

Information and advice given on contacting maternity triage in early labour

Sands & Tommy's Joint Policy Unit discussion paper

Key messages

- Previous reports have identified maternity triage as an area of concern into the safety of maternity services, with delays in admitting women and birthing people to hospital preventing them from receiving the appropriate care and support and contributing to poor outcomes.
- Reports have shown inconsistencies in advice when contacting triage, with women and birthing people's concerns not being heard or addressed.
- Whilst various different tools exist, there is no recognised national guidance for maternity triage, including an absence of a standardised approved triage system or reporting tool.
- Research shows that the triage process in early labour can be difficult for both women and healthcare professionals, with midwives having to balance the needs of the women and the limitations of the service, and women feeling uncertain about when they should be attending hospital.
- Women and birthing people must be provided with clear information on how and when to contact maternity services, and the response they should expect if they do.
- Our analysis of information provided on NHS Trust websites on when to contact maternity triage in early labour found variation in symptoms and language encouraging women to stay at home, without a clear evidence base.

Background

Issues with maternity triage and failures in care

Women and birthing people are advised to contact their hospital's maternity triage department if they are concerned during pregnancy or early labour in order to discuss symptoms and determine whether they should attend hospital for assessment.

In early labour in particular, it can be difficult to know when is the right time to go to hospital. National reports and reports into individual services have highlighted care reviews that found that women were wrongly advised to stay home after contacting maternity triage.

The East Kent report¹ identified maternity triage as one of the concerns that the Healthcare Safety Investigation Branch (HSIB) had about East Kent maternity services in their previous investigation. These concerns were mainly around documentation, as there was no record that calls from patients were made, who was taking the calls or what advice was being given to patients.

The Ockenden review² of the Shrewsbury and Telford Hospital Trust's maternity services highlighted three cases where women had telephoned maternity triage in early labour with concerns, which included abdominal pain, waters breaking and bleeding, and were not invited in to hospital for assessment or transferred to the appropriate unit. All three cases resulted in neonatal death.

Issues with maternity triage have been identified as an emerging theme from the CQC's national [maternity inspection programme](#). Concerns that have been highlighted so far include: patient prioritisation, timeliness to initial assessment, oversight of those waiting, and staff training and competence.

Information online for women and birthing people on when to contact triage

Healthcare professionals generally recommend women stay at home until contractions become frequent. As research has highlighted, it can be difficult for women and birthing people to know when they should be contacting maternity services, therefore it is vital that services provide clear and accurate advice and support in early labour.

The Royal College of Obstetricians and Gynaecologists (RCOG) Good Practice Paper on Maternity Triage³ states that 'women and people should be provided with clear information on how and when to contact maternity services and where to attend with concerns related to their pregnancy, in a format and language that they can readily access and understand.'

Research suggests that women are more likely to seek healthcare information online than they are from a healthcare professional. According to the [Women's Health Strategy](#) published by the DHSC, 71% of respondents said that they were more likely to seek this information from Google, compared to 59% who said they would seek this from GPs or healthcare professionals. It is important that women and birthing people can easily access clear and accurate information online about when to contact maternity triage.

Analysis: Variation between advice provided to patients on when to contact Maternity Triage in early labour

We reviewed 35 sources of information found on NHS Trust websites to assess consistency in advice provided on when to contact maternity triage in early labour and identify areas of variation. We searched each of the NHS Trust websites for publicly available information and advice on contacting maternity triage in early labour. The Trusts had to provide information in a comparable format, which was either written on a webpage, included in a patient information leaflet, or via a patient information video. We identified the Trusts using the [NHS England System Directory](#) and continued searching until we had a comparative analysis. We have included five Trusts from each of the seven NHS regions in England. We limited the scope to Trusts in England to tailor the policy implications because health care is a devolved matter.

Analysis was limited to topics included on the [Safer Pregnancy](#) website, which was created through a consensus between health professionals, charities and professional organisations to identify the most important ways of reducing stillbirth. These were also the topics that came up most frequently in our search. Our analysis found variation in advice given on when to contact maternity triage, with differences in symptoms and language describing these. We also found language encouraging women to stay at home on just under half of the Trust websites, without a clear evidence base for this.

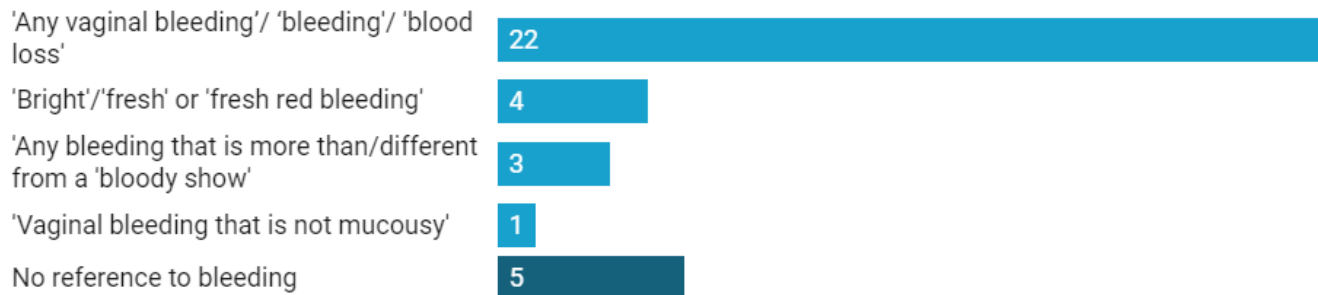
This report is focussed on contacting maternity triage for women and birthing people planning to attend hospital to give birth, and therefore we have not looked at any information or advice given to those planning home births. We have also focussed on information available for women and birthing people

on contacting triage specifically during early labour, as opposed to more general advice for contacting triage.

Bleeding

There was slight variation in how bleeding was described in guidance on contacting maternity triage in early labour. It was most often advised to call when there was 'any vaginal bleeding'/ 'bleeding'/ 'blood loss'. Five websites did not include any reference to bleeding in its guidance.

Language around bleeding



35 sources of information are included from NHS Trust websites.

Chart: Sands & Tommy's Joint Policy Unit • [Get the data](#) • Created with [Datawrapper](#)

Feeling unwell

Most NHS Trusts did not include a reference to feeling unwell or related symptoms in its guidance on contacting maternity triage in early labour. There was a slight variation in language and specific symptoms for those that did include this.

Language around feeling unwell



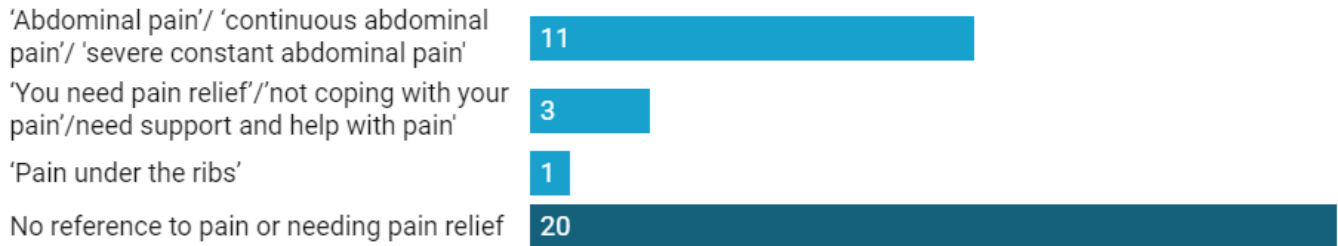
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Pain/pain relief

Less than half of Trusts referenced pain (separate to contractions) and needing pain relief in their guidance on contacting maternity triage in early labour.

Language around pain and pain relief



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Reduced fetal movements

The [Saving Babies Lives Care Bundle version 3](#) states that information from practitioners on reduced fetal movements must be available to all pregnant women by 28 weeks and fetal movements should be discussed at every subsequent contact. The information should be accompanied by an advice leaflet. Whilst the majority of Trusts included this information on their website under their guidance on contacting triage in labour, three did not reference reduced fetal movements.

It was most often described as 'reduced' movements, referencing movements that were less than usual or that had slowed down, but some Trusts advised to call if women and birthing people had any concerns about their baby's movements.

Language around reduced fetal movements



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Chart: Sands & Tommy's Joint Policy Unit • [Get the data](#) • Created with [Datawrapper](#)

Waters breaking

Most Trusts included a reference to waters breaking on their guidance on contacting triage, and there was little variation in how this was described.

Language around waters breaking



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Chart: Sands & Tommy's Joint Policy Unit • [Get the data](#) • Created with [Datawrapper](#)

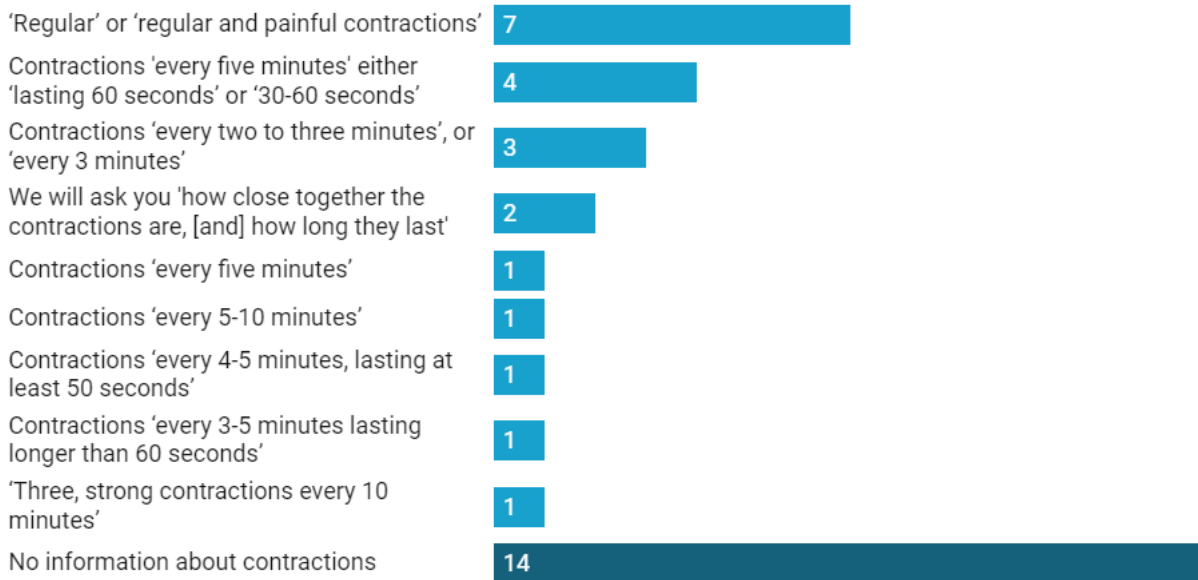
Out of the 32 trusts that included this information, seven also advised to contact triage if 'the waters are smelly or coloured/brown' or said that 'the waters should be clear'.

Time and length of contractions

There was a large variation in information around the length and timing of contractions when contacting maternity triage in early labour. It was most often described as being advised to call when experiencing 'regular' or 'regular and painful contractions', however there were a number of Trusts that gave specific timings and lengths of contractions which varied significantly.

40% of Trusts (14) did not include information relating to contractions when advising women on when to contact triage.

Time and length of contractions



35 sources of information are included from NHS Trust websites.

Chart: Sands & Tommy's Joint Policy Unit • [Get the data](#) • Created with [Datawrapper](#)

Less frequently mentioned symptoms

Less frequently mentioned symptoms included changes in vision, itching and swelling. Only seven websites mentioned changes in vision, five mentioned itching and three mentioned swelling. It is important to note that some of these symptoms are signs of pre-eclampsia, which can develop during labour, and increase the risk of preterm birth and stillbirth.

Concerns

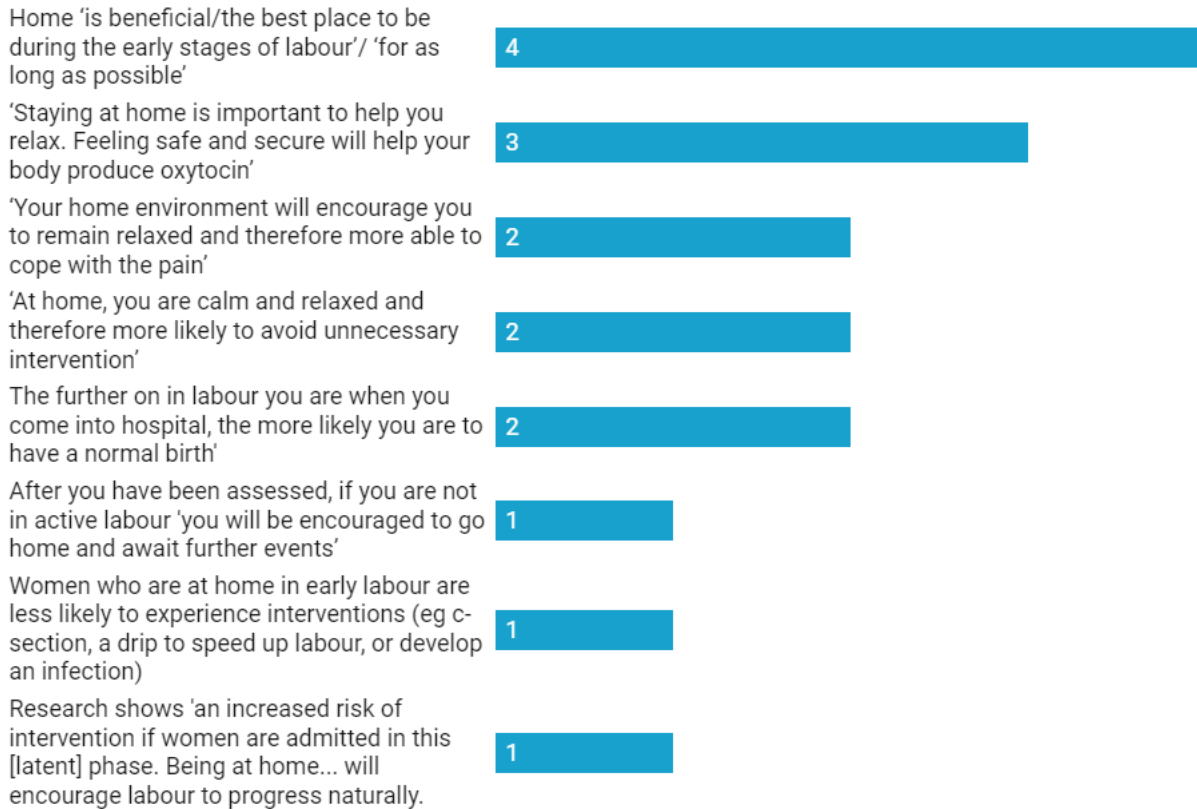
All websites advised women to call triage if they had any anxieties/concerns or needed more support.

Encouraging women to stay at home

Just under half (16) of the Trust websites had language encouraging women to stay at home during early labour if they were not experiencing other symptoms listed above. This was usually due to home being seen as a more comfortable environment, making the assumption that home would be a safer place to be in early labour than hospital. It is not clear what the evidence base is underpinning these claims, or the extent to which research showing a correlation between being in hospital during early labour and the likelihood of interventions has been conflated with causation. It is important to reflect different people's circumstances in advice, and ensure that all advice is centred on evidence and women's needs and preferences.

Some Trusts suggested that "staying at home is important to help you relax. Feeling safe and secure will help your body produce oxytocin". It is not clear what the evidence behind these claims are, and they appear to be based on assumptions about what an individual's home environment is like, and what their preferences are when in labour. To ensure person-centred care, it is important to recognise that for many reasons, people may not find home to be a relaxing environment. Some websites also informed that women were likely to be sent home if, after having been seen by a midwife, they were not in active labour.

Encouragement to stay home



16 sources of information are included from NHS Trust websites

Chart: Sands & Tommy's Joint Policy Unit • [Get the data](#) • Created with [Datawrapper](#)

In addition to the above, one Trust also stated that 'the best place for any woman in the latent phase of labour is at home in familiar surroundings, supported by people she trusts'.

One trust encouraged people to keep in regular contact after being sent home: 'if you have attended for early labour assessment and are suitable to return home, please keep in contact with the maternity triage by calling every 4 hours or as advised by a midwife.'

Absence of national guidance

There is no agreed national standard and reporting tool for maternity triage. There are also no national standards currently for staffing numbers in maternity triage departments, other than within the overall standards for midwifery staffing.

Additionally, there is no standardised triage system in maternity care, however the Birmingham Symptom Specific Triage System (BSOTS) has been widely adopted throughout the UK and is the recommended triage system by the RCOG. It is important to understand if this system is appropriate in all types of settings and circumstances, as the design and initial evaluations of BSOTs have focussed on its implementation in large units.

Women's experiences of triage

In the [2023 CQC Maternity Survey](#) 15% of respondents felt that they were not given appropriate advice or support when they contacted a midwife or the hospital at the start of their labour. Although this is an improvement from 2022, when 18% felt they were not given appropriate advice or support, it is still

more than the 2017 rate of 13%. 85% of respondents said they felt they were given appropriate advice and support. The CQC Maternity Survey does not include bereaved parents, who have experienced the worst outcomes.

HSIB's 2020 summary of maternity themes report⁴ analysed completed maternity investigations since the programme started in 2018. The report discussed maternity triage in relation to safety of intrapartum care. A number of investigations found emphasis on advising mothers to remain at home until active labour, and mothers not being invited into hospital in what was believed to be early labour, without a full assessment of the clinical picture. In some cases, this was due to information not being shared between clinicians, the right questions not being asked by the call receiver or problems with the documentation of a mother's group B streptococcus (GBS) status.

The report stated that for some women, delaying their clinical attendance based on telephone triage prevented them from receiving the care and assessment they needed to support safe management during labour and reduce the risk to their baby. This was particularly true for women at higher risk, including those carrying GBS, with a history of reduced fetal movements or with a baby small for gestational age. In these situations, assessment in hospital in early labour is important for appropriate care and intervention.

In some cases, women were sent home to wait for established labour to begin. However, the report found that some mothers may not have known when to come back to hospital if asked to return 'when labour is established' as they thought they were in labour already. In these situations, women returned to hospital in advanced labour and the opportunity to identify and intervene for early signs of the baby showing signs of distress may have been missed. In some cases, this prevented the mother from having the one-to-one care and monitoring that is expected during labour.

The HSIB maternity investigation programme year in review 2022/23⁵ also found the management of pregnant women in early labour through triage services to be a recurring issue. Problems related to training, guidance, clinical assessment, clinical oversight, escalation and staffing. In many trusts, there was no record of previous calls made by the woman when she contacted triage services, meaning that any ongoing issues or concerns were not recognised.

There is some research available looking at women's experiences of early labour and the advice and guidance provided. One study⁶ found an overall theme that reflected women's sense that advice to stay at home was a professional-centred rather than a woman-centred response to early labour. There is also research looking at the experiences of healthcare professionals. A study⁷ found that telephone triage is a particularly complex process, and midwives face many challenges when balancing the needs of the woman, the health service, and their own workloads.

There are studies⁸ that have highlighted an association between being admitted in to hospital in early labour and an increasing likelihood of interventions, including an increased chance of having an epidural, a caesarean section and babies being more likely to be admitted to a special care nursery. However, these studies are observational and do not appear to show a causal link between being admitted to hospital and these interventions. Therefore, they do not necessarily provide insight into the clinical appropriateness of the interventions, nor the extent to which they reflect women's informed choice. The acceptability of any intervention depends on an individual's concerns and preferences.

The World Health Organisation's 'Recommendations: Intrapartum care for a positive childbirth experience'⁹ recommended that, until further evidence becomes available, a woman presenting to facilities in labour should be admitted and supported appropriately, even when in early labour, unless her preference is to await active labour at home. The guideline notes that there is a lack of rigorous research to support the policy of delaying labour ward admission until the active first stage of labour. As highlighted above, such decisions are often based on the healthcare professional's attempts to balance the needs of the service, particularly when the labour ward is busy.

Questions for discussion

This discussion paper has synthesised and collated issues with maternity triage that have been highlighted in various reports and research studies, including a lack of standardised guidance and reporting, poor documentation of risks and encouraging women to stay at home when they should be assessed in hospital. It also highlights the need for further research to inform guidance.

We want to understand how we can improve the consistency of information and advice provided to women and birthing people when contacting maternity triage, considering the following points:

- Whether there needs to be the development of consistent national guidance (ie NICE guidance) on maternity triage.
- How to explore further women's experience of triage, particularly for women from minoritised ethnic backgrounds, lower socioeconomic backgrounds, and those who require translation and interpreting services.
- How to provide clearer information to women about their rights in accessing maternity care, and the services they are entitled to. This includes understanding the extent to which advice impacts people's likelihood of raising concerns. For example, people may be less likely to raise concerns from fear of being sent home if they are invited into hospital for assessment.
- How to develop a consensus to ensure messages are evidence-based and consistent among services about when women should be contacting maternity triage, and that information is clear and accessible online. This includes ensuring that messages support informed choice and decision making.

References

- ¹ Kirkup, B. et al. (2022). Reading the signals: Maternity and neonatal services in East Kent - the Report of the Independent Investigation. Available from: https://assets.publishing.service.gov.uk/media/634fb0afe90e0731ae2a147a/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_web-accessible.pdf
- ² Ockenden, D. et al. (2022). Findings, conclusion and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust: Our Final Report. Available from: <https://assets.publishing.service.gov.uk/media/624332fe8fa8f527744f0615/Final-Ockenden-Report-web-accessible.pdf>
- ³ RCOG (2023) Maternity Triage: Good Practice Paper No.17. Available from: <https://www.rcog.org.uk/media/p13lrr3n/gpp17-final-publication-proof.pdf>
- ⁴ HSIB (2020) Investigation report: Summary of themes arising from the Healthcare Safety Investigation Branch maternity programme. Available from: <https://www.hssib.org.uk/patient-safety-investigations/summary-of-themes-arising-from-the-hsib-maternity-programme/investigation-report/>
- ⁵ HSIB (2023) Maternity investigation programme year in review 2022/23. Available from: <https://hssib-ovd42x6f-media.s3.amazonaws.com/production-assets/documents/hsib-maternity-investigation-programme-year-in-review-2022-23-accessible.pdf>
- ⁶ Nolan, M, Smith, J. Women's experiences of following advice to stay at home in early labour. British Journal of Midwifery. 2013 Sep; 18(5). Available from: <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2010.18.5.47856>

⁷ Bailey CM, Newton JM, Hall HG. Telephone triage and midwifery: A scoping review. *Women Birth*. 2018 Oct; 31(5):414-421. Available from: <https://pubmed.ncbi.nlm.nih.gov/29241698/>

⁸ Miller, Y.D., Armanasco, A.A., McCosker, L. *et al.* Variations in outcomes for women admitted to hospital in early versus active labour: an observational study. *BMC Pregnancy Childbirth* 20, 469 (2020). Available from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03149-7#citeas>

⁹ World Health Organization (WHO) (2018) WHO recommendations: intrapartum care for a positive childbirth experience. Available from: <https://iris.who.int/bitstream/handle/10665/260178/9789241550215-eng.pdf?sequence=1>