1. **Aim/Purpose of this Guideline**
   To give guidance to all healthcare professionals working within the RCHT Maternity Department on the correct process for handing over and/or escalating care.

2. **The Guidance**
   The NHS Litigation Authority (2012) in ‘Improving Safety in Maternity Services: A toolkit for teams’ recommends the SBAR communication tool to facilitate an effective handover of care following a consistent format.

2.1. **The SBARD Communication Tool**

<table>
<thead>
<tr>
<th>S (Situation)</th>
<th>B (Background)</th>
<th>A (Assessment)</th>
<th>R (Recommendations)</th>
<th>D (Decision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify yourself and ward</td>
<td>Reason for woman/baby’s admission</td>
<td>Summarise the facts</td>
<td>Explain what you need - be specific about request and timeframe</td>
<td>Plan of care agreed between health professionals noting timescale</td>
</tr>
<tr>
<td>Identify woman/baby by name</td>
<td>Risk identified as high/low</td>
<td>Relevant observations/MEOWS</td>
<td>Make recommendations for preparation of clinical area for patient transfer</td>
<td>Documentation in health records</td>
</tr>
<tr>
<td>Parity and gestation</td>
<td>Explain significant medical/obstetric history</td>
<td>Examination findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give reason for request</td>
<td>Current medication</td>
<td>Contractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test results</td>
<td>Fetal condition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2. **Use of Verbal SBARD**
   There are a number of times during a woman’s pathway of care where giving and receiving verbal information facilitates the handover of patient care:
   - At change of shift
   - Between healthcare professionals
   - During patient transfer within the maternity unit, birth centres and community setting
   - During patient transfer within other onsite care settings e.g. Critical Care Unit
• Request for medical review
• Escalation of concerns
• Babies can be transferred to the neonatal unit independently to their mothers - see RCHT Clinical Guideline for Transfer and Admission of the Sick New-born to the Neonatal Unit and Support for Parents (2015)

2.3. SBARD Proforma Stickers should be used:
• When there is a need to escalate care in an unwell or deteriorating patient
• For transfer from the community setting into the obstetric unit

2.4. Handover of Care at Change of Shift in Inpatient Ward Areas
• Women will be allocated to a named midwife for the duration of the shift and there will be no shared responsibility of care between midwives

• The woman’s/baby’s hand held records and medical records must be updated prior to handover to the next midwife

• At each shift change on the ward the midwifery staff going off duty will give a verbal hand over to the incoming staff using the maternity notes, in front of the electronic swift board

• The incoming staff will complete a shift hand over sheet with details of all the women/babies on the ward using the SBARD format and the named midwife for each woman (see Appendix 3). There are to be no identifying patient details on these forms. These shift hand over sheets are to be shredded in confidential waste at the end of the shift.

• The midwife handing over care must document in the notes the date, time and to whom the care was handed over. The new named midwife must document that she is now responsible for the woman’s care and that a shift change has occurred.

• A Safety Briefing / Shift Leader Responsibility Record sheet will be completed by each shift leader and safety briefing items verbally handed over to all members of the incoming shift. The Safety Briefing Records are kept and archived for 25 years.

• The Shift Leader will wear a red “Midwife in Charge” badge and add name to the electronic swift board

• The electronic swift board should be contemporaneously updated throughout each shift

• Paper handover sheets must be disposed of at the end of a shift in confidential waste

2.5. Handover of Care at Change of Shift on Delivery Suite - Midwives
The oncoming Delivery Suite Coordinator will complete a shift hand over sheet and receive handover from the outgoing Coordinator. Documented on the sheet will be the names of:
• Outgoing and incoming Delivery Suite Coordinators
• Delivery Suite staff coming on duty
• Staff in the antenatal and postnatal areas
• All women/babies on Delivery Suite
• Women in established labour on the antenatal ward including the Bereavement Suite
• Any Outliers

• Safety Briefing is given to incoming staff

• Verbal handover using the SBARD format is given at the electronic swift board

• If a midwife is working a different role to their substantive post, this must be made clear. Their new role and responsibilities for the shift must be highlighted to all staff.

• Following completion of written records the midwife handing over care must document in the notes the date, time and to whom the care was handed over. The new named midwife must document that she is now responsible for the woman’s care.

• Incoming Coordinator will record the named midwife for each woman on the electronic swift board

2.6. Handover of Care at Change of Shift on Delivery Suite – Medical Staff
• The baton bleeps carried by the Delivery Suite junior and middle grade obstetricians are physically handed over at a formal shift change-over conducted at the electronic swift board on Delivery Suite.

• The full team hand over for the incoming team will include the junior, middle grade Obstetrician, dedicated Anaesthetist and Delivery Suite Coordinator. The Consultant Obstetrician and Consultant Anaesthetist will also be present at the morning handover.

• If a Doctor is working a different role to their substantive post, this must be made clear. Their new role and responsibilities for the shift must be highlighted to all staff.

• Women who require review should be discussed at handover and an agreement made as to which doctor is responsible for the review

• The following women should all be reviewed daily:
  • Women receiving HDU care on Delivery Suite
  • Women requiring medical review on Delivery Suite
  • High risk women on the Antenatal Ward
  • High risk women on Post Natal Ward in need of an Obstetrician’s review or decision plan
  • All outliers

2.7. Handover of Care on Transfer within Maternity Unit
• All plans to transfer a woman to another area must be discussed with the ‘Midwife
in Charge’ of that area to establish current activity. A risk assessment must be made to ascertain where the woman can be most appropriately cared for.

- All transfers concerning a high risk woman or baby must be made directly to a Midwife (Coordinator for Delivery Suite) using the SBARD format

- The named midwife and /or Middle Grade / Consultant must ensure all care provided is up to date including reason for transfer. This must be documented in woman’s maternity notes prior to transfer.

- Midwife handing over care must document date and time of transfer together with the name of midwife taking over care

- At times of high activity a comprehensive midwife to midwife SBARD handover may take place by telephone and documented as such in the maternity notes

- If care is complex or the plan has been changed the midwife must escort the patient and handover care herself

- On arrival to the new clinical area the transferring midwife/Maternity Support Worker (MSW) must remain with the woman until the receiving health professional/s are present and handover given

- Handover is to be conducted in front of the woman so she can be involved with decisions and plans of care

- Receiving midwife must introduce herself to the woman and perform and document her own clinical assessment

2.8. Additional Guidance for Transfer to Postnatal Ward

- For postnatal women the “Immediate care after birth” and “Initial neonatal assessment” pages of the maternity notes must be completed with a documented plan of care prior to transfer

- Both health professionals must check that the baby has two correct identity labels securely attached. The receiving health professional must sign the Handover and Plan of Care for Mother and Baby section of the maternity notes.

2.9. Handover of Care from Delivery Suite to Critical Care Unit (CCU)

If a decision is made to transfer a woman to CCU refer to Severely Ill Obstetric Woman – The Management and Early Recognition (RCHT 2012)

2.10 Escalating Concerns – Requesting Medical Review

- A request for medical review should be made using SBARD format

- Before the medical review medical staff are expected to introduce themselves to the woman and document this in the clinical notes

- Following medical review the plan of care must be discussed with the woman
and documented in the notes. Whenever possible documentation should take place at the bedside.

- A verbal handover of any change in plan of care should be made to the named midwife or shift leader

### 2. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The audit will take into account record keeping by health professionals working within the Maternity Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Maternity Risk Management Midwife</td>
</tr>
</tbody>
</table>
| Tool                    | Was the date and time of hand over from wheal rose to delivery suite documented by the transferring midwife  
|                         | Was the reason for transfer clearly documented                                                  |
|                         | Was the entry signed                                                                             |
|                         | Was the date and time that the women was received on delivery suite documented by the receiving midwife |
|                         | Was the entry signed                                                                             |
|                         | Was the date and time of the transfer of the woman/baby to the post natal ward completed         |
|                         | Has the midwife documented and signed the receiving of care in the post natal notes page        |
|                         | Has the receiving health care professional signed to say that both baby labels were checked and correct |
| Frequency               | 1% or 10 sets, whichever is the greater, of all health records of women who have delivered will be audited over the 3 year lifetime of the guideline or sooner if indicated |
| Reporting arrangements  | Obstetric Risk Management or Clinical Audit Forum, as per the audit plan                          |
|                         | During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next Obstetric Risk Management Forum or Clinical Audit Forum and an action plan agreed |
| Acting on recommendations and Lead(s) | Action leads will be identified and a time frame for the action to be completed  
|                         | The action plan will be monitored by the Maternity Risk Management Midwife                      |
| Change in practice and lessons to be shared | Required changes to practice will be identified and actioned within a time frame agreed on the action plan  
|                         | A lead member of the forum will be identified to take each change forward where appropriate  
|                         | Maternity Risk Management Newsletter                                                              |

### 3. Equality and Diversity

3.7. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.
3.8. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>HANDOVER OF CARE IN THE MATERNITY SETTING (SBARD) – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>17th July 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>30th November 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>30th November 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Karen Stoyles  
Supervisor of Midwives  
Obs and Gynae Directorate |
| Contact details: | 01872 252149 |
| Brief summary of contents | To give guidance to all healthcare professionals working within the RCHT Maternity Department on the correct process for handing over and/or escalating care. |
| Suggested Keywords: | MEOWS, SBAR, handover, SBARD, swift, communication, shift, transfer, briefing, |
| Target Audience | RCHT ✅  
PCH  
CFT  
KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | 17th July 2015 |
| This document replaces (exact title of previous version): | Handover of Care in the Maternity Setting – Clinical Guideline |
| Approval route (names of committees)/consultation: | Maternity Guidelines Group  
Obs and Gynae Directorate  
Divisional Board for Noting |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not Required |
| Signature of Executive Director giving approval | (Original Copy Signed) |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet ✅  
Intranet only |
Document Library Folder/Sub Folder | Clinical/Midwifery and Obstetrics
--- | ---
Links to key external standards | CNST 4.8

**Related Documents:**
  www.Kingsfund.org.uk/publications
- RCHT (2015) Clinical Guideline for transfer and admission of the sick new-born to the neonatal unit and support for parents

**Training Need Identified?** No

**Version Control Table**

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2010</td>
<td>V1.0</td>
<td>Initial guideline</td>
<td>Jan Clarkson Maternity Risk Manager</td>
</tr>
<tr>
<td>July 2012</td>
<td>V1.1</td>
<td>Updated and compliance monitoring added</td>
<td>Jan Clarkson Maternity Risk Manager</td>
</tr>
<tr>
<td>November 2013</td>
<td>V1.2</td>
<td>Updated contact details and guidance on handover of care using SBAR format</td>
<td>Liz Anderson Practice Development Midwife</td>
</tr>
<tr>
<td>17th July 2015</td>
<td>V1.3</td>
<td>Updated to SBARD format, advice upon when to use SBARD proforma stickers. In response to SI Action Plan advice for practitioners working out of their substantive role.</td>
<td>Liz Anderson Practice Development Midwife</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

HANDOVER OF CARE IN THE MATERNITY SETTING (SBARD) - CLINICAL GUIDELINE

Page 8 of 11
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
<th>HANDOVER OF CARE IN THE MATERNITY SETTING (SBARD) - CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Obs and Gynae Directorate</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Elizabeth Anderson</td>
<td>Telephone: 01872 252879</td>
</tr>
</tbody>
</table>

1. Policy Aim*
   - Who is the strategy / policy / proposal / service function aimed at?
   - To give guidance to all healthcare professionals working within the RCHT Maternity Department on the correct process for handing over and/or escalating care.

2. Policy Objectives*
   - To ensure all staff communicate effectively when escalating concerns and to safeguard seamless transfer of care within the maternity service.

3. Policy – intended Outcomes*
   - Good communication, effective escalation of obstetric concerns and improved patient experience.

4. *How will you measure the outcome?* Compliance Monitoring Tool

5. Who is intended to benefit from the policy? All pregnant and newly delivered women and their babies

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy? No

b) If yes, have these *groups been consulted?* N/A

C). Please list any groups who have been consulted about this procedure. None

### 7. The Impact
Please complete the following table.

<table>
<thead>
<tr>
<th>Are there concerns that the policy <strong>could</strong> have differential impact on:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
</table>

HANDOVER OF CARE IN THE MATERNITY SETTING (SBARD) - CLINICAL GUIDELINE

Page 9 of 11
<table>
<thead>
<tr>
<th>Age</th>
<th>X</th>
<th>All obstetric woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>All obstetric woman</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td>All obstetric woman</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No |
|-------------------------------------------------|------|-----|

9. If you are not recommending a Full Impact assessment please explain why.

N/A

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Stoyles</td>
<td>17th July 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elizabeth Anderson</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.
Signed: Elizabeth Anderson
Date: 17th July 2015
### Appendix 3: Example SBARD tool for handovers © Kings Fund 2012

Date: ____________

<table>
<thead>
<tr>
<th>Name: Location:</th>
<th>Situation:</th>
<th>Background:</th>
<th>Assessment:</th>
<th>Recommendation/Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prompts</strong></td>
<td>Gravida</td>
<td>Obstetric history</td>
<td>MEOWS/MEWS</td>
<td>Tests</td>
</tr>
<tr>
<td></td>
<td>Parity</td>
<td>Medical History</td>
<td>CTG</td>
<td>Treatment:</td>
</tr>
<tr>
<td></td>
<td>Reason for admission</td>
<td>Allergies</td>
<td>Blood /Urine Results</td>
<td>Discharge planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social eg: Safeguarding</td>
<td>Fluid Balance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type of delivery</td>
<td>Mental/medical</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>obstetric concerns</td>
<td></td>
</tr>
</tbody>
</table>

1. ____________

2. ____________

3. ____________

4. ____________

5. ____________

---

**HANDOVER OF CARE IN THE MATERNITY SETTING (SBARD) - CLINICAL GUIDELINE**

Page 11 of 11