

## Maternity Assessment Unit Condition Guidelines

The Maternity Assessment Unit (MAU) at Christchurch Women's Hospital (CWH) is a midwifery-led service providing essential assessment, monitoring, and treatment for women and people with pregnancy concerns from 22 to 42 weeks of gestation. Central to its care model is a strong focus on communication and whānau involvement, ensuring that all discussions are transparent, and whānau are fully informed of the care plan and their role in decision-making. Referrals to the MAU promote whānau-centred care, fostering an environment where roles and responsibilities are clearly communicated among practitioners. This partnership approach aligns with the principles of Te Tiriti o Waitangi, ensuring that care is culturally safe, equitable, and respectful for all involved.

LMCs (Lead Maternity Carers) work closely with the MAU core midwife to coordinate and manage care, ensuring that timely and comprehensive assessments are carried out. In many cases, assessments in MAU are preferred over home visits to ensure the best possible outcomes. The MAU midwife determines whether admission to the birthing suite is necessary, considering the individual's condition and any co-morbidities. Referrals are triaged, and consistent communication via phone or email is maintained to ensure a smooth transition of care. This collaborative approach supports the continuity of care, placing whānau at the centre of all decisions, with the option of assessment in the local community birthing unit (CBU) where appropriate.

Fetal auscultation should be adapted according to gestation, ensuring optimal care at every stage.

### Assessment categories

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#### 1. REDUCED FETAL MOVEMENTS – *in an otherwise uncomplicated pregnancy*

- **1<sup>st</sup> presentation**
  - Action: LMC attendance recommended.
  - Assessments: Conduct CTG (Cardiotocography), with consideration for CTG in a Community Birthing Unit (CBU).
- **2<sup>nd</sup> presentation**
  - Action: LMC attendance recommended.
  - Assessments: Conduct CTG and ultrasound scan (USS). Consider CTG in the CBU, obstetric consultation and a community USS.
- **Subsequent presentations**
  - Action: Managed by core midwife with CTG at CWH MAU.
  - Management: Consider induction of labour (IOL) based on gestation.

#### 2. PRE-ECLAMPSIA (PET)

- **Initial/Primary assessment**
  - Action: LMC attendance recommended with blood pressure check, observe vital signs, urinalysis and assessment of symptoms - headaches, visual disturbances, epigastric discomfort, or oedema.
- **Further assessments – *dependent on where primary assessment takes place***
  - CTG (if at MAU), PET blood tests, proteinuria, and protein-to-creatinine ratio (PCR) + MSU (send in 2 different pottles).
  - Need to consider the appropriateness of assessment in a CBU or MAU. May be best to do lab tests at MAU.

- **Management**
  - MAU midwife to investigate, interpret results, and consult with the obstetric team for further management.
  - LMC to be informed/

### 3. **PRETERM PRE-RUPTURE OF MEMBRANES (PPROM)**

- **LMC attendance is recommended**
- **MAU assessments**
  - Speculum examination, CTG, vital signs, blood tests, swabs, and Actim® PROM test if required.
  - USS may be considered.

### 4. **PRETERM LABOUR (< 37 weeks)**

- **Place of assessment**
  - Determined at the discretion of the MAU midwife in consultation and discussion with MAU
- **LMC attendance is recommended**
- **MAU assessments**
  - Speculum examination, CTG, vital signs, blood tests, swabs, and Partosure (if appropriate)

### 5. **ANTEPARTUM HAEMORRHAGE**

- **Place of assessment**
  - Determined at the discretion of the MAU midwife.
- **LMC attendance is recommended**
- **Assessments**
  - CTG, speculum examination, obstetric consultation, vital signs, blood tests, and USS.

### 6. **NON-SPECIFIC ABDOMINAL PAIN (> 22 weeks)**

- **Place of assessment**
  - Consider the most appropriate place of care
- **LMC attendance is recommended**
- **Assessments**
  - Fetal auscultation, blood tests, vital signs, USS and any further investigations required.

### 7. **LONG PATENT PHASE**

- **LMC attendance is recommended**
- **Assessments**
  - Fetal auscultation, vitals, VE and discuss comfort cares
- **Management**
  - Discuss with BS registrar
  - Send to BS for CTG and appropriate analgesia
  - Either discharge home or await labour
  - LMC to be called and plan discussed

## Further reading

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### Referral guidelines

[Guidelines for Consultation with Obstetric and Related Medical Services \(Referral Guidelines\) – Health New Zealand | Te Whatu Ora](#)

### Antepartum haemorrhage

<https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/GLM0052-Antepartum-Haemorrhage.pdf>

### Preterm pre-labour rupture of membranes

<https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/GLM0028-Preterm-Pre-Labour-Rupture-of-Membranes.pdf>

### Preterm labour/birth

<https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/GLM0027-Preterm-Labour-Birth.pdf>

### Hypertension and pre-eclampsia in pregnancy – National Guideline

<https://www.health.govt.nz/publication/diagnosis-and-treatment-hypertension-and-pre-eclampsia-pregnancy-new-zealand-clinical-practice>

### Pre-eclampsia and eclampsia

<https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/maternity-care-guidelines/Documents/GLM0003-Pre-Eclampsia-and-Eclampsia.pdf>