

SPECIALIST OBSTETRICIAN – CONDITIONS AND PROCEDURES REQUIRING ATTENDANCE

1. AIM

- To ensure mandatory obstetric consultant attendance in specified clinical circumstances

2. PATIENT

- Pregnant woman

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- nil

5. CLINICAL PRACTICE

- Notify obstetric consultant to attend **in the following circumstances**, as universal attendance is required regardless of seniority of obstetric registrar:
 - Amniotic fluid embolus
 - Caesarean Section (CS):
 - for extreme prematurity < 28 week gestation
 - transverse lie with rupture of membranes (ROM)
 - BMI > 40
 - major or anterior placenta praevia
 - suspected or known placenta accreta
 - deranged coagulation
 - Eclampsia
 - Maternal death
 - Peripartum hysterectomy
 - Postpartum haemorrhage > 1.5 litres with ongoing bleeding
 - Pulmonary embolus
 - Repair of fourth degree tear, extensive vaginal or cervical tears
 - Significant placental abruption
 - Significant sepsis
 - Vaginal breech deliveries
 - Vaginal deliveries of twins
 - Maternity patient left unattended on operating theatre table as registrar called away (theatre staff to initiate call to obstetric consultant)
- Notify obstetric consultant to attend **in addition to the above**, with an obstetric registrar who has NOT yet completed their FRANZCOG written and oral examinations:
 - CS:
 - at fully dilated
 - at <32 weeks' gestation
 - posterior placenta praevia
 - Mid cavity non occipitoanterior (OA) position instrumental delivery
 - Trial of instrumental delivery in operating theatre
- Notify obstetric consultant to attend if:
 - the obstetric registrar is uncomfortable in any instance
 - the senior midwifery or theatre nursing staff feel an obstetric registrar requires assistance

Approved by Quality & Patient Care Committee
21 June 2018

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6. DOCUMENTATION

- Electronic or paper medical record

7. EDUCATIONAL NOTES

- This above list is a guideline of minimal circumstances rather than a comprehensive list, and there may be additional circumstances, dependent on the experience and seniority of the registrar concerned, as well as their familiarity with the RHW, its staff, policies and procedures
- 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 two opinions and an extra pair of hands

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 1 – Clinical Governance

11. REFERENCES

REVISION & APPROVAL HISTORY

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

FOR REVIEW: JUNE 2023