

SOP Ward Rounds Within Maternity

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Key Documents Owner/Lead:	L Veal/Kate Horton
Approved by:	Maternity Governance Meeting
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Key Amendments

Date	Amendments	Approved by
July 2021	New document approved	Maternity Governance Meeting

1.0 Background

Ward rounds are the focal point for a hospital's multidisciplinary teams to undertake assessments and care planning with their patient. Coordination of assessments, plans and communication is essential for effective and efficient care¹.

The purpose is to monitor the woman's progress and to create management plans which are communicated to the woman and to the clinical team.

The ward round should start by reviewing the highest priority women first and should be led by the Consultant Obstetrician.

2.0 Ward round timings

Ward rounds on delivery suite should take place three times a day – 08.00hrs, 15.00hrs and 20.00hrs (08.00hrs and 20.00hrs only on weekends and Bank Holidays).

The 'signing in' Register on delivery suite should be signed by all staff attending (See Appendix 1)

The morning ward round should follow the SBAR handover with the wider Maternity and Neonatal Unit Teams, including the 223 bleep holder, which takes place at 08.00hrs seven days a week in the Delivery Suite staff room. At this meeting all women of concern within the unit, along with all women on delivery suite should be discussed, along with any staffing issues.

Following the ward rounds on delivery suite at 08.00 and 20.00hrs a ward round should also be done on the Antenatal and Postnatal Wards, Maternity Triage and Meadow Birth Centre. This should be carried out by the Obstetric Team, led by the Obstetric Consultant, and the midwife caring for the woman must also be in attendance.

The anaesthetist and Band 7 co-ordinator are not required to be present for these.

3.0 Staff members to be present on delivery suite ward round

At 08.00hrs

Consultant Obstetrician
Obstetric Registrar (Unless busy on delivery suite)
Obstetric SHO (Unless busy on delivery suite)
Midwife in charge of delivery suite
Consultant Anaesthetist
Named Midwife assigned to care for the Woman

At 15.00hrs

Consultant Obstetrician
Obstetric Registrar (Unless busy on delivery suite)
Obstetric SHO (Unless busy on delivery suite)
Midwife in charge of delivery suite
Named Midwife assigned to care for the Woman
(The Consultant Anaesthetist should also be present to review any unwell women)

At 20.00hrs

Consultant Obstetrician
Obstetric Registrar (Unless busy on delivery suite)
Obstetric SHO (Unless busy on delivery suite)
Midwife in charge of delivery suite
Anaesthetist Registrar
Named Midwife assigned to care for the Woman

4.0 Process and Documentation

An SBAR handover should be taken from the named midwife looking after the woman. A review should be made of the care to date, relevant blood tests, maternal observations and any concerns raised with regards to fetal monitoring (where relevant). A VTE assessment should be carried out for all high risk postnatal women.

On entering the room all team members should be introduced to the woman. A peer review of the CTG should be undertaken and a management plan formulated.

This should be documented under 'Specialist review' on Badgernet and this plan explained to the woman and her birthing partner.

The woman should be given time to ask questions and any questions or concerns raised should be addressed by the team.

References

Modern Ward Rounds. Royal College of Physicians & Royal College of Nursing. 2021

Appendix 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week commencing:							
Consultant on call							
08.00 – 13.00							
13.00 – 17.00							
17.00 – 08.00							
Co-ordinator							
Day							
Night							
Wardround 08.00							
Co-ordinator							
Consultant Obstetrician							
Anaesthetist							
Wardround 15.00							
Co-ordinator							
Consultant Obstetrician							
Wardround 20.00							
Co-ordinator							
Consultant Obstetrician							
Anaesthetist							
Theatre huddle 21.00							
Obs/Co-ordinator							
Attendance/phonecalls							

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