WELCOME TO THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY. THIS BOOKLET CONTAINS SOME INFORMATION AND GUIDELINES THAT YOU MAY FIND USEFUL DURING YOUR TIME HERE, AND AIMS TO PROVIDE A BRIEF INTRODUCTION TO YOUR TIME AS A TRAINEE IN THIS DEPARTMENT. JUNE 2015
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### Guidelines
Introduction

Welcome to Department of Women’s health!

You will be spending the next six months of your training learning to look after women in both good and poor health. While a large part of our job is dealing with normal physiology when we ensure that both mother and baby are safe during child birth, we also look after a wide range of health issues effecting women. We are a district general hospital having an experienced team consisting of 14 Consultants (1 part time), 3 Associate specialist, 1 Staff Grade, 12 Specialist registrars, 10 SHO level trainees (Including GP VTS and career trainee), 1 each FP1 & FP2. In addition to standard service areas of Central Delivery suite, Antenatal, Postnatal and Gynaecology wards we have established Early pregnancy and a Emergency Gynaecology acute services. We also provide tertiary care Gynae-oncology service, an advanced urogynaecology service as well as secondary and tertiary care Fertility services.

I hope you enjoy your time with us and that it fulfils your learning objectives.

Mr G S Kalra,

Lead Consultant SHO training,

Consultant Obst & Gyn, Fertility and Minimally invasive surgery.
Departmental Information

Administration

Rota Manager – Sarah Watchman

The rotas are co-ordinated and managed by Sarah Watchman. Sarah’s office is on the second floor of the Maternity block on the right hand side before the corridor turns to Ward 16. Sarah is the person to contact regarding swaps, annual leave and any queries regarding the rota; you must fill out swap forms and annual leave request forms six weeks before the dates, and return these forms to Sarah. Be aware that to take annual or study leave you will need to arrange cover for any shifts which you are rota’d to do, including day shifts, and submit the relevant signed swap forms to Sarah. Sarah is also the person you need to contact if you are unable to attend work due to sickness.

Sarah Watchman 01792 285044 (mobile 07837 929543)

Bleeps should be collected from switchboard. The only time you will not be carrying your own bleep is when you are on-call, when you will carry the “Obs Baton Bleep” 5368. You will carry this when you are on an obstetric long day, on-call overnight, or at the weekend. The SpR on call bleeps are 5351 for the Obstetric SpR, and 5356 for the Gynaecology SpR. At Singleton, dial 81 to access the bleep system. If you need to bleep someone who is in Morriston, dial 82.

Car Park Permit forms can be collected from Sarah, or by emailing Jenny Oakes directly on Jenny.Oakes@wales.nhs.uk Fill these in and return them so as to receive your permit early. Note that on Saturdays there is a car boot sale in the staff car park and so it is best to park elsewhere at the weekend to avoid this!

Changing facilities are on labour ward for those who will be requiring scrubs. DO NOT leave valuables unattended anywhere on site – sadly there have been several thefts throughout the hospital site, including from the labour ward staff changing rooms. There is a cupboard in the doctor’s room for bags, but again this is not secure so do not leave valuables. The labour ward staff room has a fridge and microwave. Label food to avoid it being disposed of. There is also a microwave in the staff canteen, along with limited vending facilities. The Doctor’s Mess is quite a distance to run to Labour Ward and so it
is not advised for people to stay there at nights or at weekends; however for those not covering the Labour Ward, it has facilities such as tea, coffee, biscuits and Sky TV.
Rota

The rota consists of Obstetric long days, Gynaecology days, Triage days, Training days, weekends and nights. Monday-Thursday evenings there is both an Obstetric SHO and a Gynaecology Ward SHO on site to provide evening cover, whilst from 5pm Friday there is one weekend SHO to cover all areas with the two SpRs.

Obs Long Days

Handover is at 08:30am in the Labour Ward handover room. Handover includes the night team and the day team, as well as the consultant on call, the lead midwife for the CDS, and the Obstetric Anaesthetist. It is important that everyone is made aware of any unwell patients or any ongoing concerns. During handover ensure that someone completes and files the handover form in the pink folder.

The consultant ward round commences immediately after handover and covers Labour Ward and Ward 19. The Obstetric SHO and Triage SHO should team up to cover the areas and whilst the Obstetric SHO is on the Ward 19 round, the Triage SHO should go to Ward 18 to start seeing the Ward 18 patients. The Obstetric SHO is likely to be called from the ward round to assist in the day’s c-sections on Labour Ward, after which they can return to help finish the reviews on 18 and to complete any jobs from the ward round on 19. Be aware that patients may be admitted directly from clinic, who you will need to clerk and arrange SpR reviews where appropriate.

Bring lunch and snacks as lunchtime can be unpredictable.

When scrubbing in theatre, ALWAYS WEAR EYE PROTECTION. If you are not comfortable scrubbing, attend theatre early and ask the scrub nurse to go through it with you. Leave your bleep on the windowsill whilst scrubbed and the theatre staff will take a message.

The Obstetric SHO covers Labour Ward, Ward 18, Ward 19, and from 4pm they also cover Triage. The main role on Labour Ward is for cannulation, bloods (always do an FBC and G&S), and instigation of the sepsis bundles where appropriate. On nights and at the weekend, the Obstetric SHO also covers Ward 20 and the gynaecology admissions. Evening handover is at 20:30pm in the Labour Ward handover room. The day team should bring up to date ward lists to handover.
Triage

Attend handover at 08:30am on Labour Ward, then go to Triage on Ward 19 and check they have the correct bleep number for you. If there are no patients to see, go to Ward 18 and start reviewing patients. Try to team up with the Obstetric SHO; Triage tends to be quieter in the morning, which allows you to start on Ward 18.

Triage cases that you will see are:

- ? SROM
- ? Pre-term labour
- APH/ PV bleed
- Abdo pain
- Generally unwell- general medical problems, infections etc

Take a history, examine patients abdomen (and other systems if needed), +/- speculum, +/- bloods. Ask advice of triage midwife (they are very experienced) or SpR if uncertain.

**DO NOT DO A SPECULUM OR VE A ON PATIENT WITH PLACENTA PRAEVIA OR KNOWN BULGING MEMBRANES** - check in obstetric notes first for any patient with APH to review placental site on the ultrasound chart and if there is concern regarding placenta praevia contact the SpR.

When you do a speculum (ask SpR to accompany you if you are not confident) do a high vaginal swab +/- chlamydia swabs at the same time.

Actim partus swab can be considered on patients with threatened pre-term labour (i.e. tightening) - it can only be done on patients who are 24-34 weeks gestation and a single fetus. Do not do an actim partus without SpR discussion for patients presenting with PV bleeding or ?SROM as it can be inaccurate.

Triage finishes at 4pm, after which the Obstetric SHO will cover Triage.

Gynaecology Days

All ante-natal admissions up until 19+6 weeks gestation are seen on Ward 20 (except hyperemesis patients, who are admitted to Ward 19). Ward 20 is the Gynaecology ward and is staffed by gynaecology nurses. The Gynaec-oncology team looks after the Gynaec-oncology patients along with the Gynaec-oncology F1.

During your Gynaecology week on the rota, you will cover Ward 20 and any gynaecology or early pregnancy admissions. Pregnancies up until 19+6 weeks gestation are seen on Ward 20 (except for hyperemesis patients who are admitted to Ward 19).

*All gynae admissions should be seen by an SpR/consultant within 24 hours *
GYNAECOLOGY CONTINUED:

Start the day by attending handover at 08:30am on Labour Ward. Following handover, familiarise yourself with the ward patients by going through the ward 20 board with Sister, who will advise you of who needs a review as well as any daily issues or pending admissions. The Gynaecology team will usually review their own patients with the Gynaecology F1. The Gynaecology SpR attends the ward at around 10am to do a ward round of the Gynaecology patients.

There is a Gynae handover list located under the general ward login on the desktop of the computer on Ward 20. This list should be updated at 08.30am and 20.30pm each day and saved in the monthly folder after each update.

At weekends, the Gynaecology F1 will leave a handover list of patients and weekend jobs attached to the ward 20 board.

Patients attend ward 20 semi-electively for “medical management of miscarriage” and for “surgical evacuation of retained products of conception”. These patients need clerked, bloods (including group and save) and consented. The stickers prescribing the medical management regimes are in the desk drawer on Ward 20. Remember to check rhesus status, as patients who are rhesus negative will require anti-D.

Patients who are discharged from ward 20 should ideally have a discharge summary completed asap. Notes awaiting discharge are in the discharge box behind the desk on Ward 20.

CEPOD
On Monday, Wednesday and Friday there is a CEPOD list (emergency gynae theatre in the afternoon). These patients will either already be inpatients, or will attend the ward at around 9am. CEPOD patients require the following:
- Clerking
- Bloods taking (FBC, U+E’s, G+S and any other specifically required)
- Consent (consent for surgical procedures should be performed by the SpR)
- Book onto CEPOD theatre list
- Inform on call anaesthetist of patient

Early Pregnancy Unit: The EPU runs every morning from 8.30-12 noon and is located at entrance to ward 20. Patients who are 6-13 weeks gestation with pain or bleeding are reviewed here by the EPU nurses. There is also an ultrasonographer who can scan patients.
To book patients in to the EPU, there is a diary which is kept in the EPU during weekday mornings and on ward 20 in afternoons/night; you can book patients in for reviews or for scans if they are 6-13 weeks gestation and if they do not need immediate assessment.
If there are any early pregnancy admissions overnight then you can ask EPU if they are able to scan as an extra the following morning.
Emergency Gynae Clinic: This is a new clinic based in the EPU area on Ward 20 on Mon-Fri afternoons, where GP referrals are seen and triaged by the Early Pregnancy Unit Sisters (Angela or Paula) and seen by the Gynaecology SHO, before being discussed/reviewed by the SpR. All GP referrals are made via the SpR, although on occasions they may come through the SHO if the SpR’s are in theatre etc. If someone is stable enough to be seen in the next Emergency Gynae Clinic, they can be booked in the book and given an appointment time. Unstable patients should be seen directly on Ward 20.

Any referrals to the Emergency Gynae Clinic need to be clerked on the clerk sheet, examined, speculum + VE + swabs, then discussed with SPR regarding the management plan and potential need for admission.

Common gynae admission problems include:

- Threatened miscarriage
- Suspected ectopic pregnancy
- Bartholin’s abscess
- Pelvic inflammatory disease
- Pelvic pain (ovarian cysts etc)
- Menorrhagia
- PV bleeding

Teaching

Teaching is in the Ward 17 tutorial room at 9-11.30am every Monday morning, and covers a variety of topics relevant to your time in the department. Attendance is mandatory for all SHOs who are not on annual leave/days off/nights and the SpRs carry the bleeps to allow you to attend.

Reflections

On Thursday afternoons from 12.45pm there is departmental teaching in the ward 17 tutorial room. This starts with “reflections” where interesting cases are discussed, and there is usually also an SHO and SpR presentation. Drug reps often attend, so there is often a free lunch!

Training Days

The rota contains “Training Days” which allow time for learning opportunities such as attending clinics, theatre, and working on e-portfolios. These days are a valuable resource, so make the most of them. They also provide a good opportunity for completing assessments and CBDs.

Clinics are often attended by medical students so to ensure that you will be able to attend, contact the secretary of the consultant who is running the clinic early in advance to ask if you can attend and to book yourself in. Details are provided on the next pages as to who to contact:
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<tr>
<th>Consultant</th>
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<tr>
<td>Dr. Dyer</td>
<td>Linda</td>
<td>Dr. Yonas</td>
<td>Suzane</td>
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<tr>
<td>Suzane</td>
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<td>Joanna</td>
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<td>Dr. K. Yoganathan</td>
<td>Huddleston</td>
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<td>Julia</td>
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<td>Mr. M. Moseri</td>
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<td>Sally</td>
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<td>Nicky</td>
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<td>Beverly</td>
<td>Kent-Ghittins</td>
<td>Mr. J. Gasson</td>
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<td>Hillary</td>
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Contact details
Discharge Summaries

Notes for gynaecology patients requiring discharge summaries are kept in the discharge box on Ward 20. It is the responsibility of the whole team to ensure these are kept up to date, so please do not leave it to the sole responsibility of the Gynaecology SHO, who may be busy. It is helpful if everyone tries to assist with these whenever there is any spare time, due to the fast turnaround of patients in the department.

To complete a discharge summary, log in to the Clinical Portal and under “Patient Lists” select “Discharged Patients”. Once completed, send the e-summary to the GP and print a copy for the patient notes, which can then be placed in the “discharged patients” cupboard. Don’t send the copy for “consultant approval”, as this will prevent it being sent to the GP in a timely manner. If you are not used to completing e-discharges, speak to Sister Angela in the EPU who will talk you through it.

Bloods

At the weekend, there is unfortunately no phlebotomy service on ward 20, so if the night SHO is free in the early morning, it is great if they can take any bloods needing checked, as the weekend days SHO is usually busy running between the different wards.

***Out of Hours, there is no Biochemistry lab on site, so after 5pm and during weekends, Haematology and Biochemistry need to be bagged separately and sent to the individual labs via the pod system so that Biochemistry samples can then be transported to Morriston Hospital***
LABOUR WARD/THE CDS

The Clinical Delivery Suite/Labour Ward is on the fifth floor of the Maternity block, on the left opposite the Special Care Baby Unit. There is a code to get in the door, which you will be told when you start. Do not let anyone in the door and always hide the code, as it is a security risk.

THE BIRTHING CENTRE

The Birthing Centre is based on Ward 19, directly below the CDS on the fourth floor. There are two rooms and the pool here and the area is utilised for low-risk mothers who qualify for midwife led care and who do not need medical input. Anyone requiring a higher level of care, or anyone requesting remifentanil or an epidural, will be brought upstairs to the CDS where they can be monitored more closely.

WARD 19

Ward 19 looks after ladies from 20 weeks gestation up until term. This includes Inductions of Labour, and any antenatal admissions. All hyperemesis patients are admitted to Ward 19 regardless of gestation. The Triage area on Ward 19 takes phone calls both directly from mothers with concerns and from midwives. The midwife covering Triage triages these calls and gives telephone advice, asking anyone to come in whom she feels needs to be seen. Any patients needing review will be reviewed then by the Triage SHO once seen by the Triage midwife.

Admissions onto ward 19 who have not come through triage (i.e. from clinic/other hospitals/GPs) are usually clerked by either the obstetrics long day SHO or the triage SHO.

Common admission problems include:
- Hyperemesis/ vomiting in pregnancy
- ? pre-eclampsia or hypertension problems
- Diabetes related issues
- ? obstetric cholestasis
- Infections (UTI/ pyelonephritis/ chest etc)

Investigation and management guidelines for these admissions can usually be found on Wisdom or the RCOG green top guidelines.

WARD 20

Ward 20 is on the 4th floor of the maternity block. It is the gynaecology ward and is staffed by gynaecology nurses. There is a DOSA (“Day of Surgical Admission”) unit in room 11 on the ward where day cases are admitted and cared for by the DOSA nurses. These patients do not normally need SHO input unless there is a need for admission. There is a treatment room on ward 20 for speculum examinations. The SpR ward round is at 10am with the gynaecology SpR. Try to troubleshoot prior to the ward round to identify any problems the SpR may need to be aware of, and to chase any outstanding bloods.
WARD 18

Ward 18 is the postnatal ward. It is midwife led and the triage SHO usually helps the Obstetric SHO during daytime hours by covering here. The midwives place red dots on the board next to the name of patients who need an SHO review, and it is worth running through the board with the midwife in charge in the morning to check why these patients need to be reviewed, and to check that there are no other issues. Usual reviews are patients with drains, high BP, c-sections etc. Be aware of any patients who may have been transferred down from HDU, as they may have ongoing medical issues. (Also whilst signing pre-written TTOs, be aware that many patients may require courses of LMWH to take home that may not have been transcribed onto the TTO by the midwife; to check whether a patient requires longer courses of LMWH check the op note, or if you have concerns, consult Green Top Guideline 37a.)

The Gynae SpR should come down to Ward 18 after the Labour Ward ward round in the morning to do a board round and to troubleshoot any potential problems.

You may also be asked to r/v re-admissions to ward 18 from community. If unsure, assess the patient and then call the SpR.

** All re-admissions require reg review within 24 hours of admission. **

There is a chocolate box on ward 18 with an honesty box for small donations that helps on bad days!

WARD 16

Ward 16 is based on the second floor and is where the Pregnancy Advisory Service is based. Patients requiring medical and surgical terminations of pregnancy are admitted to Ward 16, which is open Monday to Friday. Any patients with complications of bleeding or retained products of conception requiring overnight admission, or patients who re-present out-of-hours with complications, should be brought to Ward 20 for assessment, stabilisation and management. Be aware that any products of conception which are subsequently passed out-of-hours must be safely returned to Ward 16 for storage and sensitive disposal.
Guidelines

Departmental guidelines can be found on “Wisdom” on the Intranet. From the home page click on “Clinical Systems” then on “Wisdom” where an “A-Z of Obstetric and Gynaecology Protocols” will come up.


Royal College of Obstetrics and Gynaecology “Green Top Guidelines” also provide helpful NICE based guidelines for the management of most Obstetric and Gynaecology problems:

https://www.rcog.org.uk/guidelines

Local guidelines we suggest you familiarise yourself with before joining the department are attached to this induction pack in a zip file, but be aware that guidelines are being constantly updated.

ATTACHED GUIDELINES INCLUDE:

- Antepartum haemorrhage guidelines
- Anti D
- Assessment, prophylaxis and treatment of venothromboembolism
- Caesarean section; vaginal birth after VBAC
- Cord prolapse, obstetric emergency
- Detection and management of small for gestational age
- Fetal monitoring
- Fetal movements; management of women with reduced fetal movements
- Magnesium sulphate administration for neuroprotection of the fetus
- Management of fetal loss, stillbirth and neonatal death
- Management of hypertensive disorders during pregnancy
- Management of massive obstetric haemorrhage
- Management of oligohydramnios
- Management of prelabour spontaneous rupture of the membranes
- Management of preterm labour
- Management of women with diabetes
- Maternal collapse in pregnancy and the puerperium
- Management of the ruptured uterus
- Multiple pregnancy
- Obstetric sepsis and sepsis screening tool
- Policy for the management of women with Group B Strep (GBS)
- Policy for safeguarding children within maternity services
- Pregnancy, iron (monofer) infusion in ABMU
- Protocol for the management of ectopic pregnancy
- Protocols for early pregnancy loss
- Protocols for Early Pregnancy Assessment Unit
- PV blood loss 13-20 weeks
- Severe of fulminating pre-eclampsia
- Shoulder dystocia
- Third and fourth degree perineal tears, episiotomy and suturing
- Third stage labour, syntocinon, syntometrin and oxytocin
- Uterine inversion – obstetric emergency
- Women with BMI above 30