



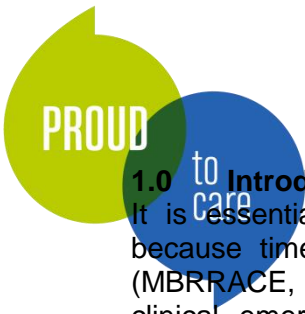
Standard Operating Policy for the Use of the maternity bleep system.

Author/Owner	Maternity Inpatient Matron	
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1.0 Introduction

It is essential that emergency assistance can be summoned promptly when required because timely escalation and response to identified emergencies improves outcomes (MBRRACE, 2021). All Trust staff should be aware that they can summon the relevant clinical emergency team via the 2222 bleep for any maternity emergency situation. Community staff should summon assistance via 999 for a paramedic ambulance team (Prompt, 2018). The immediate requirement of any person who recognises an emergency is to shout for help, utilise the emergency buzzer, and follow the pathway identified within this SOP

2.0 Objective

This is a Trust wide SOP for all those working across the trust to follow, who provide care for maternity service users, in order to summon emergency assistance.

3.0 Scope

This SOP applies to all trust practitioners who provide care for maternity service users. This is not limited but would include: registered midwives, obstetricians, anaesthetists, neonatal nurses, paediatric doctors, theatre teams, and support staff (maternity support workers, healthcare assistants and administrative maternity support).

4.0 Main body of the document

All Trust and temporary staff must familiarise themselves with the layout of the maternity unit to enable a rapid response in emergency situations.

In the event of an emergency, a designated person must be assigned to call '2222' and state the type of emergency. This can be: 'obstetric emergency'; 'neonatal emergency'; 'category one birth'; or there will be the option to 'fast bleep' any individual who carries an emergency bleep.

Obstetric Emergency includes but is not limited to:

- Eclampsia
- Major obstetric haemorrhage
- Maternal collapse
- Shoulder dystocia
- Cord prolapse
- Unexpected vaginal breech birth
- Acute uterine Inversion
- Abnormal antenatal or pathological intrapartum cardiotocography (CTG) identified not on the Barnsley Birthing Centre

When an '**Obstetric Emergency**' is declared the following will be alerted (see appendix 1):

- Obstetric Tier One doctor
- Obstetric Registrar
- Obstetric Consultant (Working Hours 09.00-17.00hrs Monday to Friday and 09.00-13.00 hrs Saturday/Sunday)
- Obstetric Anaesthetist
- Operating Department Practitioner (ODP)
- Labour Ward Coordinator



Neonatal Emergency:

Any situation where the resuscitation of the neonate requires additional support.

When a 'Neonatal Emergency' is declared the following will be alerted (see appendix 1):

- Neonatal Registrar
- Neonatal Nurse
- Paediatric Tier One doctor
- Paediatric coordinator
- Labour Ward Coordinator

Category one birth:

When it has been recognised that birth needs expediting as a category one birth, either by 'Trial of Forceps' or 'Emergency Caesarean Section'.

When a 'Category one birth' is declared the following will be alerted (see appendix 1):

- Obstetric Tier One Doctor
- Obstetric Registrar
- Obstetric Consultant (Working Hours 09.00-17.00hrs Monday to Friday and 09.00-13.00 hrs Saturday/Sunday)
- Obstetric Anaesthetist
- Operating Department Practitioner
- Obstetric theatre team
- Paediatric Tier One Doctor
- Labour Ward Coordinator
- Neonatal Registrar

Fast Bleep

When an emergency is recognised the necessary team must be requested to attend. However, there may be occasions where an additional individual has to be fast bleeped to attend, for example when the Obstetric Registrar feels they need the support of the Consultant obstetrician in theatre (see appendix 1).

In all cases, the precise location of the woman must be communicated promptly and clearly to the switchboard operator. The switchboard operator will activate all emergency bleeps as detailed in appendix 1. Each member of the appropriate emergency team must respond immediately to this call. All emergency calls are logged by switchboard. If the team(s) is/are no longer required, staff should dial 2222 and request the call is cancelled (state location). The cancellation will then be sent to all emergency bleeps.

The Trust must ensure that the emergency bleep is activated promptly. This system will be tested daily at 10am. Responses to test calls will be monitored and where there is a failure to respond, this will be followed up.

5.0 Roles and responsibilities

5.1 Midwives/Nurses

Registered midwives and nurses are accountable and responsible for escalating any issues or concerns. The Code (2018) states that they must always offer help in an emergency within the limits of their own knowledge and competence and wherever possible, arrange for emergency care to be provided promptly.

5.2 Obstetricians

To attend when their presence is requested. To respond to the emergency bleep as soon as possible.



5.3 Paediatricians

To attend birth when their presence is requested. To respond to the emergency bleep as soon as possible.

5.4 Anaesthetists

To attend when their presence is requested. To respond to the emergency bleep as soon as possible.

5.5 Support staff

To follow instruction from the team within their own scope of practice.

6.0 Associated documents and references

MBRRACE (UK) (2018) Saving Lives, Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19.

[MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

NMC (2016) The Code

[Read The Code online - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

Cases in which the 2222 bleep is required will trigger a Datix (other than Trial of Forceps where the outcome has been vaginal birth). This will ensure that the Lead Midwives for each area based within the hospital maintain oversight of its use. They will maintain a log of cases where the 2222 bleep should have been used and was not, and will follow this up on each occasion via the safety brief and with individuals. Both the correct utilisation of the 2222 bleep and missed opportunities will be relayed to staff via the weekly incident feedback process.

9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.



This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

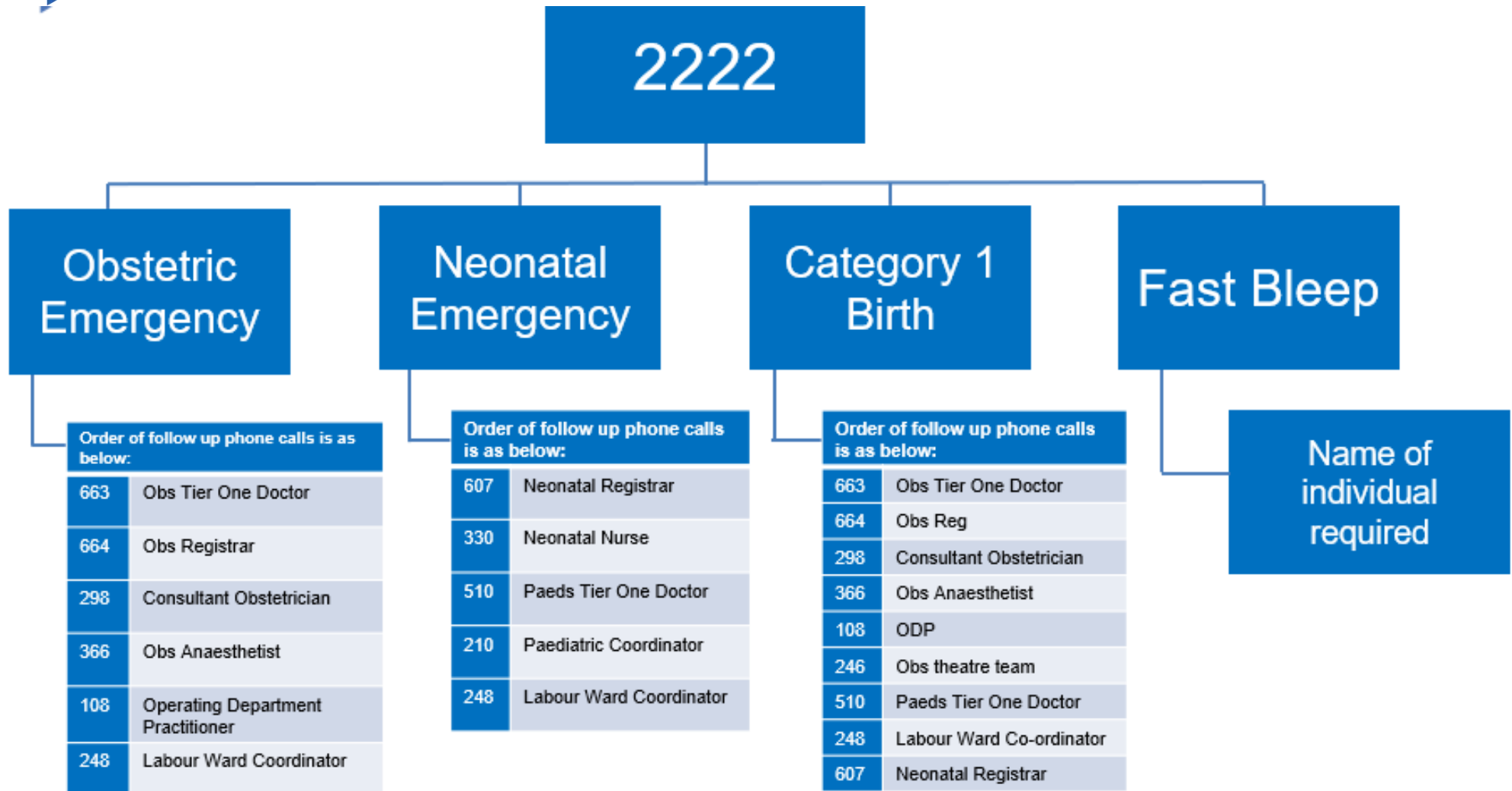
The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Flow chart demonstrating use of 2222 emergency bleep





Appendix 2

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
			Maternity Inpatient Matron

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	
Reviewed at Women’s Business and Governance meeting	
Approved by CBU 3 Overarching Governance Meeting	
Approved at Trust Clinical Guidelines Group	
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	Procedure for the use of the maternity emergency bleep system
Document author (Job title and team)	Maternity Inpatient Matron
New or reviewed document	New
List staff groups/departments consulted with during document development	Head of Outpatients. Patient Safety and Quality Lead Infrastructure Manager Business Manager Head of Patient Safety and Quality Improvement Obstetric Anaesthetic Lead Labour Ward Obstetric Lead Clinical Director Head of Midwifery
Approval recommended by (meeting and dates):	
Date of next review (maximum 3 years)	28/09/2025
Key words for search criteria on intranet (max 10 words)	2222, bleep, escalation
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Designation:



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU 3 Business and Governance

Date approved: 28/09/2022

Date Clinical Governance Administrator informed of approval: 24/10/2022

Date uploaded to Trust Approved Documents page: 27/10/2022