

# Escalation Guideline

Incorporating clinical escalation due to acuity or to achieve a consensus view for care planning & provision (previously referred to as 'Jump Call')

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
Approval Group	Senior MDT Management Team
Distribution	Midwifery, Medical and Neonatal staff within Cwm Taf Morgannwg University Health Board (via email)
Archiving	Directorate secretary will be responsible for archiving all versions
Document Location	Health Board intranet
Freedom of Information	Open

## CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
2	August 2024		Review and update
3	March 2025	Dawn Apsee	Removal of the pathways in place during temporary closure of POWH

## AUTHORSHIP, RESPONSIBILITY AND REVIEW

Authors	Dawn Apsee Sharon Davies Bryany Tweedale Fran Hodge Bev Donagh	Ratification Date	August 2024
Job Title	Intrapartum Lead Midwife Senior Lead Midwife Consultant Midwife Consultant Obstetrician Lead midwife FMU	Review Date	August 2027

### Disclaimer

**When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM  
PRINTED DOCUMENTS MUST NOT BE RELIED ON**

## Contents

Page 1-2	Cover Sheet & Contents
Page 3	Introduction
Page 3-4	Purpose / Aims
Page 4	Key principles
Page 5	Flow chart one – Triggers to implement the escalation and closure policy (Obstetric Unit)
Page 6	Flow chart two – Triggers to implement the escalation and closure policy (Freestanding Midwife Led Unit & Homebirth service)
Page 7-8	Assessing clinical risk when the neonatal unit is closed
Page 9	In-utero transfer
Page 9	Maternity Dashboard reporting
Page 10-15	Finding a neonatal unit to support in-utero transfer
Page 16	Escalation protocol to achieve clinical consensus
Page 17	Teach or Treat (RCOG/RCM Escalation toolkit)
Page 18	AID Tool (RCOG/RCM Escalation toolkit)
Page 19	Team of the Shift (RCOG/RCM Escalation toolkit)
Page 20	Appendix 1 – Proforma for escalation of a maternity unit
Page 21	Appendix 2 – Record of all women transferred or diverted to an alternative hospital
Page 22-23	Appendix 3 – All Wales In-utero transfer communication form

**Introduction**

In majority of cases, multidisciplinary teams work together, communicate well and escalate effectively to achieve positive outcomes and birth experiences for women and babies. However, it is in the rare but devastating cases that there are common themes of poor communication, failed escalation, or ineffective teamwork. This is particularly so when individuals, teams, or the whole system are fatigued or under stress, often due to a high workload. At times of immense pressure, there is often a rise in incivility, which in turn has the potential to impact adversely on women's safety.

Escalation begins with correctly identifying an evolving pathology or a potentially critical situation. Intrapartum care is a high-risk environment for loss of situational awareness. Understanding when it is lost and how to minimise risk is essential to maintaining safety.

All members of the multidisciplinary team must feel empowered to challenge a decision that they feel is incorrect. Where there is disagreement, a third party should be called to provide another opinion and fresh perspective.

If an urgent medical review is needed and the on-site obstetric team is unable to deliver care in the required time frame, the consultant must be informed and asked to attend.

### **Purpose / Aim**

The purpose of the maternity escalation guideline is to assist staff to provide a safe and quality maternity service across Cwm Taf Morgannwg University Health Board (CTMUHB), by clearly outlining the management and clinical processes to be initiated when there may be associated clinical risk, including:

- A peak in clinical activity / acuity which increases risk beyond safe limits
- Where resolution around a plan of care due to clinical disagreement or concerns is required.
- Where staffing levels do not meet the recommended guidance to provide safe standards of care (for example, one-to-one care in labour).
- Where capacity of the unit is unable to accommodate the number of women/babies who require care and/or admission.
- Any situation where business continuity cannot be maintained (for example, failure of essential equipment or major incidents within the Health Board).
- A catastrophic clinical incident (for example, a maternal death)

The above situations may necessitate closure of the unit and transfer of women and/or babies within and outside the Health Board.

The aim is to ensure the continuation of safe care for mothers and babies across the maternity service whilst being able to accommodate an emergency transfer from any

area of the maternity department, Tirion free standing midwife-led unit (FMU), a planned homebirth or 'Born Before Arrival' (BBA) to the obstetric unit.

Any period of escalation should be monitored closely on a case by case basis, and managed to minimise the length of time of any unit closure.

### **Key Principles**

- The Escalation Assessment Tool in flow charts 1 & 2 should be used alongside the Escalation Guideline on a shift basis by the Band 7 co-ordinator or the core Tirion midwife to assess the status of the unit.
- If the current status is triggered 'Green' then no further actions are necessary at that time. However, if any concern is highlighted, the Escalation Assessment Tool should be re-visited.
- The acuity will consider not only activity on the labour ward and alongside midwife-led units, but also activity on the antenatal/postnatal Ward, antenatal clinic, Maternity Priority Unit (MPU). Acuity will also consider activity in the freestanding midwife-led unit (FMU) and in the community.
- Women who have been booked to receive their care within CTMUHB must take priority, and it is the booking unit's responsibility to ensure that women are assessed appropriately and transferred safely.

**\*\*Any change of service model or delivery, including unavailability of FMU or homebirth will need an accompanying Datix for each family affected \*\***

## **FLOW CHART ONE**

### **TRIGGERS TO IMPLEMENT THE ESCALATION AND CLOSURE POLICY IN OBSTETRIC UNIT**

**(Manager on call (out of hours) numbers are accessible via switchboard):**

**GREEN**

The maternity unit is fully operational and able to accept admissions to all areas.

*Reassess on handover of shift unless issue highlighted sooner*

**AMBER ALERT**

If 1 of the below consider regular huddles.

**Increased Activity Identified**

Re-assess on a 4 hourly basis unless required sooner.

**Labour Ward (OU)**

Only 1 birth room available, all others occupied by high-risk women.

**Along-side Midwifery Led Unit (AMU)**

All birth rooms occupied by women in established labour.

**Midwifery staffing levels**

Below the requirement to meet the needs of the service in any area, for example one-to-one care in labour.

**Medical Staff shortage**

Dependent on level and experience of Doctor

**Neonatal Unit (NNU)**

Where the neonatal unit is on Red alert (NNU will follow their Escalation Policy)

**Obstetric Anaesthetic cover**

**Operating Department Practitioner (ODP) shortages**

**When Amber status inform free standing birth centre**

**RED ALERT (1 hourly huddle)**

Little or no capacity for further activity, diversion within unit required.

Reassess on an hourly basis unless issue highlighted sooner.

**Labour Ward (OU)**

Unable to provide 1:1 care to women in established labour or women receiving HDU care.

**Maternity ward (antenatal/postnatal wards)**

Gridlock of all beds when all are full.

**Midwifery staffing levels**

Unable to meet the needs of the services in any clinical area.

**Medical staff shortage**

Dependent on level and experience of Doctor

**Obstetric Anaesthetic cover**

**Neonatal Unit (NNU)**

Where neonatal unit is closed (Any transfers of care to be documented on Appendix 2)

**Decision to escalate to this level is determined jointly by consultant on-call, midwife co-ordinator & senior midwife or senior nurse/midwife manager on-call out of hours**

**BLACK ALERT**

**For extraordinary events For Executive level decision making (with appropriate senior level clinical staff)**

**FLOW CHART TWO**

**TRIGGERS TO IMPLEMENT THE ESCALATION AND CLOSURE IN  
FREESTANDING MIDWIFE-LED UNIT (FMU) OR HOMEBIRTH  
(Manager on call (out of hours) numbers are accessible via switchboard):**

**GREEN**

The FMU unit and home birth service is fully operational and able to provide care.  
The FMU requires 1 core midwife and 1 HCSW.  
Home birth is fully operational when there are a minimum of 3 community midwives on call across the Health Board for community births and FMU cover.  
**Reassess on handover of shift unless issue highlighted sooner.**

**AMBER ALERT**

**Increased Activity Identified**

Reassess and discharge home women receiving postnatal feeding support  
Plan regular huddles and re-assess on an hourly basis unless required sooner.

**Freestanding Midwife-Led Unit (FMU)**

If 2 rooms are occupied by women in established labour requiring 1:1 care

**Midwifery staffing levels**

Use of community midwife on-call roster.

If midwifery staffing is below the requirement to meet the needs of the service in any area as outlined above.

**Requirement to liaise with labour ward co-ordinator/s and obstetric unit (and, out of hours, senior nurse/midwife manager on-call).**

**RED ALERT**

**No capacity to provide 1:1 care in FMU or home birth**

Diversion within Health Board to alongside midwifery led birthing room

Reassess on a continuous basis unless issue highlighted sooner.

**Midwifery staffing levels**

Unable to meet the needs of the services in any clinical area, for example, unable to support FMU admission or homebirth provision.

Due to escalation (either staffing or capacity), arrangements should be made to offer care in an alternative midwife-led setting (FMU or AMU).

**(Any transfers of care to be documented on Appendix 2)**

**The decision to escalate to this level is determined jointly by the midwife co-ordinator, senior lead midwife or senior midwife/nurse on-call out of hours.**

**BLACK ALERT**

**For extraordinary events.**

**For Executive level decision making (with appropriate senior level clinical staff)**

## **Assessing Clinical Risk when the Neonatal Unit is Closed**

There will be times when the neonatal unit is closed to admissions and the impact of this on maternity services needs to be managed appropriately to reduce risk to mothers and babies. Utilisation of the neonatal escalation guideline in conjunction with the maternity escalation guideline will be required.

Communication between and across perinatal (maternity & neonatal) services is essential to minimise risk and continue to ensure a safe service. All interactions between maternity and neonatal teams needs to be undertaken with courtesy, mutual respect and professionalism with a shared ethos of maintaining safety, reducing risk and ensuring optimal experience for women and their families.

**\*\*Any transfer, delay or inability to continue scheduled work (for example induction of labour or Category 3 & 4 caesarean birth) will need an accompanying Datix for each family affected\*\***

### **Category 1 Caesarean birth:**

**These are urgent cases where there is maternal/fetal compromise, and are considered to be life-threatening at the time the decision is made.**

Regardless of neonatal unit activity or status all **Category 1** Caesarean births should be undertaken within 30 minutes from when the decision is made. The level of grading is determined/agreed by the senior obstetrician. There must be clear communication between labour ward coordinator, obstetric and neonatal consultant staff regarding the decision to undertake a **Category 1** Caesarean birth.

### **Category 2 Caesarean birth:**

**These are urgent cases where there is maternal/fetal compromise, but are not considered to be life-threatening at the time the decision is made.**

Category 2 caesarean birth should be undertaken within 75minutes from the decision.

### **Category 3 Caesarean birth:**

In cases of Category 3 indication for caesarean section with status **RED**, the on-call consultant obstetrician will need to liaise closely with the on-call neonatal consultant and senior midwife/labour ward coordinator to determine whether it is reasonable to await a cot locally, or to transfer the woman to a suitable location with neonatal capacity. The condition of the mother and the baby must be continuously risk assessed to detect any clinical change, which may escalate the urgency/categorisation for caesarean birth.

### **Category 4 Caesarean birth:**

In singleton pregnancies caesarean birth should be undertaken at >39 weeks' gestation if there is no neonatal unit capacity. In status **RED**, any elective obstetric/fetal intervention that could precipitate a preterm labour should NOT be undertaken. The condition of the mother and the baby should be risk assessed to detect any clinical change, which may escalate the urgency/categorisation for caesarean birth.

### **Induction of labour**

Management of induction of labour should be balanced, risk assessed and clinically prioritised in line with Category 3 and 4 Caesarean births.

### **Other labour ward activity**

Other labour ward activity including Monofer infusions and ECV require an individual assessment by the multi-disciplinary team and discussion with individual families. Any plan should be fully documented in the maternal notes.

### **Transitional Care**

A full assessment of babies currently being cared for under transitional care should be undertaken, to fully understand their current condition and assess if there could be an increase in care need which could necessitate transfer out.

A full assessment of babies being cared for on the neonatal unit should be undertaken, to identify if any are suitable to be transferred to the transitional care area to support increasing capacity within the neonatal unit.

### **In-Utero Transfer**

- The senior obstetrician on duty will inform the woman and family of the reasons and recommendation for in-utero transfer. Wherever possible, this should be done together with the senior neonatologist.
- The labour ward coordinator will communicate with neighbouring Health Boards to locate a maternity bed and neonatal cot.
- A daily summary of the cot status in neonatal units in South Wales is available at: <http://nww.iuscdash.wales.nhs.uk/activity/home>

- Appendix 1 should be used to record all communications and filed in the woman's maternity notes.
- Appendix 3 (transfer form) should be completed to facilitate effective communication between Health Board's, ensuring all clinical details in relation to mother and baby are included.
- The transfer database should also be completed. When completed this should be photocopied and included in the woman's maternity records, with the original stored in the escalation file on labour ward.
- The original copies of maternity notes should be sent with the woman.
- A Datix incident form should be completed for all women transferred out of the Health Board.
- Closures will be reviewed on a monthly basis and will be reported on the maternity dashboard with the support of the escalation forms, transfer database and Datix incident forms.

### **Maternity Dashboard Reporting**

Reporting on the dashboard will include:

- The number of times the units have been green, amber, red and black throughout the month.
- The number of maternal transfers within and out of the Health Board.

<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
University Hospital of Wales (UHW), Cardiff	48min (22.8 miles)	32 min (19.8 miles)	02920742680/ 84	02920748565/ 2679/2686	NICU: Labour ward:
The Grange University Hospital, Cwmbran	49min (31.6 miles)	44 min (34.3 miles)	01633493547	01633493182 01633493181 01633493180	NICU: Labour ward:
Singleton Hospital, Swansea	1hr 9 min (33.9 miles)	42 min (25.4 miles)	01792285403	01792530862	NICU: Labour ward:
Princess of Wales hospital	60 min (38 miles)	N/A	01656 752373	01656 752383/2387	NICU: Labour ward:
Prince Charles Hospital	N/A	60 min (38 miles)	01685 728860	01685 728870	NICU: Labour ward:
West Wales General Hospital, Carmarthen (>32 weeks gestation)	1hr 23 min (57 miles)	1hr 2 min (50 miles)	01267283300	01267283317	NICU: Labour ward:
Southmead Hospital Bristol	1hr 19 min (62 miles)	1hr 1 min (56 miles)	01174146800	01174146916	NICU: Labour ward:
St Michael's Hospital Bristol	1hr 25min (66 miles)	1hr 18 min (60 miles)	01173421737	01173425213	NICU: Labour ward:
Birmingham Women's Hospital	2hrs 4 min (103 miles)	2hr 23 min (122 miles)	01213358190	01213358220	NICU: Labour ward:

<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
New Cross Hospital Wolverhampton	2hrs 14min (114miles)	2hrs 44 min (133 miles)	01902694032	01902695035	NICU: Labour ward:
Birmingham Heartlands Hospital	2hrs 19min (116 miles)	2hrs 39 min (126 miles)	0121424 3508/ 3520	0121424 3514/ 2710	NICU: Labour ward:
University Hospital Coventry	2hr 29min (128 miles)	2hrs 46 min (147 miles)	02476966668	02476967421	NICU: Labour ward:
Hereford County Hospital, Hereford	1hr 10 min (43 miles)	1hr 46 min (73 miles)	01432364162	01432364070	NICU: Labour ward:
Royal Stoke University Hospital	2hrs 42mins (143 miles)	3hrs 13 min (161 miles)	01782672400	01782672333	NICU: Labour ward:
John Radcliffe Hospital Oxford	2hr 44 min (140 miles)	2hrs 36 min (126 miles)	01865221059	01865220221	NICU: Labour ward:
Princess Anne Hospital Southampton	2hr 53 min (155 miles)	2hrs 49 min (148 miles)	02381206001	02380777222	NICU: Labour ward:
Nottingham University Hospital (QMC)	2hrs 54mins (156 miles)	3hrs 23 min (175 miles)	01159249924	01159691169	NICU: Labour ward:
Leicester General Hospital	2hr 55min (149miles)	3hrs 24 min (168 miles)	01162586464	01162584807	NICU: Labour ward:
St Peter's Hospital Chertsey	2hr 55min (165 miles)	3hr 4 min (163 miles)	01932722667	01932722663	NICU: Labour ward:

<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
Leicester General Hospital	2hr 56min (149 miles)	3hr 25 min (168 miles)	01162586464	01162584808	NICU: Labour ward:
Derriford Hospital Plymouth	3hrs 1 min (172 miles)	2hrs 55 min (168 miles)	01752432333	01752763610	NICU: Labour ward:
Nottingham City Hospital	3hrs 4mins (162 miles)	3hrs 38 min (197 miles)	01159691169	01159709777	NICU: Labour ward:
Queen Alexandra Hospital Portsmouth	3hrs 5min (168 miles)	3hrs 6 min (163 miles)	02392286000	02380540777	NICU: Labour ward:
Queen Charlotte's Hospital London	3hrs 13 min (167 miles)	3hrs 15 min (166 miles)	02033133174	02033126135	NICU: Labour ward:
Chelsea & Westminster Hospital	3hrs 16 min (168 mils)	3hrs 16 min (167 miles)	02083215944/ 5945	02033156000	NICU: Labour ward:
Luton & Dunstable Hospital	3hr 17min (189 miles)	3hrs 35 min (185 miles)	01234355122	01582329574	NICU: Labour ward:
St Mary's Hospital, Manchester	3hrs 23min (183 miles)	4hrs 9 min (203 miles)	01612761234	01612766556	NICU: Labour ward:
Royal Bolton Hospital	3hrs 30 min (196 miles)	4hrs 23 min (215 miles)	01204390748	01204390390	NICU: Labour ward:
Arrowe Park Hospital Liverpool	3hrs 33 min (147 miles)	4hrs 20 min (182 miles)	01516047108	01516047131	NICU: Labour ward:
University College Hospital London	3hrs 33min (173 miles)	3 hrs 33 min (170 miles)	0203447940	02034479400	NICU: Labour ward:

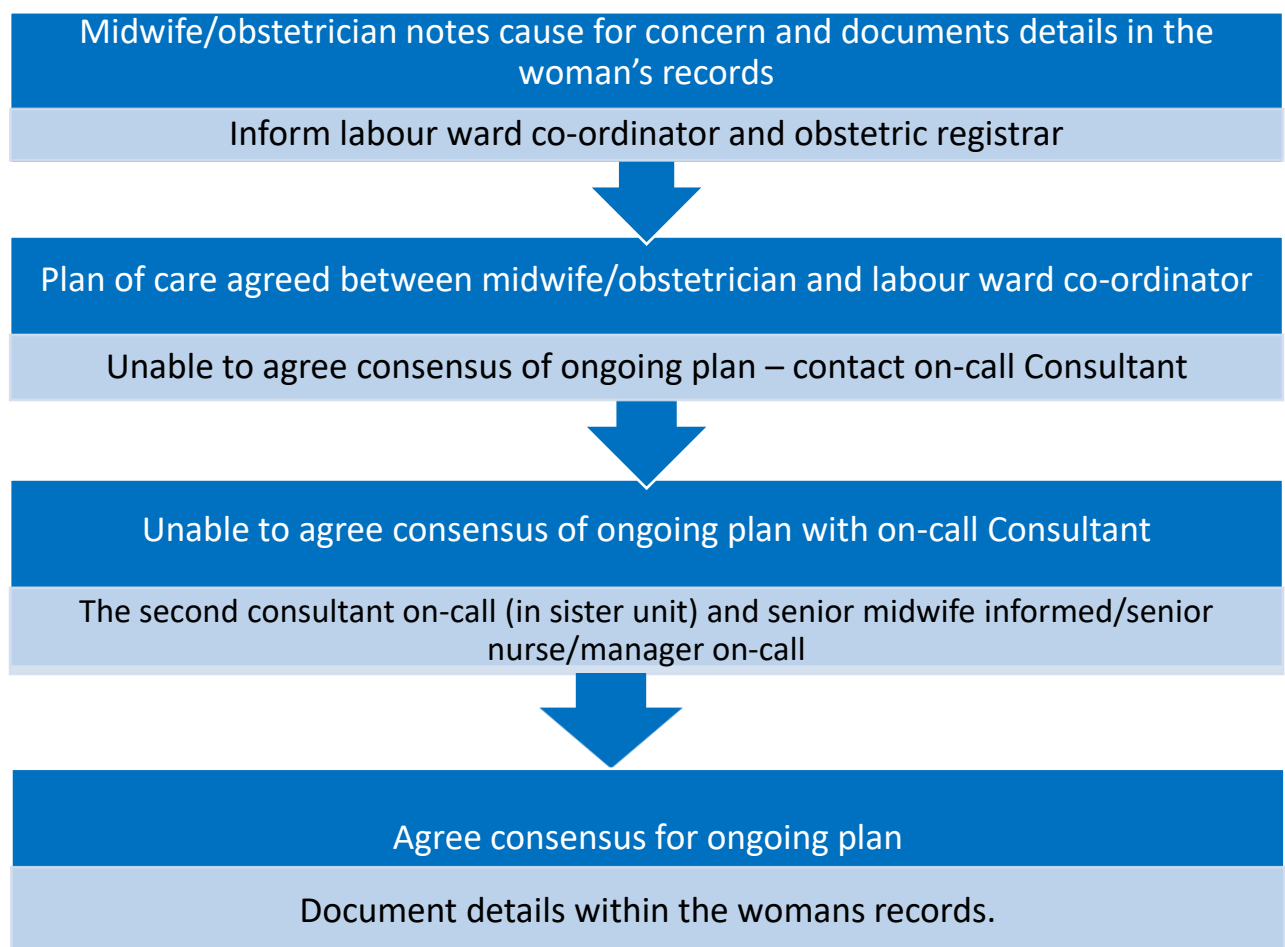
<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
Royal Oldham Hospital	3hrs 33min (195 miles)	4hrs 20 min (213 miles)	01616278177	01616278177	NICU: Labour ward:
Liverpool Women's Hospital	3 hrs 34mins (195 miles)	4hrs 24 min (214 miles)	01517089988	01517089988	NICU: Labour ward:
The Jessop Wing, Sheffield	3hrs 36mins (197miles)	4hrs 32 min (209 miles)	01142261034	01142261034	NICU: Labour ward:
Guy's & St Thomas' Hospital	3hrs 37 min (172miles)	3hrs 50 min (171 miles)	02071884045	02071887188	NICU: Labour ward:
St George's Hospital Tooting	3hrs 37min (173miles)	3hrs 40 min (171 miles)	02087251936	02087252777	NICU: Labour ward:
Rosie Maternity Hospital, Addenbrookes Cambridge	3hrs 42min (204miles)	4hrs 14 min (223 miles)	01223256939	01223217003	NICU: Labour ward:
Royal Preston Hospital	3hrs 45 min (210miles)	4hrs 50 min (229 miles)	01772524242	01772524496	NICU: Labour ward:
King's College Hospital	3hrs 48 min (173 miles)	3hrs 49 min (171 miles)	02032993553	02032998389	NICU: Labour ward:
Homerton Hospital London	3hrs 48 min (211 miles)	4hrs 18 min (209 miles)	02085107361	02085105955	NICU: Labour ward:
Medway Maritime Hospital Gillingham	4hrs 2 min (221miles)	4hrs 32 min (220 miles)	01634830000	01634825108	NICU: Labour ward:

<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
Leeds General Infirmary Neonatal Service	4hrs 4 min (225 miles)	5hrs 8 min (244 miles)	01133927443	01132433144	NICU: Labour ward:
The Royal London Hospital	4hrs 4min (174 miles)	4hrs 2 min (173 miles)	02035940524	02035942364	NICU: Labour ward:
Royal Sussex County Hospital Brighton	4hrs 5min (219 miles)	4hrs 21 min (217 miles)	01273523450	01273696955	NICU: Labour ward:
William Harvey Hospital Ashford	4hrs 9min (235 miles)	4hrs 33 min (233 miles)	01233616204	01233616124	NICU: Labour ward:
Bradford Royal Infirmary	4hrs 14 min (228 miles)	5hrs 31 min (247 miles)	01274364522	01274364810	NICU: Labour ward:
Hull Royal Infirmary	4hrs 19 min (242 miles)	5hrs 28 min (261 miles)	01482604391	01482604490	NICU: Labour ward:
Norfolk & Norwich University Hospital	4hrs 36 min (259 miles)	5hrs 35 min (278 miles)	01603286286	01603286286	NICU: Labour ward:
James Cook University Hospital North Allerton	4hrs 43 min (270 miles)	6hrs 19 min (299 miles)	01642854871	01642854881	NICU: Labour ward:
Sunderland Royal Hospital	5hrs 28mins (314 miles)	6hrs 46 min (326 miles)	01915699153	01915699777	NICU: Labour ward:

<b>Units</b>	<b>Time/Mileage from Prince Charles, Merthyr</b>	<b>Time/Mileage from Princess of Wales, Bridgend</b>	<b>NICU</b>	<b>Labour Ward</b>	<b>Date/Time Accept/Decline</b>
Royal Victoria Infirmary Newcastle	5hrs 38mins (321miles)	6hrs 55 min (331 miles)	01912825635	01912825748	NICU: Labour ward:
Cross House Hospital, Kilmarnock	6hrs 55mins (396 miles)	8hrs 2 min (415 miles)	01563825370	01563521133	NICU: Labour ward:
Wishaw General Hospital Lancashire	6hrs 23mins (375miles)	7hrs 31 min (394 miles)	01698361100	01698361100	NICU: Labour ward:
Princess Royal Maternity, Glasgow	6hrs 28mins (387 miles)	7hrs 40 min (406 miles)	01414515221	Switch 01412114000	NICU: Labour ward:
The Queen Elizabeth University Hospital Glasgow	6hrs 35mins (390 miles)	7hrs 41 min (409 miles)	01412324334	01412115276	NICU: Labour ward:
Simpson Centre For Reproductive Health, Edinburgh	6hrs 57min (391 miles)	8hrs 8 min (412 miles)	Switch 01315361000	Switch 01315361000	NICU: Labour ward:
Victoria Hospital, Kirkcaldy Fife	7hrs 21min (430miles)	8hrs 30 min (449 miles)	01592729192	01592729182	NICU: Labour ward:
Ninewells Hospital, Dundee	7Hrs 33mins (454 miles)	8hrs 43 min (473 miles)	01382633840	01382632075	NICU: Labour ward:
Aberdeen Maternity Hospital	8Hrs 57mins (522 miles)	9hrs 58 min (541 miles)	01224552602	03454566000	NICU: Labour ward:

## Escalation protocol to achieve clinical consensus

- All discussion with adopt the Royal College of Obstetricians (RCOG) and Royal College of Midwives (RCM) principles of Teach or Treat, AID and Team of the Shift (below). Further information can be found here: [Escalation toolkit | RCOG](#)
- **All discussions will be held in a professional, respectful, civil manner.**
- All on-call contact numbers are accessible via switchboard.
- Whilst women should be at the centre of decision-making, there are occasions when some discussions/huddles are best undertaken away from the woman/family receiving care.



Teach or Treat is a communication strategy which encourages a discussion about the clinical situation being escalated: initiating a kind, quick and respectful response.



## 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?

Effective clinical escalation requires clear, succinct communication with the right person at the right time.



# IDENTIFY COMMUNICATE ACT



**STILL CONCERNED -  
ESCALATE FURTHER**

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:

## A DVICE

- ✗ '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'

## I NFORM

- ✗ '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'

## D O

- ✗ '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)**...

Teams delivering intrapartum care are large, complex and involve many professional and hierarchical roles.

## TEAM OF THE SHIFT

### EXCELLING AT CLINICAL ESCALATION TOGETHER AS A TEAM

At the start of each shift, ask yourself...

- Do I know everyone on shift today?
- Do I know who I'm going to escalate concerns to?
- Have I said thank you to a colleague?
- Have we celebrated our successes together?
- Have I checked if my colleagues are okay?

We would like to introduce a Team of the Shift huddle at the start of every shift to make escalation easier so we can continue to keep women and babies safe, support each other as a team and foster psychological safety.

- ✓ Let's make clinical escalation easy
- ✓ Let's give every team member a voice so they can raise concerns without fear
- ✓ Let's pledge to respond with kindness and compassion to all our colleagues



(to be attached to Datix)

<b>Name of Unit</b>				
<b>Date of Closure</b>		<b>From</b>		<b>To</b>
<b>Time of Closure</b>		<b>From</b>		<b>To</b>
<b>Reason for Closure</b>				
<b>Decision Sanctioned by</b>	<b>Senior Midwife's Name</b>			

**THE FOLLOWING PEOPLE NEED TO BE CONTACTED:**

<b>Person / Area</b>	<b>Contact Details</b>	<b>Contacted Yes / No (name if appropriate)</b>	<b>Date &amp; Time</b>
Labour ward POW	01656 752387/83		
Labour Ward PCH	01685 728870/71		
Tirion Birth Centre	01443 443524		
NNU POW	01656 752376		
NNU PCH	01685 728860		
Please return completed form to: <a href="mailto:Rachel.Howells3@wales.nhs.uk">Rachel.Howells3@wales.nhs.uk</a> (POW) <a href="mailto:Debra.Powell@wales.nhs.uk">Debra.Powell@wales.nhs.uk</a> (PCH)	<b>FORM COMPLETED BY</b>		
	<b>Name</b>		
	<b>Date</b>		
	<b>Signature</b>		

## Appendix 2

Record all women transferred or diverted to an alternative hospital, both within and outside of the Health Board. When escalation is stood down, please attached this form to the Datix report.

<b>Date unit closed:</b>	<b>Date unit re-opened:</b>
<b>Time unit closed:</b>	<b>Time unit re-opened:</b>

<b>Addressograph</b>	<b>Reason for transfer</b>	<b>Transferred to:</b>

**Appendix 3**

**All-Wales In-Utero Transfer Communication Form**

Date:

Time:



ADDRESSOGRAPH

**ALL WALES IN- UTERO TRANSFER COMMUNICATION FORM**

Gravida ..... Para ..... EDD.....

Current Gestation.....Single or Multiple pregnancy.....

Anomalies ? Yes ..... No..... Details.....

USS: Most recent estimated fetal weight.....

Blood Group..... Rh ..... Antibodies .....

Medication.....

**Reason for transfer (Select)**

1. Preterm labour (neonatal gestational thresholds) <input type="checkbox"/>	2. Neonatal indication (requiring specialist neonatal/paediatric care) <input type="checkbox"/>
3. Maternal indication (requiring specialist care) <input type="checkbox"/>	4. Maternity bed/ neonatal cot capacity/ staffing <input type="checkbox"/>
Obstetric history.....	Medical history.....

Has mother received health care treatments (inc IVF), in other countries outside Wales during last year?  
Y/N

If yes, details of treatment.....Country.....

Had any infections/positive screening results during pregnancy? Y/N

If yes, please specify.....

Safeguarding issues Y/N Details.....

**PRE TERM BIRTH PREDICTION**

SROM Y/N Date..... Time.....	Pre-Term Labour Test: Pos/ Neg fetal fibronectin/Actim partus
QUIPP app risk score:	Transvaginal scan cervical length:
Speculum Examination: Date.....Time.....Findings.....	

GBS Status: POSITIVE

NEGATIVE

UNKNOWN

OUTSTANDING

## ANTENATAL OPTIMISATION BUNDLE CHECKLIST:

<b>S:</b> Steroids 1 <sup>st</sup> dose	<input type="checkbox"/>	Date given.....	Time .....
2 <sup>nd</sup> dose	<input type="checkbox"/>	Date given.....	Time .....
<b>T:</b> Transfer needed	<input type="checkbox"/>	Date of IUT .....	Time .....
<b>A:</b> Antibiotics GBS	<input type="checkbox"/>	Date given.....	Time .....
<b>M:</b> Mg Loading	<input type="checkbox"/>	Date given.....	Time .....
Infusion	<input type="checkbox"/>	Date started.....	Time .....
<b>P:</b> Parent discussion	<input type="checkbox"/>	Date seen.....	Time .....
<b>E:</b> Evaluate for tocolysis	<input type="checkbox"/>	Date given.....	Time .....
<b>D:</b> Delivery plan made	<input type="checkbox"/>	Monitoring, mode of birth, resuscitation plan	

\*\* MAGNESIUM infusion should be discontinued for transfer

Referring hospital	Transfer to
Consultant Obstetrician	Consultant Obstetrician
Obstetric Registrar:	Obstetric registrar informed
	Labour Ward Coordinator informed
	Neonatal Unit informed
	<b><i>NB: All must be informed prior to transfer</i></b>

### Person completing form:

Name:

Designation:

Signature:

GMC / NMC: Date: Time: