Multi-professional Handover of Care (Maternity)

Classification:	Guideline
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Authors Division:	Women and Children's Health
Departments/Group this Document applies to:	Maternity/Theatres/Department of Critical Care

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Guideline to be followed by (target staff): For use by all maternity staff including midwives, obstetricians, nursery nurses, maternity care assistants and student midwives, whenever the handover of care is required.

To be read in conjunction with the following documents:

- Milton Keynes University NHS Foundation Trust, *Patient Identification Band Policy*, NURS/GL/12, version 6, 2017
- Milton Keynes University NHS Foundation Trust, *Maternity Health Records and Record Keeping Guideline,* MIDW/GL/140, version 5, 2018
- Milton Keynes University NHS Foundation Trust, *Maternity Multi-disciplinary Confidential Communique Guideline,* MIDW/GL/116, version 7, 2017
- Milton Keynes University NHS Foundation Trust, *Anaesthetic Involvement in Maternity Care,* MIDW/GL/105, Version 6, 2019
- Milton Keynes University NHS Foundation Trust, *Birth Partners on Maternity Wards,* MIDW/GL/160, version 2, 2019

CQC Fundamental standards:

Regulation 9 – person centered care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 17 – Good governance
Regulation 19 – Fit and proper

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

This guideline is to ensure that there is a consistent approach from all staff to the handover of care in hospital, and for those women transferred in via ambulance from the community/home. Situation, Background, Assessment, Recommendation (SBAR) should be used for all handovers. Communication is a known problem in 80% of adverse clinical incidents (BMA no date)

Executive Summary

Caring for pregnant women and their babies requires all maternity staff to work together in multi-disciplinary teams (MDTs) with agreed shared objectives (NHSI 2019). The purpose of this guideline is to ensure that there is a consistent approach from all staff to the handover of care in hospital and for those women being transferred in via ambulance from community/home.

Handover has several purposes. These are

- ensure that changes in the clinical teams responsible for providing care are not detrimental to the quality of healthcare that a patient receives
- to improve communications between all members of the health care team and with the patient and her family
- ensure recognition of unstable and unwell patients and that their management remains optimal and is clear and unambiguous, and by that process to improve patient outcomes
- improve patient experience and confidence Royal College of Physicians (2010)

The aim of any handover is to:

- Effectively transfer the responsibility and accountability of care for the woman and baby using accurate, concise and high quality clinical and social information, notably any safeguarding or confidential aspects critical to the plan of care.
- Continuity of information is vital to the safety of the woman and her baby. Sufficient and relevant information should be exchanged to ensure patient safety.

Handover of care occurs either at end of shift, or where a staff member responsible for patient care changes (e.g. covering for meal breaks or change in staffing). Also required when patient is transferred to another setting (e.g. postnatal ward).
Handover of care needs to be reflected in eCare as the lines of accountability for the care provision will change and the woman needs to be informed of this.

SBAR should be used at each handover or with each change of staff member delivering care to ensure information sharing is consistent and focused.

1.0 Roles and Responsibilities

1.1 All Staff

It is the responsibility of everyone to participate in multi-professional handovers of care and follow this guideline.

2.0 Implementation and dissemination of document

Guideline is available on the Trust intranet.

3.0 Processes and procedures

There should be a consistent, standard approach of all staff to the handover of care between clinical teams and areas using SBAR (Appendix 1) to ensure that information sharing is concise and focused.

Situation – describe the specific situation including the woman's name, gravida and parity, admission date and reason for admission
Background – obstetric history, significant medical history, current medications, allergies, pertinent. Type of delivery and why.
Assessment – you need to think critically of your assessment of the situation. MEOWS/NEWS, blood/urine and other relevant diagnostic results, fluid balance obstetric/medical/mental health concerns. This means that you have considered what might be the underlying reason for your woman/and or baby's condition. Not only have you reviewed your findings from your assessment, you have also considered these with other objective indicators.
Recommendation – finally what is your recommendation? Tests, treatment (timeframe), discharge planning. What would you like to happen by the end of the conversation with the healthcare professional, a clear management plan?

3.1 Handover of Care

Standards of good practice to improve handovers and continuity of care

- A woman should know the name of the team responsible for her care.
- A team should know the name and location of every woman under its care.
- It is important that midwifery staff are made aware of critical features in the medical management of a woman that will affect care during the next shift.
- Similarly, medical staff must be aware of specific midwifery issues that may affect care.
- Multidisciplinary team handover helps minimise these omissions
- Introductions should happen at every handover whether staff feel they know each other as there are often medical students and rotating doctors
- Handovers should start on time
- Interruptions should be kept to a minimum
- Handovers should be face to face (BMA no date)
- Use of bed/bay numbers must be avoided to prevent misidentification (BMA no date)

Registered Midwives – must document in eCare that handover of care has occurred either on transfer to another area or at shift change using SBAR. This must include who has the care has been handed to, date and time of handover.

3.1.1 On Labour Ward

A copy of the handover sheet for Labour ward must be filed in the ward area folder (Appendix 2)

At the end of the clinical shift, all staff are required to shred the confidential information prior to leaving the ward area.

Handover should include women that require review on antenatal and postnatal wards and maternity outliers.

- 07:00 – 07:30am - Midwife co-ordinator and midwives – midwives allocated to women
- 08:00 – 08:30am - Obstetric Consultant, Registrar, SHO and handover for the Gynaecology, Labour Ward and outliers in the inpatient areas, Anaesthetist and midwife co-ordinator will attend for the labour ward and outliers.
- 12:30 - 12:45pm – Midwife co-ordinator – midwives allocated to women (board round)
- 13:00pm – Medical obstetrics and gynaecology staff handover
- 17:30 – 18:00pm – Multi-professional board and Labour Ward review with Obstetric Consultant, Obstetric Registrar, obstetrics and gynaecology SHO, Anaesthetist and midwife co-ordinator.
- 20:00 - 20.30pm – Medical staff and midwife co-ordinator – midwives allocated to women
- 22.00 Tele conference with oncall consultant obstetrician and labour ward co odinator and Obstetrics Registrar

3.1.2 On antenatal and postnatal wards

Handover should involve women and their partners, so they can understand the plan of care and raise any issues that concern them. (NHSI 2019). Bedside handover makes women and their partner central to the information exchange.

A copy of the handover sheet for each clinical area must be filed electronically (Appendices 3 and 4)

At the end of the clinical shift, all staff are required to shred the confidential information prior to leaving the ward area.

07:00 – 07:30am - Shift Lead – staff (midwives, nurses, nursery nurses and MCA's) allocated to women/bays.

The handover will consist of

- Very brief handover of any safeguarding plans, Confidential Communiques, specific issues or concerns and anyone expected to be going home
- Bedside handover once staff allocated to bays and women and their babies. The bedside handover will take place inside the bays and should include maternal and neonatal observations, and medication due. Introductions should be made to the women with the member of staff taking over their care.
- The shift lead and midwives ensure that MCA's and Nursery Nurses are aware of what is required during the shift.

12:30 – 12:45pm – This is the same process as 07:00
20:00 - 20:30pm – This is the same process as 07:00

3.1.3 Antenatal Day Assessment Unit (ADAU)

- SBAR should be used for handovers of care between midwife to midwife, midwife to doctor and transfer to another clinical area. SBAR hand over must be documented in eCare.

3.2 Prior to the handover of care across all maternity situations

- A full history and assessment should be documented in the woman's eCare record
- All paper results and notes should be filed in correct order if not in eCare
- Inform area of impending transfer
- Consideration should be given to the most appropriate bed to use depending on the reason for admission
- Consider the most appropriate method of transfer e.g. walk, bed, chair
- Transfer the woman on eCare and if postnatal transfer baby also
- Ensure that eCare patient identification is present on mother and if postnatal, baby. Refer to the Trust Identification Band policy.

3.3 On handover following admission / transfer to a ward / area

Staff should complete the SBAR clinical note in eCare at handover (Appendix 1). The receiving midwife should document that she has received handover and is now caring for the woman/baby.

At handover the receiving midwife should check

- eCare and any paper records have been completed/appropriately filed by the transferring midwife
- VTE and observations/assessments have been completed
- required medication prescribed
- baby has 2 eCare patient identification bands in place
- baby temperature
- mother's lochia and any ongoing medication is prescribed

- Complete SBAR in eCare to include assessment of the woman, date and time of handover
- Confidentiality to be respected in handling woman's personal information
- Call bell system explained
- Location of the ward facilities and orientation
- As part of a postnatal transfer handover the first postnatal assessment will be completed. A management plan will be initiated where applicable.
- Date and time of the last feed for the baby must be documented in baby eCare records.
- The handover should be completed by the named midwife who has provided care.
- When a woman is returned to the ward following an elective caesarean section the midwife must ensure that the appropriate handover takes place with the midwife who will be caring for her on the ward.

Other considerations

- Verbal and printed information is given on the visiting times, partners staying overnights and any appropriate the restrictions, feeding information and ward folder of information
- Provide refreshments.
- Add the woman's name to the patient board so that staff are aware of her admission.
- Ensure handover is fully documented in eCare. Please refer to Maternity Health Records and Record Keeping Guideline.
- Ensure that the woman/baby have been transferred to the ward eCare bed board

3.4 On handover at shift change for all staff

- All members of the team must introduce themselves to the women they are caring for during bedside handover
- Work is to be prioritised depending on history and clinical need
- Maintain a good standard of documentation. Please refer to Maternity Health Records and Record Keeping Guideline.

3.5 Doctor to Doctor Handover

Written or verbal handover should include:

- Current patients on labour ward, antenatal and postnatal wards, ADAU and any outliers
- Accept and referred patients due to be assessed
- Accurate location of all patients
- Operational matters directly relevant to clinical care such as DoCC bed or NNU cot availability
- Information to convey to the following shift
- Patients brought to the attention of the Rapid Response Team as appropriate
- Patients who 'MEOWS Scores' are deteriorating
- Antenatal and postnatal patients with ongoing induction of labour, anticipated problems, to clarify management plans and ensure appropriate review
- Patients awaiting emergency theatre
- Safeguarding concerns
- Outstanding tasks associated with the required time for completion
- The handover sheet must be signed by the consultant at handover and a copy saved (Appendix 5)

3.6 Agency midwives and Locum Doctors

- All agency midwives and locum doctors must have an introduction to the unit by the previous shift or medical person from whom they are taking over and / or Consultant.

3.7 Handover of care between ambulance staff and maternity staff

The ambulance staff will provide a verbal hand over to the midwife allocated to provide care for the woman. The handover will include their assessment when they attended the mother including indication for transfer. On completion of the verbal handover the midwife signs the ambulance service electronic record.

3.8 Handover of care between midwives transferring a woman from a homebirth

The midwife requiring transfer to the labour ward must contact the labour ward co-ordinator to inform her of the impending transfer and the clinical indication for transfer.

The midwife must:

- Ensure she documents in eCare the time of pre-alert conversation with the Labour Ward co-ordinator, the advice given and the name of the Labour Ward co-ordinator spoken to.

The Labour Ward Co-ordinator must:

- Ensure she updates the white board with the details of the transfer
- Inform the Obstetric Registrar and where indicated the Obstetric Consultant using SBAR
- Where there is going to be an obstetric emergency, prepare for staff to be deployed to open doors and prepare a room with the appropriate equipment.
- Identify a midwife to take over care

Transfer to and from theatre:

- All women should be escorted to theatre by a midwife who will remain with her
- If any vaginal packs are left in situ, then this must be clearly documented and handed over to the next midwife providing care and during any doctor to doctor handovers.
- Please ensure that prior to the transfer that all mothers and babies have an eCare identification band.

3.9 Handover of care from Emergency Department (ED)

- Staff in ED will telephone the ward area and inform them that they will be transferring a woman from ED
- SBAR must be used for the transfer.

3.10 Handover of care to and from Neonatal Unit (NNU)

- When transferring a baby from Labour Ward, theatre or the postnatal ward staff must use SBAR and ensure that the baby has 2 name bands on.
- Neonatal unit use ISBAR for transferring babies from NNU to postnatal area (Appendix 6).

3.11 Midwife / Obstetrician handover of care to DoCC

There will be occasions when midwives/obstetricians are required to hand over the care of a severely ill woman to the critical care team in DoCC. A comprehensive handover of care is essential to safe and continuous care.

Prior to the handover of care:

- Use SBAR to ensure that DoCC is fully aware of the woman, her clinical history and need for transfer. The Shift Lead will communicate verbally directly to the nurse in charge of DoCC to arrange suitable and timely transfer.
- The Consultant Obstetrician will liaise directly with the Consultant Anaesthetist and any other specialty that may be involved to handover and discuss details of the case. This discussion must be recorded eCare by the consultant in charge of the woman's care with a plan of ongoing care.
- All staff involved in the care will be responsible for ensuring that they have clearly documented all care given prior to transfer and during the stay in DoCC
- Summary of the key aspects of care and assessment to the point of transfer must be documented in the woman's notes
- Any paper records are filed in the correct order
- Transfer the woman in eCare
- Complete Datix and complete eCare Patient Safety (in Assessments and Fluid Balance)

On handover on admission to DoCC:

- Ensure a standard approach to the handover of care by using SBAR. The accompanying midwife and any accompanying medical staff will carry out a bedside handover to DoCC staff.
- Complete SBAR handover and to whom in eCare

Other considerations:

- Relatives must be kept fully informed of the situation
- If necessary, make adequate and safe arrangements for the care of the baby
- If appropriate ensure that the mother is aware of the arrangements made for the care of her baby. She should be able to see her baby as soon as she is well enough

3.10 Handover of care to community midwife, GP and Health Visitor

On discharge from hospital to the care of the GP, Health Visitor or local maternity unit there should be a comprehensive handover of care to ensure that physical, psychological and emotional needs are met

- Discharging midwife to complete discharge in eCare adding any additional information on to electronic discharge letter to GP
- If antenatal print a copy of the antenatal discharge summary so that community midwife is aware of admission
- If postnatal a paper copy of the discharge information from eCare should be printed for the Health Visitor and given to the woman at discharge
- Mothers details to be recorded in the Ward discharge book with a completed copy of the Yellow Discharge sheet for community midwives to collect for first day visits
- For women that are out of area (OOA) the midwife / ward clerk will telephone the local hospital so that ongoing maternity care can be provide
- If there are any specific concerns or requirements it may also be appropriate to telephone the GP and/or HV to make them aware

4.0 Statement of evidence/references

References

The Institute for Healthcare Improvement and NHS Institute for Innovation and Improvement NHS Improvement (2018) ***SBAR communication tool - situation, background, assessment, recommendation.*** [Online]. Available from: https://improvement.nhs.uk/resources/sbar-communication-tool/ [Accessed 29 July 2019]

NHS Improvement (2019) ***Implementing handovers and huddles: a framework for practice in maternity units)*** (Online) London: NHS Improvement. Available from: https://improvement.nhs.uk/resources/implementing-huddles-and-handovers-framework-practice-maternity-units/ (Accessed on 26 August 2019)

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Cumberlege, J.; National Maternity Review (2016) ***Better births: Improving the outcomes of maternity services in England. A five year forward view for maternity care / chaired by Baroness Julia Cumberlege.*** [Online]. Available from: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf [Accessed 29 July 2019)

https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/safe%20handover%20safe%20patients.pdf?la=en [Accessed 25 July 2019]

Royal College of Obstetricians and Gynaecologists (2016) ***Providing quality care for women: a framework for maternity service standards.*** [Online]. London: RCOG. Available from:

https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf [Accessed 29 July 2019]

5.0 Governance

5.1 Record of changes to document

Version number: 6		**Date:** 07/2019		
Section Number	**Amendment**	**Deletion**	**Addition**	**Reason**
Guideline Statement	Reviewed			Update
3.9	Handover of care from Emergency Department		**Added**	Update
3.10	Handover of care to and from Neonatal Unit		**Added**	Update
3.11	Handover of care to community midwife/GP/HV		**Added**	Update
Appendices	SBAR and handover sheets		**Added**	Update
1.2 and 1.3	Antenatal, Intrapartum and postnatal	**Deleted**		Update
3.1.3	Antenatal Day Assessment Unit	**Deleted**		Update

5.2 Consultation History

Stakeholders Name/Board	**Area of Expertise**	**Date Sent**	**Date Received**	**Comments**	**Endorsed Yes/No**
All staff in Women's Health		10/07/2019			
Jayne Plant	Librarian	31/10/2018	15/01/2019	Reference check received	Yes
Julie Cooper	Head of Midwifery	10/07/2019	23/07/2019	Comments received	Yes
Erum Khan	Consultant O&G	10/07/2019	30/07/2019	Comments received	Yes
Niamh Kelly	Clinical Governance Lead for Women & Children's	10/07/2019	11/07/2019	Comments received	Yes
Eleanor Tyagi	Consultant Anaesthetist	10/07/2019	11/07/2019	Comments received	Yes
Bernadetta Sawarzynska-ryszka	Consultant Anaesthetist	10/07/2019	11/07/2019	Comments received	Yes
Janice Styles	Matron	10/07/2019	11/07/2019	Comments received – no change	N/A
Omar Mulki	Consultant O&G	10/07/2019	11/07/2019	Comments received – no change	N/A
Rebecca Sharp	Midwife	10/07/2019	13/07/2019	Comments received	Yes
Wendy Bryant	Band 7 Labour Ward	10/07/2019	30/07/2019	Comments received	Yes

Rebecca	Band 7 Labour Ward	10/07/2019	30/07/2019	Comments received	Yes
Heena Fountain	Band 7 Maternity Wards	10/07/2019	17/07/2019	Comments received	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
a) Completion of the SBAR tool for handovers b) Completion of the handover within the time frame c) Completion of the midwifery and medical handover records d) Completion of the presence of the multiprofessionals at the board round at 08:00am	Audit	Delegated individual	Three yearly	Women's Health CIG

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women and Children's Health	Department	Maternity
Person completing the EqIA	Mary Plummer	Contact No.	Ext 85130
Others involved:		Date of assessment:	31/07/2019
Existing policy/service	Yes	New policy/service	No

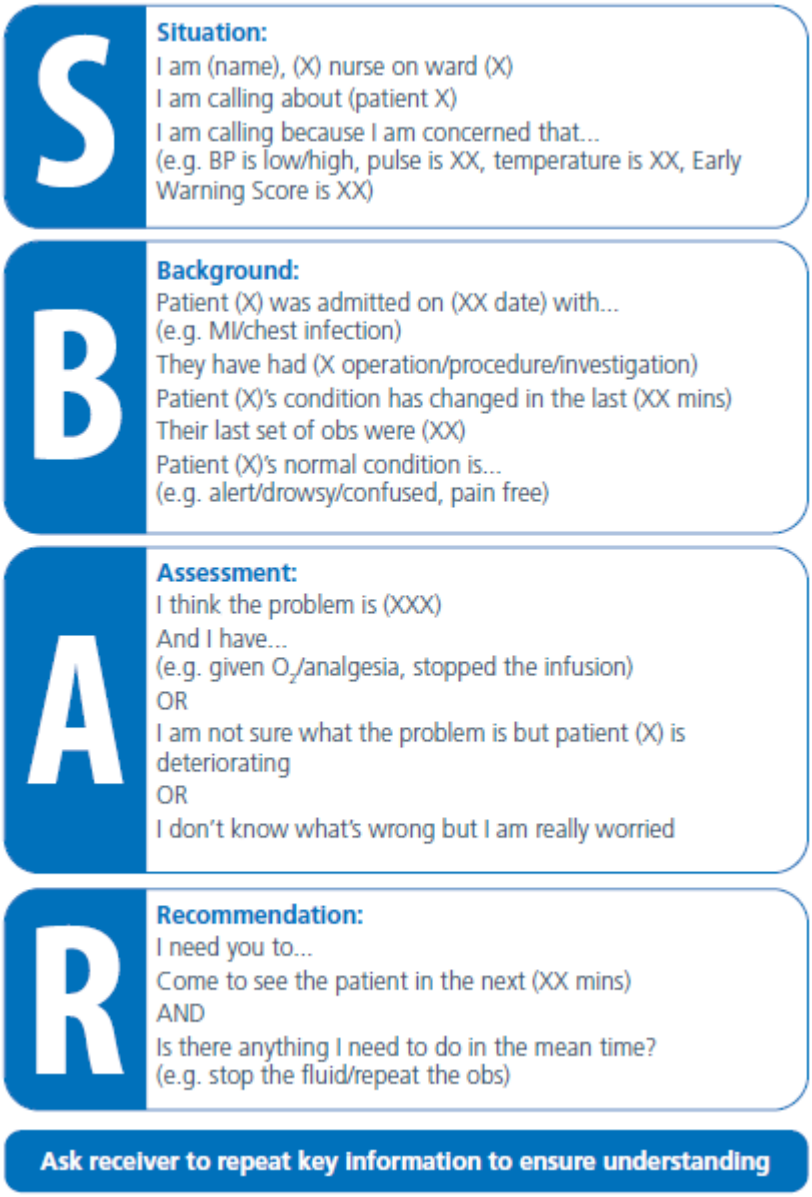
Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be affected?	All staff

Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

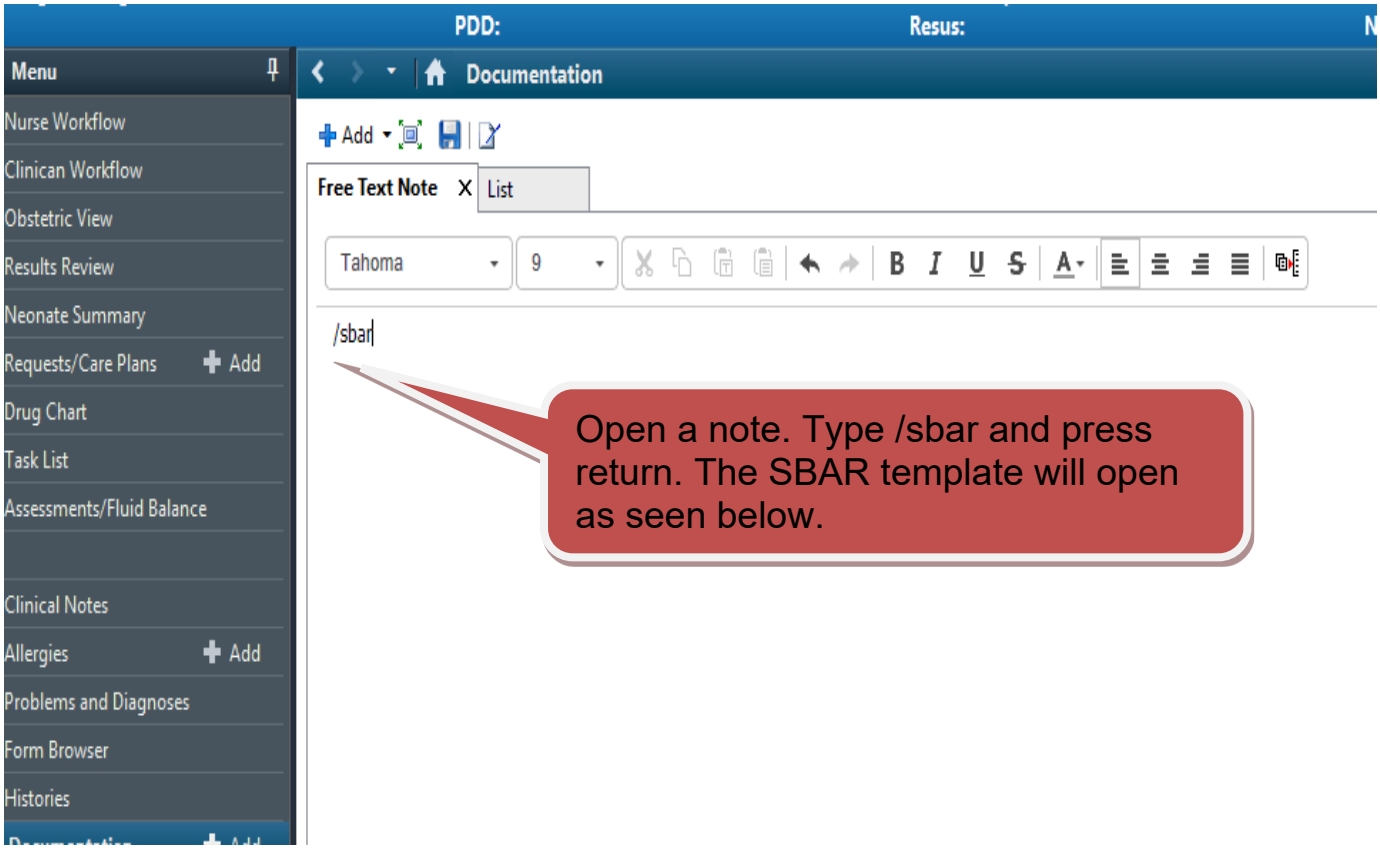
What consultation method(s) have you carried out?
Email to staff to let them know about the consultation, Guideline Review Group meeting
How are the changes/amendments to the policies/services communicated?
Via the intranet
What future actions need to be taken to overcome any barriers or discrimination?

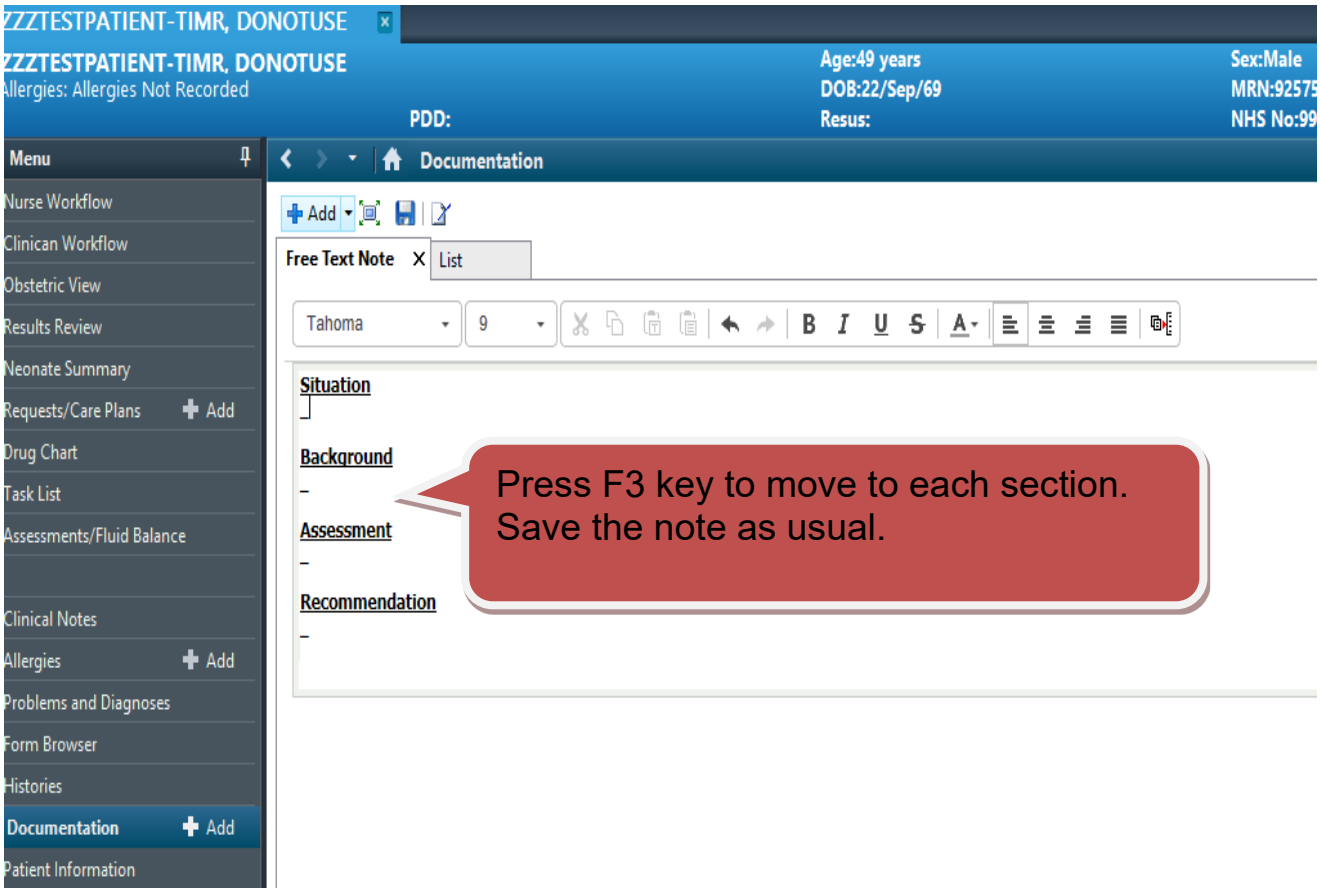
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

Appendix 1: SBAR communication tool example & eCare screenshots



From: The Institute for Healthcare Improvement and NHS Institute for Innovation and Improvement NHS Improvement (2018) ***SBAR communication tool - situation, background, assessment, recommendation.*** [Online]. Available from: https://improvement.nhs.uk/resources/sbar-communication-tool/





Appendix 2 – Labour Ward co-ordinators handover sheet

Hand over sheet.

Date ……..Time ……Coordinator ……..to ……

R	Name	Situation	Background	Assessment	Recommendations	Level	MW
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

Ward 9				**Ward 10**				
P/N				P/N				
Babies				Babies				
A/N				Beds				
Beds				Discharges				
Discharges				Issues				
IOL TCI				RM staffing	LW	9	10	ADAU
LSCS TCI				MCA staffing				
Ongoing IOL				NNU status	Ward round done Y/N *(if not why not)* Staff present on ward round 1 2 3 4			
Issues				Escalation *(circle appropriate choice)* Green Amber Red	Times of safety huddles	Briefing done Y/N		
Labour ward Activity	Admissions	A/N	P/N	Readmission	Issues			

Appendix 3 – Ward 10 handover sheet

Bay 1	Name	Situation	Background	VTE	CC	Assessment	Obs	Recommendation	FH/CTG	VE
1										
2										
3										
4										
5										
6										
Bay 2	**Name**	**Situation**	**Background**	**VTE**	**CC**	**Assessment**	**Obs**	**Recommendation**	**FH/CTG**	**VE**
1										
2										
3										
4										
5										
6										
SR1										

Appendix 4 – Ward 9 handover sheet

Date: **Early** **Late** **Night**

Bay 1		Maternal Situation	CC	Maternal Background	VTE (low Med, high)	Obs frequency	Maternal Recommendation	Neonatal Situation	Centile	BCG	NIPE	Neonatal Background	Neonatal Recommendation
1													
2													
3													
4													
5													
6													
Bay 2													
1													
2													
3													
4													
5													
6													
SR1													
SR2													

Bay 3	**Name**	**Maternal Situation**	**CC**	**Maternal Background**	**VTE (low Med, high)**	**Obs frequency**	**Maternal Recommendation**	**Neonatal Situation**	**Centile**	**BCG**	**NIPE**	**Neonatal Background**	**Neonatal Recommendation**
1													
2													
3													
4													
5													
6													
Bay 4													
1													
2													
3													
4													
5													
6													
SR3													
SR4													

Appendix 5: Handover proceedings sheet (please complete in block capitals)

Handover details:

Labour ward

DATE:……START TIME……FINISH TIME……DURATION……..

KEY PEOPLE

INTRODUCTIONS MADE: YES/NO

NAME	ROLE

Reason for KEY ABSENCES/LATECOMERS……..

SPECIAL ATTENTION

Sick patient (s) highlighted? Yes/ No

If No reason for this ……

Staffing concerns Yes/No

Equipment concerns Yes/No

NNU open Yes/No

NOTES:

PROMPT START (WITHIN 2 MINUTES) Yes/No

If NO, reason for late start

INTERRUPTIONS Yes / No

GYNAE HANDED OVER Yes/ No

Proforma completed by Signature

Appendix 6: Neonatal to Postnatal

Transfer Form

I Identify	Patient Label Name Bands x 2 checked ☐ **Transferring Nurse / Midwife:** Name: Sign: **Accepting Nurse / Midwife:** Name: Sign:
S Situation	Date of Transfer: Time of Transfer: Reason for Transfer:
B Background	Clinical Problem(s): Investigation(s): Management: Safeguarding Issues (please circle as applicable) Yes No **To be completed prior to transfer:** NIPE ☐ BadgerNet ☐
A Assessment	Temperature: **°C** Heart Rate: Bpm Respiratory Rate: Bpm SBR Cannula (please circle as applicable) Yes No
R Requirement	Any Intervention / Tests / Observations Required: Nursing and Medical Plan:

Appendix 7

TELECONFERENCE PROFORMA:

DATE	
TIME	
LABOUR WARD CO-ORDINATOR	
CONSULTANT ON CALL	
REGISTRAR ON CALL	
OBSTETRIC UPDATE	
GYNAECOLOGY UPDATE	

L/W CO-ORDINATOR SIGNATURE

REG ON CALL SIGNATURE