

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.

1. AIM

- To provide guidance when and how to escalate staff/services when there is a significant alteration in the activity/acuity in Birthing Services (BS) that is not safe and/or manageable

2. PATIENT

- Woman
- Neonate

3. STAFF

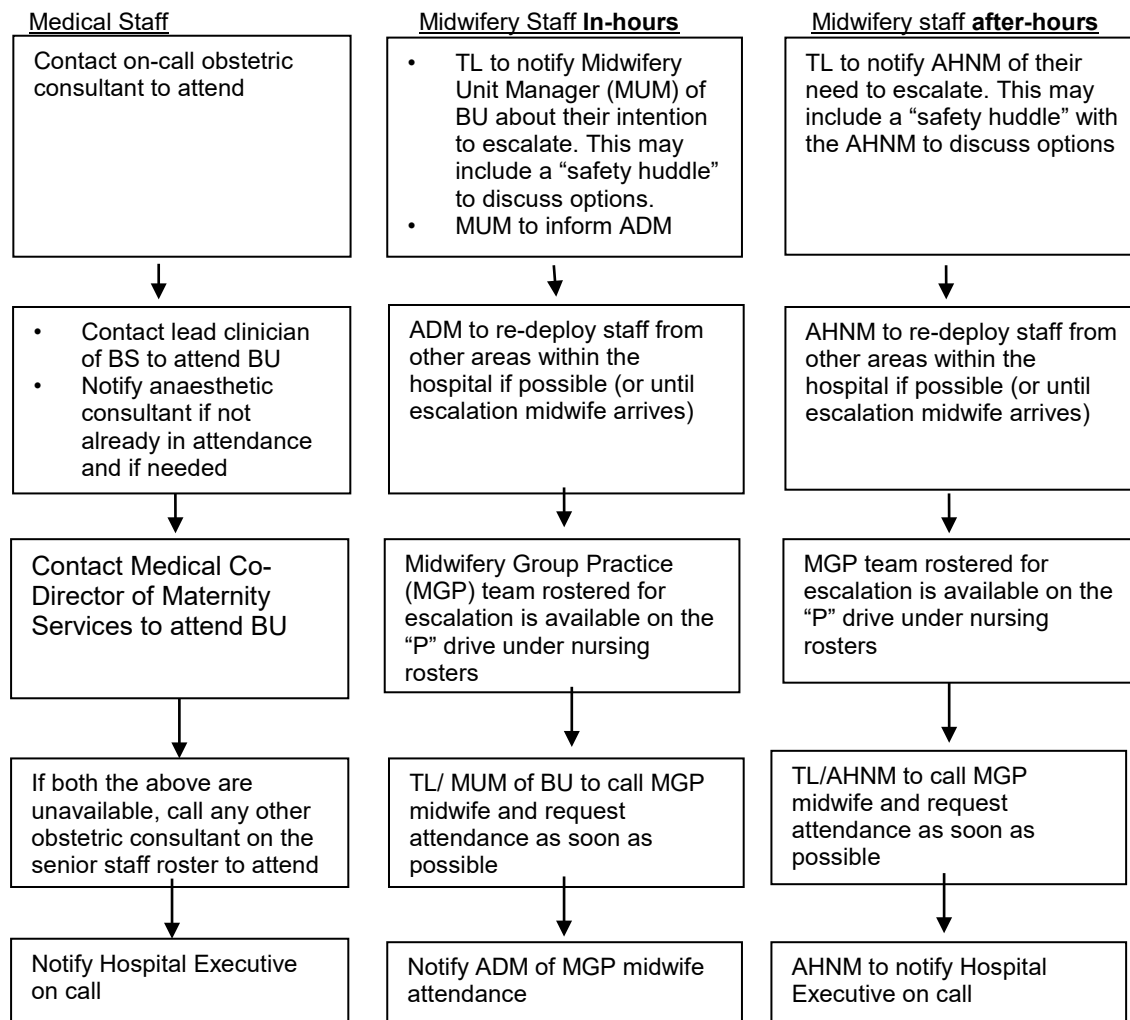
- Medical, midwifery and nursing staff
- Access Demand Manager (ADM)/After Hours Nurse Manager (AHNM)

4. EQUIPMENT

- nil

5. CLINICAL PRACTICE

- Activate the escalation policy for Birth Unit (BU) as outlined below when workload becomes unmanageable for midwifery or obstetric staff



ESCALATION FOR BIRTHING SERVICES cont'd

6. DOCUMENTATION

- nil

7. EDUCATIONAL NOTES

- The shift team leader (TL) of Birth Unit (BU) is best situated to assess the need for escalation based on their centralised knowledge of the birthing unit. The TL, ADM/AHNM, or the obstetric registrar on DS can all independently activate escalation.
- However all staff have a responsibility to activate escalation as required

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- nil

9. RISK RATING

Low

10. NATIONAL STANDARD

- Standard 1 – Governance for safety and quality in Health Service Organisation
- Standard 6 – Communicating for Safety

11. REFERENCES

- nil

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 1/12/20
Approved Quality & Patient Safety Committee August 2012
Reviewed Obstetrics LOPs Committee April 2012
Approved Clinical Operations Committee April 2007

FOR REVIEW : DECEMBER 2025