Royal Cornwall Hospitals
NHS Trust

Maternity Early Warning Score (MEWS) in Detecting the Seriously Ill and Deteriorating Woman
Clinical Guideline

V5.0

November 2025

1. Aim/Purpose of this Guideline

1.1. The MEWS observation chart facilitates a standardised approach to recording vital signs to record routine clinical data and track a patient's clinical condition to alert the clinical team to any clinical deterioration and to monitor clinical recovery. The MEWS should determine the urgency and scale of the clinical response. This guideline is to provide guidance for staff within the maternity services on recognising and monitoring the obstetric patient using MEWS. This will enable early recognition of deterioration, advice on the level of monitoring required, facilitate better communication with the multi-disciplinary team and ensure prompt management of any woman who is deteriorating.

This guideline to be read in consideration with the following guidelines:

- Venous Thromboembolism (VTE) in Pregnancy, Labour, and Postnatal period –Diagnosis, Referral, Treatment and Ongoing Management Clinical Guideline (cornwall.nhs.uk)
- Eclampsia and Severe Pre- eclampsia Clinical Guideline (cornwall.nhs.uk)
- Vaginal Birth After Caesarean Section (VBAC) (cornwall.nhs.uk)
- Epidural Analgesia for Labour Pain Clinical Guideline (cornwall.nhs.uk)
- Caesarean Section (CS) Clinical Guideline (cornwall.nhs.uk)
- Obstetric Haemorrhage Clinical Guideline (cornwall.nhs.uk)
- Maternal Collapse in Pregnancy and Puerperium, Clinical Guideline (cornwall.nhs.uk)
- Severely Ill Obstetric Woman Early Recognition and Management Clinical Guideline (cornwall.nhs.uk)
- Sepsis: Management of Maternal Sepsis Clinical Guideline (cornwall.nhs.uk)
- Maternity Recovery and Post-Operative Care Clinical Guideline V4.0 (cornwall.nhs.uk)

1.2. This version supersedes any previous versions of this document.

1.3. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns, and then ensure this is clearly documented in their notes to inform all health care professionals.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Early recognition of critical illness, prompt involvement of senior clinical staff and multidisciplinary team working remain key factors in providing high quality care (MBRRACE, 2016).

2.1.1 The early detection of critical illness in pregnant women remains a challenge to all professionals involved in their care. The relative rarity of such events combined with the normal physiological changes associated with pregnancy and childbirth compound the complexity of early detection.

2.1.2 It is recognised that pregnancy and labour are normal physiological events. However, recording of physiological observations is an integral part of maternity care. Regular recording and scoring of these observations will aid the recognition of any changes in a woman's condition. Using MEWS will prompt early referral to the appropriate practitioner who can undertake a full review, order appropriate investigations resuscitate and treat as required.

2.1.3 MEWS is a way of formalising measurement of physical variables which are translated into a score which has a critical threshold, above which medical review and intervention is required (see appendix 3).

2.1.4 The small changes in the combined physiological variables measured by MEWS may pick up deterioration earlier than an obvious change in an individual variable. Early detection will trigger prompt intervention that will either reverse further physiological decline or facilitate timely referral to an appropriate person. The new national MEWS not only identifies potential problems but also provides clear guidance on the appropriate escalation of care (NEW 2025).

2.1.5 There is a potential for any woman to be at risk of physiological deterioration and this cannot always be predicted. The use of MEWS does not demand critical care or define treatment in maternity care but is a tool to aid early recognition and management of deteriorating woman, thus all women must have a MEWS score charted on admission or initial assessment in both hospital and community setting. It must be acknowledged that no tool can replace the actual physical examination of a woman and clinical assessment of her condition. Often there are clinical signs that precede collapse.

2.1.6 The use of an early warning score is supported by NICE guidance (2007).

2.2 Use of MEWS chart

2.2.1 Patients admitted to Triage should have MEWS calculated on arrival and offered a minimum of 4 hourly there after until discharge

2.2.2 All inpatients should be offered observations a minimum of 4 hourly, unless otherwise dictated by the obstetric team and a MEWS calculated.

2.2.3 MEWS is calculated by scoring the values of a full set of observations carried out routinely for all women by staff which include:

- Temperature.
- Systolic blood pressure.
- Diastolic blood pressure.
- Heart rate.
- Respiratory rate.
- Oxygen saturation levels.

Plus, additional concerns including (NEW 2025):

- Decreased Level of consciousness.
- Increased Pain.
- Significant vaginal bleeding.
- Reduced Urine output.
- Significant additional therapies (i.e. oxygen).
- Healthcare professional concerned about patient's clinical wellbeing.
- Women/family concerned about patient deteriorating.

The presence of any additional concerns will raise the level of concern to the next category. For example, a score of 1 (low level) with an additional concern of increased pain should be escalated in line with the low-medium category (Appendix 3) (NEW 2025).

2.2.2 Escalation and clinical response timings (New 2025)

2.2.2.1 The woman should receive an urgent Obstetric or Anaesthetic review within the timescale set on the MEWS chart.

2.2.2.2 If the primary escalation is unable to attend, the delivery suite coordinator should be notified to help facilitate further escalation.

2.2.2.3 If the MEWS is high and after clinical review an intervention is made, it may be appropriate to await to see if the intervention is beneficial prior to calling the consultant.

2.2.2.4 Out of hours it may not be possible to achieve some reviews within 15 mins due to the nature of the on-call rota as consultants are not onsite.

2.2.2.5 In the event that a woman deteriorates and becomes seriously ill, it may be appropriate to involve medical staff from other disciplines such as critical care, haematology, and renal medicine. This will be a consultant-to-consultant referral.

2.3 Respiratory rate and MEWS

2.3.1 Respiratory rate is counted by observing someone at rest.

2.3.2 The number of breaths should be counted for a full minute.

- This can be done by observing chest rise or inhalations/exhalations.

2.4 Oxygen saturation and MEWS

2.4.1 Oxygen saturation monitoring should be undertaken for all women using an electronic saturation monitor.

2.4.2 It should be applied to a finger with no gel nail on if possible as this can affect saturation readings.

2.4.3 In certain circumstances it may be required to attach to a toe.

2.5 Temperature and MEWS

2.5.1 Temperature should be measured using a Trust calibrated thermometer.

2.5.2 The Trust currently prefer tympanic however, axilla or oral thermometers are available in all clinical areas (including community).

2.6 Heart rate and MEWS

2.6.1 The Trust provided oxygen saturation monitors also provide maternal pulse.

2.6.2 It is also acceptable to palpate the maternal pulse for 1 minute and record this.

2.6.3 If performing a manual pulse, this can provide further information on cardiac function such as regularity and dynamics.

2.6.4 48 hours post birth physiological changes occur, and the heart rate parameters change accordingly.

- There is a separate section of the MEWS chart dedicated to the postnatal heart rate to ensure that the correct parameters are used.
- At delivery the time and date to commence postnatal heart rate parameters being used should be documented in the box provided.

2.7 Blood pressure and MEWS

2.7.1 Blood pressure should be monitored using a certified for pregnancy electronic monitor.

2.7.2 If electronic monitors certified for pregnancy are not available all women should have a manual blood pressure.

2.7.3 When performing a blood pressure, the cuff size should be assessed to ensure the right cuff is being used as this can affect the accuracy of the result.

2.8 Pain and MEWS

2.8.1 Pain should be assessed between contractions (if in labour) or when the woman is resting.

2.8.2 Any pain outside that expected of normal labour is abnormal, and this should be regularly reviewed and documented, including site, type of pain (constant, intermittent, on movement only, sharp, dull, etc.) as well as the intensity.

2.8.3 Following surgical intervention pain is a normal physiological response to trauma but pain assessment is essential to ensure adequate analgesia is prescribed and administered.

2.8.4 When assessing pain post procedure, it is important to assess this in relation to the procedure and immediately escalate increasing pain levels as prescribed on the MEWS chart.

2.9 Altered level of consciousness/ responsiveness and MEWS

2.9.1 Normal conscious levels can change in relation to analgesia (e.g., GA recovery).

2.9.2 Assess if the patient is breathing.

2.9.3 Assess if the patient is coherent (if asleep you are required to wake the patient to assess consciousness levels).

2.9.4 Assess if there is any new onset of confusion, disorientation or delirium.

2.10 **Observation parameters**

2.10.1 If a non-registered staff member is performing the observations, then they must:

- Be appropriately trained.
- Feel competent and confident in their skills.
- Report anything that scores to a registered member of staff (usually a midwife, occasionally directly to the obstetric/anaesthetic team in extreme circumstances).
- If unable to assess certain parameters, then this should be escalated to a midwife to ensure that all parameters are recorded.
- A full set of observations and additional concerns must be recorded to achieve a meaning full score and ensure appropriate escalation occurs.

2.10.2 If a registered member of staff is performing the observations, then they must:

- Be appropriately trained.
- Feel competent and confident in their skills.
- If unable to assess certain parameters, then this should be escalated to a senior colleague to ensure that all parameters are recorded.
- A full set of observations and additional concerns must be recorded to achieve a meaningful score and ensure appropriate escalation occurs.

2.11 **Urine output (NEW 2025)**

2.11.1 A reduced urine output is defined as less than 0.5 ml/kg per hour.

2.11.2 If a patient arrives into the unit and has not passed urine in 6 hours and is unable to provide a urine sample, this will also count as reduced urine output.

2.11.3 Further investigations into the cause of reduced urine output must be performed and this will require an individualised care plan.

2.11.4 Consider a fluid bolus and discuss with the obstetric team.

2.12 **Healthcare professional concerns (NEW 2025)**

2.12.1 This parameter is open to a variety of interpretations. It should be used only if the professional feels that the patient is deteriorating rapidly, or the MEWS does not appear to accurately reflect the full clinical picture of the maternal health.

2.12.2 A tick should be documented in this parameter if:

- The patient appears unwell.
- There is marked visible deterioration in the patient.
- “Something isn’t right” and you are concerned the patient requires a review.

2.13 **Women / family concerns (NEW 2025)**

A tick should be documented in this parameter if:

- There is a concern from the family around deterioration of medical or psychological* condition.

  *This is a significant deterioration in mental health symptoms or new concerns.

- Delays in transfer or being reviewed are not a maternal deterioration concern and should not be documented on the MEWS chart. These concerns should be documented and escalated appropriately.

2.14 **The process for use of MEWS**

2.14.1 All women admitted must have a MEWS score calculated (not a EWS or NEWS) even if admitted elsewhere in the Trust.

2.14.2 Frequency of monitoring and clinical responses must follow the escalation according to the score as per MEWS chart.

2.14.3 Monitoring frequency must be documented on the MEWS chart.

2.14.4 The escalation box should be completed with a yes or no. If yes, then a full SBARD should be completed escalating in line with the MEWs guidance.

2.15 **Triage/ DAU**

Triage/DAU require observations on arrival and a minimum of 4 hourly unless clinically indicated to do more frequently as per the MEWS chart.

2.16 **Antenatal Ward**

Frequency of observations will depend on the nature of the admission or as indicated the MEWS score. As a minimum a full set of observations must be carried out and charted 4 hourly unless otherwise stated by a senior obstetrician.

2.17 Delivery Suite

2.17.1 MEWS every 4 hours (unless clinically indicated to do more frequently). Perform a full set of observations, calculate the score and document the score on the partogram.

2.17.2 If the score indicates escalation to the obstetric team use the SBARD hand over tool.

2.17.3 Any observations considered abnormal for the clinical situation must trigger a full MEWS assessment and score to determine the frequency of monitoring and escalation of care.

2.18 Postnatal Care

2.18.1 All women must have a full set of observations prior to transfer to the postnatal ward or discharge home from delivery suite. A MEWS score must be calculated. The requirement of further observations and escalation of care will depend on the current MEWS score and full clinical picture.

2.18.2 At 48 hours post birth physiology changes and therefore the parameters for maternal heart rate.

2.18.3 All women admitted to the postnatal ward (including antenatal women waiting for an elective caesarean), receive 4 hourly observations unless they are well for discharge and are awaiting TTO's only.

2.18.4 All patients who score MEWS of 5 or above or 2-4 with additional concerns, or have had sepsis screening, please refer the baby to the neonatal team for review and follow their pathways of care.

2.19 Community

2.19.1 All women must have a baseline set of observations charted on a MEWS chart in the community intrapartum setting. Further observations and escalation of care will depend on MEWS score but should be a minimum of 4 hourly in labour.

2.19.2 Any abnormal scores should be escalated appropriately using an SBARD format.

2.19.3 If the score is ≥2 or 1 and an additional concern is noted, then contact should be made with the delivery suite coordinator within 30 minutes to discuss the concerns and make a plan of care alongside the obstetric team.

2.19.4 If the score is ≥5 or 2-4 and an additional concern is noted then contact should be made with the delivery suite coordinator and an ambulance contacted to repatriate the patient to the acute unit, ongoing observations should continue at 15 minutely intervals.

2.19.5 If the score is ≥ 8 or 5-7 with additional concerns, continuous monitoring is indicated and cannot be achieved until SWAST arrives. Therefore, the community midwife will undertake MEWS observations every 15 minutes until able to achieve continuous monitoring.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Application of this guideline.
Lead	Audit midwife.
Tool	Documentation Audit on a Word or Excel template specific to the topic.
Frequency	Weekly MEWS audit on all acute clinical areas on five sets of notes.
Reporting arrangements	Results will be shared weekly at the huddle and added to safety brief and handover. A formal report of the results will be provided at the Audit Review Team Meeting. Non-compliance identified will be discussed on an individual basis by Patient Safety Midwife or Matrons. If a theme of no-compliance is identified an action plan made by the audit midwife.
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 at the Patient Safety meeting.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. The results of the audits will be distributed to all staff through the Patient Safety Newsletter.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Maternity Early Warning Score (MEWS) in Detecting the Seriously Ill and Deteriorating Woman Clinical Guideline V5.0
This document replaces (exact title of previous version):	Modified Early Obstetric Warning Score (MEOWS) in Detecting the Seriously Ill and Deteriorating Woman Clinical Guideline V4.1
Date Issued/Approved:	November 2025
Date Valid From:	November 2025
Date Valid To:	November 2028
Directorate / Department responsible (author/owner):	Julie Walton, Audit Midwife. Catherine Wills, Guidelines Midwife.
Contact details:	01872 255019
Brief summary of contents:	To provide guidance for staff within the maternity services on recognising and monitoring the obstetric patient using MEWS to promote early recognition of deterioration, advice on the level of monitoring required, facilitate better communication with the multi-disciplinary team and ensure prompt management of any woman who is deteriorating.
Suggested Keywords:	Pregnancy complications, MEWS.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None

Information Category	Detailed Information
Related Documents:	References: • National Early Warning Score (NEWS2) standardising the assessment of acute-illness severity in the NHS (2017) Royal College of Physicians. • NICE (2007) Acutely ill patients in hospital: recognising and responding to deterioration CG 50. • NICE (2014) Intrapartum care for healthy women and babies CG 190. • Lewis G. 2007 The confidential enquiries into child health (CEMACH) saving mothers' lives. • Centre for maternal enquiries (CEMACE) saving mothers; lives 2011. • National Patient Safety Agency (2007a) Recognising and responding appropriately to early signs of deterioration in hospitalised patients. • Maternal Collapse in pregnancy and puerperium RCOG green top guideline No:56 2011. • Stephen Gerry, Jonathan Bedford, Oliver C Redfern, Hannah Rutter, Mae Chester-Jones, Marian Knight, Tony Kelly, Peter J Watkinson - Development of a national maternity early warning score: centile-based score development and Delphi informed escalation pathways: BMJ Medicine 2024;3:e000748. • Ockenden Report. Emerging Findings and Recommendations from the Independent Review of Maternity services at The Shrewsbury and Telford Hospital NHS Trust. 2021. 14.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
October 2017	V1.0	Initial Issue	Sarah-Jane Pedler, Practice Development Midwife and Karen Watkins, Obstetric Consultant
March 2018	2.0	Updated in line with CQC recommendations see New 2018 in body of text.	Maternity Guidelines Group and Helen Odell, Safety, and quality Improvement lead
August 2019	2.1	Updated following recommendations from the Health Safety Investigation Branch (HSIB) regarding escalation times.	Sarah-Jane Pedler, Practice Development Midwife
June 2020	2.2	1.3. Inclusion statement. 2.12. Women in first stage of labour who score MEWS 0 on initial assessment do not require MEWS scoring for 12 hours (removed). Women in second stage of labour (removed). Full set of observations and MEWS score every 4 hours unless indicated more frequently on partogram and if escalation indicated use SBARD hand over tool (added). 2.13. Full set of observations carried out and charted on MEWS chart every 12 hours on antenatal ward (added). Updated Trust templates	Josie Dodgson, Patient Safety Midwife
March 2021	3.0	Full version update.	Rachel Mullins, Practice Development Midwife
February 2024	V4.0	Full update	Katharine Sprigge, Consultant Anaesthetist.
April 2024	V4.1	Update to 2.2.2. clarifying need to escalate to Delivery Suite (DS) coordinator.	Catherine Wills, Practice Development Midwife

Date	Version Number	Summary of Changes	Changes Made by
June 2025	V5.0	Full update to incorporate the implementation of the National MEWS.	Catherine Wills, Maternity Guidelines Midwife.

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Maternity Early Warning Score (MEWS) in Detecting the Seriously Ill and Deteriorating Woman Clinical Guideline V5.0
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Catherine Wills, Maternity Guidelines Midwife
Contact details:	01872 255019

Information Category	Detailed Information
1. **Policy Aim - Who is the Policy aimed at?** (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff within the maternity services on recognising and monitoring the obstetric patient using MEWS.
2. **Policy Objectives**	Early recognition of deterioration, advice on the level of monitoring required, facilitate better communication with the multi-disciplinary team and ensure prompt management of any woman who is deteriorating.
3. **Policy Intended Outcomes**	Safe, appropriate care of women in community and hospital environment.
4. **How will you measure each outcome?**	Compliance monitoring tool.
5. **Who is intended to benefit from the policy?**	All pregnant and newly delivered women.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Maternity Guidelines Group.
6c. What was the outcome of the consultation?	Guideline Agreed
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Catherine Wills, Maternity Guidelines Midwife.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. MEWS Chart

This form will be available for printing by ordering via Unit 4.

Maternity Early Warning Score (MEWS)

Hospital sticker with patient details

NHS
Royal Cornwall Hospitals
NHS Trust

MEWS score 0 1 2	A score for each vital sign is required at each entry													
	DATE													DATE
	TIME													TIME
Respirations Breaths/min	>=25						2							>=25
	22-24						1							22-24
	18-21						0							18-21
	13-17													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						0							99-112
	86-98													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						0							85-98
	71-84													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						0							121-135
	111-120													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						0							80-88
	70-79													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

Maternity Early Warning Score (MEWS)

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

NHS
Royal Cornwall Hospitals
NHS Trust

Vital Sign		Score 2	1	0	1	2
	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

MEWS score		
0	1	2

Notes:

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.

Notes:

Maternity Early Warning Score (MEWS)

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

NHS
Royal Cornwall Hospitals
NHS Trust

Date of Score	Time of Score	MEWS	Time Escalated	Escalated to	Time of Review

Notes:

Print Name	Designation	Signature	Initials

Signature(s): _____ **Date:** _____

Hospital sticker with patient details