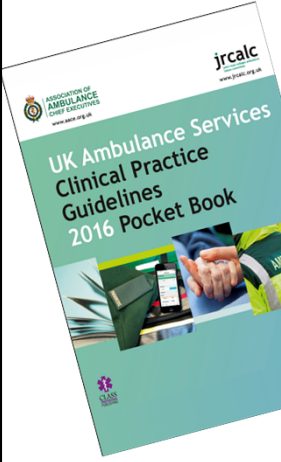
**Darren Best** – Education Manager  
South Central Ambulance Service

## In the Beginning...

- RCA findings and Serious Incident reporting
  - Initial airway management poor
  - Thermoregulation
  - Manual handling
- Recurring themes
  - Poor communication
  - Lack of team working and inter-professional interaction
  - A lack of understanding of roles and scope of practice
  - Clinical responsibility and an absence of role allocation
- Multi professional approach
  - Identified a need for a joint educational program
  - Literature review of inter-professional training
    - Teams that work together need to train together
    - Consideration to location
  - HETV- where others had previously failed.....
  - Broad based faculty: the right people teaching the right course

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## Our protocols differ...



Royal Berkshire **NHS**

**Management of postpartum haemorrhage on Rushey Birth Centre (GL892)**

Approval: **John Tills, Chair of Committee** Date: **1st December 2016**

Version	Date	Action / Mile	Reason
1.0	July 2008	Initial Protocol (Practice Document)	Treat requirement
2.0	Sept 2011	Approved by Consultant Obstetrician	Reviewed
2.1	Sept 2012	Approved by Consultant Obstetrician	Reviewed
3.0	Nov 2014	Approved by Consultant Obstetrician	Revised to change setting from MBU to Rushey Birth Centre
3.1	January 2015	Approved by Consultant Obstetrician	Low changes following information
3.2	June 2015	Approved by Consultant Obstetrician	Change Executive Sign to include all 4 in white and blue - 1st

Royal Berkshire **NHS**

**Unspecified maternal collapse**

Objective: Identify and treat women at greatest risk of maternal collapse. Consider all differential diagnoses and work through a process of exclusion starting with the most serious first.

1. **Resuscitate and inform relevant staff**  
The resuscitation team should be alerted. The Consultant Obstetrician & Anaesthetist should be alerted to a pregnant woman at the earliest opportunity. If further arrival is anticipated summon Consultant Medical, Haematologist, Pathologist or Surgical specialties should be requested early.

2. **Immediate resuscitation**  
Resuscitate ABC of resuscitation (avoid hypoxia)  

- Secure airway - include Endotracheal tube (ETT)
- Check oxygen saturations (SpO2) > 95%
- Secure venous access (at least two in upper limb)
- Use uterine wedge placed below the head and torso to prevent aortocaval compression

3. **Outline the baby**  
In the circumstances of cardiopulmonary arrest the aim should be to achieve delivery of the baby within 5 minutes if there is no return of spontaneous cardiac output. This is primarily to reduce the risk of neonatal asphyxia and cerebral hypoxia by increasing placental vascular resistance and by reducing oxygen demands.

If necessary a cesarean section should be performed. Limited resuscitation is required and the mother should not be resuscitated during the operation.

4. **Differential diagnosis**  
Consider a working diagnosis based on the table below. Take a brief history for potential historical factors, past history, drug treatments, previous events. Pay attention to recent history, symptoms & signs that might indicate a specific aetiology. Refer to the table for the working list of clinical symptoms. Examine the patient's resuscitation system including the abdomen & whole reproductive tract for signs of blood loss.



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## Key Objectives

- To develop and implement a course that provided
  - An improved understanding of the roles, responsibilities and limitations of community midwives.
  - Improved knowledge and confidence when managing emergencies via pre course e-learning and a multi professional study day
  - Excellence in MDT approach to managing emergencies from home to hospital.
  - Human factor awareness of non-technical skills that can influence patient outcomes.
- To produce a training DVD that encompassed
  - The UK Resuscitation Council Neonatal Life Support algorithm
  - Inter-professional team working
  - A dynamic risk assessment
  - Decision making and communication

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## Course programme

Royal Berkshire NHS South Central Ambulance Service NHS

PHONE COURSE

08:20 - 08:30	Registration		
08:30 - 08:45	No Breaker		
08:45 - 10:00	Human Factor		
10:00 - 10:15	Coffee (STUDENT LOUNGE)		
10:15 - 12:30	ABCDE		
12:30 - 13:00	Lunch (STUDENT LOUNGE)		
13:00 - 14:00	Maternal Collapse (PE) <b>Simbalance</b>	Normal Birth/Management of third stage	Shoulder Dystocia
	1	3	1
	2	3	1
14:00 - 14:15	Coffee (STUDENT LOUNGE)		
14:15 - 15:15	Neonatal Life Support		
	Breach	Cord Prolapse	Prolonged birth and Haemorrhage
	1	2	1
15:15 - 16:30	2	3	1
	3	1	2
16:30	Finish		

ENHANCED SIMULATION CENTRE simbalance





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### Feedback

Midwifery Teams		
Subject	% Increase Knowledge	% Increase Confidence
Breech Birth	45%	65%
Human Factors	72%	61%
Maternal Collapse	65%	71%

Paramedic Teams		
Subject	% Increase Knowledge	% Increase Confidence
Breech Birth	81%	145%
Cord Prolapse	37%	108%
Shoulder Dystocia	43%	108%

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## PHONE 999 & Beyond

Joint Investment



- SCAS Enhanced Simulation Centre / Simbulance
- Manikins and Task trainers
- Committed Faculty

External Interest



- Private Providers (Ambulance Service)
- NHS trusts
- Patient Safety Agencies
- Commercial

Accreditation

- Royal College Recognition
- National course

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**References and links:**

- National Maternity Review. NHS England 2016
- DVD You Tube (search Royal Berkshire Homebirth)  
<https://www.youtube.com/watch?v=48VKSbNoNKs>

Royal Berkshire   
NHS Foundation Trust

  
South Central Ambulance Service  
NHS Trust

Oxford   
Academic Health Science Network  
Patient Safety  
Maternity

  
Thames Valley Strategic Clinical Network

**Thank you  
Questions?**

**Kat Simpson** – Clinical Skills Midwife, Royal Berkshire Hospital  
Katherine.Simpson@royalberkshire.nhs.uk

**Darren Best** – Education Manager, South Central Ambulance Service  
Darren.Best@scas.nhs.uk