Worcestershire Acute Hospitals NHS Trust

Handover of care in the antenatal, intrapartum and postnatal periods

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Approved by:	Maternity Governance Meeting	
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Key Amendments

Date	Amendments	Approved by

Details of Pathway
An effective working relationship between the multidisciplinary team and a clear organisational structure for midwives and medical staff with explicit and transparent lines of communication is crucial to ensure optimum care for women.

In order to achieve consistency of care every member of staff involved in the woman's care on each shift should provide all the relevant information (see below), to the staff member who is handed over to, based on SBAR tool as explained below:

S: Current clinical **situation**

B: **Background**: Name and designation of members of staff involved in care. Risk factors

A: **Assessment** (Recent observations of vital signs/examination findings/CTG review)

R: **Recommendation** Management care plan

NOTE: Modified early warning obstetric charts called WOW charts (Worcestershire Obstetric Warning) should be used in all obstetric inpatient settings.

When handing over care to another professional:

It should be documented at every handover of care that it was based on SBAR. By documenting SBAR handover of care the staff involved take responsibility that the care has been handed over and received in the manner described above.

During medical ward rounds SBAR evidence should be documented to provide assurance that a full and accurate review of the, history, clinical picture, risk assessment and management plan has taken place.

- **In the antenatal period** for outpatient appointments, documentation should be in the hand held pregnancy notes (green notes) and antenatal clinic held summary which does not routinely take the form of SBAR.
- **If a woman is transferred from one clinical area to another or handover of care ocurrs whilst that woman is an inpatient, a formal SBAR handover should occur and be documented on K2 or in the agreed local records in use (i.e. MLU).**
- **In the intrapartum or postnatal period** SBAR handover should occur on each ward round and during any change of care giver. This must be documented on k2, or in the agreed local records in use (i.e. yellow intrapartum records/ purple handheld postnatal notes).
- Handover of care from theatre recovery to the receiving midwife must be clearly documented in the local agreed records/ K2.