

ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee August 2012

Midwifery Staff

ESCALATION FOR BIRTHING SERVICES

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

When there is a significant alteration in the activity/acuity in Delivery Suite that is not manageable the Escalation Policy must be enacted. This may be coupled with increased activity/acuity in other areas of the hospital.

The Shift Leader of Delivery Suite, Bed Manager for the Hospital or Registrar on Delivery Suite can all independently activate the Escalation Policy and have a responsibility to do so when workload becomes unmanageable.

Escalation can be for Medical Staff, Midwifery Staff or both.

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Step 1	Call Obstetric Consultant to attend Delivery Suite	Call Hospital Bed Manager / After Hours Nurse Manager to attend Delivery Suite
Step 2	Call Medical Co-Director of Birthing Services to attend Delivery Suite (Notify Anaesthetic Consultant if not already in attendance)	Bed Manager to re-deploy staff from other areas within the hospital
Step 3	Call Medical Clinical Co-Director of Maternity Services Division to attend Delivery Suite	Call midwifery manager / MUM of Delivery Suite to attend
Step 4	If both the above are unavailable call any other obstetric consultant on the senior staff to attend	Midwifery manager to send SMS to on call Midwifery Group Practice Midwives to attend
Step 5	Notify Hospital Executive on call	Notify Hospital Executive on call

Medical Staff

Please also refer to the **Increased Workload on Delivery Suite** document and is available in the Delivery Suite, **which** suggests additional workforce options in normal working hours.

REVISION & APPROVAL HISTORY

Reviewed Obstetrics LOPs Committee April 2012 Approved Clinical Operations Committee April 2007