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Aneurin Bevan University Health Board

Jump Call Procedure for Maternity Services

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Policy on a Page: Key Messages

Aim:

To provide support for clinical decision making in the context of jump call in maternity services.

Summary of key changes (for revised documents only)

- Inclusion of chain of command flowcharts.
- Inclusion of key definitions.
- Updated jump call procedures and flowcharts.
- Inclusion of useful resources/ tools to be used in conjunction with this guideline, such as AID and Teach or Treat (RCOG, 2022).

Key Requirements:

- Follow the chain of command and jump call procedures when concerns arise or when a plan of care cannot be agreed.
- Use nationally recognised tools, such as AID or Teach and Treat to safeguard effective clinical care.
- Robust documentation in the event of jump call procedures.
- Report instances of jump call via the Datix system.
- Completion of relevant, mandatory training to support human factors (PROMPT).

Target Audience:

This guideline applies to all individuals working within maternity services.

Training:

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical/ educational supervision.

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1. Introduction/Overview

This document is a clinical guideline designed to support safe, effective practice and multidisciplinary team working. This procedure is designed to provide clarity in relation to the chain of command and jump call procedure within maternity services.

This document applies to all people who are pregnant and may use the term 'woman' but recognises that not all people having babies within Aneurin Bevan University Health Board identify as women.

2. Scope

This guideline applies to all individuals working within maternity services.

3. Statement/Background

This document is a Welsh Risk Pool Maternity standard requirement to clearly describe the maternity staff chain of command and sets out the procedure to be followed when there are alternative clinical views for consideration.

The Nursing and Midwifery Council (NMC, 2018) requires that nurses and midwives must act without delay if they believe that there is a risk to patient safety and that to achieve this, concerns must be escalated.

4. Aim

To provide support for clinical decision making in the context of jump call in maternity services.

5. Main Body

Introduction

Effective escalation processes are essential within maternity services to ensure timely senior clinical input, maintain safe decision-making-, and

support cohesive multidisciplinary working. Clear lines of professional accountability and communication are fundamental components of safe maternity care, particularly in situations where clinical uncertainty exists or alternative clinical opinions warrant consideration.

This guideline has been developed to meet the Welsh Risk Pool Maternity Standard requirement to explicitly describe the maternity chain of command and provide a transparent process for resolving differences in clinical opinion. It outlines the procedure to be followed when a *jump call* is indicated- ensuring that staff at all levels understand when and how to escalate concerns, what steps to take, and who to involve.

The purpose of this document is to promote a consistent, equitable approach to escalation across the maternity service. It aims to reduce delay, minimise ambiguity, and strengthen a culture where staff feel supported to escalate concerns in the interest of patient safety. By formalising the jump call process, the organisation reinforces its commitment to open communication, safe teamworking, and robust clinical governance across all maternity settings.

Definitions

Jump Call: A "Jump Call" in maternity services is a clinical safety procedure that defines a clear, immediate chain of command for escalating concerns regarding the safety of a mother or baby. It is designed to ensure that midwives and junior doctors can quickly bypass standard hierarchy to involve senior clinicians if they believe a patient is at risk, or if there is disagreement over the management plan.

Learning Conversation: A learning conversation is a supportive, structured discussion between members of the maternity team that aims to enhance shared understanding, communication and decision-making-. It is conducted in a psychologically safe, respectful environment and focuses

on reflective learning- exploring what happened, the factors influencing clinical escalation, and what improvements can strengthen future practice.

Psychological Safety: Psychological safety refers to a maternity workplace culture in which all staff feel respected, included, and able to speak up- whether to ask a question, seek clarification, raise a concern, or challenge a decision- without fear of reprimand or negative consequences. This environment promotes open communication, supports effective escalation, and enables teams to work collaboratively to maintain safe, high-quality- care.

Chain of Command

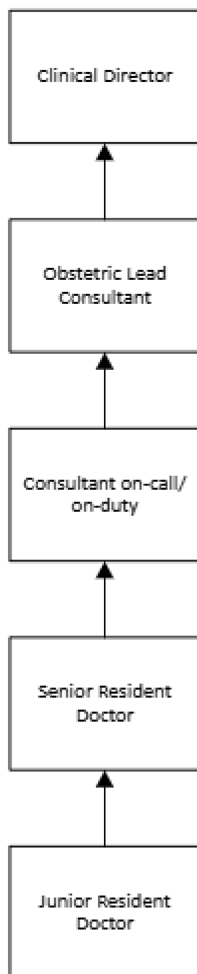
Midwifery

Please refer to *Flowchart 1* for Midwifery Chain of Command.

Flowchart 1

Obstetric/ Anaesthetic

Please refer to *Flowchart 2* for Obstetric/ Anaesthetic Chain of Command. Please note that the Chain of Command as referenced below is not exhaustive, and that the Consultant on-duty/ on-call may employ clinical judgement dependent upon the clinical situation to aid ongoing escalation as required.



Flowchart 2

Trigger Criteria for Jump Call

Examples of trigger criteria for jump call include-

- Persistent or unresolved differences in clinical opinion affecting care.
- Senior review required but not available within the safe timeframe.
- Escalation attempted but decision-making remains- unclear.
- Deteriorating maternal or fetal condition with uncertain plan.
- Breakdown of communication or team disagreement affecting safety.
- High acuity or capacity issues requiring senior oversight.

Please note that the above list is not exhaustive and clinical/ professional judgement should be employed.

Procedure

Jump Call Procedure for Shared/ Obstetric Led Care

If a Midwife or Junior Resident Doctor identifies a clinical situation causing concern-

- Escalate to the Labour Ward Co-Ordinator/ Lead Midwife and/or Senior Resident Doctor.
- Review and/ or learning conversation (refer to Teach or Treat tool as per Appendix 1) should be undertaken and a plan of care devised for the ongoing management of the situation with agreed actions and timescales for ongoing review. This should be clearly documented in the woman's clinical record via Badgernet.

In the event that no plan of care can be agreed with the appropriate personnel or there are ongoing clinical concerns or risks despite review identified-

- Escalate to the Gynaecology Senior Resident Doctor.
- Review and/ or learning conversation (refer to Teach or Treat tool as per Appendix 1) should be undertaken and a plan of care devised for the ongoing management of the situation with agreed actions and timescales for ongoing review. This should be clearly documented in the woman's clinical record via Badgernet.

In the event that no plan of care can be agreed with the appropriate personnel or there are ongoing clinical concerns or risks despite review identified-

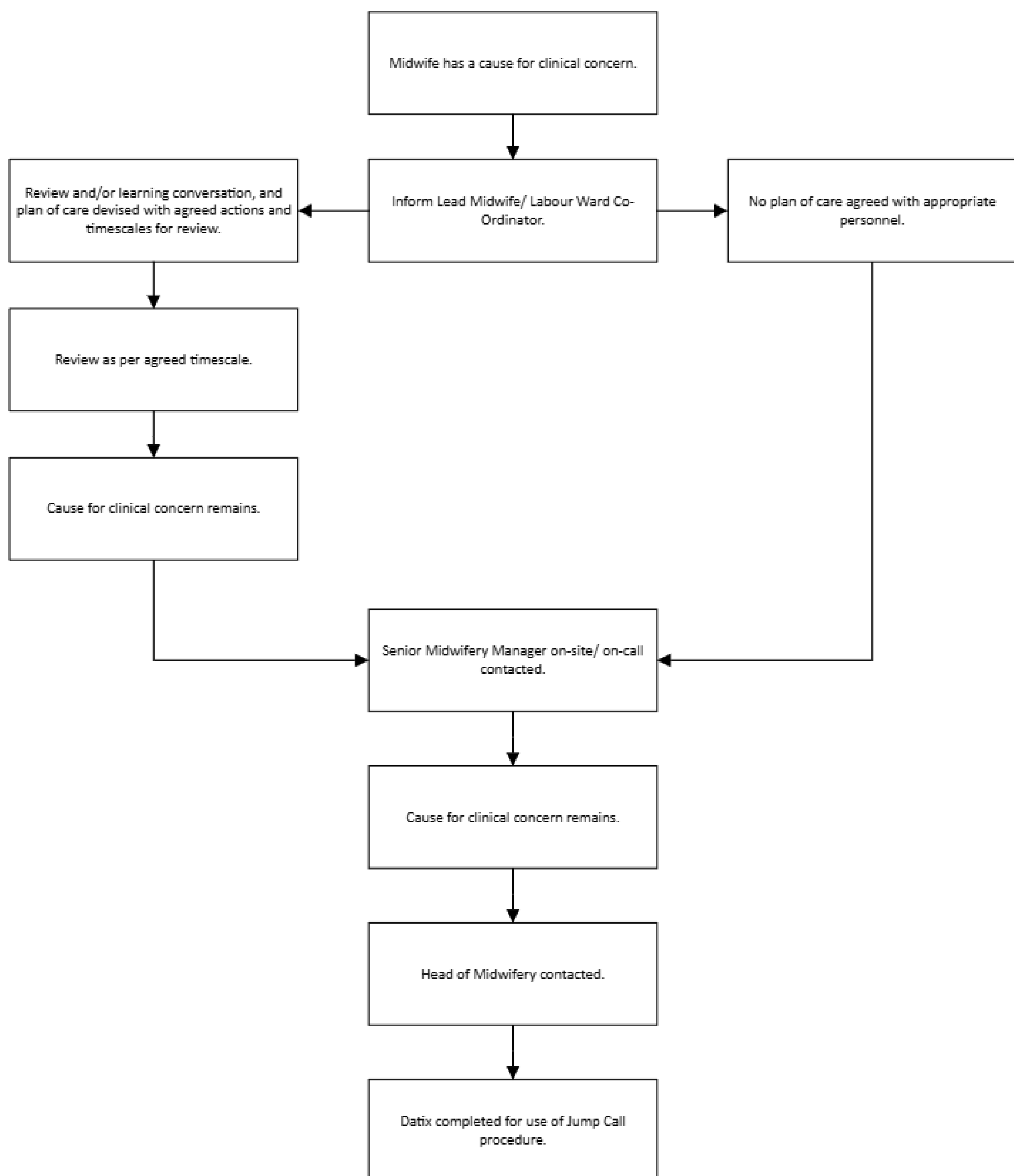
- The on-duty Consultant should be informed if in-hours or the on-call Consultant (out-of-hours) should be contacted via Switchboard/ mobile if out-of-hours.
- For midwifery concerns, the on-site Senior Midwifery Manager should be informed if in-hours or the on-call Senior Midwifery Manager should be contacted via Switchboard/ mobile if out-of-hours.
- If despite escalation to the Consultant or Senior Midwifery Manager no plan of care can be agreed or there are ongoing clinical concerns or risks identified, escalation to the Obstetric Lead Consultant and/or Head of Midwifery via Switchboard should be undertaken.
- If despite escalation to the Obstetric Lead Consultant no plan of care can be agreed or there are ongoing clinical concerns or risks identified, escalation to the Clinical Director via Switchboard should be undertaken.

Flowchart 3

Jump Call Procedure for Midwifery Led Care

If a Midwife has cause for concern and requires support or advice with regards to Midwifery Led Care (i.e., homebirths, births in satellite units etc.) they should-

1. Inform their Lead Midwife on-duty if in-hours or contact the Labour Ward Co-Ordinator if out-of-hours of the cause for their concern and the intended action plan.
2. In the event that no action plan can be agreed, the Midwife should contact the on-site Senior Midwifery Manager in-hours or on-call Senior Midwifery Manager via Switchboard/ mobile if out-of-hours.
3. If despite escalation to the Senior Midwifery Manager no plan of care can be agreed or there are ongoing clinical concerns or risks identified, escalation to the Head of Midwifery via Switchboard should occur.



Flowchart 4

Effective Communication (Advise, Inform, Do)

Effective clinical escalation requires clear, succinct communication with the right person at the right time. It also requires receiving the correct response at the right time, often in a complicated, evolving clinical situation. The overall aim of this intervention is to improve time critical escalation in order to reduce delays in the process and identify when clinical escalation is taking place. AID (Advise, Inform, Do) (Appendix 2) (Royal College of Obstetricians & Gynaecologists, 2022b) is a clear and simple communication tool which initiates escalation conversations using 3 simple phrases:

"I am asking you for Advice",

"I am Informing you" and

"I need you to Do…"

It is designed to precede the commonly used SBAR (situation, background, response) which is a tool used to describe the clinical situation. AID is a particularly helpful tool when escalating to non-resident clinicians (Consultants) and during periods of high activity.

It can also be used "in reverse" – i.e., if it is unclear what response the person escalating is looking for, the clinician being escalated to can ask the following:

"Are you asking me for Advice",

"Are you Informing me",

"Do you need me to DO something / what would you like me to DO"?

It is not expected that clinicians force these exact phrases into conversations, but that the principles of "ADVICE, INFORM, DO" are used as a framework when escalating.

Documentation

A summary of the events should be clearly documented within the woman's Badgernet system, including the concerns raised, the points discussed, the individuals involved and the agreed plan of care. Please note that all documentation related to jump call procedures must remain professional at all times. All entries should be clear, objective, and factual, avoiding informal language, personal opinions, or subjective commentary

Reporting

All instances where the Jump Call Procedure is enacted and/ or where there is an interpersonal conflict over case management should be reported via the Datix system.

6. Roles and Responsibilities

Obstetric, Maternity and Anaesthetic teams have roles and/ or responsibilities in ensuring this policy is applied within clinical practice for the purpose of safe and effective care.

7. Consultation

All new or significantly revised policies will be subject to consultation within the division via the Clinical Effectiveness Forum (CEF) and with relevant professional groups and/ or individuals present.

Individuals with expertise in obstetrics, midwifery, pharmacy and anaesthetics have been consulted with in the development of this policy.

8. Equality Impact Assessment

An Equality Impact Assessment was completed for the purpose of this policy update. The overall negative impact assessment risk score was noted as low.

9. Training Requirements

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical/ educational supervision.

10. Audit and Review

This policy will be reviewed on a 3-yearly basis, unless significant changes to clinical practice/ national policy arise.

Maternal/ neonatal outcomes will be monitored via the local maternity dashboard. Adverse maternal/ neonatal outcomes will be reviewed on an individual basis via local governance arrangements.

All instances where the Jump Call Procedure is enacted and/ or where there is an interpersonal conflict over case management should be reported via the Datix system.

11. References

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12. Appendices

Appendix 1- Teach or Treat (RCOG, 2022a)

each baby counts + learn & support

Royal College of Midwives

Royal College of Obstetricians & Gynaecologists

TEACH OR TREAT

IDENTIFY COMMUNICATE ACT

As a department, we are promoting learning conversations. If clinical concerns are escalated to you, please use TEACH or TREAT to frame your response.

TEACH

Reassuringly explain to colleagues and women why you think there is no need for clinical concern and action to be taken.

TREAT

Take action, provide the appropriate response in the appropriate time frame.

STILL CONCERNED? ESCALATE FURTHER

You as a clinician are worried that a mother or baby are deteriorating and have escalated. Your colleague does not seem concerned. What do you do?

Have you ever felt uncomfortable and still worried with another clinician's decision in response to an escalation?

What do you do?

A) Worry about the baby, but feel unable to do anything?

B) Wait until your colleague comes back despite still being worried about the baby?

C) Ask your colleague to explain to the woman and you why they think the CTG is OK and make a plan together taking into account the woman's birth preferences?

Have you considered the impact on others of how you respond to clinical escalations?

What do you do?

A) Say everything is ok, sign the CTG and leave the room?

B) Say everything is ok for now and you will come back to review after 30mins?

C) Explain to your colleague and woman why you think the CTG is OK and make a plan together taking into account the woman's birth preferences?

Appendix 2- AID Toolkit (RCOG, 2022b)

each baby counts +
learn & support

IDENTIFY
COMMUNICATE
ACT

Escalating a clinical situation? Frame what you need to say with safety critical language. Here are some examples of how you might usually communicate, then how you can use AID:

ADVICE

✗ 'Nadia in room 7 is fully dilated and wants to use the pool?'

✓ 'I am asking for your ADVICE, around using the birth pool for Nadia in room 7 as she has a borderline BP'

INFORM

✗ 'Just to let you know Aaliya in room 4 is fine now.'

✓ 'I am INFORMING you - that Aaliya in room 4 had a kiwi at 05:30 and a PPH of 1000mls but is stable now'

DO

✗ 'Maggie is fully and pushing with a dodgy CTG'

✓ 'I need you to (DO) come straightaway to review the CTG in room 2 which is deteriorating'

We would like to introduce 'AID' throughout the department. If you have a clinical concern to escalate please frame your communication:

I am asking for ADVICE...
I am INFORMING you...
I need you to (DO)...

STILL CONCERNED - ESCALATE FURTHER