

Standard Operating Procedure for Labour Ward Rounds

Purpose

To ensure:

- Multidisciplinary working includes twice daily (day and night through the 7 day week) consultant-led (and present) multidisciplinary ward rounds on the labour ward.
- Ward round to include the labour ward midwifery coordinator, labour ward consultant and obstetric anaesthetist
- Review of important details and antenatal plans to prevent new information from being overlooked and allow anticipation of emerging problems.
- All women have a clear management plan for labour.
- Allow situational awareness and early identification to escalate the need for help
- The flow of women between different parts of the maternity service
- Shared knowledge and understanding of the situation (known as a shared mental model)
- Ensure senior members of staff maintain oversight of the activity on the delivery suite
- To ensure role-modelling values, standards of practice and provide training.
- Early identification related to problems with staffing capacity

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Key words:	Multidisciplinary (MDT), handover, labour ward, ward round, board round

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Abbreviations

AM	0800-1300
Anaesth	Anaesthetic
ANW	Antenatal Ward
COW	Consultant of the Week/Admitting consultant
D	Day 0800-1700

DAU	Day Assessment Unit
LD	Long Day 0800-2030
LW	Labour Ward
MAC	Maternity Assessment Centre
MDT	Multidisciplinary Team
MW	Midwife
N	Night 2000-0830
Obs	Obstetric
PM	1300-2030
PNW	Post Natal Ward
SBAR	Situation Background Assessment Recommendation
T	Twilight 1700-2030

1. The handover and ward round

The transfer of acute care of a patient from the out-going to the incoming team is a point at which the patient is vulnerable on their journey through the healthcare system. Poor communication and/or incomplete transfer of information can lead to inappropriate or delayed care, occasionally resulting in poor clinical outcomes. Achieving effective handover is a skill that needs to be taught, learned, practised, and developed.

Handover or referral for a clinical concern should occur using the situation – background – assessment – recommendation tool (SBAR) as this improves efficacy of communication.

The steps involved in using the SBAR tool are:

- **Situation:** describe the specific situation pertaining to the patient, including name, named consultant, patient location, vital signs, resuscitation status and any specific concerns.
- **Background:** communicate the patient's background, including date of admission, diagnosis, current medications, allergies, laboratory results, progress during the admission and other relevant information collected from the patient's charts.
- **Assessment:** this involves critical assessment of the situation, clinical impression and detailed expression of concerns.
- **Recommendation:** this involves the management plan, making suggestions and being specific about requests and time frame. Any plan made should be repeated back to ensure accuracy.

The Multidisciplinary ward round on labour ward allows a holistic management plan to be made with the woman and her birth partner. The ward round should be led by the consultant obstetrician on call for labour ward and requires input from the designated midwifery co-ordinator of LW for that shift and, if relevant, the obstetric anaesthetist. Antenatal care should be reviewed and incorporated into the plan for the intrapartum care of that woman, particularly if the woman has experienced a complex pregnancy. Adherence to detailed birth, consultant and MDT plans in these instances is vital.

2. Service delivery and timetable

2.1 Table 1 (Summary of service delivery and handover timetable at WPH)

	Monday to Thursday	Friday	Saturday and Sunday
0730	Midwife handover Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife to hand over their woman to day midwife individually	Midwife handover Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife to hand over their woman to day midwife individually	Midwife handover Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife to hand over their woman to day midwife individually
0800	MDT Handover Night team to Day team Present: MW (co-ordinator) LW Consultant day LW reg AM & NIGHT LW SHO day MAC SHO Anaesthetic team Day & Night	MDT Handover Night team to Day team Present: MW (co-ordinator) LW Consultant day LW reg AM & NIGHT LW SHO day MAC SHO Anaesthetic team Day & Night	MDT Handover Night team to Day team Present: MW (co-ordinator) LW Consultant day LW reg AM & NIGHT LW SHO day MAC SHO Anaesthetic team Day & Night
1030	MDT Safety Briefing Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron MW Practice Development MW Safeguarding Neonatal nurse Theatre representative Anaesthetic team representative Obstetric team representative	MDT Safety Briefing Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron MW Practice Development MW Safeguarding Neonatal nurse Theatre representative Anaesthetic team representative Obstetric team representative	MDT Safety Briefing Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron Neonatal nurse Theatre representative Anaesthetic team representative Obstetric team representative
1300	MDT Handover of LW Reg AM / Anaesthetic consultant / board round Present MW co-ordinator LW consultant day LW REG AM		

	LW REG PM LW SHO Anaesthetic team		
16.00	Safety Huddle Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron MW Practice Development MW Safeguarding	Safety Huddle Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron MW Practice Development MW Safeguarding	Safety Huddle Representative from MW Co-ordinator MW MAC MW W21 MW W22 MW JBC MW transitional care MW matron MW Practice Development MW Safeguarding
1700	MDT Handover of day consultant to twilight team Present MW (co-ordinator) LW Consultant day LW consultant twilight LW Reg PM LW SHO day MAC SHO Anaesthetic team	MDT Handover of day consultant to COW Present MW (co-ordinator) LW Consultant day LW consultant twilight LW Reg PM LW SHO day MAC SHO Anaesthetic team	
1930	Midwife handover Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife to hand over their woman to night midwife individually	Midwife handover Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife to hand over their woman to night midwife individually	Midwife handover Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife to hand over their woman to night midwife individually
2000	Handover of twilight to night team Present MW (co-ordinator) LW Consultant twilight LW consultant night LW Reg PM LW SHO day Anaesthetic team	Handover to night team Present MW (co-ordinator) COW LW Reg PM LW reg NIGHT LW SHO day LW SHO NIGHT Anaesthetic team	Handover to night team Present MW (co-ordinator) LW consultant day LW Reg Day LW reg NIGHT LW SHO day LW SHO NIGHT Anaesthetic team COW on phone

2.2. The Standard Working Day Monday to Thursday (WPH only)

The working week starts on Monday with handover between MDT.

At 07:30 the Day and Night MW Co-ordinator together with day midwifery team briefly review all the women on the ward using the white board. This starts with a safety brief about any women that have been identified or are of clinical concern. All the remaining women are discussed with ongoing management. This occurs every day of the week

At 08:00 the LW consultant for the day, Anaesthetic consultant for the day together with juniors for the Night & Day obstetric and anaesthetic team review all the women on the ward using the white board. High risk women on the wards are discussed and number of women waiting for a bed on LW are noted. Attendance is evidenced by an MDT sign-in diary located in the MDT room.

The ward round consists of LW consultant, obstetric junior doctors, anaesthetic team and MW LW co-ordinator and MW looking after patient. The order of the ward round will then be any women of clinical concern, then women that can be discharged immediately to ongoing ward allowing rooms to be cleaned for new women.

Requests for additional investigations, specialist reviews and updating whiteboard will be performed at the end of the ward round if non-urgent. The LW co-ordinator will be updated about the clinical plan as the ward round proceeds, in case of having to leave and support midwives during the round.

At 10:30 the multidisciplinary team will meet at the safety briefing on LW to review the white board and update the plans for women and note work load on wards and discuss any problems. This meeting should simply be summarising how workload and capacity in the department will be managed and highlight any problems such as staffing issues.

At 13:00 there are no further handovers from obstetric registrars as it will be the same obstetric registrar from morning till afternoon. The AM anaesthetic consultant hands over to the PM anaesthetic consultant. The LW consultant for the day, anaesthetic team and obstetric team review all the women on the ward using the white board. Women that require a review or further management are seen on the ward round that is MDT consisting of obstetric team, anaesthetic team and LW MW co-ordinator.

At 16:00 the multidisciplinary team will meet again for a safety briefing on LW to review the white board and update the plans for women and note workload on wards and discuss any problems. Attendance from the neonatal unit is not mandated unless there has been significant change in their status since the 10:30 meeting. Staffing for the following 24hrs will be reviewed and any changes required to allocation of midwives for upcoming shifts will be agreed. Workload and capacity in the department will also be discussed and any issues identified will be addressed via an MDT approach.

At 17:00 the obstetric consultant for the day hands over to the obstetric consultant for twilight. The LW MW co-ordinator, anaesthetic team and obstetric team review all the women on the ward using the white board.

A ward round consisting of LW consultant, obstetric junior doctors, anaesthetic team and MW LW co-ordinator and MW looking after patient occurs. The order of the ward round will then be any women of clinical concern, then women that can be discharged immediately to ongoing ward allowing rooms to be cleaned for new women

At 20:00 the obstetric consultant for the twilight hands over to the obstetric consultant for night. The LW MW co-ordinator, anaesthetic team and obstetric team review all the women on the ward using the white board. Attendance is evidenced by an MDT sign-in diary located in the MDT room.

A ward round consisting of LW consultant, obstetric junior doctors, anaesthetic team and MW LW co-ordinator and MW looking after patient occurs. The order of the ward round will then be any women of clinical concern, then women that can be discharged immediately to ongoing ward allowing rooms to be cleaned for new women

NB: The 10:30 and 16:00 safety huddles occur daily without exception.

On a Friday the 08:00, 13:00 occur the same as above

At 17:00 the LW consultant for day hands over to the COW. The team do a white board review and then the ward round consists of the on call team after 17:00 as above.

At 20:00 on a Friday, Saturday and Sunday the junior team for obstetric and anaesthetic change and hand over occurs initially as a white board including the LW MW co-ordinator, LW consultant for the LD, junior obstetric team for LD and night and Anaesthetic team for day and night.

A ward round consisting of the LW co-ordinator, night obstetric team and night anaesthetic team occurs. The COW will be involved with women of clinical concern.

At 08:00 on a Saturday and Sunday the Junior obstetric team for the night and Anaesthetic team for the night hand over to the LW consultant for the LD, Junior obstetric team for the LD and anaesthetic team for the LD. Initially a white board round occurs which includes the LW MW co-ordinator and an MDT Ward round occurs with the LD team.

3. Table 2. Handover schedule at FPH

Before handover starts, the E/L section team should inform the coordinator of any complex caesarean sections and if there is any space on the E/L list. The E/L section team does their team brief in theatres at 7:45 a.m. and they will usually have started the first section by 8:30 and so can usually not be present at handover.

	Monday to Thursday	Friday	Saturday and Sunday
07:00	Midwife handover and Board Round Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife hands over woman to day midwife individually	Midwife handover and Board Round Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife hands over woman to day midwife individually	Midwife handover and Board Round Night team to Day team Present: Night MW Co-ordinator Day MW Co-ordinator Day Midwifery team Night midwife hands over woman to day midwife individually
08:30	MDT Handover and Board Round Night team to Day team Present: Day MW Co-ordinator LW Consultant night and day LW Reg night and day LW SHO night and day Anaesthetic team day Admitting consultant E/M Gynae SHO Gynae inpatient SHO Gynae & DAU day reg	MDT Handover and Board Round Night team to Day team Present: Day MW Co-ordinator LW Consultant night and day LW Reg night and day LW SHO night and day Anaesthetic team day Admitting consultant E/M Gynae SHO Gynae inpatient SHO Gynae & DAU day reg	MDT Handover and Board Round Night team to Day team Present: Day MW Co-ordinator Admitting Consultant (if able to) Resident day O&G Consultant O&G reg day Obs reg night Gynae reg night O&G SHO night Gynae SHO day Obs SHO day Anaesthetic team day
10:30	MDT Safety Briefing Led by Maternity Patient safety Rep Representation from incl. MW Co-ordinator ANW and PNW midwives DAU midwife Neonatal nurse Theatre representative Anaesthetic team representative Labour ward consultant Admitting consultant	MDT Safety Briefing Led by Maternity Patient safety Rep Representation from incl. MW Co-ordinator ANW and PNW midwives DAU midwife Neonatal nurse Theatre representative Anaesthetic team representative Labour ward consultant Admitting consultant	
17:00	MDT Handover and Board Round Day to twilight consultant (on specific days this will be the same person and no handover will occur) Present: MW Co-ordinator LW Consultant day and twilight	MDT Handover and Board Round Day consultant to COW Present: MW Co-ordinator LW Consultant day and COW	

19:00	Midwife handover and Board Round Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife hands over woman to night midwife individually	Midwife handover and Board Round Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife hands over woman to night midwife individually	Midwife handover and Board Round Day team to Night team Present: Night MW Co-ordinator Day MW Co-ordinator Night Midwifery team Day midwife hands over woman to night midwife individually
20:30	MDT handover and Board Round Day team to Night team Present: Night MW Co-ordinator LW Consultant twilight O&G resident night consultant LW Reg day Gynae & DAU reg day O&G reg night Obs SHO day Gynae SHO day O&G SHO night Anaesthetic team night	MDT handover and Board Round Day team to Night team Present: Night MW Co-ordinator Admitting Consultant LW Reg day Gynae & DAU reg day Gynae reg night Obs reg night Obs SHO day Gynae SHO day O&G SHO night Anaesthetic team night	MDT handover and Board Round Day team to Night team Present: Night MW Co-ordinator Admitting Consultant (on phone) Resident day O&G Consultant O&G reg day Obs reg night Gynae reg night O&G SHO night Gynae SHO day Obs SHO day Anaesthetic team night

3.1 Labour Ward Round

Once handover and the ward round is complete (usually at 09:00 and 21:00 approximately), the LW ward round will commence and includes the multidisciplinary team. Women will be seen on the ward round in order of clinical priority based upon information sharing in handover and board round. The ward round includes women and their birth partners in the Rowan bereavement suite.

A register of participants at each ward round will be taken and signed by each individual to denote their attendance, in order to provide evidence of this professional activity occurring. (See Appendix A).

Appendix A

Labour Ward Ward Round Sign-in Sheet

Date: _____ **Time:** _____

[illegible]

Appendix B

Date

08:00 MDT Handover

[illegible]

20:00 MDT Handover

[illegible]

Full version control record

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Guidelines Lead(s):	Wenzhuang Chin Consultant Obstetrics and Gynaecology (WPH), Maud van de Venne, Consultant Obstetrics and Gynaecology (FPH)
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Key words:	Multidisciplinary (MDT), handover, labour ward, ward round, board round
This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.	

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1	May 2021	B Sagoo	Final	Approved at Obstetrics and Clinical Governance Committee
2	Feb 2025	W. Chin, M van de Venne	Final	Scheduled review. Approved at Cross Site Obstetric Clinical Governance Meeting 11th February 2025

Related Documents

Document Type	Document Name

References

1. British Medical Association, NHS Modernisation Agency, NHS National Patient Safety Agency. *Safe handover: safe patients. Guidance*
2. Royal College of Surgeons of England. *Safe handover: Guidance from the Working Time Directive working party*. London: RCSENG; 2007
3. McCann L, McHardy K, Child S. Passing the buck: clinical handovers at a tertiary hospital. *N Z Med J* 2007;120:U2778.
4. Borowitz SM, Waggoner-Fountain LA, Bass EJ, Sledd RM. Adequacy of information transferred at resident sign-out (in-hospital handover of care): a prospective survey. *Qual Saf Health Care* 2008;17:6–10.
5. Bhabra G, Mackeith S, Monteiro P, Pothier DD. An experimental comparison of handover methods. *Ann R Coll Surg Engl* 2007;89:298–300.
6. Cleland JA, Ross S, Miller SC, Patey R. “There is a chain of Chinese whispers...”: empirical data support the call to formally teach handover to prequalification doctors. *Qual Saf Health Care* 2009;18:267–71.
7. The Institute for Healthcare Improvement and NHS Institute for Innovation and Improvement. *Situation, Background, Assessment and Recommendation (SBAR)*. London: IHI and NHS Institute for Innovation and Improvement; 2006.