

**THE NEWCASTLE UPON TYNE HOSPITALS
NHS FOUNDATION TRUST**

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DIRECTORATE OF WOMEN'S SERVICES

**CLOSURE OF THE MATERNITY
UNIT GUIDELINES**

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1. Introduction

These guidelines have been formulated to ensure that in the rare event of the closure of the Maternity Unit, a consistent approach is adopted with clear and safe alternative arrangements for the care of mothers and babies. Closure of the Maternity Unit would only be considered when other potential solutions are exhausted.

2. Decision to Close the Maternity Unit

The individuals who are likely to be involved in the decision to close the Unit should be notified at an early stage of the risk of potential closure. This course of action must be considered as part of Trust's Risk Management Strategy.

The decision to close a Maternity Unit should be consensual and follow discussion with the Clinical Director, Head of Obstetrics, Senior Midwifery Manager, the Maternity Unit bleep holder, Consultant Obstetrician and Supervisor of Midwives. This might be difficult out-of-hours, but an attempt should always be made to contact the Clinical Director. It is recommended that one person is designated to co-ordinate the procedure for closure of the Maternity Unit and has no other responsibilities during the process. If women who are in-patients are to be transferred to another hospital, the Senior Midwife in consultation with medical staff must make the decision taking into account the distance to the receiving hospital.

Factors precipitating closure of a Maternity Unit

- In the event of a major incident or power failure
- Infection in clinical areas – advised by microbiologist
- No available beds
- Insufficient midwives or doctors.

Availability of beds should be related to lack of delivery rooms and the inability to admit women from home in active labour. Women already an inpatient within the unit should not be transferred out to another unit.

The issue of insufficient staff should be discussed and agreed by the senior team and related to all disciplines in relation to workload.

3. Implementation of Closure

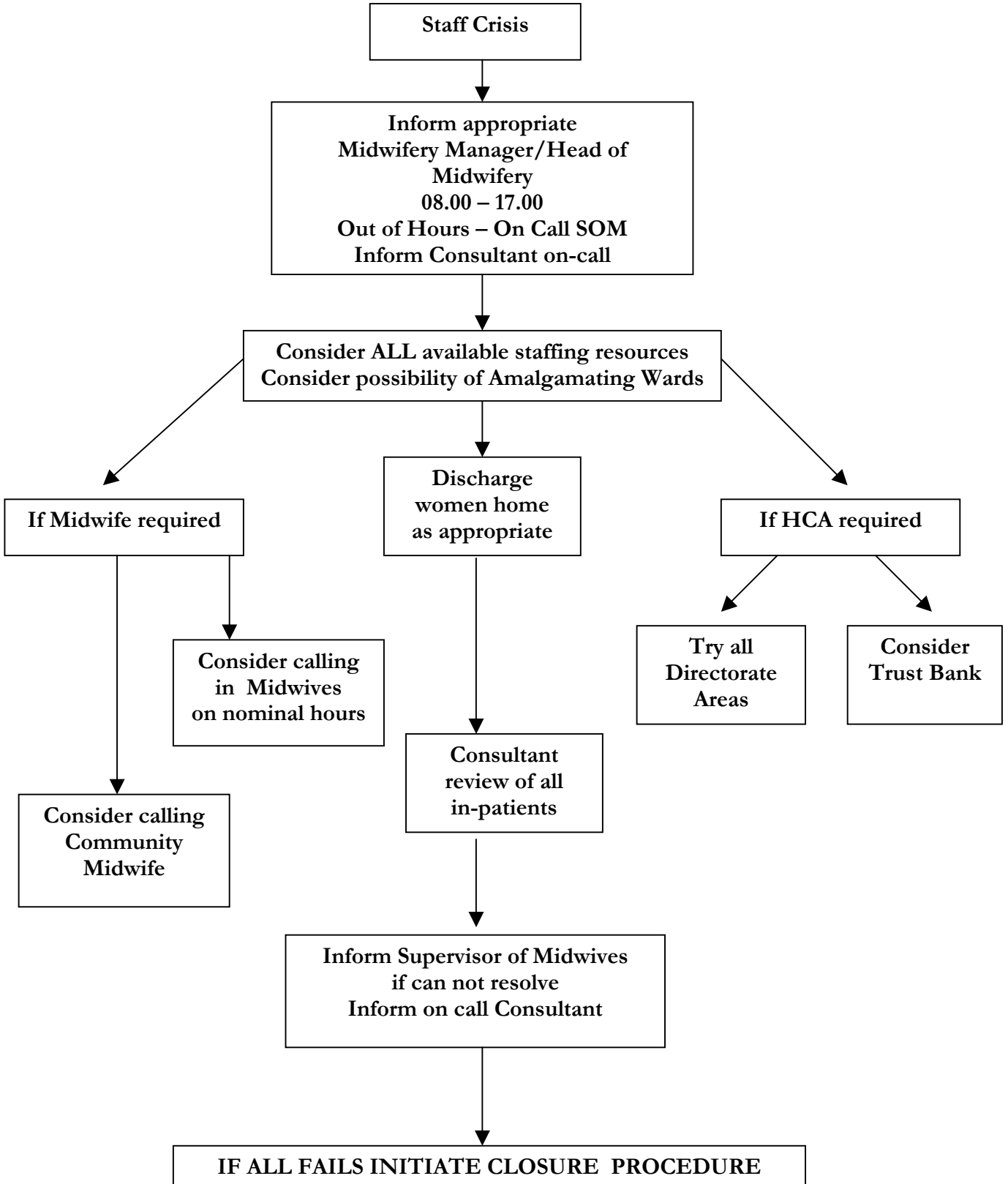
1. Make arrangements with neighbouring Maternity Units to accept women in labour. **See Appendix A**
2. Inform the on-call Trust Manager of the closure and the arrangements in place. Contact via switchboard
3. Inform the Consultant Neonatologist and Senior Nurse/Co-ordinator for Ward 35 of the decision to close to ensure that in-utero transfers are not accepted
4. Inform Ambulance Control, of the closure and arrangements agreed with receiving Maternity Units to ensure that women in labour are diverted to these centres
5. Inform all junior medical staff
6. Complete Maternity Unit staffing and workload form. **See Appendix Bi**
7. Inform women telephoning prior to their admission in labour of the need to divert to another hospital
8. If women arrive in the Unit who have not contacted the Maternity Unit prior to their arrival in labour, assess their condition and arrange their transfer to a receiving unit as appropriate
9. Inform switchboard of the decision to close the Maternity Unit.
10. Request the on-call Trust Manager liaises with Trust Communication Manager
11. Complete Maternity Unit Closure Checklist. **See Appendix Bii**
12. Maintain a record of women directed to other Units. **See Appendix C.**

4. Re-opening of the Maternity Unit

1. When the factors that precipitated closure of the Maternity Unit are resolved and the Unit re-opens the above process is reversed
2. Complete re-opening of Maternity Unit Checklist. **See Appendix D.**
3. It is good policy for the Head of Midwifery to write to all women who have been directed to other Units to apologise for the inconvenience caused. The Head of Midwifery will require a copy of the record of mothers directed to another Maternity Unit. **See Appendix C.**

NB: Please forward all completed paperwork to the Head of Midwifery.

Procedure to be Followed in the Event of a Staffing Crisis



Telephone Numbers of Neighbouring Maternity Units

Hospitals:

- North Tyneside General Hospital 0191 259 6660
- Wansbeck General Hospital 01670 521 212
- Queen Elizabeth Hospital 0191 482 0000
- South Tyneside District Hospital 0191 454 8888
- Durham University Hospital 0191 333 2333
- Sunderland Royal Hospital 0191 565 6256

Maternity Unit Closure Check List

Date of Closure:

Time of Closure:

Reason for Closure:

Major incident/power failure	<input type="checkbox"/>
• Describe:		
Infection – as directed by Microbiologist	<input type="checkbox"/>
No beds	<input type="checkbox"/>
Insufficient medical/midwifery staff (delete as appropriate)	<input type="checkbox"/>

Decision to close Unit made by		
Name	Designation	
Personnel Notified of Closure	Date	Time
Supervisor of Midwives		
Head of Midwifery/Senior Manager		
Head of Obstetrics		
Consultant Neonatologist		
On call Consultant Obstetrician		
On call Trust Manager		
Ambulance Control		
Clinical Director		
Receiving Units asked to record names of women directed to them		

Form Completed by:

Name: Date:

Designation:

Record of Mothers Directed to another Maternity Unit

Date Unit Closed: **Date Unit Re-opened:**

Time Unit Closed: **Time Unit Re-opened:**

Date and Time of Call	Name	Hospital Number	Reason for Telephone Call	Advice Given	Referral Unit

Maternity Unit Re-opening Check List

Date of Re-opening:

Time of Re-opening:

Total days / hours closed: **Days:** **Hours:**

Personnel Notified of Re-opening	Date	Time
Supervisor of Midwives		
Head of Midwifery/Senior Manager		
Head of Obstetrics		
Clinical Director		
Consultant Obstetrician on Call		
Consultant Neonatologist		
General Manager		
Ambulance Control		
LSA Midwifery Officer		
On-Call Trust Manager		

Number of women directed to other units:

Number of women delivered to other units:

Form Completed by:

Name: Date:

Designation: