

Maternal Early Warning System (MEWS)

Abnormal Maternal Assessment With 2 or More Triggers (sustained over 10 minutes)

Abnormal maternal vital signs.

In labor, take vital signs between contractions. In the presence of abnormal vital signs during the second-stage of labor, consider stopping pushing for 2-3 contractions to obtain reliable vital signs.

- Pulse ox < 95%
- Heart Rate < 50 or >110
- Respiratory Rate < 10 or >24
- Systolic Blood Pressure < 90 (n/a in first 30 minutes after epidural) or >160
- Diastolic Blood Pressure < 45 or greater than >100
- Fetal Heart Rate > 160
- Suspect infection with temp between 100.4° (38°) and 102.02° (38.9°) that persists for 30 minutes, or single temp >39°. Suspected infection AND one additional abnormal maternal vital sign requires notification of a provider and additional monitoring to prevent end-organ dysfunction.
 - Request CBC, lactic acid, blood culture, fluid bolus and antibiotics (Society of Critical Care Medicine, 2016)
 - If heart rate >110 and/or MAP <65: request tests for organ dysfunction (lactic acid and/or liver function tests, total bilirubin, creatinine)

Two or more abnormal maternal vital signs trigger a physician evaluation AND increased frequency of nursing assessments. Implement strict monitoring of I&O.

Abnormal Maternal Assessment With 1 or More Triggers (anytime)

Critical abnormal maternal vital signs.

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|--------------------------|----------|---|
| • Heart rate | >130 | • Altered Mental Status |
| • Respiratory Rate | >30 | • Patient with hypertension reporting a non-remitting headache |
| • Mean Arterial Pressure | <55 | • Patient with preeclampsia or hypertension reporting shortness of breath |
| • O2 sat | <90% | • Nurse clinically uncomfortable with the patient status |
| • Oliguria; ml/hr x2 hr | <35 | |
| • Lactic Acid | >4mmol/L | |

Any one critical abnormal maternal vital sign/assessment requires immediate physician evaluation (Jill M. Mhyre et al., 2014).

If the provider cannot physically assess patient within 10 minutes, call the STAT team for possible ICU transfer and hospitalist consult.