

Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ..... / ..... / ..... Sex: .....

PLACE PATIENT ID HERE

**MATERNITY VITAL SIGNS CHART SIDE 1**

Maternity Vital Signs	Date	MEWS												Date		
	Time (24 hour)															Time (24 hour)
<b>Respiratory Rate</b> (breaths/min) <i>write RR value</i>	≥ 31															≥ 31
	26-30															26-30
	21-25															21-25
	10-20															10-20
	6-9															6-9
<b>Oxygen</b> (L/min) <i>value</i>	Room air X															Room air X
	Supplement (L/min)															Supplement (L/min)
<b>Oxygen Saturation (%)</b> <i>write SpO<sub>2</sub> value</i>	≥ 95															≥ 95
	92-94															92-94
	≤ 91															≤ 91
<b>Heart Rate</b> (bpm) <i>mark HR with X</i> <i>write value if off scale</i>	≥ 140s															≥ 140s
	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	40s															40s
<b>Systolic Blood Pressure</b> (mmHg) <i>mark SBP with X</i> <i>write value if off scale</i>	≤ 30s															≤ 30s
	≥ 200s															≥ 200s
	190s															190s
	180s															180s
	170s															170s
	160s															160s
	150s															150s
	140s															140s
	130s															130s
	120s															120s
	110s															110s
<b>Diastolic Blood Pressure</b> (mmHg) <i>mark DBP with X</i> <i>write value if off scale</i>	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	≤ 40s															≤ 40s
<b>Temperature</b> (°C) <i>mark Temp with X</i> <i>write value if off scale</i>	≥ 39s															≥ 39s
	38s															38s
	37s															37s
	36s															36s
	35s															35s
<b>Level of Consciousness</b> <i>mark LOC with X</i>	Normal															Normal
	Abnormal															Abnormal
<b>MATERNITY EARLY WARNING SCORE TOTAL</b> or apply exemption (EX)																
<b>Pain score</b> (0-10)	Rest															Rest
	Movement															Movement
<b>Initials</b>																

Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ..... / ..... / ..... Sex: .....  
 PLACE PATIENT ID HERE

**THIS CHART IS FOR PREGNANT OR RECENTLY PREGNANT WOMEN ONLY (WITHIN 42 DAYS)**

- ESCALATE CARE FOR:**
- ANY WOMAN YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EARLY WARNING SCORE
  - ACUTE FETAL CONCERN

Mandatory escalation pathway - maternity	
Maternity Early Warning Score (MEWS)	Action
<b>MEWS 1-4</b>	
<b>MEWS 5-7</b> Acute illness or unstable chronic disease	
<b>MEWS 8-9</b> or <u>any</u> vital sign in pink zone Likely to deteriorate rapidly	
<b>MEWS 10+</b> or <u>any</u> vital sign in blue zone Immediately life threatening critical illness	

A full set of vital signs with corresponding MEWS must be taken and calculated each time at the frequency stated in policy. If there is no timely response to your request for review, escalate to the next coloured zone.

**Modification to Maternity Early Warning Score (MEWS) Triggers**

The MEWS can be changed to prevent inappropriate escalation. All modifications should be made in line with local policy and regularly reviewed by the responsible clinician.  
**Query any modification that is not signed and dated.**

Vital sign (use abbreviation)	Accepted values and modified MEWS	Date and time	Duration (hours)	Name and contact details
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		
Reason:				

USE THIS CHART FOR PREGNANT/POSTNATAL WOMEN WHO REQUIRE REPEATED OBSERVATIONS. NOT FOR ROUTINE INTRAPARTUM USE

Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ..... / ..... / ..... Sex: .....  
 PLACE PATIENT ID HERE

**MATERNITY VITAL SIGNS CHART SIDE 2**

Maternity Vital Signs	Date	MEWS												Date	
	Time (24 hour)														Time (24 hour)
<b>Respiratory Rate</b> (breaths/min) <i>write RR value</i>	≥ 31														≥ 31
	26-30														26-30
	21-25														21-25
	10-20														10-20
	6-9														6-9
<b>Oxygen</b> (L/min) <i>value</i>	Room air X														Room air X
	Supplement (L/min)														Supplement (L/min)
<b>Oxygen Saturation (%)</b> <i>write SpO<sub>2</sub> value</i>	≥ 95														≥ 95
	92-94														92-94
	≤ 91														≤ 91
<b>Heart Rate</b> (bpm) <i>mark HR with X</i> <i>write value if off scale</i>	≥ 140s														≥ 140s
	130s														130s
	120s														120s
	110s														110s
	100s														100s
	90s														90s
	80s														80s
	70s														70s
	60s														60s
	50s														50s
	40s														40s
<b>Systolic Blood Pressure</b> (mmHg) <i>mark SBP with X</i> <i>write value if off scale</i>	≥ 200s														≥ 200s
	190s														190s
	180s														180s
	170s														170s
	160s														160s
	150s														150s
	140s														140s
	130s														130s
	120s														120s
	110s														110s
	100s														100s
<b>Diastolic Blood Pressure</b> (mmHg) <i>mark DBP with X</i> <i>write value if off scale</i>	≥ 110s														≥ 110s
	100s														100s
	90s														90s
	80s														80s
	70s														70s
	60s														60s
	50s														50s
<b>Temperature</b> (°C) <i>mark Temp with X</i> <i>write value if off scale</i>	≥ 39s														≥ 39s
	38s														38s
	37s														37s
	36s														36s
	35s														35s
<b>Level of Consciousness</b> <i>mark LOC with X</i>	Normal														Normal
	Abnormal														Abnormal
<b>MATERNITY EARLY WARNING SCORE TOTAL</b> or apply exemption (EX)															
<b>Pain score</b> (0-10)	Rest														Rest
	Movement														Movement
<b>Initials</b>															

Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ..... / ..... / ..... Sex: .....  
 PLACE PATIENT ID HERE

**THIS CHART IS FOR PREGNANT OR RECENTLY PREGNANT WOMEN ONLY (WITHIN 42 DAYS)**

**ESCALATE CARE FOR:**

- ANY WOMAN YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EARLY WARNING SCORE
- ACUTE FETAL CONCERN

Mandatory escalation pathway - maternity	
Maternity Early Warning Score (MEWS)	Action
<b>MEWS 1-4</b>	
<b>MEWS 5-7</b> Acute illness or unstable chronic disease	
<b>MEWS 8-9</b> or <u>any</u> vital sign in pink zone Likely to deteriorate rapidly	
<b>MEWS 10+</b> or <u>any</u> vital sign in blue zone Immediately life threatening critical illness	

A full set of vital signs with corresponding MEWS must be taken and calculated each time at the frequency stated in policy. If there is no timely response to your request for review, escalate to the next coloured zone.

**Modification to Maternity Early Warning Score (MEWS) Triggers**

The MEWS can be changed to prevent inappropriate escalation. All modifications should be made in line with local policy and regularly reviewed by the responsible clinician.

**Query any modification that is not signed and dated.**

Vital sign (use abbreviation)	Accepted values and modified MEWS	Date and time	Duration (hours)	Name and contact details
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		
Reason:				

USE THIS CHART FOR PREGNANT/POSTNATAL WOMEN WHO REQUIRE REPEATED OBSERVATIONS. NOT FOR ROUTINE INTRAPARTUM USE