

Scottish Maternity Early Warning Score (MEWS)

NHS

Booking BP: Most recent weight/gestation:



		ERE IS	SANY	CONC	ERN W	ITH CL	INICAI	L CON	DITION	OR R	APID [DETER	ORAT	ION, C	ALL U	RGENT	LY FO	R ASS	SISTAN	CE	
	Date:																				
	Time:																				
spiration write in	≥25 21–24																				≥2: 21–2
corresponding box	10-20																				10-2
	≤9																				≤9
Saturations	95–100%																				95–10
	≤94%																				≤94%
Oxygen	L/min																				L/mi
	≥38°C 37.5–37.9°C																				≥38 37.5–37
emperature	36.5–37.4°C																				36.5-37
	36.0-36.4°C																				36.0-36
	≤35.9°C																				≤35.
	180																				180
	170																				170
	160 150																				160
	150 140																				150 —— 140
	130																				130
leart rate	120																				120
	110 100																				110 100
	90																				90
	80																				80
	— 70 —																				 70
	60 50																				60 50
	30																				
Systolic blood pressure	210																				210
	200																				200
	190																				190
	180 170																				180 170
	160																				160
bio	150																				150
od pres	140 130																				140 130
	120																				120
sure	110																				110
v	100																				100
	90 — 80 —																				90 80
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_	130																				13
Dias	120																				12
<u>ē</u>	110 100																				11
<u> </u>	90																				10 90
Diastolic blood pressure	<u> </u>																				80
pre	— 70 —																				70
uss	— 60 — — 50 —																				60 50
Ге	— 40 —																				40
																					Ale
	Alert Sleep																				Slee
Neurological response	Voice																				Void
	Pain																				Pai
	Unresponsive																				Unresp
ine output	<30ml/hr																				<30m
	>30ml/hr																				>30m
oks unwell	Yes																				Ye
	No																				No
Total yello																					
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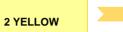




CONSIDER OBSTETRIC EMERGENCY CALL (2222) IF RAPID DETERIORATION



- > Repeat full set of observations in 30 minutes
- > If remains 1 yellow escalate in line with local policy
- > Document action plan and MEWS frequency



- > Inform charge midwife and obstetric FY2
- > If no response from obstetric FY2 within 15 minutes escalate to
- middle-grade obstetrician (ST3 and above) > Repeat full set of observations within 30 minutes
- > Document action plan and MEWS frequency



- > Inform charge midwife and obstetric FY2
- ➤ Repeat full set of observations in 15–30 minutes
- > If no medical review within 15 minutes or deterioration at any time, call middle-grade obstetrician (ST3 and above)
- > If no medical review after a further 15 minutes, call senior obstetrician or anaesthetist
- > Document medical action plan and MEWS frequency



- > Call charge midwife and middle-grade obstetrician (ST3 and above)
- > Repeat full set of observations in 5-15 minutes
- > If no medical review within 15 minutes, request senior obstetric or anaesthetic review
- > Consider HDU level care
- > Consider obstetric emergency call (2222)
- > Document medical action plan and MEWS frequency

Maternal SEPSIS

DO NOT DELAY ADMINISTRATION OF IV ANTIBIOTICS IF UNABLE TO OBTAIN BLOOD CULTURES

MEWS trigger – THINK SEPSIS

CLINICAL SUSPICION OF INFECTION AND ANY 2 SIRS CRITERIA PRESENT

Temperature <36°C or >38°C

Heart rate >100 bpm

Respiratory rate >20 bpm

White cell count <4 or >16 × 109/L

Woman looks acutely unwell

SEPSIS 6: Complete within 1 hour

GIVE 3

1. Give high flow oxygen to maintain

- saturations >94%. 2. Give IV antibiotics
- (after blood cultures obtained) as per local guidance.
- 3. Give IV fluids. Start with 500ml as bolus then consider 20ml/kg (exercise caution with pre-eclampsia).

TAKE 2

- 1. Take **blood cultures** and infection screen.
- 2. Take lactate and other bloods.

MONITOR 1

1. Monitor urine output (consider urinary catheter).

An intrapartum women may have an elevated white cell count and temperature in labour without having sepsis.

Premature rupture of membranes (PROM) provides a path for bacteria to enter the uterus, so an abnormal CTG after PROM should trigger suspicion of sepsis.



Addressograph

Staff should be using **SBAR** for all communications

Definition: S ituation

B ackground
A ssessment

R ecommendations

THIS SECTION SHOULD BE COMPLETED BY:

- THE ANAESTHETIST IF THE PATIENT HAS HAD A SPINAL/EPIDURAL/CSE, OR
- THE MIDWIFE WHO HAS REMOVED THE PATIENT'S LABOUR EPIDURAL CATHETER.

CONTACT DETAILS OF ANAESTHETIST:

- 2. If motor block is modified Bromage score 1, withhold LMWH and inform anaesthetist.
- 3. If motor block is modified Bromage score 2–4, give LMWH in line with Kardex.
- 4. Recheck motor block in 4 hours after LMWH.
- 5. If motor block has increased or fails to resolve, or a new motor block develops, inform anaesthetist immediately and **CONSIDER EPIDURAL HAEMATOMA**.

MODIFIED BROMAGE SCALE

- 1. Unable to move feet or knees
- 2. Able to move feet only
- 3. Just able to move knees
- 4. Full flexion of knees and feet





RECORD OF ACTIONS TO MEWS TRIGGER/ANY CLINICAL CONC	NCE	C	CAL	INIC	CL	NY	/A	ER	GG	TR	WS	ME	TO	ONS	ACT	OF	CORD	RF
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DATE & TIME	MEWS	ONGOING PLAN: to include frequency of observations,	PRINT NAME
	TRIGGER	acceptable parameters and action plan	INAIVIE