



Ref:

Maternity Modified Early Obstetric Warning System (MEOWS) Guideline

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Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person
New guideline for CTMUHB	Amalgamation of POW and CTUHB	all	20.01.2022	1	AN Forum

Equality Impact Assessment Statement

This Procedure has been subject to a full equality assessment and no impact has been identified.

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1. INTRODUCTION

It is a well documented problem of recognising life threatening illness or deterioration of health that has led to the introduction of a number of early warning scoring systems in assessing patients wellbeing. In Maternity a modified system called MEOWS is used and uses 5 simple physiological variables.

- Mental response
- pulse rate
- systolic BP
- respiratory rate
- temperature

The principle is that small changes in these 5 variables combined will be seen earlier using MEOWS alerting clinicians to changes in the clinical condition of a woman rather than waiting for a single obvious change in individual variables.

Of all the variables respiratory rate is the most important for assessing the clinical state of a patient but is the one that is least recorded.

Respiratory rate is thought to be the most sensitive indicator of a patient's physiological well being.

2. LEARNING POINTS FROM CRITICAL CARE

Modified Early Warning Scoring Systems improve the detection of life threatening illness. However, the detection of life threatening illness alone is of little value. It is the subsequent management and response to the changing clinical condition of the woman that will alter the outcome

3. CRITERIA FOR USE

- All women admitted to hospital with a viable pregnancy
- All woman admitted to the maternity antenatal and postnatal ward
- All women admitted to the Labour ward / low risk women will be monitored via the All Wales Pathway for normal Labour
- All post-natal women, the form to accompany them home in the notes

4. FREQUENCY OF OBSERVATIONS.

A plan for maternal observations are to be recorded based on the clinical needs of the woman. The required observation and the frequency must be documented in the women's clinical records on admission and when the development of concern indicates frequency to be escalated and changed. This needs to be in conjunction with a medical review.

What should be recorded:

Date and time of admission and plan of care based on clinical presentation:

- Most women who are fit and healthy with no medical concern would require 12 hourly observations whilst an in-patient on our wards. Women admitted readmitted for neonatal care require observations as part of their postnatal check.
- The plan should be recorded in the woman's note with a signature and name of prescribing clinician printed
- Women admitted with clinical concern – frequency of observations must be recorded by the medical team based on clinical need
- Please endeavour to use one Meows continuously throughout current and subsequent admissions to support trend analysis over time (if a MEOWS is not filled during an admission use this please do not start a new chart for each admission)
- Women post-operative will require frequency of observations to be recorded in line with medical requirements, i.e. epidural, spinal or general anaesthetic, this will be prescribed by the anaesthetist.
- Epidural monitoring should be hourly during labour if there are no other clinical concerns.
- Minimum monitoring intervals for post-operative spinal, epidural top-up and general anaesthesia are documented in the elective section enhanced recovery pathway. These are minimum intervals, the anaesthetist may request more frequent monitoring depending on the clinical situation.

The daily medical review should include observation of the MEOWS chart and clinical presentation of the woman, and where frequency of observations planned on admission has changed based on clinical deterioration, this needs to be clearly documented in the woman's records.

The woman's MEOWS score must be included in the daily clinical handover of care between teams, this will support immediate prioritisation of care for women at handover.

5. ESCALATING CONCERNS

Using the coloured scoring system any of the following triggers:

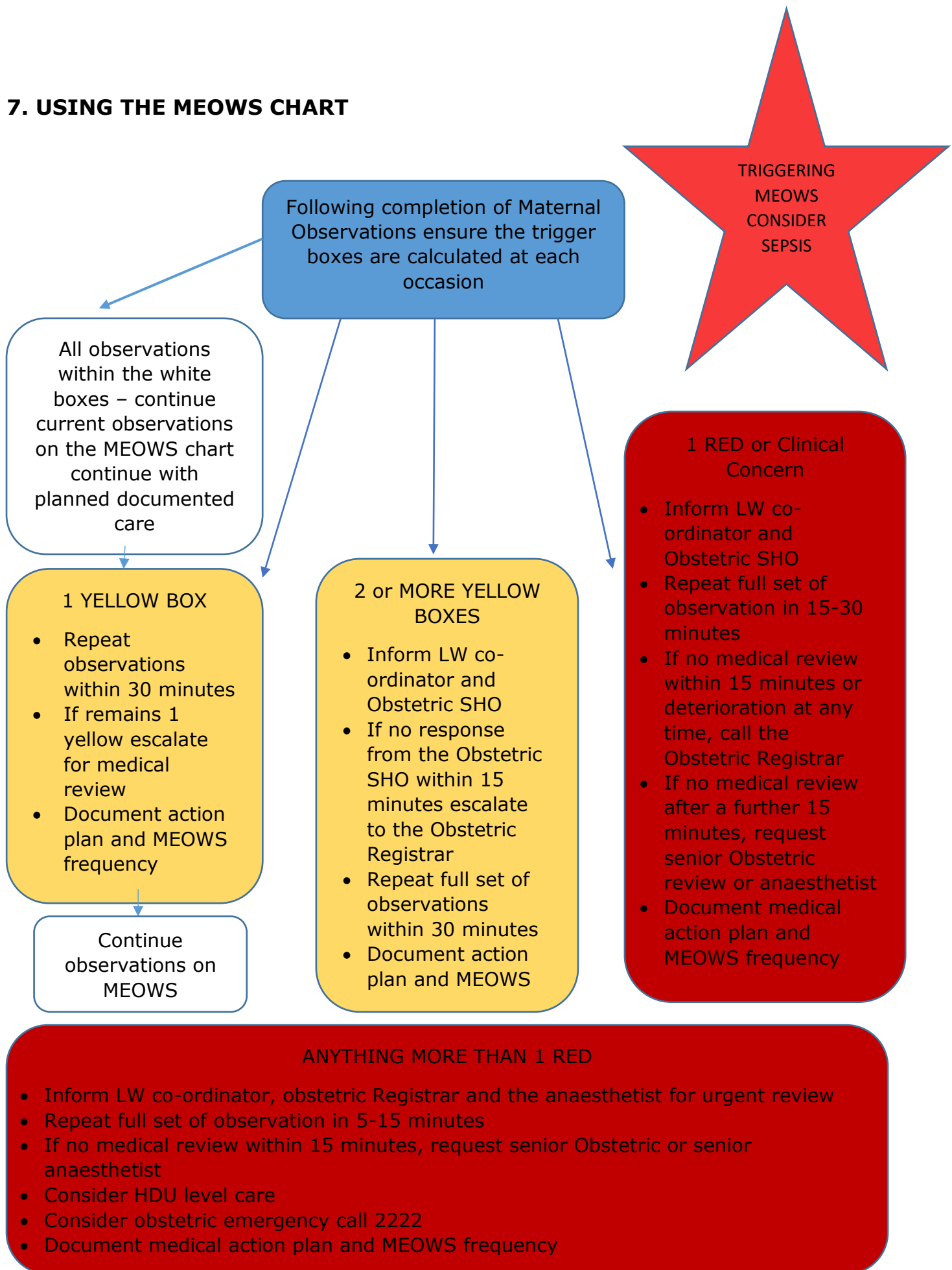
- 1 yellow
- 2 yellow
- 1 red or clinical concern
- Anything more than 1 red or rapid deterioration of maternal condition.

Must escalate a medical review and full assessment of the woman with an accompanying plan of care and follow up. Please refer to the flow chart in section 6 for guidance on appropriate escalation routes and actions.

6. AUDITABLE STANDARDS

- Compliance with completion of the MEOWS
- Compliance with escalation based on triggers
- Compliance with triggered review

7. USING THE MEOWS CHART



6. REFERENCES:

NICE (2017) Sepsis: recognition, diagnosis and early management (NG51)
London: National Institute for Health and clinical excellence

NICE (2021) Postnatal care (NG194) London: National Institute for Health and clinical excellence

Lewis. G (Ed) (2007) Confidential Enquiry into Maternal and Child Health, Saving Mother's Lives- Reviewing maternal deaths to make motherhood safer 2003-2005. London:CEMACH

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