

Standard Operating Procedure: Midwifery Red Flags Events – Pathway/Escalation in Maternity Services

1. Introduction and overarching policy/guideline

This Standard Operating Procedure is designed to provide guidance around when to raise a red flag on the Birthrate Plus[®] intrapartum acuity tool. A midwifery red flag event is a warning sign that current/pending activity will raise acuity and staffing concerns. The Delivery Suite Coordinator (DSC) who has protected supernumerary status on shift at the time should be notified. They should determine whether midwifery staffing is the cause for the event if confident to do so and escalate immediately to the midwifery matron or manager on call to discuss a plan to rectify. The red flag should then be recorded on Birthrate Plus[®] as a Red Flag.

This SOP should be used in conjunction with the overarching [Safe Staffing UHL Nursing and Midwifery Policy](#).

Escalation:

If the DSC is anticipating a red flag related to midwifery staffing that will impact the ability of the DSC to remain supernumerary prior to the next acuity, this should be escalated to the Bleep Holder, Matron of the Day, or On Call Manager depending on time of day/availability; who will then help review with the DSC to explore mitigation options and if this is not possible, to confirm that a Red Flag should be raised. If after review, it is still unclear whether a Red Flag should be raised the red flag should then be recorded on Birthrate Plus[®] as a Red Flag.

Red Flags should be raised within the same shift period, i.e. not to raise Red Flags for the following shifts; this should be raised to the Matron of the Day, Deputy Head of Midwifery/ Head of Midwifery for mitigation prior to shift commencement.

Reason for raising a Red Flags Event: ([Quality statement 2: One-to-one care | Intrapartum care | Quality standards | NICE](#))

- Delayed or cancelled time-critical activity which relates to Midwifery Staffing
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing).
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication).
- Delay of more than 30 minutes in providing pain relief.
- Delay of 15 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of 2 hours or more between admission for induction and beginning of process.

- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output).
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.
- Other midwifery red flags may be agreed locally.

Supernumerary Status for the Delivery Suite Coordinator:

The Delivery Suite Coordinator (DSC) will always protected and have supernumerary status. This means the DSC will not be counted within the midwifery staffing numbers during that shift and will have the helicopter view and oversight of the delivery suite; also ward and admissions areas out of hours. The DSC should not provide 1-2-1 care to any woman in labour and not have any direct clinical workload which results in them losing clinical oversight of the delivery suite.

The delivery suite coordinator should not choose to take on a clinical workload to support activity and allocation within the unit and at any point this becomes a risk it should be escalated to the matron or on call manager.

If the DSC has been allocated to work a managerial duty but is deployed to work clinically to cover a vacant duty (instigated by sickness etc.) this should be changed on Health Roster. This will be recorded in the management actions section with additional narrative provided in the text box. It will then be recorded appropriately.

The DSC is still captured within birthrate plus, but the calculations are made on the acuity based on the DSC being supernumerary.

Examples where the DSC will not lose supernumerary status:

- Overseeing care of women and birthing people not requiring one to one care, i.e. uncomplicated postnatal women, those awaiting transfer to the ward
- Medication checks
- Supporting newly qualified/supernumerary midwives
- Relieving for breaks – if assessed as safe to do so
- Supporting clinical skill acquisition – ie supervising suturing etc
- Responding to emergency buzzers/resuscitation/reviewing CTGs (fresh eyes)/siting cannula
- A new DSC who is on the supernumerary part of their induction having to take 1-2-1 care and the other DSC continues to coordinate (this includes where, following a period of induction and after risk assessment the new starter and established DSC agree that the new DSC is suitable to coordinate alone and the other DSC will take 1-2-1 care)

Out of hours escalation:

Red Flag should be raised on Birth-rate Plus Acuity tool and the Out of Hours On Call Manager should resolve the red flag documenting the mitigations put in place. Red Flags raised and resolved out of hours should be highlighted to the appropriate CMG Head of Midwifery.

2. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Daily monitoring through women's tactical huddle	Completion of daily sitrep, following review of birthrate plus acuity tool	Intrapartum matron / Head of Midwifery	Daily	Tactical Huddle
Monitoring through monthly Safe Staffing Matron KPI report	Reviewing birthrate plus acuity tool and documentation if required	Safe staffing Matron's	Monthly	Women's Nursing & Midwifery Board
Monitoring through monthly acuity report to NMAHP	Reviewing birthrate plus acuity tool and documentation if required	Safe staffing matron/ Head of Midwifery	Monthly	NMAHP

3. Education & Training

All band 7 ward managers and coordinators to receive formal birthrate plus acuity training. Core group of train the trainers to be in place to roll out to new starters.

4. Supporting References

Maternity Assessment Unit Guideline:

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Maternity%20Assessment%20Unit%20UHL%20Obstetric%20Guideline.pdf>

Nice Guideline for Safe midwifery staffing for maternity settings:

[Recommendations | Safe midwifery staffing for maternity settings | Guidance | NICE](#)

Escalation, Transfer of Activity and Closure UHL Obstetric Policy:

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Escalation%20Transfer%20of%20Activity%20and%20Closure%20UHL%20Obstetric%20Guideline.pdf>

Safe Staffing Policy:

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Safe%20Staffing%20UHL%20Nursing%20and%20Midwifery%20Policy.pdf>

Nice Guideline for One-to-one care

5. Key Words

Red Flag, Acuity, Birthrate Plus

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
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Date	Issue Number	Reviewed By	Description Of Changes (If Any)
April 2024	1	Maternity guidelines group Maternity Governance Committee Maternity & Neonatal Improvement Plan committee	Approved