

Communication Pathways in Maternity Services SOP

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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1.0 Scope

This SOP applies to:

- All maternity staff responsible for receiving and responding to communications with women and their families.

2.0 Introduction

This SOP sets out clear communication pathways for women and their families to contact maternity services. It ensures timely, safe, and consistent communication, while promoting accessibility, equity, and respect.

3.0 Objective

The communication pathway in maternity care is designed to ensure that midwives, the wider multidisciplinary team (MDT), and families share information clearly, consistently, and in a timely manner through the appropriate communication channels.

- Communication must be accessible, respectful, and responsive.
- All service users should know who to contact, when, and how.
- Urgent concerns should be escalated without delay.
- Services must provide equitable access, including interpretation and translation support where required.

4.0 Definitions

- PTHB – Powys Teaching Health Board
- MDT – Multi-disciplinary Team
- BSL – British Sign Language
- BSOTS – Birmingham Symptom Specific Obstetric Triage System

5.0 Roles and Responsibilities

5.1 Head of Midwifery and Sexual Health:

The Head of Midwifery and Sexual Health must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

5.2 Assistant Head of Midwifery

The Assistant Head of Midwifery and Sexual Health Services has responsibility for:

- Ensuring dissemination of this document to all relevant staff

5.3 Bronze operational team lead (OTL)

The OTL has responsibility for:

- Ensuring compliance with this document by the teams that they manage
- Be available to support with operational and clinical advice when required
- To support their teams in giving out the communication pathways to women to ensure this is standardised across Powys

5.4 Consultant Midwife

The consultant midwife has responsibility for:

- Supporting implementation of this document
- Reviewing any new evidence or guidance that is produced that may influence the service
- Communicating any key changes in advice that might influence service provision to the Midwifery Leadership and Management team for consideration.
- Being available in an advisory capacity related to care outside of guidance

5.5 Women and Children's Risk and Governance Lead

The Women and Children's Risk and Governance Lead have responsibility for:

- Monitoring and review of incidents in relation to content of this document
- Consulting with District General Hospitals (DGH) to feedback where care has fallen outside of this procedure

5.6 Midwives

Midwives have responsibility for:

- Reading and being familiar with contents of this document
- Providing women with the correct communication pathways at booking and ensuring they know where to call
- Ensuring the woman has the telephone number sticker on her handheld record with correct telephone numbers
- Working to the requirements of their role within the scope of this procedure
- Display contact details (phone numbers, opening hours) clearly in maternity notes and on health board websites.
- Use interpretation services for families with language needs.
- Document all communication contact in the maternity records.

6.0 Communication Pathways

6.1 Routine Queries

- Women and families should contact their community midwife or local birth centre for routine, non-urgent questions (e.g., appointment times, general pregnancy queries).
- Contact methods include:
 - Direct phone number of named midwife
 - Direct phone number of local birth centre
 - Birth Centre Email Address
- If the woman does not speak English, language line should be used to facilitate a three-way telephone call.
- Where the woman speaks Welsh, efforts should be made to ensure communication or responses are provided by a Welsh-speaking member of staff.
- The individual's first or preferred language should be recorded at booking and documented in the patient record to ensure staff are aware of any communication adjustments that may be required.
- All contact methods must include a voicemail message and an automatic email reply to ensure that, if the concern is urgent, women and families are directed to the appropriate number for immediate advice. The automatic responses must be provided in

English and Welsh language and be the consistently the same throughout Powys.

- If the woman and midwife agrees to communicate via mobile phone for non-urgent queries, the woman must give consent for the midwife to hold their number in a secure address book on their works mobile phone. Contact numbers should be deleted from the address book once the woman has been discharged.
- Voice calls, voice mail messages and text messages should be transcribed and added to the patients record in line with IGP 018 Clinical Record Keeping Procedure. Please refer to [IGP - Information Governance](#)
- It must include the following:
 - Text context
 - Telephone number
 - Time
 - Response
 - Any appt made or referral to another agency
 - Date
 - Signature of the midwife
- Received messages should be deleted after documentation to maintain standards of confidentiality
- All text messages and phone calls to women should be sent from health board mobile phones, personal phones should not be used to contact women and their families
- Birth centre answerphone messages should be checked daily, and this can be done remotely using the following instructions
 - Phone 01874 712777
 - When it answers press 9, then your office extension number (ie. 1221 for Knighton)
 - Then put in your 6 digit passcode.

6.2 Urgent Concerns

- For urgent concerns during pregnancy (e.g., reduced fetal movements, vaginal bleeding, abdominal pain etc), women and families must:

- Call the PTHB maternity triage line via switchboard (single point of contact, 24/7).
- Provide details of symptoms, gestation, and relevant history.
- Calls will be answered by a registered midwife, who will assess and advise on next steps. Please refer to MAT 093 – Maternity Triage (Orange, Yellow & Green Call Criteria - wisdom.nhs.wales/health-board-guidelines/powys-guidelines/mat-093-maternity-triage-standard-operating-procedure/)
- Birmingham Symptom Specific Obstetric Triage System (BSOTS) telephone advice cards should be utilised. Please refer to MAT 093 – Maternity Triage (BSOTs Telephone Advice Sheets) wisdom.nhs.wales/health-board-guidelines/powys-guidelines/mat-093-maternity-triage-standard-operating-procedure/
- The maternity triage call handler may refer or signpost women to the following services
 - Acute Unit – Maternity Triage
 - Acute Unit – A&E
 - Community Midwifery Team in Powys
 - Shropdoc
 - GP
- In the event that the PTHB maternity triage line is busy and urgent advice is needed, the woman will be given the contact number for the nearest acute maternity triage service at booking.

6.3 Emergencies

- In an emergency (e.g., heavy bleeding, cord prolapse, imminent birth etc), the triage midwife should advise families to call 999 for an ambulance. Please refer to MAT 093 – Maternity Triage (Red Call Criteria - wisdom.nhs.wales/health-board-guidelines/powys-guidelines/mat-093-maternity-triage-standard-operating-procedure/).
- Families must call 999 from their current location, maternity triage call handler should not phone 999 on their behalf.

6.4 Postnatal Period

- For postnatal concerns (e.g., infection, bleeding, maternal mental health), women and families should:
 - Call the maternity triage line via switchboard (single point of contact, 24/7).
 - Provide details of symptoms, gestation, and relevant history.
- Calls will be answered by a registered midwife, who will assess and advise on next steps. Please refer to MAT 093 – Maternity Triage [wisdom.nhs.wales/health-board-guidelines/powys-guidelines/mat-093-maternity-triage-standard-operating-procedure/](https://www.wisdom.nhs.wales/health-board-guidelines/powys-guidelines/mat-093-maternity-triage-standard-operating-procedure/)
- The maternity triage call handler may refer or signpost women to the following services
 - Acute Unit – Maternity Triage
 - Acute Unit – A&E
 - Community Midwifery Team in Powys
 - Shropdoc
 - GP
- The maternity triage line will accept calls for triage up to 28 days after birth.

6.5 Open Access to Triage for Women with Limited English

- At booking, women who do not speak English or require British Sign Language (BSL) support must be provided with clear information about their nearest acute maternity triage service through an interpreter
- These women must be granted open access to a maternity triage without the requirement to telephone prior to attending
- An open access to triage card will be provided to the woman to indicate that she does not speak English or requires British Sign Language (BSL) support, ensuring this can immediately presented when she arrives to maternity triage.

6.6 Compliments, Concerns, and Complaints

- Feedback can be shared through:
 - Civica Feedback via automatic text message
 - Direct conversation with the named midwifery care team.
 - PTHB Concerns Team

6.7 Equality, Diversity and Inclusion

Powys Teaching Health Board Maternity Services is committed to:

- The elimination of unlawful and unfair discrimination
- The active promotion of equality of opportunities; for women and their families and our workforce
- The protection of the human rights of women and their families and our workforce
- The promotion of inclusive relationships between groups who share protected characteristics and those who don't
- The valuing of the diversity inherent in the communities we serve and in our workforce.

The words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. As the care provider it is important to refer to birthing people by whichever name and pronouns they wish to use.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided at every contact. The Language Line App is available to all maternity staff to use for this purpose. Consideration is required with written

documents and leaflets to be provided in a woman's preferred or 1st language. Where possible, efforts should be made to assign Welsh speaking families to Welsh speaking staff.

For further support and advice contact PTHB Equality Team:
powys.equalityandwelsh@wales.nhs.uk

6.8 Monitoring and Review

- Communication pathways will be reviewed **annually** or following significant service changes or feedback/events.
- Patient feedback will be used to assess whether families feel confident in knowing how to contact services.

7.0 References / Bibliography

MAT093 – Maternity Triage SOP [wisdom.nhs.wales/health-board-guidelines/powys-gudelines/mat-093-maternity-triage-standard-operating-procedure/](https://www.wisdom.nhs.wales/health-board-guidelines/powys-gudelines/mat-093-maternity-triage-standard-operating-procedure/)

WCH106 – All Wales SOP for Mobile Phones and Texting (2024). [WCH 106 All Wales Standard Operating Procedure for Mobile Phones and Texting.pdf](#)

Nursing & Midwifery Council. (2018). The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London:NMC.

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

IGP 018 Clinical Record Keeping Procedure [IGP - Information Governance](#)

Version Control:

Version	Summary of Changes/Amendments	Publication Date
1	Initial issue	09/03/2026

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

(remove those not applicable)

Directorate	Date	Job Title
Nursing, Quality, Women and Family Health	12/11/2025	Powys Midwives

Task & Finish Group Members

(complete where applicable)

Name	Job Title

Impact Assessment Review

Has an Equality Impact Assessment (EIA) been completed	YES: Yes	NO:
Name of the person giving this response	E.Doman	
If NO:		
If YES:	EIA attached to appendices	

Procedure Approval Route

(include all stages of approval remove those not applicable)

Name	When	Outcome
Maternity Policies and Procedures Sub Group	6/1/2026	Reviewed and submitted to approval in Womens and Childrens Guidelines Group
Women and Childrens Guidelines Group	20/1/2026	Review at Women and Childrens Guidelines Group for Approval



APPENDICIES - A

<u>For:</u>	Communication Pathways in Maternity Services SOP
<u>Date form completed:</u>	7/1/26
<u>Name of Completer</u>	<i>E.Doman-Jones</i>

Service Change Proposal / Strategy / Policy

Communication Pathways in Maternity Services - SOP

Background / Introduction:

This Standard Operating Procedure (SOP) applies to women receiving maternity care across Powys and will primarily affect individuals of childbearing age. The majority of the Powys population speak English; however, there is a small proportion of families for whom English is not their first language, and this SOP may have particular relevance for these groups.

To address potential communication barriers, an open-access maternity triage system has been introduced, as outlined within this SOP. This approach aims to improve accessibility and ensure timely support for women who may experience difficulties navigating traditional communication pathways, including those who do not speak English or British Sign Language (BSL).

An Equality Impact Assessment (EIA) has been undertaken to assess the impact of changes to communication pathways within maternity services at Powys Teaching Health Board (PTHB). These changes have been informed by patient feedback, which identified that existing communication routes could be unclear or challenging to navigate.

The proposed changes are not expected to impact service capacity or existing service provision and do not require additional resources. The SOP focuses on standardising current communication pathways and

formalising the open-access triage system in order to improve clarity, accessibility, and equity of access to maternity services.

Description of the EIA undertaken

The proposed changes have been informed by a review of existing patient feedback. The SOP has been circulated for wider consultation for a 2 week period to all maternity teams across Powys, as well as the Information Governance teams. No response were received from clinical midwifery staff. 3 responses were received by specialist midwives. 1 response was received from information governance. Response were analysed and changes made to the SOP where applicable. Once the SOP is live, we will share a 'you said, we did' via our social media to show their feedback influenced change. We will also continue to review patient feedback around communication via CIVICA.

Common Themes

No common themes were identified from the feedback

Lessons Learned / Mitigating Actions

N/a

How does your service promote equality?

To improve our communication pathways via the following methods:

- Language line (3 way calling and via visual interpretation for women who do not speak English for non-urgent concerns)
- Open Access to Triage System (For women who don't speak English or use BSL for urgent maternity concerns)
- Providing different methods of contact the service for non-urgent queries (For women who having a hearing impairment or would prefer to communicate via this channel)

Conclusions

The proposal has been approved by the senior midwifery leadership team. Its implementation will standardise communication pathways and ensure they are accessible to all women across Powys. The introduction of an open-access maternity triage system is intended to reduce barriers for women who require urgent maternity care, by allowing direct access without the need to make prior contact by telephone.

No significant challenges are anticipated in implementing the Communication Pathways in Maternity Services SOP. The impact of the changes will be monitored through incident reporting processes and ongoing review of patient feedback.

EIA Table

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken
<p>Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Focuses specifically on pregnant women/postnatal women who are accessing maternity services</p> <p>Targets women of a childbearing age which should have a positive impact</p> <p>Allows clear pathways for accessing maternity services for urgent and non-urgent queries</p> <p>Provides direct line numbers to make maternity services more accessible</p> <p>No negative impact suspected</p>	<p>A clear SOP to detail how pregnant and postnatal women can directly access maternity care for urgent and non-urgent queries</p> <p>Details of contact numbers will be provided at the booking appt and clarity provided on which contact numbers to use for urgent and non-urgent queries, these details may get lost or forgotten</p>	<p>Make reference to where the mitigation is included in the document, as appropriate</p> <p>Publish all contact details to the maternity website page</p> <p>Continue to monitor patient feedback via CIVICA</p>

<p>Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Positive impact for persons living with disability to improve access to maternity care</p> <p>Focuses specifically on pregnant women/postnatal women who are accessing maternity services</p> <p>Allows clear pathways for accessing maternity services for urgent and non-urgent queries</p> <p>Provides direct line numbers to make maternity services more accessible for all groups</p> <p>Introduction of the Open Access to triage system for women who have a hearing impairment or require BSL will allow ease of access to services for women who can not communication via telephone</p> <p>Open Access to triage system is a national project implemented by the MatNeoSSP</p>	<p>Open Access to Triage System improves access for women with impairment to access services in an urgent situation</p> <p>Email addresses for birth centres will be provided for non-urgent queries where women can not communicate via telephone</p> <p>Review data of number of women accessing the open access to triage system</p>	<p>Open Access to Triage System to improve access to acute services and not have to communicate via telephone prior to attending</p> <p>Publish all contact details to the maternity website page</p> <p>Continue to monitor patient feedback via CIVICA</p>
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	<p>Cymru to allow open access to triage for women they don't speak English or require BSL support</p> <p>No negative impact suspected for the following category</p>		
<p>People of different genders:</p> <p>Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	No impact suspected	No impact suspected	No impact suspected
<p>People who are married or who have a civil partner.</p>	No impact suspected	No impact suspected	No impact suspected
<p>Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They</p>	No impact suspected	No impact suspected	No impact suspected

<p>are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>			
<p>People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Allows clear pathways for accessing maternity services for urgent and non-urgent queries</p> <p>Provides direct line numbers and email addresses to make maternity services more accessible</p> <p>Introduction of the Open Access to triage system for women who don't speak English will allow ease of access to services for women who cannot communication via telephone</p> <p>Open Access to triage system is a national project implemented by the MatNeoSSP Cymru to allow open access to triage for women they don't speak English or require BSL support</p>	<p>Open Access to Triage System improves access for women where English is not their first language</p> <p>Review data of number of women accessing the open access to triage system</p>	<p>Open Access to Triage System to improve access to acute services and not have to communicate via telephone prior to attending</p> <p>Publish all contact details to the maternity website page</p>

	No negative impact suspected for the following category		
<p>People with a religion or belief or with no religion or belief.</p> <p>The term 'religion' includes a religious or philosophical belief</p>	No impact suspected	No impact suspected	No impact suspected
<p>People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No impact suspected	No impact suspected	No impact suspected
<p>People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	No Impact suspected	No Impact Suspected	No impact suspected

<p>People according to their income related group:</p> <p>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	No impact suspected	No impact suspected	No impact suspected
<p>People according to where they live:</p> <p>Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.</p>	No impact suspected	No impact suspected	No impact suspected
<p>Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	No Impact Suspected	No Impact Suspected	No Impact Suspected

How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>People being able to access the service offered:</p> <p>Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Introduction of the Open Access to triage system for women who don't speak English will allow ease of access to services for women who cannot communication via telephone</p> <p>Open Access to triage system is a national project implemented by the MatNeoSSP Cymru to allow open access to maternity triage for women that don't speak English or require BSL support</p> <p>No negative impact suspected for the following category</p>		
People being able to improve	n/a	n/a	n/a

<p>/maintain healthy lifestyles:</p> <p>Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>People in terms of their income and employment status:</p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage</p>	n/a	n/a	n/a

<p>levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>			
<p>People in terms of their use of the physical environment:</p> <p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	n/a	n/a	n/a
<p>People in terms of social and community</p>	n/a	n/a	n/a

<p>influences on their health:</p> <p>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	n/a	n/a	n/a

Well-being Goal – A globally responsible Wales			
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