Maternity Early Warning Score (MEWS) in a Community Setting

Document Reference No:	MAT 108
Version No:	1
Publication Date:	26 October 2026
Review Date:	20 July 2029
Expiry Date:	20 October 2029
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Approved By:	Women and Childrens Policies and Procedures Governance Group
Approval Date:	20 October 2026
Document Type:	Standard Operating Procedure (SOP)
Parent Policy:	
Scope:	Maternity Services

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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Section	Contents	Page
1.0	**Procedural Information** 1.1 – Scope 1.2 – Introduction 1.3 – Purpose 1.4 – Acronyms and Definitions	 3 3 4 4
2.0	**MEWS in a Community Setting** 2.1 – Documentation 2.2 – Criteria for use in a Community Setting 2.3 – Community Thresholds and Triggers 2.4 – Evidence Base for All-Wales MEWS Chart 2.5 – Equipment 2.6 – Patient Wellness score (PWS) 2.7 - Audit	 5 5 6 6 7 8 8
3.0	**All-Wales MEWS Pathway for Escalation from a Community Setting** Appendix A – All Wales Community MEWS Escalation Appendix B – All Wales MEWS Chart Appendix C – All Wales Acute Deterioration Audit Tool	 9 11 13
4.0	**References and Bibliography**	13
5.0	**Equality Impact Assessment**	14

Associated Policies and Written Control Documents

Version Control

Version	Summary of Changes/Amendments	Publication Date
1	Initial publication of SOP	26/10/2026
2		

1.0 Procedural Information

1.1 Scope

This Standard Operating Procedure (SOP) outlines the requirements for the assessment, monitoring, escalation, and management of pregnant and postnatal women using the All-Wales Maternity Early Warning Score (MEWS) within community settings in Powys Teaching Health Board.

The SOP applies to all healthcare professionals working within community maternity services, including community midwives, maternity support workers, specialist midwives, and any other healthcare professionals undertaking maternal observations and assessment in the community setting.

The purpose of this SOP is to ensure the consistent application of the All-Wales MEWS tool to support the early recognition of maternal deterioration, facilitate timely escalation of concerns, improve communication between healthcare professionals, and ensure women receive appropriate review and intervention when required.

1.2 Introduction

The recognition and timely management of maternal deterioration are fundamental components of safe maternity care. Evidence from national confidential enquiries and maternity safety reports consistently demonstrates that early warning signs of deterioration can be missed if physiological observations are not undertaken, interpreted, and acted upon appropriately.

The All-Wales Maternity Early Warning Score (MEWS) has been developed to support healthcare professionals in the early identification of pregnant and postnatal women who may be experiencing clinical deterioration. The tool provides a structured approach to assessing maternal physiological observations and facilitates timely escalation, clinical review, and intervention when abnormal parameters are identified.

Within community maternity services, midwives are often the first healthcare professionals to assess women who may be becoming unwell. The use of the All-Wales MEWS tool supports clinical decision-making, enhances communication between healthcare professionals, and promotes a consistent approach to recognising and responding to maternal deterioration across Wales.

This Standard Operating Procedure (SOP) provides guidance for community maternity staff on the appropriate use of the All-Wales MEWS tool, including the recording of observations, interpretation of scores, escalation requirements, documentation standards, and communication pathways. It aims to support a safe, effective, and timely response for women receiving maternity care within Powys Teaching Health Board and to ensure alignment with the All-Wales approach to maternal deterioration and escalation.

The implementation of the All-Wales MEWS tool within community maternity services will promote standardisation of practice, improve patient safety, and support the delivery of high-quality maternity care through the early recognition and management of maternal deterioration.

1.3 Purpose

Following this standard operating procedure will help PTHB maternity services to:

- Ensure the consistent use of the All-Wales Maternity Early Warning Score (MEWS) tool within Community Maternity Services.
- Support the early recognition and timely escalation of maternal deterioration.
- Provide a clear and standardised approach to assessment, monitoring, escalation, and documentation.
- Promote effective communication between community and acute care settings.
- Support staff to deliver safe, high-quality care through the appropriate use of MEWS in community settings.
- Improve maternal outcomes and patient safety through timely intervention and management of clinical concerns.

1.4 Acronyms and Definitions

- PTHB – Powys Teaching Health Board
- SOP – Standard Operating Procedure
- MEWS – Maternity Early Warning Score
- EPR – Electronic Patient Record
- NICE – National Institute for Health and Care Excellence

2.0 Maternity Early Warning Score (MEWS) in Community

2.1 Documentation

All observations undertaken as part of a MEWS assessment must be documented contemporaneously on the All-Wales Maternity Early Warning Score (MEWS) chart. The All-Wales MEWS Chart is to remain as paper-based documentation within PTHB.

The healthcare professional completing the assessment is responsible for ensuring that:

- All physiological observations are accurately recorded on the MEWS chart.
- The MEWS score is calculated and documented correctly.
- The date, time, and reason for undertaking the MEWS assessment are recorded.
- Any escalation, advice sought, referrals made, and actions taken in response to abnormal findings are documented clearly.
- The name and designation of the healthcare professional completing the assessment are recorded.

All observations, MEWS scores and additional concerns must be documented on the paper-based MEWS Chart and then scanned into the Electronic Patient Record (EPR) once completed or no longer required. All escalations, actions and outcomes must be documented within the electronic patient record (EPR).

The back of the MEWS chart should not be used as this is for acute setting escalation only. Please refer to the All-Wales Community Escalation Framework (Appendix A) Powys Maternity Settings.

2.2 Criteria for Use in a Community Setting

Within Community Maternity Settings, the All-Wales Maternity Early Warning Score (MEWS) is intended to support the assessment of women who are clinically unwell or where there are concerns regarding potential deterioration. This chart can be used from the diagnosis of pregnancy up to 42 days postpartum. It is not designed for routine use during routine antenatal or postnatal contacts where there are no clinical concerns.

MEWS should be completed if any of the All-Wales Criteria is met for using in a community setting which are:

- Presenting unwell

- Pain (other than contractions)
- Antenatal bleeding/ abnormal lochia
- Upon exit of the All-Wales Clinical Pathway for Normal Labour
- Woman, family or healthcare professional concern (to align with Call for Concern)

The pathway is not intended to replace clinical judgement and should be used in conjunction with any relevant risk assessment and/or clinical guidelines.

2.3 Community Thresholds and Triggers

The acute escalation on the back of the MEWS chart is not to be used in a community setting. Midwives must apply the All-Wales MEWS Pathway for Escalation from a Community Setting (Appendix A) to ensure the correct escalation is applied based on the MEWS Score and presenting clinical picture.

The thresholds and triggers outlined in Appendix A are broadly aligned with the escalation criteria provided on the reverse of the All-Wales MEWS chart. However, the recommended escalation pathways and actions have been adapted for use within the community setting to ensure they are appropriate, practical, and facilitate timely access to acute care when clinical review is required.

The community escalation framework supports healthcare professionals to assess the woman's clinical presentation and determine the most appropriate escalation response, including the urgency of transfer and the most suitable mode of transport to an acute unit. This approach promotes timely intervention while ensuring care is proportionate to the level of clinical concern.

The pathway also supports escalation based on clinical concern, irrespective of the MEWS score. Where ongoing concerns are identified by the woman, her family, or the healthcare professional, consideration should be given to increasing the frequency of observations and escalating care as appropriate. In these circumstances, the woman should be managed in accordance with the actions outlined in the next escalation category to ensure timely assessment and intervention.

2.4 Evidence Base for All-Wales MEWS Chart

The new All-Wales Maternity Early Warning Score (MEWS) has been adapted from the NHS England MEWS, which was informed by the Pregnancy Physiology Pattern Prediction (4P) study and its evidence-based physiological reference ranges for pregnancy and the postnatal

period (Kumar et al, 2017; Gerry et al, 2024). The parameters and thresholds were subsequently developed to support the early recognition of acute deterioration and appropriate clinical escalation. However, these parameters should be regarded as an evidence-informed early warning tool rather than a replacement for routine maternity observations or clinical judgement. NICE has not yet adopted these MEWS parameters as the standard for routine maternity observations; therefore, the All-Wales MEWS should be used to support recognition of deterioration, assessment and escalation where clinically indicated only.

Observations undertaken as part of the routine maternity pathway should be documented within the EPR, using the physiological parameters and frequency of observations specified within the relevant NICE guidance, including NICE NG201: Antenatal Care, NICE NG235: Intrapartum Care, and NICE NG194: Postnatal Care, as applicable to the woman's stage of maternity care and clinical circumstances. Which will include:

- Blood pressure monitoring in the antenatal period
- Labour observations in the All-Wales Clinical Pathway for normal labour
- Routine postnatal care observations

A paper-based MEWS chart and the new set of physiological parameters should only be applied where the criteria for using a MEWS chart have been met, or there is any additional concern.

2.5 Equipment

To ensure a complete and accurate Maternal Early Warning Score (MEWS) assessment is undertaken in the community, midwives must have access to calibrated and appropriately maintained equipment to record a full set of maternal observations. As a minimum, the following equipment must be available:

- Manual blood pressure monitor with an appropriately sized cuff Stethoscope
- Adult digital thermometer
- Adult pulse oximeter (oxygen saturation monitor)
- Stopwatch / clock – to count Respiratory Rate for ≥60 seconds

Midwives are responsible for ensuring that all equipment is in good working order, has been appropriately cleaned in accordance with infection prevention and control guidance, and is calibrated in line with

the organisation's medical equipment standards. If the required equipment is unavailable or faulty, this should be escalated promptly to enable a complete clinical assessment and accurate MEWS recording.

2.6 Patient Wellness Score (PWS)

The Patient Wellness Score (PWS) is completed as part of the Maternal Early Warning Score (MEWS) assessment and records the woman's, family member's, or carer's concerns about her current health and wellbeing. The PWS consists of a series of questions designed to identify whether the woman feels unwell, believes her condition is worsening, or whether those close to her have concerns about her condition. Women's/family's concern matters, even when observations are within normal limits. Ask:

- How are you feeling at the moment?
- Are you worried or concerned that something might be wrong?
- Is your partner or family concerned about you?
- What specifically are you, your partner, or your family concerned about?
- Has anything changed since your last assessment?

The PWS should be completed at every MEWS assessment in the community setting. A positive response to any of the PWS questions may indicate early clinical deterioration, even when physiological observations are within normal limits. The PWS should therefore be assessed alongside the MEWS score and the midwife's clinical findings when determining the need for escalation.

Any concerns identified through the PWS must be documented in the electronic patient record and acted upon appropriately. Escalation should not be delayed solely because the MEWS score is low if the woman, her family, or the assessing clinician has concerns about her condition.

2.7 Audit

Auditable standards

The National MEWS Audit tool will be utilised to assess compliance

3.0 Additional Information and or Appendices
Appendix A – All Wales Community MEWS Escalation

GIG CYMRU NHS WALES | Perfformiad a Gwella Performance and Improvement

GIG CYMRU NHS WALES | Rhwydwaith Gweithredu RhCD Mamolaeth a Newyddenedigol Maternity and Neonatal SSP Implementation Network

All Wales Maternity Early Warning Score (MEWS) Pathway for Escalation from Community Settings

CRITERIA FOR USE OF MEWS IN COMMUNITY SETTINGS

This escalation pathway should be used to support clinical decision making and aid communication for all pregnant and postnatal women up to 6 weeks postpartum if any of the below criteria are met in a community setting. The pathway is *not* intended to replace clinical judgement and should be used in conjunction with any relevant risk assessment and/ or clinical guidelines.

- **Presenting unwell**
- **Pain (other than contractions)**
- **Antenatal bleeding/ abnormal lochia**
- **Upon exit of the All-Wales Clinical Pathway for Normal Labour**
- **Woman, family or healthcare professional concern (to align with Call for Concern)**

THRESHOLDS AND TRIGGERS

The thresholds and triggers below broadly align with the escalation on the reverse of the MEWS tool, although recommended action differs due to there already being a clinical concern or indication to utilise a MEWS tool.

*** If the woman, family, or midwife remain concerned, consider increasing frequency of the observations, escalating regardless of the MEWs score and raising the level of concern to the next category***

Level of Concern	Low	Medium	High
MEWS SCORE	**0-1**	**2-4**	**5 or more**
Minimum vital signs- record until ongoing review.	Repeat observations as clinically indicated. Document ongoing plan.	Repeat observations every 30 minutes Document ongoing plan.	Consider continuous observations until arrival of emergency ambulance. Document ongoing plan.
Primary escalation and response (use AID and	If woman, family or midwife are no longer	Review by the most appropriate Healthcare	**IMMEDIATE**

SBAR frameworks to support communication)	concerned, safety netting advice should be given. If appropriate, for medical concern, refer to GP for assessment (eg. suspected wound infection). If ongoing concern of woman, family or midwife and/ or obstetric concern, refer to maternity triage.	professional within maximum of 2 hours. Consider mode of transport - refer to All Wales Transport document. Use clinical judgement.	**TRANSFER** to obstetric care for urgent review. Initiate 999 call, answer 'yes' to high-risk complication and state 'Elevated Maternity Early Warning score' along with primary clinical concern.
Review	Primary Care / Maternity triage as appropriate to clinical picture.	Maternity triage.	INFORM Maternity Co-ordinator of expected admission using SBAR. WAST – During the 999 call if the prioritisation is not agreed, ask for a clinician call back.
Secondary contact (For additional advice, support or if further escalation is required).	Maternity Co-ordinator	Obstetrician	
If the primary team member(s) contacted is unable to be reached within the expected time for the level of clinical concern, escalation to the secondary contact is required.			

All Wales Guideline for Maternity Transfers from Community and Freestanding Midwifery Units:
wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-guideline-for-transfers-from-community-and-fmu/

This escalation pathway has been developed to align with the Call for Concern pathways currently in development by the Acute Physical Deterioration Implementation Network.

Appendix B – All Wales MEWS Chart

Maternity Early Warning Score (MEWS)

(NHS England, 2024)

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Hospital sticker with patient details

MEWS score 0 1 2	A score for each vital sign is required at each entry												
	DATE / TIME												DATE / TIME
Respirations Breaths/min	>=25						2						>=25
	22-24						1						22-24
	18-21												18-21
	13-17						0						13-17
	9-12												9-12
	7-8						1						7-8
	<=6						2						<=6
$Sp0_2$ Oxygen saturation (%)	>=95						0						>=95
	93-94						1						93-94
	<=92						2						<=92
Temperature °C	>=37.5						2						>=37.5
	37.3-37.4						1						37.3-37.4
	36.8-37.2						0						36.8-37.2
	36.2-36.7												36.2-36.7
	35.7-36.1						1						35.7-36.1
	<=35.6						2						<=35.6
Pulse Beats/min	>=131						2						>=131
	122-130						2						122-130
	113-121						1						113-121
	99-112												99-112
	86-98						0						86-98
	71-85												71-85
	63-70						1						63-70
	<=62						2						<=62
Pulse - from 48 hours post birth ONLY Beats/min Date & time to commence monitoring:	>=108						2						>=108
	99-107						1						99-107
	85-98												85-98
	71-84						0						71-84
	58-70												58-70
	51-57						1						51-57
	<=50						2						<=50
Systolic blood pressure mmHg	>=175						2						>=175
	160-174						2						160-174
	145-159						2						145-159
	136-144						1						136-144
	121-135												121-135
	111-120						0						111-120
	101-110												101-110
	94-100						1						94-100
	77-93						2						77-93
	61-76						2						61-76
	<=60						2						<=60
Diastolic blood pressure mmHg	>=110						2						>=110
	97-109						2						97-109
	89-96						1						89-96
	80-88												80-88
	70-79						0						70-79
	62-69												62-69
	57-61						1						57-61
	<=56						2						<=56
MEWS TOTAL													**MEWS TOTAL**

Additional concerns - Please see overleaf for additional concern table. If one or more additional concern is present, consider escalation and review.													
Healthcare professional concerned													
Woman/family concerned													
Significant additional therapies (e.g. Oxygen)													
Increased pain (analgesic requirement)													
Significant vaginal bleeding													
Reduced urine output													
Altered level of consciousness/responsiveness													
Monitoring frequency													Monitoring
Escalation of care YES/NO													Escalation
Initials													Initials

Refer to back page for thresholds and triggers

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Any edits or modifications to this tool must be agreed through the Maternity and Neonatal Strategic Network

Maternity Early Warning Score (MEWS)

GIG CYMRU NHS WALES | Y Weithrediaeth Executive

Taking the total MEWS score generated, escalate according to the threshold and trigger table.

(NHS England, 2024)

		Score				
		2	1	0	1	2
Vital Sign	**Respirations** Breaths/min	<=6	7-8	9-21	22-24	>=25
	SpO_2 Oxygen saturation (%)	<=92	93-94	>=95	-	-
	Temperature °C	<=35.6	35.7-36.1	36.2-37.2	37.3-37.4	>=37.5
	Pulse Beats/min	<=62	63-70	71-112	113-121	>=122
	Pulse (from 48 hours post birth) Beats/min	<=50	51-57	58-98	99-107	>=108
	Systolic blood pressure mmHg	<=93	94-100	101-135	136-144	>=145
	Diastolic blood pressure mmHg	<=56	57-61	62-88	89-96	>=97

+

Additional concerns	
If one or more of these additional concerns are present, consider: 1. Increasing the frequency of observations to a minimum of every 30 minutes 2. Escalate in line with a low-medium level of concern even if MEWS less than 2 3. Where MEWS is greater than 2 raising the level of concern to the next category.	Healthcare professional concerned Woman/family concerned Significant additional therapies (e.g. Oxygen) Increased pain (+/-or analgesic requirement) Significant vaginal bleeding Reduced urine output Decreased level of consciousness/responsiveness

↓

Thresholds and triggers

- The grade of medical team member indicated as the primary contact for each level of clinical concern is a guide and may need to be adapted depending on the local skill mix within that care setting or organisation

Level of concern	Low	Low-medium	Medium	High
MEWS	0-1	2-4	5-7	8 or more
Primary escalation & response (Use SBAR framework)		Review by midwife in charge	Urgent review by midwife in charge	Immediate review by midwife in charge
		Request review by ST1/2 or equivalent	Urgent review by ST3+ or equivalent and consultant made aware of plan Consider anaesthetic review	Immediate review by ST3+ or equivalent, consultant and anaesthetic team Consider review by outreach team
Medical review timing		Within 30 minutes	Within 15 minutes	Immediate
Minimal vital signs recording until medical review/ongoing plan	Continue with current observation frequency	Reassess observations within 30 minutes & document ongoing plan	Reassess observations within 15 minutes & document ongoing plan	Continuous observations
Secondary contact		ST3+ or equivalent	Consultant or equivalent	Clinical outreach team or equivalent

- When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the secondary contact is required
- The secondary contact would be expected to attend within the initial medical review timing, calculated from the documented time of primary escalation
- The section **pulse (from 48 hours after birth)** cut-offs should be used for all women from 48 hours after birth. The time and date from which these values should be used should be entered on the front of the chart.

Any edits or modifications to this tool must be agreed through the Maternity and Neonatal Strategic Network

2025

Appendix C – All Wales Acute Deterioration Audit Tool

Copy of AcuteDeteriorationAudit_v10.xlsm

4.0 References and Bibliography

National Institute for Health and Care Excellence (NICE) (2021) Antenatal care (NG201). London: NICE. Available at: https://www.nice.org.uk/guidance/ng201 (Accessed: 7 September 2026).

National Institute for Health and Care Excellence (NICE) (2023) Intrapartum care (NG235). London: NICE. Available at: https://www.nice.org.uk/guidance/ng235 (Accessed: 7 September 2026).

National Institute for Health and Care Excellence (NICE) (2021) Postnatal care (NG194). London: NICE. Available at: https://www.nice.org.uk/guidance/ng194 (Accessed: 7 September 2026).

Kumar, F., Kemp, J., Edwards, C., Pullon, R.M., Loerup, L., Triantafyllidis, A., Salvi, D., Gibson, O., Gerry, S., MacKillop, L.H., Tarassenko, L. and Watkinson, P.J. (2017) 'Pregnancy physiology pattern prediction study (4P study): protocol of an observational cohort study collecting vital sign information to inform the development of an accurate centile-based obstetric early warning score', BMJ Open, 7(9), e016034. doi: 10.1136/bmjopen-2017-016034.

Gerry, S., Bedford, J., Redfern, O.C., Rutter, H., Chester-Jones, M., Knight, M., Kelly, T. and Watkinson, P.J. (2024) 'Development of a national maternity early warning score: centile based score development and Delphi informed escalation pathways', BMJ Medicine, 3(1), e000748. doi: 10.1136/bmjmed-2023-000748.

5.0 Equality Impact Assessment

It is not mandatory to complete an Equality Impact Assessment (EIA) for a written control document. If you feel it would be of benefit, please complete the box below and attach an EIA as an appendix to this document.

Has an Equality Impact Assessment (EIA) been completed	YES:	NO: **X**
Name of the person giving this response	E.Doman	
If NO:	Agreed by the Maternity Guidelines Group it is not required	
If YES:	Attach EIA as an appendix to this document	