



CLINICAL PRACTICE GUIDELINE

Labour: Moderate and high risk women presenting at MFAU and Labour and Birth Suite

This document should be read in conjunction with the [Disclaimer](#)

Aims

- To provide midwifery and medical staff at KEMH with the criteria for informing senior medical staff of the presentation of high risk category antenatal women to the Maternal Fetal Assessment Unit (MFAU) or the Labour and Birth Suite (L&BS).
- To provide midwifery and medical staff with the criteria for informing senior medical staff about high risk category antenatal women on the wards.
- To provide midwifery staff with the criteria for informing medical staff about women admitted to L&BS.

Key points

1. The Senior Registrar and / or on call Consultant shall be informed of all new admissions of women in high risk categories and shall approve the plan of care. These actions shall be documented. ¹
2. The Senior Registrar and / or on call Consultant shall be informed of any high risk category antenatal women admitted to the ward or on the ward, when there is a deterioration in the fetal or maternal condition.
3. The L&BS Registrar shall be informed of all women admitted to L&BS who have features, either maternal or fetal, which put them into a moderate or high risk category.

Definition of high risk antenatal women

The following definitions are provided as a guide to ensure appropriate and timely input and review of high risk women by medical staff.²

High risk means those maternal and fetal conditions which carry a significant risk of maternal and fetal morbidity and mortality. High risk women may be categorised as “**High risk stable**” and “**High risk unstable**”.

High risk stable

These are women who have a maternal or fetal condition which has the POTENTIAL to result in significant deterioration in the maternal and / or fetal condition within the next 12-24 hours. These women shall be discussed with the Senior Registrar immediately and be seen by the Consultant and the plan of care approved within 12 hours.

Examples of high risk stable women:

- Severe pre-eclampsia when the blood pressure is controlled and other parameters are stable.
- Preterm pre-labour rupture of membranes with other complications e.g. IUGR, twins.
- Major placenta praevia admitted with a significant APH but not actively bleeding.
- Threatened preterm labour at the limits of viability.
- Women with a significant medical condition such as cardiac disease.

High risk unstable women

These are women in whom there is a rapidly deteriorating or fluctuating maternal or fetal condition. These women shall be seen as soon as practicable by the Senior Registrar and Consultant.

Examples of high risk unstable women:

- Women with a severe abruption.
- Women with a significant ongoing antepartum haemorrhage.
- Women with eclampsia.

Notification of moderate to high risk women

ON ADMISSION to Labour and Birth Suite, the midwife shall notify the L&BS Registrar of any of the following women who have features that put them into a moderate to high risk category:

- Grand multiparity (Para 5 or more)
- Women in labour with a previous caesarean section scar
- Type 1 Diabetes
- Other major medical problems
- Rhesus isoimmunisation
- Hypertensive disease
- Antepartum haemorrhage
- Multiple pregnancy
- Pre-term labour - threatened or established. For women < 33 completed weeks gestation (i.e. 32+6 weeks and below), an experienced practitioner (senior midwife or Registrar or above) should perform the speculum examination [NEW 2018- RCA recommendation]. See KEMH Clinical Guideline, O&G: Preterm Birth: [Preterm Labour](#).

- Pre-term premature rupture of the membranes
- Previous anaesthetic problem, e.g. malignant hyperthermia
- Intrauterine Growth Restriction
- Malpresentation
- Abnormal lie
- High presenting part
- Previous difficult birth
- Previous third stage complications
- Pyrexia

Assess the woman for:

Skin integrity - see Clinical Guideline O&G: Pressure Injury Prevention and Management

Risk of falls – see Clinical Guideline, O&G: Falls: Risks, Prevention & Management

References

1. Douglas N, Robinson J, K F. **Inquiry into the Obstetric and Gynaecological Services at King Edward Memorial Hospital 1990-2000. Recommendation R5.20.26.** Perth: WA Government; 2001.
2. Independent Review of Implementation of Douglas Inquiry Recommendations 2006.

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