

## Referral to the East Midlands Maternal Medicine Network: Regional Guideline

East Midlands Maternal  
Medicine Network



### 1. Introduction and who the Guidelines apply to:

The East Midlands Maternal Medicine Network was commissioned in April 2022 as part of the National programme to implement Maternal Medicine Networks aiming to improve outcomes for women with new and background medical disease before, during and after pregnancy.

The Integrated Care Boards included in the Region are:

- Leicester, Leicestershire and Rutland (lead ICB)
- Derby and Derbyshire
- Lincolnshire
- Northamptonshire
- Nottingham and Nottinghamshire

The scope of this guideline covers working with women with medical co-morbidities pre-conceptually, in pregnancy and postnatally across the East Midlands Region. Specifically it describes the process and the clinical pathways for management of women in their local environment (where appropriate) whilst ensuring access to high quality tertiary services via referral pathways to Multi-Disciplinary Teams identified by medical specialty (e.g. Cardiology, Neurology etc.)

## 2. Guideline Standards and Procedures

### Executive Summary

The term woman is used within this guideline but should be taken to include all birthing people regardless of their gender and identity.

Ideally, all women with known medical conditions should be assessed pre-conceptually to optimise their health and plan future pregnancies. This should include the associated mother and baby risks and in particular any planned adjustments to current treatments before, during and after pregnancy.

Women with high-risk medical conditions should be considered for referral for specialist pre-conceptual advice. This may take place in either primary or secondary care.

Routine medical reviews for women of childbearing age, both in primary or secondary care, should include planning for pregnancy and raising awareness of the advantages of this planning.

Local maternity service guidelines for common and serious medical problems in pregnancy, including this guideline, will form the basis of regional organisation and management including referral for opinion or transfer if indicated. The aim of this is to confirm quality and consistency of care and access throughout the East Midlands, in order to reduce the risk of maternal and neonatal morbidity and mortality.

The vision of the East Midlands Maternal Medicine Network (EMMMN) is to provide excellent care to women with medical conditions before during and after pregnancy. This will be achieved by working collaboratively with all the staff within our network, sharing and providing support in all aspects of care for women with medical conditions. This will include monthly MDTs for identified medical specialties or sooner if more urgent advice and guidance is required. There will be shared learning and experience, shared outcomes and related audit and governance at individual and service levels.

This guidance document has been developed by the team responsible for implementation of the EMMMN and is the outcome of work involving consultation with Chairs of the specialty MDTs (obstetricians, physician and surgeons) and other relevant specialties such as obstetric anaesthetists, midwives and specialist nurses. All provider organisations have been invited to take part in these discussions. The Guidance also incorporates the recommendations in the Service Specification for the Network (appendix).

The Guidance particularly focuses on:

- Categorisation of complexity of clinical conditions to inform need for referral and regional specialty advice
- Process for referral and gaining access to specialty advice
- Process for communication and archiving of clinical discussions, advice and planning
- Documentation and reporting of Key Performance Indicators (KPIs) currently in development

## Background

In high income countries such as the United Kingdom pregnancy and childbirth is very safe. However, there are still a significant number of maternal deaths and in the last triennial report, the numbers were increased by comparison to the previous triennium, although this increase was not statistically significant (MBRRACE 2018 to 2020). Most women who die are not dying from the direct complications of pregnancy but from indirect causes such as cardiac disease, neurological conditions and suicide. Mental health is outside the scope of this guideline. The majority of deaths occur post-delivery.

Nearly 60% of women who died in 2018 to 2020 were known to have pre-existing medical conditions. These conditions can be exacerbated by other factors such as maternal age, BMI, ethnicity and social deprivation. There is evidence that for a significant number of women the outcome may have been different if the quality of the care they had received had been better. Maternal medical conditions are also significantly associated with neonatal morbidity and mortality.

The formation of national maternal medicine networks, as recommended in Safer Maternity Care November 2017 (<https://www.gov.uk/government/publications/safer-maternity-care-progress-and-next-steps>), aims to deliver coordinated and specialist care for all women with background medical conditions. The network approach to delivering care has been embraced by many specialties of medicine, surgery and maternity. It is already practiced for some conditions, most commonly diabetes, for medical problems in the maternity population. This document aims to formalise this approach and describe the operational aspects of the East Midlands Maternal Medicine Network (EMMMN).

As with all guidelines, this document provides guidance for women and clinicians involved in their care. Specific and individualised conversation and communications are recommended regarding application of the guidance to clinical management as needed, including ensuring the views of women themselves are heard.

The EMMMN collaborating organisations include (but not-exclusively):

- Universities of Leicester NHS Trust University Hospitals of Leicester
- Nottingham University Hospitals NHS Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- United Lincoln Hospitals NHS Trust
- Kettering General Hospital NHS Foundation Trust
- Northampton General Hospital NHS Foundation Trust

UHL is the Maternal Medicine Lead Centre working in close collaboration with the supporting Maternal Medicine Centres NUH and UHDB.

### **3. Pre-Conceptual Counselling**

Pre-conceptual counselling for all women with medical problems is advocated by several professional bodies, national guidelines, confidential enquiries and audits including RCOG, NICE<sup>3,4</sup>, and MBRRACE(UK)<sup>1</sup>.

The purpose of pre-conceptual counselling is to:

- inform women of recommended best management of their medical condition before, during and after pregnancy including specific details for the birth if needed.
- include potential risks and benefits of planning pregnancy
- confirm understanding of the need for any different monitoring during pregnancy
- optimise health and medications prior to pregnancy and to clarify any early pregnancy modifications to any current or new treatments.

Largely this can be delivered in primary care. However, where there is particular risk or complexity or where current treatments may be harmful to the developing fetus, consideration of referral for secondary or tertiary level counselling is recommended.

Pre-conceptual advice is available for a variety of medical co-morbidities in pregnancy across the East Midlands. An aim of the EMMMN is to promote the development of these services further and introduce a structured approach to offering this service across the region.

Examples of conditions that should be considered for referral can be found in appendix 1 and correspond to category B and C patients.

Conditions in category C should be considered for referral for pre-conceptual care to the one of the maternal medicine centres either: Leicester, Nottingham or Derby or directly to the EMMMN MDT. Conditions in category B can be managed through the local hospital but may be referred to the EMMMN or one of the MMC if these services are not available. These are examples and consideration of the whole clinical picture should be taken, which includes such factors as BMI, ethnicity and previous pregnancy history.

At the present time referral for pre-conceptual advice can be made through Refer-a-Patient and will be managed via the appropriate MDT.

#### 4. Local Maternity Guidelines

Specific common conditions may have specific national guidelines and should be referred to if they are suitable.

National guidelines supporting development of local guidelines include:

- Epilepsy (RCOG 2016) (Green Top No 68)
- Hypertension (NICE,2023) (NG133)
- Diabetes (NICE, 2015) (NG3) (SBLV3)
- Inherited bleeding disorders (RCOG, 2017) (Green top No 71)
- Cardiovascular disease (ESC, 2018)
- Acute VTE (RCOG, 2015) (Green Top 37b)
- Prevention of VTE (RCOG, 2015) (Green Top 37a)
- Sickle cell disease (BSH 2021)

Local guidelines should include individualised and appropriately detailed care plans, including specific management before during and after the birth. In particular arrangements for further postnatal care and clear responsibilities after discharge from hospital should be outlined.

All clinicians are reminded of the requirement for clear and accurate documentation of communication between all members of the multidisciplinary team involved.

#### 5. Referral for Opinion/Transfer to the East Midlands Maternal Medicine Network.

Factors influencing referral to the EMMMN include a variety of clinical issues. These include obstetric, medical and anaesthetic experience before, during and after the pregnancy and birth (See Appendix 1.

The Appendix 1 lists the agreed conditions for referral to an EMMMN MDT for either an opinion, for shared care or transfer of care and should be considered by the local hospital and the MDT.

**All category C patients should be discussed at a relevant Maternal Medicine Centre MDT for a plan of care to be made and documented appropriately.**

Where women meeting criteria for referral are not referred this should be agreed by the responsible local maternity clinicians, the relevant medical and anaesthetic teams and local neonatology services. A decision not to refer needs appropriate documentation with the reasons for this decision clearly recorded in the patient's medical record. This includes women in the antenatal period through to a year post delivery.

The principle method of communication between the local and tertiary referral hospital is via referral on the Refer-a-Patient platform. The easiest way to do this is via the EMMMN website <https://east-midlands-maternal-medicine-network.nhs.uk>. Mobile telephone communication to a dedicated EMMMN mobile number may also be useful in normal working hours, for example if Refer-a-Patient is not available. (*The number will be added when available*). For non-urgent communication the network email address can be used [eastmidlandsmaternalmedicinetwork@uhl-tr.nhs.uk](mailto:eastmidlandsmaternalmedicinetwork@uhl-tr.nhs.uk). This is monitored Monday to Friday excluding bank holidays. For urgent out-of-hours advice, please contact your local on call teams. All MDT meetings will be held remotely using suitable IT technology, currently Microsoft Teams.

## **6. Roles and Responsibilities**

This guideline applies to all clinical staff employed or contracted by one or more of the following NHS Trusts who provide care to women:

- Universities of Leicester NHS Trust University Hospitals of Leicester
- Nottingham University Hospitals NHS Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- United Lincoln Hospitals NHS Trusts
- Kettering General Hospital NHS Foundation Trust
- Northampton General Hospital NHS Foundation Trust

All staff have a responsibility to ensure that they are aware of this guideline and its contents. If category C patients are not referred to the EMMM N MDT, it should be clearly documented in the patient records the reason / rationale for this and this information should be notified to the network. This information is required to be reported quarterly to the national team NHSE.

It is the responsibility of department managers, heads of service, consultants, team leaders and education leaders in each individual unit to cascade the guideline to ensure staff are aware of this guideline.

It is the responsibility of the referring clinician to disseminate the outcome of the regional MDT to the relevant staff within the region. A local standard operating procedure should be developed by each hospital to determine the most appropriate method for each hospital. The information will also be able to be accessed through refer a patient using the QR code generated for each patient.

## **7. Communication of guideline/SOP and Training Plans**

The guideline will be available on the local intranet or other platform as agreed locally in each individual maternity unit in the East Midlands, and distributed to the relevant clinical teams. Team leaders and relevant managers will be expected to cascade to all relevant staff groups.

The guideline/SOP will be distributed to the EMMM N MDTs via the MDT Chairs as well as to the organisations that are in the Regional Footprint of the EMMM N (see earlier in the document).

Once the EMMM N website is available, the guideline and referral categories will be available on the website.

## **8. Process for Monitoring Compliance**

The purpose of monitoring is to provide assurance that the agreed approach is being followed. This ensures that we get things right for patients, use resources well and protect our reputation. Monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured. It is expected to be facilitated by the Refer-a-Patient platform.

Furthermore there are national Key Performance Indicators for Maternal Medicine Networks currently in development which will be critical for monitoring compliance and will be subject to change from time to time. There is an expectation from NHSE that all Trusts will submit relevant data for purposes of monitoring, governance and learning. (The KPIs will be added as an appendix when available.)

## **9. Document Review**

Guideline to be reviewed after three years or sooner as a result of audit findings or as any changes to practice occurs.

## **10. Education and Training**

See dissemination process as noted above. This guideline is needs to be adopted across the East Midlands. The EMMMN will support this but the responsibility for the patient lies with the local hospital.

## **11. Monitoring Compliance**

This will be managed through quarterly review of National KPIs and regular audit of activity.

## **12. Supporting References\_(maximum of 3)**

MBRRACE-UK - Saving Lives, Improving Mothers' Care 2022

NHS England Maternal medicine networks: Service Specification October 2021

[https://www.england.nhs.uk/wp-content/uploads/2021/10/B0709\\_Service-specification-for-maternal-medicine-networks-October-2021.docx](https://www.england.nhs.uk/wp-content/uploads/2021/10/B0709_Service-specification-for-maternal-medicine-networks-October-2021.docx)

## **13. Keywords**

- Pregnancy
- Network
- Maternal medicine

List of words, phrases that may be used by staff searching for the Guidelines on PAGL

- Maternal medicine
- Category C
- Complex Pregnancy

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*The EMMMN recognises the diversity of the community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.*

*As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.*