



Lancashire Teaching Hospitals
NHS Foundation Trust

LANCASHIRE TEACHING HOSPITALS

DELIVERY SUITE

HANDBOOK FOR STUDENT MIDWIVES



V1 April 2025

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Welcome

To Delivery Suite

We are very happy to welcome you to Delivery Suite. We are proud to be part of one large multidisciplinary team and placing the family at the centre of everything we do.

We are a consultant led unit consisting of 11 en-suite rooms and a bereavement suite, one with a permanent pool and 3 with portable pools. Our bereavement suite has recently been refurbished with the help of families and various charities. We look after individuals and families who need more complex care in the antenatal, intrapartum and postnatal period. This can include, inductions of labour, premature labour, massive obstetric haemorrhage, bereavement care and many more...

We have two obstetric theatres at the end of the corridor - these have their own dedicated staff.



What to Expect

When you first arrive on the ward

Buzz to get in through the Delivery Suite main doors on the 2nd floor. You will be shown where to get changed, put your bags and where handover takes place. Handover normally takes around 15 minutes. If you have been allocated a practice supervisor you should introduce yourself prior to handover if possible.

Examples of tasks you will engage in

- Looking after women through the antenatal, labour and birth period
- Preterm birth
- Multiple birth
- High risk care
- Inductions of labour
- Observing cannulation, venepuncture and Iv drug administration
- Assisting with siting epidurals and ongoing care of women with epidurals
- High dependency care ie PPH, Pre eclampsia
- Immediate postnatal and neonatal care including newborn check, breastfeeding support, skin to skin etc
- Going to theatre - i.e caesarean sections, repair of tears, instrumental deliveries
- Remifentanyl
- CTG Interpretation
- Episiotomies
- Waterbirth
- VE's / ARM's / FSE's
- FBS
- Suturing
- Documenting all actions on Badgernet -our paperless system.
- Working with all members of the multidisciplinary team.
- Assisting with the running of the ward, ie cleaning rooms, refreshments etc
- SBAR handovers

Birth Environment Matters

All women, regardless of complexity deserve a beautiful birth environment and to have their wishes and choices for care respected.

We have telemetry CTG monitoring units in most of the rooms - please use these wherever possible to encourage mobility and upright birth positions. These units are also waterproof - please encourage the use of water in labour in one of our birthing pools following discussion with the delivery suite co-ordinator to determine suitability.

We have battery candles and mood lighting globes - use these to facilitate a calm and relaxing environment for women to labour in by dimming the lights and creating a soothing environment.

We offer aromatherapy to women in all birth settings. Speak to a co-ordinator about the possibility of using aromatherapy either by inhalation using a diffuser, through massage or adding to the bath or birthing pool.

We also have a 24 hour epidural service and offer remifentanyl. Please ensure women are aware of all options and that they are supported to make informed decisions.



Housekeeping

Here on Delivery Suite we respect each and every member of our team and work hard to ensure we make each others day to day that little bit easier. Here are a few of the things you can do to help.

- Please ensure you keep your room nice and clean and tidy and be sure to empty your linen and rubbish bags if they become full. The health care assistants on delivery suite will be more than happy to assist you if needed.
- If you find a broken or faulty piece of equipment please report it or leave a note for Mandy our housekeeper.
- We can all ensure that stock is kept topped up for the next person by replacing it when it becomes low.
- Emergency equipment such as the the tom thumb neonatal resuscitaires should be checked daily and it is good practice when you bring a lady into a room to ensure this has been done. It is your responsibility to clean and restock equipment after it has been used. That being said, if you have a moment and see someone else is very busy, it is always appreciated if you can lend a hand and do it for them.
- Sharps safety - please use the sharps bin in the room for safe disposal of sharps. If you see it is approaching the fill line, close it properly, fill in the front and place in the disposal for sharps bins. if you are not sure where this is located please ask.

Note: There is a seperate disposal bin for giving sets in the sluice.

When we all take responsibility for our room and equipment it helps to keep families and staff safe



General Information

Management Plans are essential

Every woman should have a risk assessment and plan documented upon admission. Management plans and reassessment of risk factors should be undertaken regularly through labour by both medical and midwifery staff and should be documented on badger.

Your documentation needs to tell the story of the woman's labour and the events that happen. The wizzards are helpful tools to assist documentation but do not forget to free text regularly so that the notes can be read and a clear understanding of the situation can be gained.

Women in labour require a name band - Make sure the lady has a name band when admitted to the delivery suite and if she doesn't print one. Once the baby is born please label the baby with 2 name bands ASAP (check the labels with the mum prior to applying on the baby).

Fluid Balance Charts

For women with a catheter or IV fluids a fluid balance chart is essential. If the lady is in labour this should be maintained on Badger using the fluid balance wizzard. For postnatal women with a urinary catheter or IV fluids please commence a paper fluid balance chart and ensure that it is accurately completed and is transferred with the woman to the postnatal ward. The fluid balance totals from Badger should be documented on the paper fluid balance chart when started, so that the input and output from labour is acknowledged postnatally.

General Information

VTE risk assessments

For antenatal women on delivery suite ensure TED stockings are measured and fitted and discuss with medical staff if fragmin is required. For postnatal women complete the risk assessment in the purple PN notes and formulate an appropriate management plan based on the risk factors. Early mobilisation and hydration should be facilitated for all women.

When to Contact the Maternity Bleep Holder - Bleep 4325

Some examples of when to contact the maternity bleep holder are:

- Maternity red flags
- Staffing issues including the movement of staff
- Unresolved capacity issues
- Reporting sickness
- Security issues
- Senior midwifery support required
- Safeguarding issues
- Requests for in-utero transfers from other units.

Maternity red flags

Maternity red flags are:

- Staff unable to take breaks due to lack of time
- Missed or delayed care by midwife
- Missed medication during admission to hospital or midwifery led unit
- Delay of 30 minutes or more in providing pain relief
- Delay of 30 minutes or more between presentation and triage time
- Full clinical examination not carried out when presenting in labour
- Delay of 3 hours or more in reassessment in the induction of labour process
- Delay of 3 hours or more in transferring women to delivery suite for ARM
- Delay in performing timely observations leading to delay in recognition of and action on abnormal vital signs
- **Any occasion when 1 midwife is not able to provide continuous 1 to 1 care and support to a woman during established labour.**

Important Numbers

2222

Emergency - clearly state your location and the nature of the emergency i.e 'Obstetric emergency - delivery suite room 9'

To Bleep: 66 -> number you want -> your number

4000

On call Obstetric SHO

4001

On call Obstetric Registrar

4154

On call Obstetric Anaesthetist

2939

On call Neonatal SHO

6667

On call Neonatal Registrar

52-4731

DS Front Desk

52-4219

Hannah Mercer - DS Manager

Important Numbers

Who to call and when

Please feel free to ask questions at any time - the midwives and coordinators will expect this of you and will worry if you don't!

If you need a second opinion please ask the DS co-ordinator. Always escalate concerns to the delivery suite co-ordinator.

'Neonatal Emergency' This will alert the Neonatal team and the delivery suite co-ordinator.

'Obstetric Emergency' This will alert DS co-ordinator, the obstetric team, the anaesthetic team, the neonatal team and the theatre team. There are many instances such as Cat 1 CS, cord prolapse and PPH when this would be activated.

'Massive Obstetric Haemorrhage'

This will activate all the Obstetric emergency team bleeps but also in the transfusion department and the porters bleeps. The lab will ring back and ask you for the patients details. You need to state you need 'Massive Haemorrhage Pack 1.' They may ask you to remove 4 units of group specific blood from the blood fridge if the lady has an active group and save. There will be a wait for the products to come from the lab - 4 packs of fresh frozen plasma will need to be thawed and 1 pack of platelets transported from Lancaster / Manchester. If the patient is moved from a room to theatre please inform transfusion so the products arrive to the correct place. If the bleeding continues and you are instructed to do so by the team - call and ask for 'Haemorrhage Pack 2.' This will contain the same as pack one apart from it will contain cryoprecipitate. Once the haemorrhage is controlled ring transfusion and stand it down.

Our Team

How to recognise members of the multidisciplinary team



**HANNAH
MERCER**

Ward Manager
01772524219



CO-ORDINATORS

Navy blue uniform



MIDWIVES

Royal blue uniform



**DOCTORS/
ANAESTHETISTS**

May wear blue or grey
scrubs



CONSULTANTS

Green Scrubs



**MATERNITY SUPPORT
WORKERS /
HEALTHCARE
ASSISTANTS**



HOUSEKEEPER

Red uniform



WARD CLERK

Printed Blouse



DOMESTICS

Purple uniform

Guidelines and Policies

PLEASE ENSURE YOU FAMILIARISE YOURSELF WITH RELEVANT POLICIES AND GUIDELINES - THESE CAN BE ACCESSED VIA THE INTRANET ON HERITAGE

The most relevant guidelines to look for are:

- [Labour](#)
- [Assisted vaginal birth](#)
- [Pre eclampsia and eclampsia](#)
- [Birthing pool](#)
- [Prelabour rupture of membranes](#)
- [Group B streptococcus](#)
- [Fetal Monitoring in Labour](#)
- [Intrahepatic cholestasis of pregnancy](#)
- [Antepartum Haemorrhage](#)
- [Meconium Stained Liquor](#)
- [Oxytocin](#)
- [Perineal trauma](#)
- [Postnatal bladder care](#)
- [Retained placenta](#)
- [Caesarean section](#)
- [Postpartum haemorrhage](#)
- [Breech presentation](#)
- [Cord prolapse](#)
- [Shoulder dystocia](#)
- [Diabetes - screening and management of gestational and pre existing diabetes - maternity](#)
- [Entonox administration](#)
- [Remifentanyl pca for mothers in labour](#)
- [Obstetric epidural anesthesia in labour](#)
- [Induction of labour](#)
- [Multiple pregnancy and birth](#)
- [Pre term birth](#)
- [Pre term birth at the threshold of viability](#)
- [Pyrexia in labour](#)
- [Uterine inversion](#)
- [Vaginal birth after caesarean section](#)

This list is not exhaustive and time should be spent familiarising yourself with all guidelines

DELIVERY SUITE
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ROYAL PRESTON HOSPITAL
SHAROE GREEN LANE
PRESTON
PR2 9HT
01772 524731

**WE LOOK FORWARD TO SEEING
YOU SOON**