

Maternity Early Warning Score (MEWS)

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

		Score				
		2	1	0	1	2
Vital Sign	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	
<p>If one or more of these additional concerns are present, consider:</p> <ol style="list-style-type: none"> Increasing the frequency of observations to a minimum of every 30 minutes Escalate in line with a low-medium level of concern even if MEWS less than 2 Where MEWS is greater than 2 raising the level of concern to the next category. 	<ul style="list-style-type: none"> Healthcare professional concerned Woman/family concerned Increased pain (+/- or analgesic requirement) Significant vaginal bleeding Reduced urine output Decreased level of consciousness/responsiveness Other



Thresholds and triggers				
<ul style="list-style-type: none"> 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 It is also advised that early input from anaesthetic team members is also considered when escalation is indicated 				
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 Request review by ST1/2 or equivalent	Urgent review by midwife in charge Urgent review by ST3+ or equivalent and consultant made aware of plan	Immediate review by midwife in charge Immediate review by ST3+ or equivalent and consultant. 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
<ul style="list-style-type: none"> 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. 				