

## Clinical guideline for the management of: Handover of care between healthcare professionals and departments within maternity

### Document Control:

<b>For Use In:</b>	Maternity Services, NNUHFT		
<b>Search Keywords</b>	Handover, care, checklist, discharge		
<b>Document Author:</b>	Practice Development Midwife/ Delivery Suite coordinator / Clinical Effectiveness Midwife		
<b>Document Owner:</b>	Quality and Safety Lead Midwife		
<b>Approved By:</b>	Maternity Clinical Guidelines Committee. Nursing, Midwifery and Clinical Professionals Forum		
<b>Ratified By:</b>	Nursing, Midwifery and Clinical Professionals Board		
<b>Approval Date:</b>	15/04/2024	<b>Date to be reviewed by:</b> This document remains current after this date but will be under review	15/04/2027
<b>Implementation Date:</b>	15/04/2024		
<b>Reference Number:</b>	1434		

### Version History:

Version	Date	Author	Reason/Change
V4.1	26/04/2019	Practice Development Midwives	To originate document
V 5	24/04/2023	Practice Development Midwives. Clinical effectiveness Midwife	Minor changes to pathways and documentation.
V 5.1	08/11/2023	Practice Development Midwives Delivery Suite Co-ordinator Midwife	Minor changes to pathways and documentation. Telephone handover to Blakeney ward. New Bed booking pathway.

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
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Approval Date:15/04/2024

Ref: ID 1434

Next Review: 15/04/2027

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None	Not applicable
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### **Distribution Control**

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### **Consultation**

The following were consulted during the development of this document:  
Senior midwives, Practice Development Midwives, Maternity matrons and team leaders.

### **Monitoring and Review of Procedural Document**

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

### **Relationship of this document to other procedural documents**

This document is a clinical guideline applicable to the Norfolk and Norwich University Hospital Trust; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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# Clinical Guideline for the Management of: Handover of Care

## 1. Introduction

This Guideline is to be used by all health care professionals who handover care to another healthcare professional, in relation to all women and birthing people and neonates. This includes all areas of maternity within a hospital setting, between shifts, transfer of care and prior to breaks in care between healthcare professionals.

### 1.1. Inclusivity

Within this document we use the terms pregnant woman/mother/she/her. However, it is important to acknowledge that it is not only people who identify as women for whom it is necessary to access care. Maternity services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

### 1.2. Rationale

Effective communication is recognised as central to promoting patient safety and reducing the number of serious clinical incidents (Institute of Medicine, 2000: Haig et al 2006,).

Good communication among professionals is essential. This must be recognised by all members of the team looking after a pregnant woman whether she is low risk or high risk (Saving Mothers Lives 2011).

An effective working relationship between the multidisciplinary team and a clear organisational structure for midwives and medical staff with explicit and transparent lines of communication and documentation is crucial to ensure optimum care.

### 1.3. Objective

The objective of this guideline is to describe the process for ensuring that there is an effective system in place for handover of care between health care professionals involved in the care of women/birthing people and neonates. Standardising handover will aim to improve patient flow and patient safety across the maternity unit.

### 1.4. Scope

This guideline aims to cover the routine handovers and documentation within maternity services. Handover occurs either at the end of a shift, or where the staff member responsible for patient care changes (e.g., break reliefs). Also, handover is required when a patient is transferred between areas. There will be occasional handovers between different health professionals/departments which are not covered within this document.

### 1.5. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
SBAR	Situation, Background, Assessment; Recommendation - a method of handover.
MLBU	Midwifery Led Birthing Unit
MMAU	McCloud Maternity Assessment Unit

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TC	Transitional Care
BMI	Body Mass Index
CTG	Cardiotocography (electronic fetal monitoring)
MEOWS	Maternity Early Obstetric Warning Score
VE	Vaginal Examination
E3	Electronic Maternity Notes
CallEEAST	Call handling service
CLEO	Cley Obstetrics Ward
BLAK	Blakeney Ward
EL LSCS	Elective Caesarean Section
MCA	Maternity Care Assistant
EPMA	Electronic prescribing system
OPEL	Operational Pressures Escalation Levels
Metavision	Electronic notes system used in Critical Care complex

### 2. Responsibilities

Midwives and obstetricians have a responsibility to follow the process to ensure a standardised approach to safe handover of care as per the guideline. In order to optimise handover, it is everyone's responsibility to arrive promptly to scheduled handovers. The environment should be away from distractions and interruptions. e.g., close doors, but be mindful of enabling staff to approach the team for critical escalations. Privacy and confidentiality of handover should be maintained, this includes the correct process of storing and disposing of confidential information prior to leaving a shift. (RCOG, 2021)

### 3. Processes to be followed.

#### 3.1. Handover using SBAR.

Handover of care should be given in an SBAR format. An example of the SBAR:

**S**ituation – e.g., stage of labour, in theatre, epidural, oxytocin, from recovery.

**B**ackground- e.g., parity, age, BMI, blood group, allergies, obstetric, medical, anaesthetic and lifestyle history, child protection/ mental health, language barrier; special needs/requests including women who will decline blood and blood products.

**A**ssessment e.g., MEOWS, palpation, VE, contractions, progress of labour, fetal heart rate and or CTG classification, bladder care, risk factors, fluid balance, birth plan, neonatal issues, breastfeeding, initial checks.

**R**ecommendation e. g. current plan, client discussion, risk/management plan documented, next stages of care, documentation.

#### 3.2. Scheduled Handovers between shifts.

## Delivery Suite

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Time	Process		Documentation	Staff responsible
0700/ 1900	Handover between co-ordinators and midwives	At each change of shift the coordinators will handover to each other	Co-ordinator Handover Tool Appendix 2	Co-ordinator in charge (or deputy if duties do not permit)
0700-0730  1900-1930	One to one handover of care by Midwives	Each individual midwife will handover the care of their assigned women using the SBAR to the next midwife. The midwife giving and receiving information should sign the SBAR to confirm understanding of information	SBAR sticker Appendix 1	Individual Midwives
0730 / 1930	Staff wellbeing check in	To give staff members a chance to debrief over events during shift	Co-ordinators Handover Tool Appendix 2	Co-ordinator in charge
0730/ 1930	Obstetric Multidisciplinary team including: - Consultant obstetrician - Tier 3 or equivalent, - Tier 2 or equivalent - Midwife coordinator - Anesthetist	Handover of activity within the Maternity unit to the oncoming team  Ensure all Alertive roles taken	Documented on QR code (Appendix 5)	On-call Multidisciplinary team
0830/ 2030	Ward round	Obstetric team and allocated midwife, room by room	In patient handheld notes	Consultant Obstetrician

### Midwife Led Birthing Unit (MLBU)

Time	Process		Documentation	Staff responsible
0700/ 1900	Between shifts	General handover by shift coordinator to oncoming staff at the	None	Individual Midwives

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		white board including messages and staff wellbeing		
		Each individual midwife will hand over the care of their assigned women using the SBAR to the next midwife. The midwife giving and receiving information should sign the SBAR to confirm understanding of information	SBAR sticker Appendix 1	

#### Blakeney and Cley Obstetrics

Time	Process		Documentation	Staff responsible
0700/ 1900	Between shifts	The midwife responsible for the care should complete the electronic handover tool with relevant information pertaining to the women she is caring for on that shift. She will give verbal handover to the oncoming team of midwives, who each have their own copy of the completed electronic tool.	Electronic tool saved onto S-Drive	Individual midwives

#### McCloud Maternity Assessment Unit (MMAU)

Time	Process		Documentation	Staff responsible
0700/ 1900	Between shifts	Verbal handover from one midwife to another	Captured on delivery suite co-ordinators handover sheet. Appendix 2	MMAU midwives

#### 3.3. Transfer of handover between maternity areas

The process of booking beds between maternity areas should be as follows:

- Delivery suite co-ordinator to book beds with ward co-ordinator via Alertive role. Information to be provided including name, situation and reason for admission. Confirm which bed space patient will occupy if available.
- Postnatal admissions should be expected on Blakeney Ward between 1-4 hours from delivery time.
- Handovers should aim to be face to face, However, when the Maternity Unit is on OPEL status 3 or 4, patients should also be assessed if suitable for MCA escort (Appendix 3).

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- Warning should be given to receiving ward of a minimum of 30 minutes prior to arrival.
- Handover times should be protected 0700-0730 / 1900-1930, except in emergencies.
- Co-ordinators should take into consideration unit acuity and staffing of unit when transferring patient between wards.
- MMAU patients – if transferred to an inpatient ward within 4 hours of attending, admission paperwork is the responsibility of the receiving ward. However, all inpatient medication must be prescribed on EPMA, wrist band applied, and a clear obstetric plan documented in either handheld notes or a printed copy of electronic maternity system entry.

Process		Documentation	Staff Responsible
Antenatal - Inpatient transfers of care between maternity areas including ANC / MAU			
One to one handover of care by Midwives	The midwife giving and receiving information should sign the SBAR to confirm understanding of information.	SBAR sticker Appendix 1	Individual midwives
Postnatal - Inpatient transfers to Blakeney from Delivery Suite / MLBU			
Transferring midwife's responsibilities		Accepting midwife's responsibility	
<ul style="list-style-type: none"><li>- The Blakeney admission checklist must be used to confirm all paperwork and ensure all assessments are completed. (Appendix 4)</li><li>- Observations completed 1-hour prior transfer.</li><li>- SBAR completed within notes.</li><li>- Ensure all medications are up to date.</li><li>- Ensure any baby observations are up to date.</li></ul> <p>EL LSCS</p> <ul style="list-style-type: none"><li>- Inform Blakeney midwife of theatre events via SBAR sticker and use Alertive messaging to contact the Blakeney co-ordinator.</li></ul>		<ul style="list-style-type: none"><li>- 'Check in baby' referring to 'Trust Policy for Identification of Patients ID: 1604</li><li>- Call bell system explained.</li><li>- Orientation including location of ward facilities.</li><li>- As part of a postnatal transfer handover the first postnatal check will be completed.</li></ul>	
Postnatal - Inpatient transfers to Delivery Suite from BLAK / MLBU			
One to one handover of care by Midwives	The midwife giving and receiving information should sign the SBAR to confirm understanding of information	SBAR sticker Appendix 1	Individual midwives
Intrapartum – Inpatient transfers to Delivery Suite / MLBU – Including Community homebirth transfers			
One to one handover of care by Midwives	The midwife giving and receiving information should sign the SBAR to confirm understanding of information	SBAR sticker Appendix 1	Individual midwives

Process	Documentation	Staff Responsible
<b>Neonatal – Inpatient Neonatal transfers to Transitional care from Delivery Suite / MLBU</b>		



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One to one handover of care by Midwife to Transitional care nurse	<ul style="list-style-type: none"> <li>Referral pathway to Transitional Care as per 'Trust Guideline for the Management of Neonates requiring Transitional Care (NTC)' ID: 1510</li> <li>'Check in baby' referring to 'Trust Policy for Identification of Patients ID: 1604</li> <li>The TC nurse must be informed of the transfer prior to handover via Alertive</li> <li>A verbal handover is given and confirmed by documenting in the neonatal record/E3.</li> <li>NB – a handover must be given to the TC nurse for antibiotic babies as well as the midwife</li> </ul>	Verbal handover, E3/Neonatal record	Individual midwives
<b>Neonatal – Inpatient Neonatal transfers to NICU from Delivery Suite / MLBU / Blakeney</b>			
One to one handover of care by Midwife to NICU Assessment Nurse	<ul style="list-style-type: none"> <li>'Check in baby' referring to 'Trust Policy for Identification of Patients ID: <a href="#">Trust Doc ID 1604</a></li> </ul>	Document reason for attending NICU in Neonatal Kardex	Individual midwives

#### 3.4. Discharges from hospital setting to community midwives.

Process	Documentation	Staff Responsible
<b>Antenatal discharges from CLEO / MMAU</b>		
<ul style="list-style-type: none"> <li>CLEO discharges – discharging midwife will call patient's details out to CalIEEAST, informing corresponding community midwifery teams. An antenatal contact sheet is printed from E3 and placed in the handheld notes.</li> <li>All MMAU contacts are documented on E3, when community follow up is required the midwife will call out relevant information via Call EEAST.</li> <li>When CalIEEAST is contacted, a unique reference code is provided to confirm the transfer of care call has been made, which is documented on the E3 discharge information.</li> </ul>	Maternity handheld records and E3	Individual midwives
<b>Postnatal discharged from Delivery Suite, MLBU and Blakeney</b>		
<ul style="list-style-type: none"> <li>Ensure Blakeney ward discharge checklist is completed as per Appendix 4</li> <li>Ensure an E3 discharge summary is sent home with the patient for the community midwife.</li> <li>It is the transferring midwife's responsibility to ensure that CalIEEAST is contacted, informing</li> </ul>	Maternal and Neonatal Kardex and E3	Individual midwives

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<p>corresponding community midwifery teams of discharge. CalIEEAST will provide a unique reference code to confirm the transfer of care call has been made, which must be documented the discharge checklist.</p> <ul style="list-style-type: none"> <li>In cases where a safeguarding patient has been discharged, transfers are called out to CalIEEAST following the same process explained above. In addition, the community midwife is asked to call the ward for a verbal handover in these cases. Documentation is on E3</li> </ul>		
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#### 3.5. Transfer outside Hospital trust

When care requires handover outside the Hospital Trust please refer to Guideline: 'Transfer of Care from Midwives to Other Health Care Professionals' [Trust Docs ID819](#)

#### 3.6. Transfer outside maternity areas

Process	Documentation	Staff Responsible
<b>Inpatient Maternity transfer to theatre</b>		
One to one handover of care by Midwife to Theatre staff	When transferring use an SBAR sticker.  Theatre SBAR (Document ID: 19128) Theatre checklist	Individual midwives
<b>Inpatient Maternity transfers from recovery to Delivery suite / BLAK</b>		
One to one handover of care by Recovery nurse to midwife	As per 'Guideline for Immediate Post-operative care of patients following Obstetric Surgery' ID 8633 <a href="#">Trust Docs ID8633</a>	Recovery documentation  Recovery nurse and individual midwives

Process	Documentation	Staff Responsible
<b>Transfer to Critical Care Complex (CCC)</b>		

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Handover between obstetric team and CCC	Medical and midwifery handover, including details of any clinicians involved from outside the maternity service and the criteria for the requested transfer should be documented. In some circumstances this may be verbal. However, clear lines of communication that will facilitate the transfer must be agreed. The names of the medical and midwifery staff handing over to the Critical Care Complex staff will be recorded on the Critical Care Metavision system.	Metavision	Medical and Midwifery staff
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### 4. Related Documents

A Standard Operating Procedure for the Use of Birthrate Plus®  
[Trust Docs ID 18927](#)

Trust Guideline for Obstetric Referral to Critical Care Complex (CCC)  
[Trust DocsID 886](#)

Standard Operating Procedure: Escalation Procedure for Managing Capacity in Maternity Services  
[Trust Docs ID 20402](#)

Trust Policy for Identification of Patients  
[Trust Doc ID 1604](#)

Transfer of Care from Midwives to Other Health Care Professionals  
[Trust Docs ID819](#)

Trust Guideline for the Management of Neonates requiring Transitional Care (NTC)  
[TrustDocs ID 1510](#)

Guideline for Immediate Post-operative care of patients following Obstetric Surgery'  
[Trust Docs ID8633](#)

### 5. References

Clarke J Editor (2008) The How to Guide for Reducing Harm from Deterioration, Version 1.1 – 12/09/08 [www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk) accessed 19.07.15

Confidential Enquiry into Maternity and Child Health. (2007). Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer – 2003-2005. London: CEMACH. Available at: [www.cemach.org.uk](http://www.cemach.org.uk)

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Haig KM Sutton S Whittington J. (2006) SBAR: a shared model for in between clinicians. Journal on Quality and Patient Safety 32(3):167-75

Institute of Medicine, 2000: To err is human: building a safer health system. National academy press. Washington: US

Knight M, Kenyon S, Brocklehurst P, Neilson J, Shakespeare J, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform future maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009–12. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2014. ISBN 978-0-9931267-1-0

The National Maternity Review – Better Births (2016) Accessed 09.01.19. [www.england.nhs.uk/ourwork/futurenhs/mat-review](http://www.england.nhs.uk/ourwork/futurenhs/mat-review)

Ottewill M Urban J, Elson E. Safe handover: Safe care. Midwives RCM December 2007 Volume 10 No 11

PROMPT (2018) PROMPT Trainer's Manual. Third Edition. Cambridge University Press.

Royal College of Obstetricians and Gynaecologists. Each Baby Counts: 2020 Final Progress Report. London: RCOG; 2021.

Royal College of Obstetricians and Gynaecologists, Royal College of Anaesthetists, Royal College of Midwives, Royal College of Paediatrics and Child Health. (2008). Standards for Maternity Care: Report of a Working Party. London: RCOG Press. Available at: [www.rcog.org.uk](http://www.rcog.org.uk)

Thomas EJ, Sexton JB Melmreich RL. (2003) Discrepant attitudes about team nurses and physicians. Critical Care medicine 31: 956-9

### 6. Monitoring Compliance / Audit of the process/policy principles/service to be delivered

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Handover of care using SBARD stickers	Tendable 1 set of notes per month	Matron of inpatient area	Obstetric Clinical Governance	Monthly

The audit results are to be discussed at Maternity Clinical governance meetings to review the results and recommendations for further action. Then sent to the [maternity risk team](#) who will ensure that the actions and recommendations are suitable and sufficient.

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### **7. Appendices**

Appendix 1 – SBAR sticker

Appendix 2 – Delivery suite coordinator handover sheet

Appendix 3 – Pathway for booking postnatal beds

Appendix 4 – Blakeney ward Checklist

Appendix 5 – NNUH Labour Ward Handover Sign-In

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## Appendix 1: SBAR Sticker

<b>S</b> <b>B</b> <b>A</b>	Date and Time Situation		BR+ score
	Parity Obstetric History	Gestation BMI	Medical History/Alerts
	MEOWS Bladder care Fetal Wellbeing Birth plan?		Allergies: Medication/Risk Factors
	What is the plan?		
	Midwife 1		Midwife 2
	Signature		Signature

Receiver to complete and then repeat back key information to ensure understanding

<b>S</b> <b>B</b> <b>A</b>	Date and Time Situation		BR+ score
	Parity Obstetric History	Gestation BMI	Medical History/Alerts
	Delivery details		Allergies: Medication/Risk Factors
	MEOWS Bladder care P/N issue Neonatal issues		
	What is the plan?		
	Midwife 1		Midwife 2
Signature		Signature	

Receiver to complete and then repeat back key information to ensure understanding

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## Appendix 2: Delivery suite coordinator handover sheet

Delivery Suite Handover Sheet		Date: _____		Time 07:00 / 19:00	
<b>Delivery suite Information</b>					
Consultant Obstetrician: _____		Opel Status : _____		Able to accept IUT's Yes / No / Liaise NICU	
Manager on call: _____		Maternity bleep holder: _____			
EL LSCS : _____		Night Homebirth cover		Yes / No	
<b>Daily checks</b>					
Fridge Temps <input type="checkbox"/>	Sepsis Bags <input type="checkbox"/>	Emergency Trolley <input type="checkbox"/>	Epidural Trolley <input type="checkbox"/>	Resuscitaires <input type="checkbox"/>	Weekly Tenadable Fund 1 <input type="checkbox"/> Fund 2 <input type="checkbox"/> IP&C <input type="checkbox"/> Doc <input type="checkbox"/>
Daily box checks	PPH <input type="checkbox"/>	Remifentanyl <input type="checkbox"/>	Precept <input type="checkbox"/>	Eclampsia <input type="checkbox"/>	
Reception Cover (call out discharges when no cover)		Yes / No	Weekly Emergency bell check (Date last checked) _____		
<b>Bed State</b>					
NICU					
Consultant Neonatologist _____		Opel Status _____		T/C available _____	
Blakeney					
Empty Beds _____	Possible discharges _____	Staffing : MW _____		MCA _____	
MLBU					
Labourers _____	Postnatals _____	TCI _____	Staffing : MW _____		MCA _____
CLEO					
Empty Beds _____	Ongoing IOL's _____	TCI _____	Staffing : MW _____		MCA _____
TCO		Cat 3 LSCS			
		Outliers			
<b>MAU</b>					
Appointments TCI:		Triage TCI		Waiting Room	
Bay 1					
Bay 2					
Bay 3					
Bay 4					

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## Appendix 3: Pathway for booking postnatal bed

Delivery Suite Handover Sheet

Date:

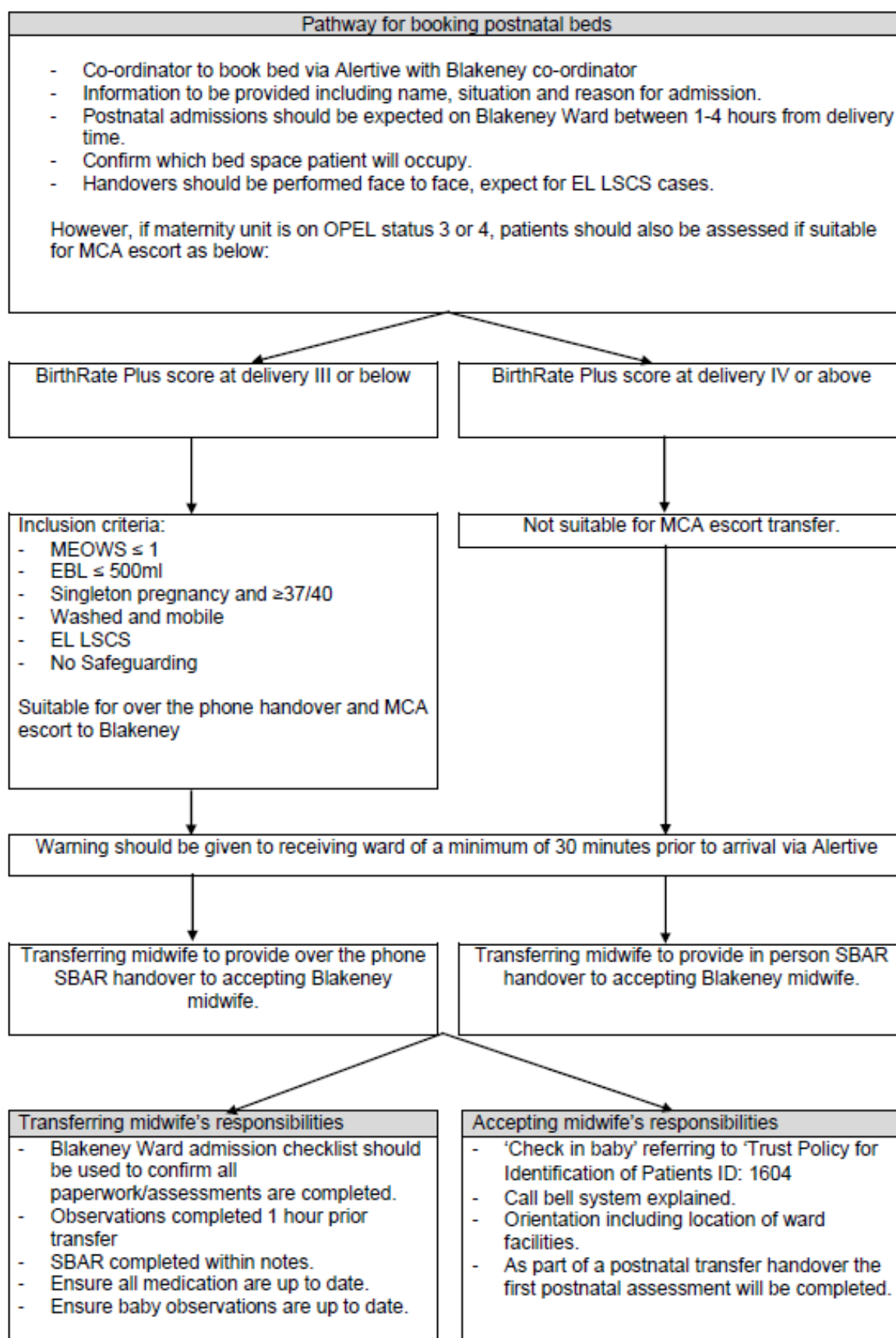
Time 07:00 / 19:00

Team Wellbeing	Incoming		Identify team	Development	Emergency team / escalation buddies	
	Outgoing		Name /role	needs	(Role acquired on Alertive)	
Message of the week :						
Room	Name	P	G	Details	Midwife	
1						
2						
3						
4						
Pool Rm						
5						
6						
7						
8						
M. Suite						
10						
11						
12						
14						
15						

Delivery Staffing			MAU Staffing	Students
MW	5	MCA	MW 1	
1	6	1	MW 2	
2	7	2	Twilight	
3	8	3	MCA	
4	9			



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## Appendix 4: Blakeney Ward Checklist



## Appendix 5: NNUH Labour Ward Handover Sign-In

Blakeney Ward Admission Checklist		Patient identifier label			Date/Time
Patient Notes	Yes	No	N/A	Notes	
Postnatal Booklet present and filed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 1 2 3 4 5 Due @	
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVR required? Last Pu'd _____	
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Anti-Embolic Stocking Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CPE Risk Assessment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MRSA Risk Assessment Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COVID-19 Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supplementary Prescription Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood group if Rh NEG has K& C been sent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Blood Group:</u>	
<b>Neonatal Screening</b>					
Correct NNST Labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
O2 Saturations (4-12 hours of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Correct NIPE Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neonatal risk assessment completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Next due Obs</u> <u>Last fed @</u>	
<b>Safeguarding Information</b>					
Purple booklet commenced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Plans for Discharge</b>					
Midwife Facilitated Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TTO's prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handing over Midwife				Signature	
Blakeney Midwife				Signature	

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Postnatal Transfer to Community Checklist		Patient identifier label			Date and time discharged
<b>Patient Notes</b>	Yes	No	N/A	<b>Notes</b>	
Buff notes present for Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Postnatal Booklet present and filed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neonatal Booklet present and filed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E3</b>					
Discharge address/Tel/GP checked and correct prior to printing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contact complete for NICU/TC Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All E3 print outs for correct patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Safeguarding Information</b>					
Purple booklet – back page completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Purple booklet filed in BUFF NOTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E3 updated with any safeguarding information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Purple booklet photocopied for Neonatal Buffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verbal handover to Community Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Neonatal Screening</b>					
Correct NNST Labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHS No. Checked? <input type="checkbox"/>	
Correct NIPE Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NHS No. Checked? <input type="checkbox"/>	
Hearing Screening complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NNST done on day 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neonatal Booklet photocopied for Higher Needs Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Infant Feeding</b>					
BAT/BOAT done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Weight done on day 3 or day 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EBM returned to mother/ log filed in buff notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>General</b>					
Blood Group Checked	<input type="checkbox"/>			Anti D given if needed <input type="checkbox"/>	
TRA checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9	
TTOs given and explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pt aware to contact CMW via CallEEast/ QEHI/JPH etc if no contact by 3pm next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Call ref:	
Friends and Family Test (ipad app)	<input type="checkbox"/>			<a href="http://RatemyNHS.co.uk">RatemyNHS.co.uk</a> Maternity PN ward	
<b>General Filing</b>					
All miscellaneous paperwork filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eg. Admission paperwork	
Added to discharge folder	<input type="checkbox"/>	<input type="checkbox"/>			

# Clinical Guideline for the Management of: Handover of Care

## 1. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Existing
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<b>Division</b>	Women & Children's	<b>Department</b>	Maternity Services
<b>Name of person completing form</b>	Lisa Mastrullo	<b>Date</b>	24/04/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	Nil	Nil	N/A	No
Pregnancy & Maternity	Nil	Nil	N/A	No
Disability	Nil	Nil	N/A	No
Religion and beliefs	Nil	Nil	N/A	No
Sex	Nil	Nil	N/A	No
Gender reassignment	Nil	Nil	N/A	No
Sexual Orientation	Nil	Nil	N/A	No
Age	Nil	Nil	N/A	No
Marriage & Civil Partnership	Nil	Nil	N/A	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>	N/A			

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

**The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best**

## Clinical Guideline for the Management of: Handover of Care

practice guidance.