

**NHS**  
SCOTLAND

**Maternity Early Warning Score (MEWS)** MEWS score 0 1 2

<b>Respirations</b> Breaths/min	2	1	0	1	2
	≤6	7-8	9-21	22-24	≥25
<b>SpO2</b> Oxygen saturation (%)	2	1	0	1	2
	≤92	93-94	≥95		
<b>Temperature</b> °C	2	1	0	1	2
	≤35.6	35.7-36.1	36.2-37.2	37.3-37.4	≥37.5
<b>Pulse</b> Beats/min	2	1	0	1	2
	≤62	63-70	71-112	113-121	≥122
<b>Pulse from 48 hours post-birth ONLY</b> Beats/min	2	1	0	1	2
	≤50	51-57	58-98	99-107	≥108
<b>Systolic BP</b> mmHg	2	1	0	1	2
	≤93	94-100	101-135	136-144	≥145
<b>Diastolic BP</b> mmHg	2	1	0	1	2
	≤56	57-61	62-88	89-96	≥97
<b>Additional concerns</b> If present, consider escalation and review.	Healthcare professional concerned				
	Woman/family concerned				
	Significant additional therapies (e.g. Oxygen)				
	Severe Hypertension ≥160/≥110				
	Increased pain (+/- analgesic requirement)				
	Significant vaginal bleeding				
	Reduced urine output				
Decreased level of consciousness/responsiveness					

100x70mm  
FRONT

**Thresholds and triggers**

• The grade of medical team member indicated as the primary contact for each level of clinical concern is a guide and may need to be adapted depending on the local skill mix within that care setting or organisation.

Level of concern	Low	Low-medium	Medium	High
MEWS	0-1	2-4	5-7	8 or more
Primary escalation & response (Use SBAR framework)		Review by midwife/nurse in charge	Urgent review by midwife/nurse in charge	Immediate review by midwife/nurse in charge
		Request review by ST1/2 or equivalent	Urgent review by ST3+ or equivalent and consultant made aware of plan Consider anaesthetic review	Immediate review by ST3+ or equivalent, consultant and anaesthetic team. Consider review by outreach team.
Medical review timing		Within 30 minutes	Within 15 minutes	Immediate
Minimal vital signs recording until medical review/ongoing plan	Continue with current observation frequency	Reassess observations within 30 minutes & document ongoing plan	Reassess observations within 15 minutes & document ongoing plan	Continuous observations
Secondary contact		ST3+ or equivalent	Consultant or equivalent	Clinical outreach team or equivalent

• When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the secondary contact is required.

• The secondary contact would be expected to attend within the initial medical review timing, calculated from the documented time of primary escalation.

• The section **pulse (from 48 hours after birth)** cut-offs should be used for all women from 48 hours after birth. The time and date from which these values should be used should be entered on the front of the chart.

**SHN**  
ANVLOS

100x70mm  
BACK

(REAR)

Draft Version of Custom MEWS Card

