

# Modified Early Obstetric Warning (MEOWs) Chart

**\*\*For use with maternity patients only\*\***

Date										
Time										
Resp Rate (bpm)										
SpO2 (%)										
Temperature (°Celsius)	41°C			41°C			41°C			41°C
	40°C			40°C			40°C			40°C
	39°C			39°C			39°C			39°C
	38°C			38°C			38°C			38°C
	37°C			37°C			37°C			37°C
	36°C			36°C			36°C			36°C
	35°C			35°C			35°C			35°C
Maternal Heart Rate (bpm)	170			170			170			170
	150			150			150			150
	130			130			130			130
	110			110			110			110
	90			90			90			90
	70			70			70			70
	50			50			50			50
Systolic Pressure (mmHg)	210			210			210			210
	190			190			190			190
	170			170			170			170
	150			150			150			150
	130			130			130			130
	110			110			110			110
	90			90			90			90
Diastolic Pressure (mmHg)	130			130			130			130
	110			110			110			110
	90			90			90			90
	70			70			70			70
	50			50			50			50
	MAP									
	Proteinuria									
Lochia										
CNS Score										
Looks Unwell										
Yellow Score										
Red Score										

Are you caring or reviewing a maternity patient in a non-maternity area?

- ❖ MEOWs charts are used on pregnant people from confirmation of pregnancy until 6 weeks post birth (postnatal)
- ❖ Maternity patients observations are recorded on MEOWS (modified early obstetric warning score) not NEWS2
- ❖ The parameters are different and will flag as a concern e.g. a BP >140/90mmHg scores on MEOWs
- ❖ Any scoring on a MEOWs requires escalation to the nurse in charge and review by the Obstetric team

## Frequency of observations based on MEOWs score

Acutely Unwell Patients	Frequency of observations
≥1 red parameter and/or ≥2 yellow parameters on the MEOWs, whilst awaiting medical review, or a patient previously assessed for 'scoring' on MEOWs, whose score is rising, or where there is acute clinical concern, whilst awaiting medical review.	Every 15 minutes until medically assessed and personalised frequency of observations documented.

## Interpreting and acting upon the MEOWs score

The MEOWs chart will indicate areas of concern when documenting observations:

- White shaded area – Normal parameters
- Yellow shaded area – Area of concern
- Red shaded area – Abnormal parameters requiring medical review

**Stop and think! The more red or yellow parameters, the more urgent the referral to a more senior member of the obstetric and/or anaesthetic team**

### Actions to be taken:

#### ONE YELLOW SCORE

- Repeat observations in one hour

#### ONE RED or TWO YELLOW SCORES

- Inform the midwife in charge
- Contact the obstetric doctor, using the SBAR tool to communicate your concerns
- Record observations every 15 minutes until medical review

#### ≥ TWO RED or ≥ FOUR YELLOW SCORES

- Initiate resuscitation measures as appropriate
- One to one care of the patient. Consider transfer to LDRP to facilitate this
- Inform the midwife in charge and the LDRP co-ordinator
- Request urgent assessment by senior clinician e.g. obstetrician of registrar grade or above, using the SBAR tool to communicate your concerns.
- Inform obstetric anaesthetist on call of acutely unwell women within the unit. Request urgent anaesthetic assessment for an acutely collapsed or rapidly deteriorating patient, or where treatment in theatre is anticipated
- Liaise with consultant obstetrician if appropriate. As a minimum, the consultant obstetrician should be aware of patients on the unit scoring in this category
- Liaise with ICU Outreach team if appropriate
- Record observations every 15 minutes until medical review.

**Remember:** if you are worried about a patient and there is a delay in medical review or you do not feel the medical management plan is appropriate it is **your** responsibility to escalate to a more senior member of the team.

**If there is any concern that a woman's condition requires input from specialists other than obstetricians or anaesthetists, there should be no hesitation if referring to consultant colleagues. This is likely to be especially the case if the woman appears to be developing a major surgical complication, has evidence of severe renal or liver disease or appears to be developing neurological compromise**