# Maternity Early Warning Score (MEWS)

## Hospital sticker with patient details



MEWS score 0 1	2		A s	core	for	each	vita	l si	gn is	req	uired	at	each	ent	ry
	DATE														DATE
	TIME														TIME
Desnivations	>=25							2							>=25
Respirations	22-24							1							22-24
Breaths/min	18-21														18-21
	13-17							0							13-17
	9-12														9-12
	7-8 <=6							2							7-8 <=6
								=							
Sp0,	>=95							0							>=95
Oxygen saturation (%)	93-94 <=92							2							93-94 <=92
								=							
Temperature	>=37.5 37.3-37.4							2							>=37.5 37.3-37.4
°C	36.8-37.2														36.8-37.2
	36.2-36.7							0							36.2-36.7
	35.7-36.1							1							35.7-36.1
	<=35.6							2							<=35.6
Pulse	>=131							2							>=131
	122-130							2							122-130
Beats/min	113-121							1							113-121
	99-112														99-112
	86-98 71-85							0							86-98 71-85
	63-70							1							63-70
	<=62							2							<=62
	>=108							2							>=108
Pulse - from 48 hours	>=108 99-107							1							99-107
post birth ONLY	85-98														85-98
Beats/min	71-84							0							71-84
Date & time to commence monitoring:	58-70														58-70
١	51-57							1							51-57
	<=50							2							<=50
Systolic blood pressure	>=175							2							>=175
mmHg	160-174							2							160-174 145-159
9	145-159 136-144							2							136-144
	121-135							'							121-135
	111-120							0							111-120
	101-110														101-110
	94-100							1							94-100
	77-93 61-76							2							77-93 61-76
	<=60							2							<=60
								=							
Diastolic blood pressure	>=110 97-109							2							>=110 97-109
mmHg	89-96							1							89-96
	80-88														80-88
	70-79							0							70-79
	62-69							Ш							62-69
	57-61							1							57-61
	<=56							2							<=56
MEWS	TOTAL														MEWS TOTAL
Additional concerns - Please s	ee overleaf t	for addit	ional co	oncern t	able. If	one or r	nore add	dition	al conce	ern is pre	esent. co	nsider	escalatio	n and r	eview.
Healthcare professional											, , ,				
Woman/family															
Significant additional therapies (e.g. Oxygen)															
Increased pain (analgesic requirement)															
Significant vaginal bleeding															
Reduced urine output															
Altered level of consciousness/resp															
Altered level of consciousness/resp					1				1		1				Monitorin
	froguese					1			1						
Monitoring															
															Escalation Initials

# 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			
	<b>Respirations</b> Breaths/min	<=6	7-8	9-21	22-24	>=25			
	<b>Sp0</b> <sub>2</sub> Oxygen saturation (%)	<=92	93-94	>=95	-	-			
Sign	Temperature °C	<=35.6	35.7-36.1	36.2-37.2	37.3-37.4	>=37.5			
Vital S	<b>Pulse</b> 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			
	<b>Diastolic blood pressure</b> mmHg	<=56	57-61	62-88	89-96	>=97			



#### **Additional concerns**

### If one or more of these additional concerns are present, consider:

- 1. Increasing the frequency of observations to a minimum of every 30 minutes
- 2. Escalate in line with a low-medium level of concern even if MEWS less than 2
- 3. Where MEWS is greater than 2 raising the level of concern to the next category.

Additional concerns

Healthcare professional concerned Woman/family concerned

Significant additional therapies (e.g. Oxygen)

Increased pain (+/-or analgesic requirement)

Significant vaginal bleeding

Reduced urine output

Decreased level of consciousness/responsiveness



#### Thresholds and triggers

• 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

Level of concern	Low	Low-medium	Medium	High	
MEWS	0-1	2-4	5-7	8 or more	
Drive on a constation of		Review by midwife in charge	Urgent review by midwife in charge	Immediate review by midwife in charge	
Primary escalation & response (Use SBAR framework)		Request review by ST1/2 or equivalent	Urgent review by ST3+ or equivalent and consultant made aware of plan Consider anaesthetic review	Immediate review by ST3+ or equivalent, consultant and anaesthetic team 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	

- 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.