



Factsheet for clinicians – clinical communication tools

It is helpful to use a standardised clinical communication tool when communicating information in relation to a deteriorating or critically ill woman. It is essential that, where a woman is critically unwell, you clearly communicate this information at the beginning of the escalation conversation.

Many district health boards (DHBs) already promote a variety of clinical communication tools. Where they do, we encourage maternity services to use what is already an accepted organisational tool.

If a DHB does not have a standardised approach, a variety of clinical communication resources is available. We recommend the ISBAR system because it encourages effective communication between clinicians and shared understanding of the woman's condition. Table 1 presents the ISBAR template, while Table 2 shows how it is used in the context of a clinical example.

Table 1: Template for the ISBAR clinical communication tool

I Identify	Identify: You Recipient of handover information Patient
S Situation	Situation: Why are you calling? (Identify your concerns)
B Background	Background: What is the relevant background?
A Assessment	Assessment: What do you think is the problem?
R Recommendation	Recommendation: What do you want them to do?

Source: National Clinical Effectiveness Committee. 2014. *The Irish Maternity Early Warning System (IMEWS): National clinical guideline No. 4*. Dublin: Department of Health. URL: <https://health.gov.ie/wp-content/uploads/2015/01/National-Clinical-Guideline-No.-4-IMEWS-Nov2014.pdf> (accessed 11 February 2019).

For other resources, see Australian Commission on Safety and Quality in Healthcare. 2011. *Implementation Toolkit for Clinical Handover Improvement*. Sydney: ACSQHC.
 URL: www.safetyandquality.gov.au/wp-content/uploads/2012/02/ImplementationToolkitforClinicalHandoverImprovement.pdf (accessed 11 February 2019).

Table 2: Maternity clinical example of using the ISBAR communication tool

<p>I Identify</p>	<p>Identify: My name is... I am a registered midwife working on the antenatal ward... can I just check – are you Dr... <i>or</i> – Who am I speaking with?</p>
<p>S Situation</p>	<p>Situation: I am providing care to Mahia who feels unwell and has a tender uterus.</p>
<p>B Background</p>	<p>Background: Mahia is 36 weeks' gestation and has had two previous uncomplicated term births. She was admitted to hospital last night due to spontaneous rupture of membranes and reduced fetal movements.</p>
<p>A Assessment</p>	<p>Assessment: On assessment today at (time), Mahia has two abnormal observations: a heart rate of 100 and temperature of 39, giving her a total MEWS score of 6. The fetal heart on auscultation is 180 bpm so I have started a CTG. She has clear liquor draining and is not reporting any contractions. I suspect chorioamnionitis or another infective process.</p>
<p>R Recommendation</p>	<p>Recommendation: Please could you come to ward... and urgently review and assess Mahia?</p>