



Maternity Care Clinical Escalation Policy

1. Background

Clear escalation processes are necessary to reduce neonatal and maternal harm as well as reducing staff confusion. This policy ensures the appropriate channels are followed to achieve safe and timely care for women and their babies by the most appropriate member of the team. It also assists in resolution of any conflict of clinical opinion which may arise between health practitioners involved in the care of a maternity client and supports staff to “speak up” with their concerns.

2. Policy Statement

Every WACHS maternity site is required to have a clinical escalation pathway which documents the clinical scenarios in which medical input is required and if this care should be escalated from GPO/DMO to consultant. An example is provided in [Appendix 1](#)

This pathway needs to be clearly documented and accessible to all members of the maternity team

Where a conflict of clinical opinion arises during the course of maternity care, the clinicians involved should follow the escalation flow chart in [Appendix 2](#), until there is an agreed management plan in place.

3. Definitions

DMO/GPO	Medical officer with DRANZCOG qualification and obstetric credentialing
Adv DRANZCOG	Medical officer with Advanced DRANZCOG qualification
FRANZCOG/Consultant	Medical officer recognised as a specialist obstetrician by RANZCOG.

Conflict of clinical opinion may arise when:

- endorsed clinical guidelines are not being followed
- concerns for client welfare held by one practitioner are not acknowledged by another
- intervention is deemed necessary by one practitioner but not by the other
- there is disagreement as to a diagnosis or
- there is disagreement as to the appropriate management of a situation.

4. Roles and Responsibilities

Regional Medical Directors and Regional Nurse Directors are

- responsible for ensuring that all medical and midwifery staff involved in providing maternity care of patients have access to this policy and have acknowledged its content.
- accountable for ensuring compliance with this policy

Any midwife/nurse or doctor involved in the care of a client can follow the conflict pathway to assist resolution where there are any conflicts of clinician opinion.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct. The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

[Records Management Policy](#)

[Health Record Management Policy](#)

7. Evaluation

All instances where the conflict resolution pathway was initiated are to be tabled for review at the local committee responsible for Obstetric Clinical governance.

8. Standards

[National Safety and Quality Health Service Standards](#)

Comprehensive Care Standard: 5.7, 5.10, 5.11, 5.12, 5.13

Communicating for Safety Standard: 6.9, 6.11

9. Legislation

[Health Services Act 2016](#)

10. References

1. Adapted from KEMH Clinical guidelines, Section A: Generic guidelines/protocols/policies, 1.3 Communication guidelines and flow chart.

- Douglas, N; Robinson, J and Fahy, K. (2001). Inquiry into the Obstetric and Gynaecological Services at KEMH 1990-2000. Recommendation R5.20.28, Perth: WA Government.

11. Related forms

Nil

12. Related Policy Documents

WACHS [Maternal and Newborn Care Capability Framework Policy](#)

13. Related WA Health System Policies

MP 0122/19 [Clinical Incident Management Policy 2019](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)

15. Appendix

Appendix 1: [Example Maternity Care Clinical Escalation Conditions](#)

Appendix 2: [Maternity Care Clinical Conflict Escalation Pathway](#)

This document can be made available in alternative formats on request for a person with a disability

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Version:	5.00	Date Published:	11 April 2022

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Appendix 1: Example Maternity Care Clinical Escalation Conditions

All women with the following conditions must be reviewed by a consultant antenatally

- Pre-existing medical conditions – e.g. diabetes, renal disease, rheumatic heart disease, poorly controlled epilepsy
- Booking BMI > 35
- Multiple pregnancy
- Low lying placenta after 32 weeks
- Previous caesarean requesting induction
- Other significant issues of concern to the GPO/midwife

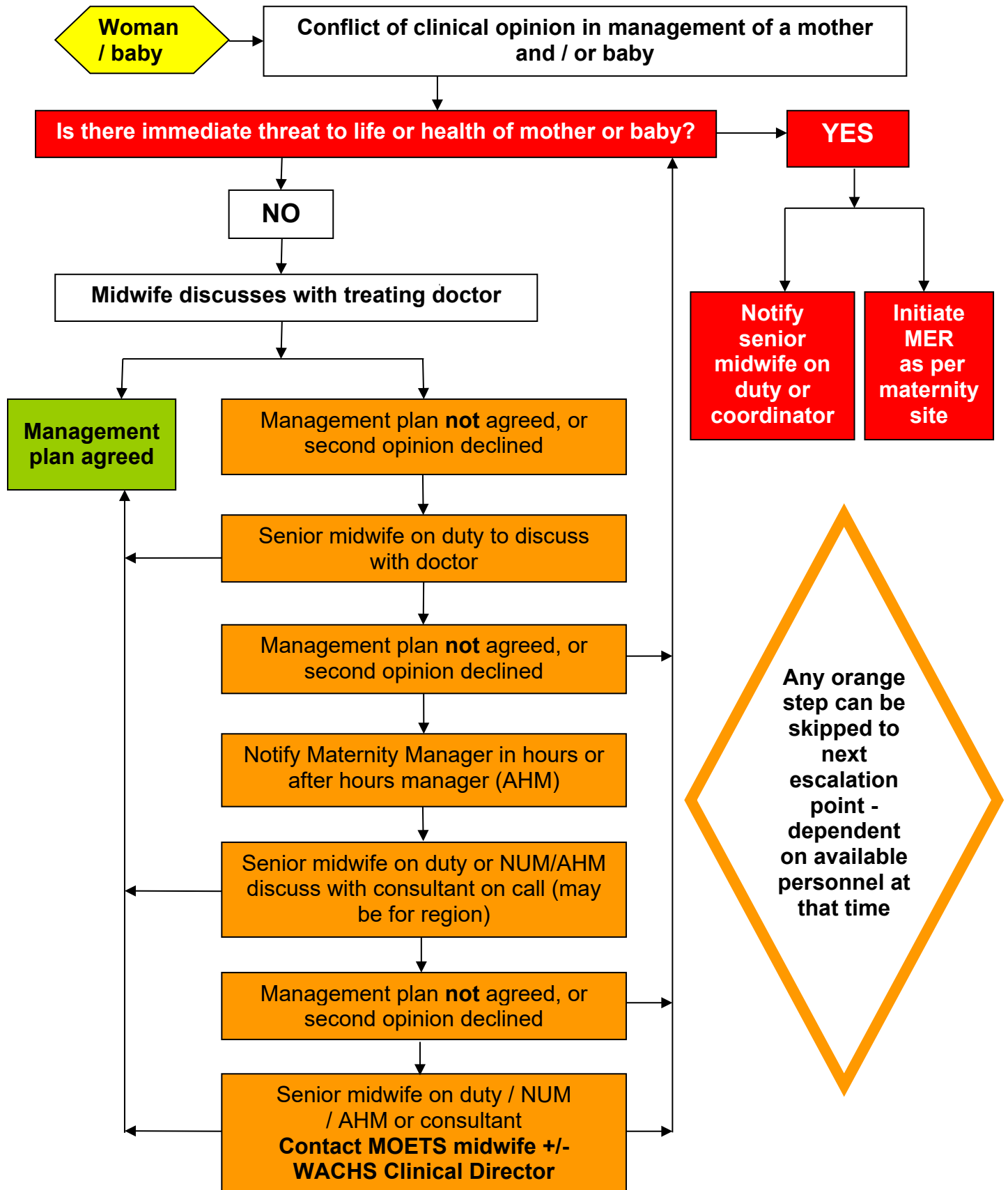
Women with the following conditions should have their care discussed/ handed over to the adv DRANZCOG/consultant

- CTG with likely fetal compromise and consideration of fetal scalp pH/lactate
- Trial of instrumental delivery (for all OP position or at spines)
- Failed instrumental delivery
- 3rd/4th degree tears
- PPH > 1000mL
- Suspected ruptured uterus
- Pre-eclampsia requiring magnesium sulphate or emergency treatment of hypertension
- Other significant issues of concern to the GPO/midwife

A consultant must be in attendance for

- Vaginal delivery of twins
- Breech vaginal delivery
- Caesarean section for placenta praevia

Appendix 2: Maternity Care Clinical Conflict Escalation Pathway



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