Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

Ref: T26/24428

NAME OF DOCUMENT	Escalation for Birthing Services
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN196
DATE OF PUBLICATION	May 2026
RISK RATING	Low
REVIEW DATE	May 2031
FORMER REFERENCE(S)	RHW Escalation for Birthing Services LOP (2020)
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SUMMARY	Clear guidance regarding escalation processes for medical and midwifery
Key Words	Medical, midwifery, escalation, after-hours

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Escalation for Birthing Services — RHW CLIN196

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to provide guidance when and how to escalate staff/services when there is a significant alternation in the activity/acuity in Birthing Services (BS) that is not safe and/or manageable

Definitions:

AHNM	After Hours Nursing Manager
APH	Antepartum Haemorrhage
BU	Birth Unit
MGP	Midwifery Group Practice
OT	Operating Theatre
PPH	Postpartum Haemorrhage
SMS	Short Messaging Service
SRMO	Senior Resident Medical Officer
TL	Team Leader

2 RESPONSIBILITIES

2.1 Medical staff- obstetrics and gynaecology consultants, fellows, registrars and SRMOs

- Obstetric registrar or consultant to liaise with BU TL and activate escalation when needed
- Gynaecology fellow and consultants to attend when requested
- Obstetric medical staff not already on call for BU to attend when requested and able to do so promptly

2.2 Midwifery/nursing staff

- Midwifery staff to liaise with BU TL to assess the need for escalation
- Midwifery/Nursing staff working outside BU (e.g. in OT) to liaise with AHNM to assess the need to escalation

2.3 AHNM

- To coordinate escalation and notify Hospital Executive

3 PROCEDURE

- Activate the escalation policy for BU or in OT as outlined below when workload becomes unmanageable for midwifery or obstetric medical staff

3.1 Escalation of Medical Services

Medical Staff - normal working hours Monday-Friday 0800-1700 hours (excluding public holidays)

- Request on-call obstetric consultant to attend
- Request other obstetric medical staff already in hospital or in OT to attend, if safe to do so – this may be initiated by AHNM, BU Team Leader/MUM
- Use other options if the above is not adequate:
  - Ask Senior Registrar to send SMS/group message to JMOs on site to attend
  - Contact Executive Assistant Maternity Services (ext. 26025) to send group SMS via HosPortal to all other obstetricians on site during the day, requesting assistance and where to attend

Medical Staff - after hours Monday-Friday 1700-0800 hours, weekends, and public holidays

- Request on-call obstetric consultant to attend
- Request on-call gynaecology fellow on weekends (Friday 1700 hours - Monday 0800 hours)

Significant bleeding/APH/PPH/anticipated or recognised surgical complication

- Request attendance of on-call gynaecologist +/- gynaecological oncology team

Complex obstetric patients/heavy workload birthing unit

- Ask AHNM to contact and request attendance other obstetricians already in the building or on duty (see names on BU whiteboard of consultants covering private groups)
- Ask medical team on site to nominate other obstetrician(s) they would like AHNM to telephone and request attendance
- Ask AHNM to notify Hospital Executive on-call

3.2 Escalation of Midwifery Services

Midwifery Staff - normal working hours Monday-Friday 0800-1700 hours (excluding public holidays)

- Request TL notify BU MUM of intention to escalate. This may include a 'safety huddle' to discuss options
- Request BU MUM inform AHNM to achieve escalation by:
  - Re-deploying staff from other areas within hospital
  - Contacting staff from casual pool
  - Contacting MGP MUM for staff if available
  - Requesting overtime from core staff
- Contact Midwifery Maternity Co-director to approve overtime

Midwifery Staff - after hours Monday-Friday 1700-0800 hours, weekends, and public holidays

- Request TL notify AHNM of intention to escalate. This may include a 'safety huddle' to discuss options
- Request AHNM achieve escalation by:
  - Re-deploying staff from other areas within hospital
  - Contacting staff from casual pool
  - Contacting MGP on-call staff if available
  - Requesting overtime from core staff
- Contact Hospital Executive on call to approve overtime

3.3 Escalation of Anaesthetic in Birthing Services

- Refer to RHW CBR Epidural Analgesia for escalation guidance (section 3.1.13)

4 DOCUMENTATION

- Nil

5 EDUCATION NOTES

- N/A

6 RELATED POLICIES/PROCEDURES

- RHW CBR (2024) Epidural Analgesia

7 REFERENCES

- N/A

8 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

9 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

10 NATIONAL STANDARDS

- Standard 1 – Clinical Governance
- Standard 6 – Communicating for Safety
- Standard 8 – Recognising and Responding to acute deterioration

11 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2026	V1	Final draft
April 2026	V1	UAT completed
May 2026	V1	RHW BRGC
June 2026		Addition of escalation of anaesthetic services