

Irish Maternity Early Warning System (IMEWS) Frequently Asked Questions (FAQs)

Why do we need IMEWS?

- The IMEWS facilitates a unified approach to maternity care. Women should experience the same standard of care regardless of setting.
- Pregnant women are generally young, healthy and compensate easily for illness. The IMEWS is a supportive tool for *early* detection of deterioration in this population.
- A chart that offers a structured approach to vital sign monitoring will increase safety for staff and women.

Why do we need a different chart for maternity?

- The National Early Warning System (NEWS) is for the non-pregnant adult patient including gynaecology. The physiology of a pregnant and postpartum woman is different to the non-pregnant adult and, therefore, requires a modified early warning system and associated guideline.

Which women does IMEWS apply to?

- All non-labouring women with a clinically confirmed pregnancy and postpartum until 42 days regardless of their presenting condition and regardless of location or age. This includes women presenting to both a maternity unit and a general hospital for a non-pregnancy-related condition.

What is the frequency of monitoring vital signs?

- All women should have a full set of vital signs recorded on admission and, therefore, afterwards as clinically required.
- Antenatally - a minimum frequency of 12 hourly.
- Postnatally - observations should be taken within 12 hours following arrival on a postnatal ward and then daily as a minimum.

How do I know to escalate care?

- Always using clinical judgement and experience and if concerned, escalate care regardless of vital signs.
- Any yellow or pink vital signs should trigger a response as per the escalation guide.

How do I escalate care?

- Please refer to the escalation guide on the IMEWS chart.
- Implement measures to reduce triggers if appropriate, inform the midwife in charge, contact the doctor or obstetrician as appropriate and document all communication and management plans in the notes.
- All hospitals should have in place local escalation policies on who to contact and how to contact them. All staff using IMEWS should be familiar with this.

Can we amend the chart locally?

- This is outlined in detail in the good practice points document for IMEWS in Appendix 12 of the IMEWS guideline.
- The pregnancy silhouette can be covered by the addressograph in cases where confidentiality of the pregnancy is requested by the woman.
- Vital sign parameters and frequency of observations should only be amended on a case by case basis by a senior clinician with all changes, reasons for change and review timeline documented in the notes.

What percentage of staff should be trained in using IMEWS?

- All staff using IMEWS should have training completed in order to understand how to complete an IMEWS chart and how to escalate care appropriately.
- New staff (staff in training, those new to the Irish system or returning to practice) should have training provided at the outset of employment.
- Retraining or communication of updates is important in line with updates of the national clinical guideline.
- Audit results will inform the local requirements for retraining.
- Ward-based training is encouraged to mimic real-life circumstances.

Who are the trainers?

- The IMEWS e-learning programme is available online on HSELand.
- Local training should be provided to supplement the e-learning programme.
- Hospital Group IMEWS Coordinators will be appointed to link in with all the hospitals in their group to support ongoing training and audit.

Is there an audit tool?

- Yes, the national audit tools are provided within the National Clinical Guideline. One is for IMEWS chart completion, the second is for reviewing the escalation and response to IMEWS. Appendix 9 in the guideline had a detailed description on monitoring and audit.