

# Maternity Service Escalation/ Jump Call Guideline

Guideline Number:	665	Supersedes:		Classification	Clinical
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
2		Obstetric Written Documentation Group	20/08/2021	03/02/2022	20/08/2024

Brief Summary of Document:	Maternity services jump call procedure
Scope	This procedure applies to all staff who are working in maternity services and is applicable to midwifery and medical

To be read in conjunction with:	
---------------------------------	--

Owning group	Obstetric Written Documentation Review Group
--------------	--

# HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Guideline	14/09/2017
2	Updated Guideline	27/07/2021

## Glossary of terms

Term	Definition

Keywords	Jump call, Maternity services, emergency
----------	--

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Contents

1. Introduction.....	4
2. Aim.....	4
3. Objectives.....	4
4. Responsibility and scope.....	4
5. Protocol .....	4
6. References.....	5

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Introduction

Midwives and medical staff should be able to communicate and consult freely at an appropriate level. Welsh Risk Pool Standard 15: (Maternity) requires that there must be a clear chain of command and review if there is any change in clinical condition of mother or fetus either before or during labour.

## 2. Aim

To support clinicians in clinical decision making.

## 3. Objectives

Provide a chain of command to escalate concerns regarding plans of care that cannot be agreed on by the multi-disciplinary team providing care.

## 4. Responsibility and scope.

This policy will be disseminated by senior midwifery management staff and available for all staff to view via the online staff intranet portal. This policy will be monitoring by

## 5. Protocol

If a midwife or doctor has cause for clinical concern or concern for the woman/baby:-

1. Immediately inform Midwife in charge and the Senior Obstetrician (Registrar)
  2. There should be an agreed action plan for the ongoing management for the situation.
  3. After an agreed time, the situation should be reviewed.
  4. If there is still cause for concern the appropriate Consultant Obstetrician should be informed.
- 
1. If no plan of labour can be agreed with the appropriate personnel, the on-call Consultant Obstetrician or/and the Midwifery on-call manager should be informed for advice or support via an appropriate method of contact. For example, telephone call, video conferencing via the 'Microsoft Teams App' or attending to review face to face. The informing clinician should state what level of support they require.
  2. If there is still cause for concern the Consultant Obstetrician will make the decision to take the issue forward at a professional level. Midwifery concerns will be referred to the Head of Midwifery or Service Delivery Managers where indicated and medical concerns to the Clinical Team Leader (local lead for obstetrics). In this incidence a Datix report should be completed to ensure the incident is reviewed by the risk and governance team.

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 6. References

Welsh Risk Pool 2013 Assessment 4 15: Maternity area for assessment 4.3

Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour. London RCOG Press 2007-[www.rcog.org.uk](http://www.rcog.org.uk)