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Swansea Bay University
Health Board

MATERNITY SERVICES

ESCALATION POLICY- Obstetric Unit

Specialty: Maternity

Approval Body: Maternity Services Quality & Safety Group

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AIMS OF POLICY

The purpose of this policy is to assist in providing a safe maternity service across Swansea Bay University Health Board (SBUHB) by clearly outlining the management and clinical processes to be initiated in the event of increased activity or staff shortfall.

It is important to acknowledge that in many instances, effective & efficient roster management and management of clinical activity can significantly reduce the number of occasions the escalation policy will need to be initiated.

It will never be an option to completely close a maternity unit but there will be occasions when due to high activity or staff shortages that escalation and restrictions of the service will need to be applied.

This policy aims to ensure there is a consistent management approach across the Health Board to ensure that women & babies are cared for safely. The staff who will be involved in the decisions to restrict admissions and divert women will need to ensure they are familiar with the process for escalation.

ESCALATION IN MATERNITY SERVICES

The Maternity Escalation policy has been developed to provide a clear set of guidelines for staff to follow during a situation that involves clinical risk. This can include;

- A peak in clinical activity/acuity, where staffing is not adequate to provide safe care in the relevant areas.
- Unforeseen staffing unavailability impacting on clinical establishment and roster cover.
- Capacity due to lack of available beds.
- No capacity for admissions to the Neonatal unit.
- A major incident

IDENTIFICATION OF INCREASING CLINICAL ACTIVITY/ACUITY

Labour Ward - Birthrate+ Acuity Tool

SBUHB Maternity Service has in place a system for routinely measuring acuity on a four hourly basis within the Labour ward. The identified Labour ward Midwife Co-ordinator for the unit is responsible for measuring the acuity, identifying low staffing levels or high level of activity within the unit and communicating to the appropriate personnel. This method of measuring the acuity provides a standardised approach, which should be understood by all staff working within the maternity services. When escalating to the Senior Leadership Team, acuity levels should be communicated as the common language. It is expected that the Labour Ward Co-ordinator will ensure that the acuity flow chart is followed.

- The acuity tool should be completed at a minimum of four hourly.

- As the acuity score increases the Labour ward Midwife Co-ordinator will assess the situation by undertaking the scoring on an hourly basis as a minimum standard.
- The diary page of the Birthrate+ acuity tool will be completed outlining details of high acuity.
- When the acuity score escalates beyond the number of midwives available to provide intrapartum care safely, the agreed procedures for escalation will be initiated. This will include completing the AMBER and RED actions cards.

OCCUPANCY LEVELS WITHIN THE MATERNITY SERVICES

An Automated calculation of acuity levels is available for intrapartum care on the labour ward, but do not take into account the acuity levels in the other inpatient maternity ward areas. As a guidance for staff working in the other clinical areas an alert should be given to the coordinator and Matron if there is a potential risk of all the antenatal and postnatal beds being filled. This will assist in triggering support to be given to transfer/discharge women & babies home earlier or to another area. Clear communication should be provided to the Labour Ward Co-ordinator Midwife by the Midwife in charge of the antenatal and postnatal ward regarding activity in the ward area's and any anticipated need for transfer to Labour Ward at the earliest opportunity.

ESCALATION CATEGORIES

When facing increasing activity, the senior midwife co-ordinating the area should adopt the following escalation alert categories. These categories will be on display on the Patient Status at a Glance (PSAG) board to all staff and will be standardised across Maternity and Neonatal Units. At the regular multidisciplinary handover the status report should be shared and documented.

GREEN **Staffing is appropriate for acuity.**

AMBER **Activity is building.**

RED **Little or no capacity for further admissions.**

BLACK **The need to consider transfer of women outside of the Health Board**

TRIGGERS TO IMPLEMENT THE ESCALATION POLICY

GREEN

The staffing levels are appropriate to the acuity, the Obstetric Unit are operational and able to accept admissions to all areas. Labour ward coordinator to continue Birthrate+ acuity 4 hourly.

AMBER

An amber alert status represents where there is escalating activity. This could include;

- Insufficient environmental capacity (lack of beds on the Labour ward, ward areas)
- Midwifery staffing levels below the required to meet the clinical need in any area.
 - Medical staff shortage (Obstetric, Anaesthetic or Neonatal)

Action

- To complete Amber action card.
- To complete Birthrate+ acuity hourly (Labour ward)
- Hourly assessment of Community service intrapartum acuity

RED

Red alert status represents an extreme situation where further activity could result in increased clinical risk leading to an unsafe maternity service.

This could include;

- Little or no environmental capacity for further activity on Labour ward
 - Unable to provide 1:1 care to women in established labour
 - Maternity wards (antenatal and postnatal) are full to capacity
- Midwifery staffing levels unable to meet the needs of any clinical area
- Medical staff shortage where there is increased risk in providing a safe service
 - Where the Neonatal Unit is closed

Action

- To complete red action card.
- To complete Birthrate+ acuity at a minimum hourly, more frequent if needed.
- Hourly (or more frequent) assessment of community intrapartum acuity

BLACK

No capacity within the unit. The decision to go to a Black Alert will be taken by the Head of Midwifery and Clinical Lead, who will liaise with the On Call Executive. All women must be assessed prior to transfer. Women requiring transfer must be accompanied by a Midwife and an all Wales in-utero transfer form will be completed as required.

ACTION CARDS FOR STAFF - AMBER

AMBER ALERT – ACTION CARD Labour Ward Coordinator

Increase the frequency of the acuity measurement via the Birthrate+ Acuity Tool to one hourly intervals and completion of the diary page to outline reasons for escalation

Inform Senior Management

- Day time hours – Contact Matron of the Maternity unit or Senior Midwife Manager in the unit.
- Out of hours – Contact Manager on call.

Liaise with the midwives in charge of all other maternity areas to review workload, acuity and staffing

The Labour ward Midwife co-ordinator and the Labour Ward Consultant Obstetrician will review all the activity on Labour Ward – ensuring 1:1 care is being achieved for women in labour.

Consider rescheduling elective work following review and discussion with the multi-disciplinary team.

Consider acuity and potential transfers from community intrapartum settings

Consider suitable diverts of midwifery led women to the Freestanding Midwifery Unit in SBUHB where acuity allows.

The Neonatal Unit and Consultant Neonatologist must be alerted to the situation. No in-utero transfers can be accepted without prior discussion with the Labour Ward Co-ordinator and the Matron during daytime hours or Manager on call out of hours. Consider guidance in Appendix 4 for consideration of accepting in-utero transfers during Amber escalation

Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to Amber alert.

Following completion of the Amber action card, the labour ward coordinator is to update the diary page documenting all actions on the AMBER action card have been completed.

AMBER ALERT – ACTION CARD Obstetric Team

The Labour ward Midwife Co-ordinator and Obstetric team will review all the activity on Labour Ward – ensuring 1:1 care is being achieved as appropriate.

Consider rescheduling elective cases following review and discussion with the multi-disciplinary team.

Assess the need for antenatal ward review to identify suitable discharges to free beds and reduce acuity.

Assess the need for postnatal ward review to identify suitable discharges to free beds and reduce acuity.

ACTION CARDS FOR STAFF – RED

Labour ward coordinator

RED ALERT – ACTION CARD	
Labour Ward Midwife Co-ordinator	
Complete all actions on the Amber action card.	<input type="checkbox"/>
Inform Senior Management	<input type="checkbox"/>
➤ Day time hours – contact Matron/Senior Midwife Manager of the Maternity unit and Deputy Head of Midwifery/Head of Midwifery.	
➤ Out of hours – Contact Manager on call	
Liaise with the midwives in charge of Antenatal, Postnatal and Alongside Midwifery Unit to review workload, acuity and staffing	<input type="checkbox"/>
Inform the Neonatal unit and Neonatal Consultant on call of escalation to red alert.	<input type="checkbox"/>
The Labour ward Midwife co-ordinator and the Labour Ward Consultant Obstetrician will review all the activity on Labour Ward – ensuring 1:1 care is being achieved.	<input type="checkbox"/>
Labour ward coordinator and Consultant Obstetrician to review and delay elective caesarean sections and any new admissions for Induction of Labour. Consider temporarily placing induction of labour on hold.	<input type="checkbox"/>
Consider acuity and potential transfers in community intrapartum settings	<input type="checkbox"/>
Contact neighbouring Health Boards and inform of escalation to red, liaise around possibility of transfers/diverts	<input type="checkbox"/>
Consider suitable diverts of midwifery led women to the Freestanding Midwifery Unit in SBUHB where acuity allows, complete diversion form (appendix 3).	<input type="checkbox"/>
Labour ward coordinator and Consultant Obstetrician to review and consider transfer of women on the antenatal ward to other Health Boards, the transfer form should be completed for all transfers	<input type="checkbox"/>
All in-utero and postnatal transfers from other Units must be refused.	<input type="checkbox"/>
Ambulance Control should be notified of the situation and requested to contact us prior to transferring women to the unit as they may well be asked to be redirected to another unit .	<input type="checkbox"/>
Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to RED alert.	<input type="checkbox"/>
Following completion of the RED action card, the labour ward coordinator is to update the diary page of the Birthrate + acuity tool documenting time of escalation and all actions on the RED action card have been completed.	
It is the responsibility of the Labour Ward Co-ordinator to continue to measure the acuity and as the situation improves to decide, in collaboration with the Consultant obstetrician and Senior Midwifery Manager/Manger On Call, when to step down to amber alert. Communicating the change in status must again be alerted to all key personnel.	

ACTION CARDS FOR STAFF - RED

Consultant Obstetrician

RED ALERT – ACTION CARD

Consultant Obstetrician

(This could be completed by the Consultant or through discussions with the Obstetric team on call)

- The Labour ward Midwife co-ordinator and the Labour Ward Consultant Obstetrician will review all the activity on Labour Ward – ensuring 1:1 care is being achieved.
- To assess the need to undertake an immediate ward round to identify suitable discharges to free beds and increase capacity.
- To assess the need to undertake an immediate ward round to identify suitable discharges to free beds and increase capacity.
- Labour ward coordinator and Consultant Obstetrician to review and delay elective caesarean sections and any **NEW** admissions for Induction of Labour.
- If induction of labour is temporarily put on hold, review ongoing inductions for their clinical complexity identifying any inductions which require an exemption to continue or possibility of transfer to another Health Board for continuation (depending on clinical indication). The rationale for the exemption should be clearly documented in the maternity notes and communicated with the Labour ward coordinator.
- All transfers from other Units must be refused.
- Review Medical staffing.

ACTION CARDS FOR STAFF - RED

Matron of area or Manager On Call

RED ALERT – ACTION CARD

Matron / Manager on call.

Day time hours

- Inform Deputy Head of Midwifery/Head of Midwifery.

Night time hours

- Inform Silver On Call for escalation to executive on call.

Ensure Labour Ward Co-ordinator has been able to complete all AMBER and RED actions on the action card.

Communicate with the Labour Ward Co-ordinator and review of cases and their clinical complexity for assurance safe care can be achieved.

If induction of labour on hold. Ensure Consultant Obstetric review of all ongoing inductions for their clinical complexity and suitability to be placed on hold.

To consider increasing staffing within the Obstetric unit as appropriate

- Are staff in the appropriate areas as needed.
- Redeployment of staff from other areas to ensure utilisation of all available staff within the Maternity service. This can include and is not limited to – Hospital midwives attending mandatory study days, Ward Managers, Specialist Midwives, Lead Midwives. This decision is made by the Matron of the unit/Senior Midwife.
- Authorisation for extra hours to staff (Bank or overtime)
- Authorisation for agency/bank.
- Consideration to advertise additional duties for unregistered staff to support unit (nursery nurses, health care support workers, maternity care assistant and/or receptionists)

If there is an opportunity, involve the Communications Team in the Health Board to notify women using our services of possible disruptions and what actions to take.

ACTION CARDS FOR STAFF – BLACK

Labour ward coordinator

BLACK ALERT – LABOUR WARD COORDINATOR

- Complete all actions on AMBER and RED Cards
- Time of decision for BLACK Alert made by Head of Midwifery and Clinical Lead (or deputising on their behalf) to be documented on the Birthrate + acuity tool and diary page
- Liaise with the midwives in charge of Antenatal, Postnatal and Alongside Midwifery Unit to review workload, acuity and staffing. Inform of escalation to BLACK alert.
- Inform community intrapartum settings of BLACK alert
- Consider safe diverts of any **new** presentation to other Health Boards
- Inform the Neonatal unit and Neonatal Consultant on call of escalation to BLACK alert.
- Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to BLACK alert.
- All women must be assessed prior to transfer.
- Women requiring transfer must be accompanied by a Midwife (where appropriate) and an all Wales In-utero form (Appendix 1) and diversion form (Appendix 3) will be completed where appropriate.
- Labour ward Co-ordinator to communicate status with neighbouring Health Boards

ACTION CARDS FOR STAFF – BLACK

Matron of area or Manager On Call

BLACK ALERT – ACTION CARD FOR MANAGERS ON CALL

Day time hours

- Decision for Black Alert to be made by Head of Midwifery and Clinical Lead or person deputising in their absence

Out of hours

- To inform Silver on call
- Matron/Manager On Call to attend the unit for assessment, provide guidance and support.
- By day Mon-Fri, Members of the Senior Midwifery Leadership Team to support in the clinical area
- Consider the mobilisation of Community Midwives to support during BLACK Alert response

CLINICAL GOVERNANCE

Amber, Red and Black alerts will be Datix reported.

- The escalation of high acuity is Datix incident reported under the following trigger;

Escalation due to staffing:

Infrastructure – service resources – Failure to resource service adequately

Escalation due to bed/capacity:

Infrastructure – bed availability (general) – Lack of available beds

Intrapartum Lead Midwife to review Birthrate + acuity tool and diary page weekly to audit adherence to the escalation guideline.

ANTENATAL ASSESSMENT UNIT- ESCALATION PROCESS

- Failure to undertake an initial assessment within the agreed standard of **30 minutes** will require immediate reporting to the unit Midwife Labour ward co-ordinator who is responsible for assessing the staffing needs in line with the Maternity Escalation Policy.
- A Datix incident report should be completed if an initial assessment cannot be performed within 30 minutes of arrival to the clinical area.
- Continued failure to achieve the standard within **1 hour** – requires escalation to the Matron of the unit Monday-Friday during working hours or Manager On Call for Women and Child Health out of hours, this again should be reported via Datix.

DELAYED INDUCTION OF LABOUR (IOL)

- Admissions for Induction of Labour should be reviewed and induction of labour commenced within two hours of admission.
- If the Unit has been escalated to RED alert, following consultation with the Midwifery Matron/Manager on call, It may be appropriate to put Induction of Labour's on hold for a short period of time.
- If Induction of Labour has been placed on hold for 24 hours, then there is a requirement to escalate to the Matron in office hours or Manager on call out of hours. The Consultant Obstetrician must complete a review of women waiting induction of labour for consideration for transfer to a neighbouring Health Board.

ESCALATION OF DELAYED TRANSFERS TO LABOUR WARD

- The local risk register highlights women should be transferred to Labour ward for artificial rupture of membranes and/or IOL with oxytocin infusion within 24 hours of confirmed suitability or spontaneous rupture of membranes.
- The Antenatal ward midwife should Datix incident report **ALL** women who are delayed transfer to Labour ward for IOL due to Prolonged rupture of

membranes (>24 hours since rupture of membranes) or who require IOL with artificial rupture of membranes +/- oxytocin infusion.

MAJOR INCIDENT IN MATERNITY SERVICES

In the very unlikely event where the whole maternity unit has to be closed due to a major incident such as a severe infection, fire or bomb alerts. The senior midwifery and Service Group Management Team will be required to assist in the management of the incident as directed. The Executive Team would be informed and would be available to deal with issues arising from such a major incident (please see SBUHB Business Continuity Plan).

Appendix 1 – All Wales in-utero transfer form



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ALL WALES IN-UTERO TRANSFER COMMUNICATION FORM

ADDRESSOGRAPH

SITUATION	MATERNAL DETAILS		FETAL DETAILS	
	Gravida Para SRON Y/N Date..... Time..... Blood Group..... Rh Antibodies Medication..... Comments		EDD..... Gestation..... Multiple Pregnancy Y/N No. of fetuses.....	
BACKGROUND	Previous pre-term birth: Y/N Details..... Obstetric history..... Medical history..... Has Mother? <ul style="list-style-type: none"> 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..... 		Anomalies Y/N Details..... Safeguarding issues Y/N Details.....	
	Pre-Term Labour Test: Pos/ Neg fetal fibronectin/Actim partus Vaginal Examination: Date.....Time.....Findings..... Is Mother? <ul style="list-style-type: none"> Currently infected or colonised with organism/virus that is multi-resistant or could cause harm to baby? Y/N/Unknown If yes: Sensitivities of organism..... Currently on any antimicrobial treatment? Y/N If yes, please specify..... HVS: Y/N Date/s..... Sensitivities of isolates..... Outstanding Microbiology results? Y/N Please specify.....		Fetal Compromise? Y/N Comments..... Maternal Steroids? Y/N Date..... Gest..... USS Date..... AC..... HC..... FL..... AFI..... Dopplar..... EFW..... Comments.....	
RECOMMENDATION	TRANSFER FROM:		TRANSFER TO:	
	Consultant Obstetrician		Consultant Obstetrician	
	SPR:		DUTY SPR informed <input type="checkbox"/> LW Coordinator informed <input type="checkbox"/> Neonatal Unit informed <input type="checkbox"/> NB: All must be informed prior to transfer	
	Named midwife for transfer:			
Person completing form:				
NAME:		DESIGNATION:		SIGNATURE:
DATE:				

Appendix 2 – Phone numbers for maternity units

Hospital Details	Gestation	Date & Time of call (use 24hr clock)	Maternity CDS/LW Status	Neonatal Status	Additional comments (e.g. Name of contact in other hospital)
CTUHB Princess of Wales Hospital Tel: 01656 752383 / 7	32 (34 Twins)				
CARDIFF & VALE HB University Hospital Wales Tel: 02920 747747	ALL				
CTUHB Prince Charles Hospital, Merthyr Tydfil Tel: 01685 721721	32 (34 Twins)				
HYWEL DDA HB Glangwili Hospital, Carmarthen Tel: 01267 235151	30				
HYWEL DDA HB Bronglais Hospital, Aberystwyth Tel: 01970 523131	32				
ANEURIN BEVAN HB Royal Gwent Hospital, Newport Tel: 01633 234234	ALL				
ANEURIN BEVAN HB Nevill Hall Hospital, Abergavenny Tel: 01873 732732	32				
BRISTOL NHS St Michaels Hospital, Bristol Tel: 01179 215411	ALL				
BRISTOL NHS Southmead Hospital, Bristol Tel: 0117 323 5320	ALL				
GLOUCESTERSHIRE NHS Gloucestershire Royal Hospital Tel: 08454 225 541	ALL				
WORCESTERSHIRE NHS Worcester Royal Hospital Tel: 01905 763333	28				
HEREFORD GENERAL Tel: 01432355444 LW : ext 4070 NNU: ext 3116	32				
Birmingham Women's Hospital Tel: 0121 472 1377 01216272686	ALL				
City Hospital Birmingham Tel: 01215543801	ALL				
BATH NHS TRUST Royal United Hospital Tel: 01225 428331	ALL				

GREAT WESTERN NHS Great Western Hospital, Swindon Tel: 01793 604575	ALL				
OXFORD RADCLIFFE NHS John Radcliffe Hospital, Oxford Tel: 01865741166	ALL				
CHELTENHAM GENERAL Tel: 08454222222	34				
SALISBURY DISTRICT Tel: 01722336262	ALL				
OXFORD RADCLIFFE NHS Horton General Hospital, Banbury Tel: 01295 275500					
ROYAL BERKSHIRE NHS Royal Berkshire Hospital, Reading Tel: 0118 3227 304					
Frimley Park Hospital, Frimley, Farnborough, Guildford Tel: 01276 604604					
Royal Surrey Hospital, Guildford Tel: 01483 571122					
ASHFORD & ST PETERS NHS St Peters Hospital, Chertsey, Surrey Tel No: 01932 722835					
ROYAL DEVON & EXETER NHS Wonford Hospital, Exeter Tel: 01392 406650 / 406651					
PORTSMOUTH NHS Queen Alexandra Hospital, Portsmouth Tel: 023 9228 6000 (Ext 4583)	ALL				
DERRIFOD PLYMOUTH 08451558155 01758793600	ALL				
WESTERN SUSSEX NHS St Richards Hosp, Chichester, Portsmouth Tel: 01243 788122					
SOUTHAMPTON UNIVERSITY NHS Princess Anne Hospital, Southampton Tel: 023 8077 7222	ALL				
WESTERN SUSSEX NHS Worthing Hospital, Worthing, Brighton Tel: 01903 205111					
BETSI CADWALADER UHB Ysbyty Glan Clwyd, Rhyl Tel: 01745 534689					

BETSI CADWALADER UHB Ysbyty Gwynedd, Bangor Tel: 01248 384950					
BETSI CADWALADER UHB Ysbyty Maelor, Wrexham Tel: 01978 725020					

Appendix 3 – Record of women requiring diversion to another unit when Singleton maternity unit on Red alert or Black.

RECORD OF WOMEN REQUIRING DIVERSION TO ANOTHER UNIT WHEN SINGLETON MATERNITY UNIT ON RED ALERT OR BLACK.

Unit Status

Date Unit Escalated red/black: Time *(use 24hr clock)*:

Date Unit downgraded: Time *(use 24hr clock)*:

Incident Ref No: Datix -.....

Date & Time of Call	Mother's Name	Hospital Number	Details of phone call including any advice given	Indicate: Transfer (T) Declined(D)	Name of Unit referred to

Form to be emailed to Pat Beresford and Tracey Edey following completion

In-utero Transfers during Amber escalation

When there are Level 3 ITU cots available in Singleton Hospital every effort must be made to ensure women from SBU HB and from neighbouring Health Boards are accommodated. Being unable to accept women could result in long transfer negotiations to units, which might be outside of Wales. These transfers can be a risk and will result in significant midwifery time being taken up on escort duty.

- In order to manage this period of escalation safely whilst still aiming to receive women whose babies will need level 3 care, the Labour Ward Co-ordinator, Neonatal Unit Charge Nurse, Consultant obstetrician and Neonatal Consultant must all be included in the decision making regarding accepting and managing these high risk cases.
- The Labour Ward Co-ordinator will be required to escalate to the Midwifery Matron during office hours or the Manager On Call for Women and Child Health out of hours if Maternity services are unable to accept an in-utero transfer due to escalation in the Unit.
- If Maternity Services are unable to accept an in-utero transfer from a neighbouring Health Board due to staffing and/or acuity, consideration should be given to arrange a transfer of a woman who is stable (for example, a planned elective caesarean or awaiting artificial rupture of membranes) to the transferring Health Board in exchange for accepting the in-utero transfer to prevent delays in transfer or the need to transfer outside of Wales. All women who are considered suitable to transfer to neighbouring Health Board's will require an Obstetric review prior to being discharged to travel to the neighbouring Health Board.
- All in-utero transfers accepted must have a completed In-utero transfer (IUT) form prior to acceptance into the unit and this must be retained for audit purposes. This process must also be undertaken for all IUT out of the Health Board. In addition, any cases that are refused into the Health Board must also be recorded and retained for audit.
- The Intrapartum Lead Midwife will attend a meeting with neighbouring Health Board's to discuss the in-utero transfers in South Wales on a weekly basis.

During red escalation, in-utero transfers should be refused.

Anaesthetic Escalation Pathway

Please use discretion with below pathway – anaesthetists can be busy in a room or theatre and unable to answer phones. If unable to find or contact us we suggest speaking to the labour ward co-ordinator.

Escalation Pathway (Monday to Friday 8-5pm)

1. Anaesthetist on labour ward (Ext 25857).
2. If no answer from above number or busy then anaesthetic consultant on labour ward (Ext 25858)
3. If no answer to either of above then anaesthetic second on call (Ext 25854)

Escalation Pathway (Outside of above hours)

1. Anaesthetist on labour ward (Ext 25857)
2. If no answer on above number or busy then anaesthetic second on call (Ext 25854)
3. If urgent then call anaesthetic consultant on call (via switchboard)
4. If not urgent then continue to try the above telephone numbers for 30 minutes. If after this period still unable to locate an anaesthetist then call anaesthetic consultant on call (via switchboard)

It is the responsibility of the labour ward co-ordinator to ensure that the names of the anaesthetic team on duty and on call anaesthetic consultant is clearly available in the labour ward hub room.

The following is a list of indications for the Consultant Anaesthetist to be informed directly

- Maternal cardiac arrest
- Eclampsia
- Abnormal placentation (placenta praevia) for LSCS
- Failed intubation
- Amniotic fluid embolism
- Local anaesthetic toxicity (or suspected local anaesthetic toxicity)
- Anaphylaxis
- Suspicion of MH
- 2 theatres open (and no anaesthetist likely to be free within 15 mins)
- Obstetric patient requiring admission to ICU
- PPH >2.5L with ongoing blood loss (or >30ml /Kg blood loss in patient less than 70Kg)
- PPH with coagulopathy
- BMI >50 for theatre
- At discretion of trainee / second on-call

Please note: This list is not an exhaustive list of EVERY reason a consultant should be contacted. Judgement on this will come down to the obstetric anaesthetic trainee and the second on-call. If in any doubt we would prefer to be called.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Escalation Policy – Maternity Services
Name(s) of Author:	Maternity Quality and Safety Group
Chair of Group or Committee approving submission:	Maternity Services
Brief outline giving reasons for document being submitted for ratification	To update current policy to reflect change in service
Details of persons included in consultation process:	Maternity staff, Obstetricians, Neonatal staff.
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue/Version No:	4
Please list any policies/guidelines this document will supercede:	Maternity Services Escalation Policy (ratified Feb 2019)
Date approved by Group:	12 th February 2024
Next Review / Guideline Expiry:	February 2027
Please indicate key words you wish to be linked to document:	Escalation, maternity, acuity, transfer
File Name: Used to locate where file is stores on hard drive	Z:\npt_fs2\Maternity Incidents Stats Etc\Policies\Ratified - Obs