

**Achieving Sustainable Quality in
Maternity Services**

ASQUAM

Modified Early Obstetric Warning System (MEOWS)

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Contents

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1. PURPOSE OF THE GUIDELINE.....	3
2. BACKGROUND	3
3. RECOGNITION AND ASSESSMENT	4
3.1 Antenatal and postnatal admissions.....	4
3.2 Intrapartum patients.....	4
3.3 All patients.....	5
3.4 Immediate Action or Triggering on MEOWS Chart.....	6
4. TRAINING.....	7
5. MONITORING AND AUDIT	8
6. REFERENCES.....	9
Appendix 1 UHNM Maternity Services Obstetric MEOWS Chart.....	10

This guideline should be read in conjunction with the ASQUAM Severely Ill Women and High Dependency Care guideline

1. PURPOSE OF THE GUIDELINE

The aim of the guideline is to offer midwives and other health care staff information on the use and completion of the MEOWS chart (See Appendix 1) to support the recognition of a deteriorating patient and the initiation of simple rescue measures.

2. BACKGROUND

It is recognised that pregnancy and labour are normal physiological events, however, observations of vital signs are an integral part of care.

There is potential for any women to be at risk of physiological deterioration and this can not always be predicted. There is also evidence that there is poor recognition of deterioration in condition (CEMACE 2011).

Regular recording and documentation of vital signs will aid recognition of any change in a woman's condition. The use of MEOWS charts prompts early referral to an appropriate practitioner who can undertake a full review, order appropriate investigations, resuscitate and treat as required.

CEMACE reports that health care professionals failed to identify warning signs of impending collapse.

MEOWS use improves the detection of life threatening illness.

3. RECOGNITION AND ASSESSMENT

The UHNS MEOWS has generic patient safety requirements:

Patient name, unit number, NHS identifier, date of birth and chart number

3.1 Antenatal and postnatal admissions

Every patient on admission must have a full set of observations taken and documented on the MEOWS chart. The frequency of observations should also be documented on the chart.

Frequency of observations is determined by:

- Risk Status
- Diagnosis
- Reason for admission
- Initial observations on admission

An individual plan of care should be made by the midwife and doctor which should specify the frequency of observations.

3.2 Intrapartum patients

All women who have had a vaginal delivery will have one set of MEOWS observations recorded following delivery and on admission to the post natal area, unless the score suggests that further observations are required.

Women who have had a Caesarean Section will have 4 MEOWS observations performed in the following 24 hours post delivery and recorded on the MEOWS chart, unless the score suggests that further observations are required

3.3 All patients

For every set of observations, ensure frequency, ward, date and time are documented.

Ensure all 7 parameters are recorded, scores added together and total written in the purple MEOWS TOTAL BOX.

Respiratory rate is the best marker of a sick woman and is the first observation that will indicate a problem or deterioration in condition.

Blood pressure: use the correct cuff size for the woman to get accurate recording of BP especially in obese women.

Urine output

The optimum urine output is 1ml/kg/hr and the minimum urine output is 0.5ml/kg/hr.

Please record as '0' if urine output monitoring is not required.

Conscious level should be assessed on all women.

Calculation

Calculate the MEOWS score by checking each parameter and add these scores together to give total MEOWS score

Frequency of observations should be reviewed following each MEOWS calculation and escalation pathway followed on reverse of chart.

Escalation

The escalation pathway on the back of the MEOWS chart should be followed according to the calculated MEOWS score.

Senior registrar or consultant review must be requested if:

- A rise in 2 or more from previous score even if total MEOWS score is less than 6
- A single parameter scores 3
- Diastolic pressure of more than 90 mm of Hg on 2 occasions

MEOWS score of 6 or more requires obstetric registrar review within 30 minutes and consultant review within 1 hour.

3.4 Immediate Action or Triggering on MEOWS Chart

It is important to remember when the woman triggers that action is required:

- Referral to appropriate level doctor
- Monitoring
- Review
- Investigations
- Plan of care
- Multidisciplinary approach

MEOWS Escalation Pathway

Low – MEOWS 1 or patient causing clinical concern

- Consider increasing frequency of observations
- Inform midwife if carried out by Healthcare Support Worker (HCSW) or Student Midwife (StM)

Medium - MEOWS 2-3 or patient causing clinical concern

- Inform midwife if carried out by HCSW or StM
- Contact obstetric registrar (Bleep 688/689) to review patient within 30 minutes
- Initially treat as required and document all MEOWS scores and any actions taken
- Increase frequency of observations to every 15 minutes until MEOWS score below 3
- If no improvement in MEOWS score, seek Senior Registrar or Consultant Obstetrician on call to review

High - MEOWS 4 or above or patient causing clinical concern

- Inform midwife if carried out by HCSW or StM
- Commence fluid balance chart
- Contact Obstetric Registrar (Bleep 688/689) to review patient within 30 minutes
- **Ensure Obstetric Consultant review within 1 hour if MEOWS 6 or above**
- Initiate treatment and document all MEOWS scores and any actions taken
- Increase frequency of observations to every 15 minutes until MEOWS score below 3
- Consider transfer to HDU
- Summon anaesthetic review if requested by senior registrar or consultant

4. TRAINING

Staff training requirement is for an annual update on maternal Basic Life Support and to attend MEOWS update which is on mandatory training programme.

5. MONITORING AND AUDIT

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and lead(s)	Change in practice and lessons to be shared
Guideline content	Guideline Co-ordinator	Guideline Review	Every three years	Labour Ward Forum Subgroup: Guideline Meeting	Required changes to practice will be identified and actioned with the release of the updated guideline.	Required changes to practice will be identified and actioned with the release of the updated guideline.
Process for the use of a modified early warning scoring system (MEOWS)	Directorate Clinical Auditor	<i>Rolling Audit Programme</i>	<i>Every three years</i>	Directorate Business, Performance and Clinical Governance Meeting (DBP&CG Meeting)	Required actions will be identified and completed in a specified timeframe as per the audit action plan.	Required changes to practice will be identified and actioned within a specific timeframe as per the audit action plan and, in addition, lessons will be shared with relevant stakeholders as per audit action plan.
Maternity service's expectations in relation to staff training, as identified in the training needs analysis, regarding the recognition of severely ill women	Lead Midwife for Development and Education	Review of Training Needs Analysis	Annually	(DBP&CG Meeting)	Required actions will be identified and completed in a specified timeframe as per the action plan.	Required changes to practice will be identified and actioned within a specific timeframe as per the audit action plan and, in addition, lessons will be shared with relevant stakeholders as per action plan.

6. REFERENCES

ASQUAM guideline for Severely Ill Women and High Dependency Care (2013)

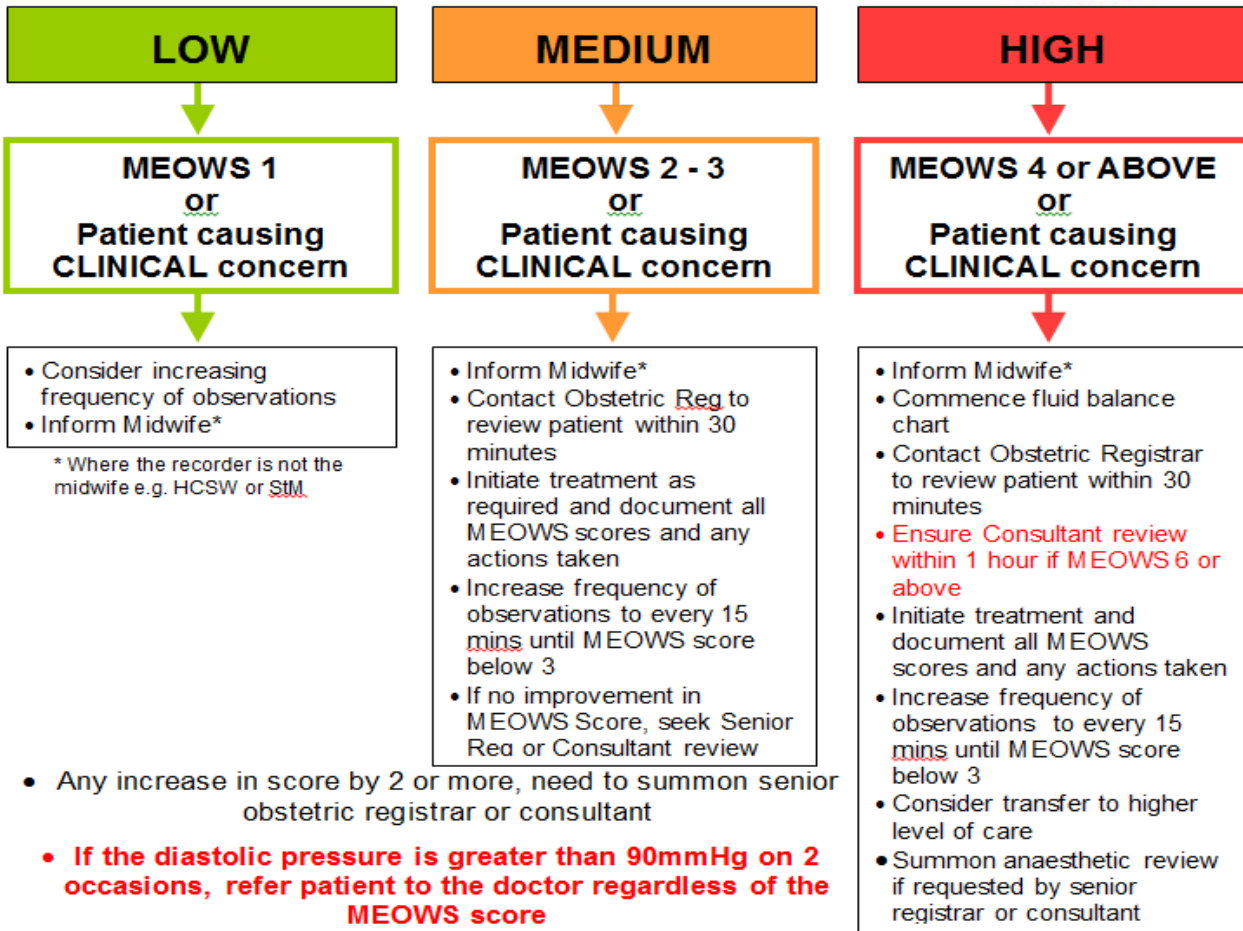
Centre for Maternal and Child Enquiries (CMACE) Saving mothers' lives: reviewing maternal deaths to make motherhood safer: 2006-2008. British Journal of Obstetrics and Gynaecologists; March 2011

NICE Guideline 50, July 2007

Modified Early Warning System (MEOWS) good practice guidance: UHNS 2010

Modified early warning score predicts the need for hospital admission and in hospital mortality. Emergency Medicine Journal 2008, Vol 25, Issue 10, pg 674-678

Acknowledgements are made to Heart of England Trust who developed the original document



PAIN ASSESSMENT TOOL			
No Pain	Mild Pain	Mod Pain	Severe Pain
☺ 0	☺ 1	☹ 2	☹ 3

Name (print clearly)	Initials	Post	Signature