

Modified Enhanced Obstetric Warning Score (MEOWS)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

The routine use of MEOWS for all obstetric women will help in the timelier recognition, treatment and referral of women, who have, or are developing, a critical illness.

This guideline is to aide clinicians to perform MEOWS and escalate in a timely and appropriate manner.

This guideline is for use by the following staff groups:

All staff performing, recording and responding to observations on pregnant patients

Lead Clinician(s)

Daisy Bradley	Audit, Guideline and Patient Experience Midwife
Laura Veal	Consultant Obstetrician (Clinical Director)
Prabath Suraweera Approved by <i>Maternity Governance Meeting</i> on:	Consultant Obstetrician 4th August 2023
Review Date: This is the most current document and should be used until a revised version is in place	4 TH August 2026

Key amendments to this guideline

Date	Amendment	Approved by:
August 2023	Full Guideline Review – MEOWs guidance in line with Badgernet records.	MGM

Introduction

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WAHT-094

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The successive CEMACH and MBRACE Reports showed that the early warning signs of impending maternal collapse went unrecognised in many cases. The early detection of severe illness in mothers remains a challenge to all involved in their care. The relative rarity of such events combined with the normal changes in physiology associated with pregnancy and childbirth compounds the problem. Modified early warning scoring systems improve the detection of life threatening illness.

The routine use of MEOWS for all obstetric women will help in the timelier recognition, treatment and referral of women, who have, or are developing, a critical illness.

The triggers (yellow and orange) are based on routine observations and are sensitive enough to detect subtle changes in a woman's physiology which will be reflected in a change of score should her condition be improving or deteriorating.

However, the detection of life threatening illness alone is of little value. It is the subsequent management that will alter the outcome.

Aims of MEOWS/WOW chart:

- To facilitate timely recognition of the patients with established or impending critical illness
- To empower midwives and medical staff to escalate appropriately through the operation of a trigger threshold which, if reached, requires mandatory attendance by a more experienced member of staff.

Although most patients will benefit from utilisation of MEOW/WOW charts the clinician's own clinical judgement dictates whether he or she requires the patient to be regularly scored.

However, MEOWS/WOW chart is not:

- A predictor of outcome
- A replacement for clinical judgement

When to use MEOWS chart?

MEOWS charts rely on the routine recording and charting of the physiological status of the patient. These are simple observations that can be performed by a midwife, doctor or other trained staff.

MEOWS charts should be used for all obstetric admissions in all clinical settings where observations are required based on clinical presentations. For antenatal and intrapartum women, the MEOWS observations should be recorded in Badgernet.

- All Triage/Antenatal admissions
- Intrapartum period: Routine observations in labour will be recorded in a partogram in the badgernet record. If a woman requires enhanced care in labour, the enhanced care MEOWS/WOW chart should be used.
- All women requiring enhanced care in delivery suite (antenatal/intrapartum or postnatal) should have their observations recorded on enhanced care WOW chart.
- All postnatal admissions/ maternal readmissions
- It may also be necessary to assess a patient using the MEOWS chart prior to transferring them to another ward within the hospital or to an external healthcare provider.

If decision is made not to use a MEOWS/WOW chart in any of the above situations this should be clearly written in the medical records.

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Frequency of the observations recorded on MEOWS/WOW charts should be decided on based on the clinical picture and risk factors.

The required frequency of observations should be documented on Badgernet.

In high dependency patients the frequency of observation required and the management plan should be documented on badgernet by the reviewing clinician.

What is a MEOWS chart?

MEOWS is a way to record maternal observations – this is entered in the badgernet record and consists of:

Vital Signs

- Blood Pressure
- Signs of PET (none, headache, visual disturbances, epigastric pain, nausea/vomiting and oedema)
- Temperature
- Pulse
- O2 Saturations
- Respiratory Rate

Critical

- Oxygen therapy (flow rate if applicable)
- Consciousness level
- Pain assessment
- PV blood loss
- Nausea
- Wound drains
- Urine Output

On badgernet, MEOWS score is calculated from the data inputted and will allocate a red, orange, yellow and 'none' score.

If the MEOWS score is greater than or equal to 2 – An alert will pop up on badger advising you to inform the doctor on call.

ALL HDU patients should have their observations recorded on a paper Enhanced care HDU MEOWS chart – this is to facilitate easy recognition of trends within the

Paper Enhanced Care MEOWS chart:

A3 size (WR1938). It has 4 parts:

1. WOW observation chart
2. Fluid Balance chart
3. Handover sheet
4. Investigations result record at the back

The observations are assigned white, yellow or orange colour. It is the yellow and orange score in addition to the overall clinical situation that will dictate the need to seek help/ advice of more experienced medical staff.

Please See tables on next page for scorecard.

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MEOWS Scorecard – Values

Score	3	2	1	0	1	2	3
Temperature		<35 °c	35-35.9 °c	36-37.4 °c	37.5-37.9 °c	38.0-38.9 °c	≥39 °c
Systolic BP	≤70	71-79	80-89	90-139	140-149	150-159	≥160
Diastolic BP			≤49	50-89	90-99	100-109	≥110
Pulse		<40	40-49	50-99	100-109	110-129	≥130
Respiratory Rate	≤10			11-20	21-24	25-29	≥30
Oxygen Saturations	≤94%			≥95%			
AVPU				Alert	Responds to Voice	Responds to Pain	Unconscious
Urine output mLs/hr	<10	<30		Not Measured			

Modified Early Obstetric Warning Score (MEOWS) Score Card

MEOWS Score	Frequency	Action
0	Minimum 12 hourly	Routine Care
1 or concerning clinical picture	Minimum 4 hourly	<ul style="list-style-type: none"> Consider increasing observation frequency Inform Nurse/Midwife responsible for woman (if not recorder)
2-3 Think Sepsis	Minimum 1 hourly	<ul style="list-style-type: none"> Inform Midwife in Charge Repeat observations in 30-60 minutes Alert SHO/Registrar If no improvement after repeat obs, request registrar review within 30 minutes
4-5 (or more than a score of 2 on any observation) Think Sepsis	Continuous monitoring	<ul style="list-style-type: none"> Inform Midwife in Charge Bleep Registrar for Urgent Review (within 30 minutes) Consider escalation to outreach team/ITU Continuous monitoring until score below 3 Commence Fluid Balance chart
6+ Think Sepsis	Continuous monitoring	<ul style="list-style-type: none"> Inform Midwife in Charge Bleep Registrar for Urgent Review (within 30 minutes) Consultant review within 1 hour Consider escalation to outreach team/ITU Continuous monitoring until score below 3 Commence Fluid Balance chart

MEOWS Chart on Badger

Admin Data

Date and Time Observations Performed at Postnatal 5Weeks, 4Days

Consent Obtained Yes No N/A

Location

Completed by

Midwife's Team

Type of Observations

General

General Condition Looks Well Looks Unwell

Urinalysis Carried Out Yes No Not Required

Height Metres Foot Inch(es)

Weight Kg Stones lb(s)

Current Body Mass Index (BMI)

Carbon Monoxide (CO) Level Offered Accepted Declined Not Offered

Recorded Smoking Status at form opening

Vital Signs

Temperature degrees centigrade

Pulse beats per minute

Blood Pressure: Systolic

Blood Pressure: Diastolic mmHg

Additional BP information

MAP mmHg

Respirations per minute

O2 Saturations %

Signs of PET

Critical

Oxygen currently administered Yes No

Conscious Level

Pain Assessment

Nausea

Passed at least 100ml urine in the last 4 hours Yes No

Conscious Level

Pain Assessment

Nausea

Passed at least 100ml urine in the last 4 hours Yes No

Patella Reflexes 0 1+ 2+ 3+ 4+

Other Critical Maternal Observations

Lochia

Wound

Drain in situ Yes No

Meows Score

Total Yellow Scores

Total Orange Scores

Total Red Scores

Total Meows Score

Meows Level

Co-ordinating Midwife Informed Yes No

Doctor Informed Yes No

Critical Care Outreach Team informed Yes No N/A

Remind to do again

Sepsis Pathway

Sepsis Triggers

Additional Information

Perineum Illustration

Woman Illustration

Additional Observations Notes

Publish to Badger Notes Yes No

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	MEOWS	MEOWS Audits	Monthly	Ward manager	Ward to board reports – Governance Meeting	Monthly

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Governance Group