

Indication for the Presence on Labour Ward of the Consultant Obstetrician at Obstetric Emergencies Guideline

In the following situations the on-call consultant should attend in person, whatever the level of the trainee:

1. Eclampsia.
2. Maternal collapse (such as massive abruption, septic shock) including cardiac arrest.
3. Caesarean section for major placenta previa.
4. Postpartum haemorrhage of more than 1.5 litres where the haemorrhage is continuing and a massive obstetric haemorrhage protocol has been instigated.
5. Confirmed ruptured uterus.
6. Any return to theatre for laparotomy.
7. Trial of instrumental delivery in theatre, and caesarean section at full dilatation (during resident hours 0900 hours – 2100 hours weekdays and 0900 hours -1200 hours weekends and public holidays ideally the on-call consultant should assess the patient in the labour room prior to decision to proceed). The consultant is not required if the patient is taken to theatre purely for regional anaesthesia and the registrar is confident that they will achieve an instrumental delivery.
8. Third or fourth degree perineal tear repair when the duty registrar has not been signed off for this competency.
9. When requested by the duty registrar or labour ward co-ordinator.

For the procedure listed below the consultant should attend in person or should be immediately available:

1. Vaginal breech delivery.
2. Vaginal delivery of twins
3. Caesarean section in women with body mass index greater than 45.
4. Caesarean section for transverse lie.
5. Caesarean section at less than 32 weeks gestation.

The following situations should be routinely discussed with the consultant on-call:

1. Any management plan involving delivery of a patient by emergency caesarean section.
2. Any management plan involving the referral of a patient to a different specialty.
3. When concern arises about a patient deviating from the usual clinical pathway with unexpected or unexplained symptoms (e.g. severe pain requiring opiates).
4. Any situation where disagreement arises between the obstetric registrar on-call and senior midwifery staff regarding an assessment of or a management plan for a patient.

When the duty registrar is a very senior registrar on-call, i.e. ST7 and within 6 months of CCT (or alternatively post-CCT), it should be the on-call consultant's decision whether to attend, ideally with the experience and competency of the registrar in question having been discussed at the monthly departmental senior staff meeting.

Consultants are contracted to be resident on-call Monday – Friday 0900 hours – 2100 hours (excluding Public Holidays) and Saturdays, Sundays and Public Holidays 0900 hours – 1200 hours. During these hours the consultant on-call should be informed if patients are waiting longer than 2 hours for medical review in maternity triage.

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