



Aneurin Bevan University Health Board

Handover during the Intrapartum period Guideline

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Introduction

This document is a Welsh Risk Pool Maternity standard requirement to clearly set out the information that is to be handed over when change of clinical carer in the intrapartum period.

Aims

To provide support for clinical decision making

Objectives

This procedure is designed to provide clarity in relation the requirements at handover of care during the intrapartum period

Scope

This procedure applies within maternity services for both midwifery and medical staff.

Roles and Responsibilities

- The procedure will be communicated to staff via senior Midwifery Manager communication and monitored via the local risk management forums.

Handover of care guideline –see appendix 1

Standards for Health Services Wales

This protocol demonstrates compliance with Standard 7. Safe and clinically effective care.

Audit

This protocol will be audited via the local risk management forums.

Appendix 1 Handover during the intrapartum period guideline

Comprehensive hand-over of all women during the intrapartum period must take place midwife to midwife and where there are areas of concern doctor to doctor. It is acknowledged that multiprofessional labour ward safety team briefings are a core part of ensuring good communication

Midwifery Hand-over

The following information may be advisable to include in any handover of inpatient care utilising the SBAR (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation) communication tool;

- S** A comprehensive summary of events to date
Any relevant blood results, e.g. haemoglobin, blood group, rhesus factor,
- B** Women's previous obstetric history,
All relevant medical history,
- A** Recent observations:
Abdominal palpation and the descent of the presenting part
Results of the most recent vaginal examination
Fetal heart and *CTG interpretation
Recent maternal blood pressure, pulse, temperature, urinalysis,
Recent medication, e.g. pethidine
Fluid regimes
- R** Plan of care
Birth plan/mother's wishes

A formal introduction to the woman of the midwife taking over care should take place. A record of handover should be evident in health records and on a CTG trace. Printed and signed Signatures must be legible.

For intrapartum care involving obstetricians handover should be as above and:

Doctor to Doctor Hand-over (RGH & NHH only)

1. When a labour is other than normal, a comprehensive hand-over from doctor to doctor must take place.
2. The woman's previous medical, obstetric and other relevant history should be conveyed and discussed.
3. A comprehensive explanation of progress of labour and any problems regarding the labour should be discussed, outlining actions to date and the plans for continual management of care. A written plan of care is entered in the case notes.
4. Handover of care must be documented in the woman's notes with a legible signature.
5. The doctor responsible for the care must ensure liaison with other relevant clinicians e.g Anaesthetics, Paediatrics, Haematology

Multidisciplinary handover

Saving 1000 lives Campaign: transforming Maternity Services (2011) notes the challenges presented by separate handovers of care and highlights that a multidisciplinary team handover is essential on a delivery suite. Multidisciplinary handovers take place on the labour wards at 08.30, 13.00, 17.00 and 20.00. Present at the handover are representatives from Obstetrics, Midwifery, anaesthetics and neonatology/paediatrics. Handover discussions are documented on separate handover sheets and filed within the labour ward.

References:

Welsh Risk Pool Standard 15: Maternity
Welsh Assembly Government 2003 All Wales Clinical Pathway for Normal Labour
Saving 1000 lives Campaign: transforming Maternity Services 2011

