

## **Maternity Jump Call**

Speciality: Maternity

Approval body: Maternity Quality & Safety Group

Approval date: 1<sup>st</sup> August 2018

Date of Review: 31st July 2021

#### Introduction

The purpose of this guidance is to clearly describe to midwives and obstetric medical staff the chain of communication and sets out the procedure to be followed when there are alternative clinical views to be considered.

#### Aims

To provide support for clinical decision making.

#### **Objectives**

This guidance is designed to provide clarity in relation the chain of communication.

#### Scope

This policy applies within maternity services, for both midwifery and medical staff.

#### Rationale

Nurses, Midwives and Medical Staff should be able to communicate and consult freely at an appropriate level.

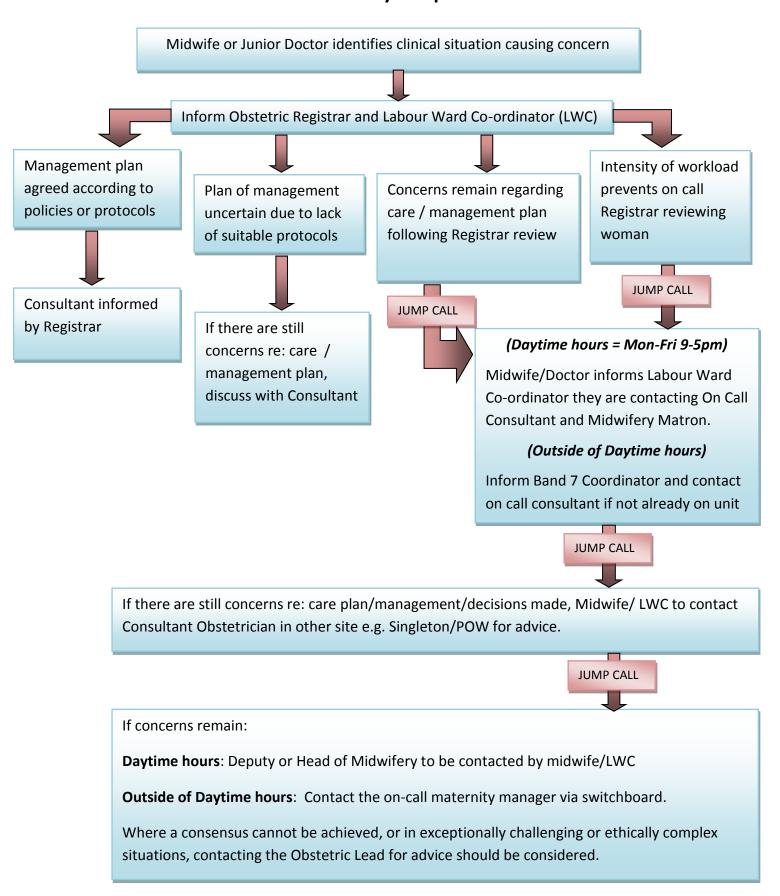
#### Health and Care Standards (Welsh Government, 2015)

This protocol demonstrates compliance with the theme 'Safe Care' from the Standards.

#### **Roles and Responsibilities**

The procedure will be communicated to staff via this policy by the Midwifery Matrons and the Intrapartum Lead Midwife. It will be monitored via local Risk Management Forums and Quality & Safety Group.

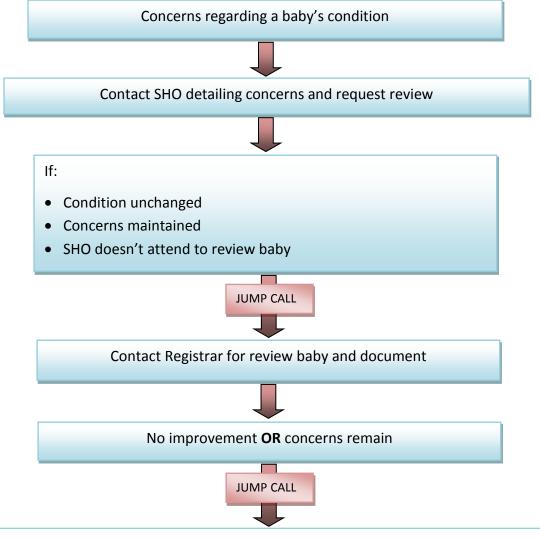
#### **Maternity Jump Call**



Ensure all actions and decision making are clearly recorded in Obstetric Records

## Neonatal\* / Paediatric\*\* Jump Call

Action for staff to undertake in a clinical situation where there are concerns over a neonates clinical condition.



If concerns remain:

Daytime hours (Mon-Fri 9am-5pm): Contact the Consultant Neonatologist\*/Paediatrician\*\*

Outside of Daytime hours: Contact Switchboard for the On Call Consultant Neonatologist\* /
Paediatrician\*\*

Ensure all actions and decision making are clearly recorded in Infant/Baby Records

\*Neonatal Service = Singleton Hospital

\*\* Paediatric Service = Princess of Wales Hospital

## **Maternity Services**

# Checklist for Clinical Guidelines being Submitted for Approval by Maternity Quality & Safety Group

Title of Guideline:	Jump Call Procedure
Name(s) of Author:	Maternity Services
Issue / Version No:	2
Next Review / Guideline Expiry:	2021
Details of persons included in consultation process:	Midwifery Management Team
Brief outline giving reasons for document being submitted for ratification	Previous version due for review.
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	Jump Call Procedure (July 2014)
Please indicate key words you wish to be linked to document	Jump, escalate, concern, decision
Date approved by Maternity Quality & Safety Group:	1 <sup>st</sup> August 2018
File Name: Used to locate where file is stores on hard drive	