

Wessex Maternal Medicine Network (WMMN) Haematology MDT meeting

SOP, version 1.0

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Description	Wessex Maternal Medicine Network (WMMN) Haematology MDT meeting operating procedure		
Level and type of document	Level 2: applicable to Wessex Maternal Medicine and to all Wessex associated Haematology departments		
Target audience	All clinicians within Maternal Medicine and Haematology		
List related documents / policies (do not include those listed as appendices)	Wessex Maternal Medicine Network Regional Guideline: Working together to optimise outcomes for Women with Medical Problems in Pregnancy		
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1 Version control

Date	Author(s)	Version created	Approval committee	Date of approval	Date next review due	Key changes made to document
25.09.2024	Matthew Coleman Ana Carvalhosa	V1.0	Women & newborn Clinical Governance Steering Group	04/10/2024	31/10/2027	New document

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3 Executive Summary/ Introduction

The Wessex Maternal Medicine Network (WMMN) works with all medical specialities to improve care in before, during and after pregnancy (see Wessex Maternal Medicine Network Regional Guidelines 2024 for outline of agreed referral pathways and thresholds)

As part of the Wessex MMN WMMN Haematology multidisciplinary team meeting (**WMMN Haematology MDT**) has been established. It provides a platform to focus referrals, support, and experience across the Wessex region, benefiting from subspeciality input from haematology and obstetric medicine. It is further supported by all the other recommended subspecialities.

The **WMMN Haematology MDT** has close links with other regional and national services for haematological disorders that have been commissioned and require a dedicated MDT approach for pregnancy, including haemophilia and haemoglobinopathies.

This **operating procedure** describes recommendations and practical arrangements for the **Wessex MMN Haematology MDT** meetings and referrals.

4 Scope and purpose

The WMMN is led by Dr Matthew Coleman, Obstetric Physician, who will usually chair or delegate the WMMN Haematology MDT.

Referring clinicians from the Trusts in Wessex are invited to participate in this meeting. These include, but are not restricted to:

- Dorset County Hospital NHS Foundation Trust
- University Hospital Dorset NHS Foundation Trust
- Salisbury NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Isle of White NHS Trust
- Portsmouth Hospitals University NHS Trust
- Non-NHS centres including Guernsey and Jersey.

Any urgent referrals requiring discussion prior to the WMMN Haematology MDT should be made via email or direct phone call to the maternal medicine team within hours, and to the obstetric on-call consultant out of hours (see Wessex MMN referral guideline for urgent and non-urgent pathways).

5 Definitions

N/A

6 Process related to the Wessex MMN Haematology MDT meeting

6.1. WHERE - Virtually via Microsoft Teams, diary invites are sent from wessexobstetrichaemMDT@uhs.nhs.uk.

6.2. WHEN - every third Monday of the month, from 14.00 to 15.00 approximately.

6.3. WHO

- Core team

- WMMN Obstetric Physician – usually chairs meeting
- WMMN Obstetric lead
- WMMN Lead Midwife
- MDT Coordinator
- Consultant Haematologist with experience in maternal medicine (this is usually a consultant sub-specialised in bleeding, thrombosis and immune haematology).
- Consultant obstetricians, consultant haematologists in Wessex regional hospitals outlined above.
- Wessex Midwives and Clinical Nurse Specialists
- Specialist Registrars and trainees from Wessex regional hospitals (welcome but not core).

The list of cases will be reviewed by the WMMN Haematology MDT Chair and Haematology consultant ahead of each MDT meeting to ensure there is appropriate representation of clinicians based on the case detail. The chair (or delegate) will confirm accurate records and recommendations are communicated with the local clinician.

Clinicians attending will ensure accurate and timely presentation of clinical cases and noting of recommendations including transfer of management plan, clinical decisions to local clinical notes as needed. They will respond to recommended investigations and further investigations if appropriate. Reporting back to MDT progress through pregnancy and birth outcome details especially related learning.

6.4. What cases are expected to be discussed at the WMMN Haematology MDT meeting?

The Wessex MMN Haematology MDT meeting will facilitate discussion around diagnosis and/or management of women and their babies, before, during and after pregnancy, who may be affected by haematological conditions. Indications for referral and discussion will depend on individual patient complexity and diagnosis, local clinician experience and importantly, provision of appropriate full range of support services to accommodate complexity before during and after birth.

For significant bleeding disorders, haemoglobinopathies and/or thrombotic microangiopathies, the WMMN will work alongside other commissioned specialised haematology services.

REFERRAL PROCESS

How to refer to WMMN Haematology MDT?

The referral form is in Appendix One and should be sent to wessexobstetrichaemMDT@uhs.nhs.uk.

6.6. How will the discussions be recorded in the WMMN Haematology MDT?

- The MDT meeting will be recorded on TEAMS. An MDT list of cases will be kept on TEAMS and accessible to the WMMN MDT Core Team (see section 6.3.).
- A formal outcome will be completed after the meeting and sent back to the referrer using the referral form. **It is the responsibility of the referrer to ensure the MDT outcome is available on their local hospital system.**
- For all patients registered on Badgernet, the MDT coordinator will add a note in the summary page of Badgernet stating the case was discussed at the WMMN Haematology MDT
- After delivery, the referring clinician will be asked to update the WMMN MDT team on outcome details and share any learning related to the management plan. The patient will formally be discharged from the MDT at this stage, in agreement with the referring clinician.

7 Roles and responsibilities

The Chair and MMC team have overall responsibility for ensuring the MDT meeting is being conducted as described above. This includes ensuring the appropriateness of the cases being discussed and summarising the agreed outcomes.

The referring clinician is responsible for presenting the case and ensuring the outcome from the MDT meeting is recorded onto their local electronic system as above.

8 Communication and training plans

The SOP will be displayed on the Staffnet, and sent to the relevant Care Group and regional clinical teams. The team leaders will be expected to cascade to all relevant staff groups.

The author is responsible for ensuring the effective dissemination of this SOP.

To ensure dissemination takes place and to avoid duplication of work, do not assume others will do this based on their involvement in SOP consultation process.

Methods of dissemination may include presenting the SOP at WMMN meetings

Email correspondence e.g.

- ❖ midwiferystaff@uhs.nhs.uk,
- ❖ O&Gjuniordoctors@uhs.nhs.uk,
- ❖ consultantobstetricians@uhs.nhs.uk,
- ❖ consultantneonatologists@uhs.nhs.uk,
- W&Nanaestheticguidelineconsultationgroup@uhs.nhs.uk
- ❖ Wessex Obstetric Haematology TEAMS channel participants

9 Process for monitoring compliance

Not applicable.

10 Document review

The purpose of monitoring is to provide assurance that the agreed approach is being followed. This ensures that we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

All Trust policies will be subject to a specific minimum review period of one year; we do not expect policies to be reviewed more frequently than annually unless changes in legislation occur or new evidence becomes available. The maximum review period for policies is every three years.

Where a policy becomes subject to a partial review due to legislative or national guidance, but the majority of the content remains unchanged, the whole document will still need to be taken through the agreed process as described in this policy with highlighted changes.

This Wessex MMN Haematology MDT meeting operating procedure will be reviewed in 3 years or sooner if there are significant changes to process.

11 References

Wessex Maternal Medicine Network Regional Guideline: Working together to optimise outcomes for Women with Medical Problems in Pregnancy, version number 1. Issued date 4th June 2021.

Anaesthetic and analgesia	YES	NO (AVOID)	
Referral to anaesthetics			
Regional - Epidural			
Regional – Spinal			
NSAIDs			

Plan after birth	YES	NO	details
Specific blood tests required			
POST NATAL Haemostatic support			
Tranexamic acid			
Desmopressin (DDAVP)			
Factor replacement (FVIII, FIX, other)			
FFP			
Platelet transfusion			
Steroids			
Immunoglobulins (IVIG)			
Other			
Thromboprophylaxis	YES	NO	details
Pharmaceutical (LMWH)			
Mechanical			

Neonatal plan	YES	NO	details
Cord bloods			
Intramuscular vitamin K			
US head			

Follow-up	YES	NO	details
Inform haematology team within 24 -48 hours BIRTH			
Adult haematology clinic appointment			
Paediatric haematology clinic appointment			

*** FBS**

We typically recommend this in UHS as a safe intervention (small cutaneous incision without any association with intra-cerebral haemorrhage), especially if it helps to reduce unnecessary caesarean for women with bleeding tendencies. We are however aware some clinicians prefer to avoid it.