

EFFECTIVENESS OF A MIDWIFE-LED STANDARDISED LABOUR ASSESSMENT PROGRAMME FOR APPROPRIATE HOSPITAL ADMISSIONS OF LOW-RISK PREGNANT WOMEN AT TERM

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Abstract

Rationale, aims and objectives Discharging low-risk pregnant women is not usually contemplated in any procedure and obstetricians are therefore fully responsible for making this decision. Thus, a protocol establishing the procedures, tasks, aims, and activities of each healthcare professional involved in such cases would allow to streamline the process of admission and discharge of low-risk pregnant women with a normal pregnancy. The aim of this study was to establish the effectiveness and safety of a standardised assessment programme for the decision-making process of midwives in relation to the admission of pregnant women in a hospital emergency department. **Method** Retrospective observational cohort study evaluating the decision-making process of midwives when assessing pregnant women in an emergency department during the study period 2016-2017. The study population consisted of low- to moderate-risk pregnant women with a normal pregnancy who presented to the obstetric emergency unit (labour and delivery room) because of vaginal spotting, uterine contractions, bleeding, absence of foetal movements and/or suspected rupture of membranes. The primary study variable was the appropriateness of the decisions made by midwives (whether discharging or admitting pregnant women) in an obstetric emergency unit. Safety was assessed by the incidence of neonatal complications based on the Apgar test for women who had previously been discharged. **Results** The performance of the instrument used was found to be excellent as both the negative predictive value (appropriate discharge) and the positive predictive value (appropriate admission) were greater than 95%. In the safety evaluation, only one in every 200 newborns had an Apgar score at five minutes less than seven. **Conclusions** The adequacy of our standardised assessment programme has been found to be excellent, with an almost perfect performance based on the negative predictive value and appropriate safety margins based on the Apgar scores at birth obtained for previously discharged cases.

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