



Guide to using the national maternity early warning system (MEWS) short-stay maternity vital signs chart

This guide will help health professionals use and amend the maternity early warning system (MEWS) national [short-stay maternity vital signs chart](#) (MVSC).

About the short-stay MVSC

The **short-stay** MVSC supports the recognition of and response to deteriorating women in **short-stay/assessment areas**, such as women's assessment units, postnatal wards for low-risk women, or other short-stay units.

The short-stay MVSC is designed for midwives and nurses to use for any pregnant woman, or recently pregnant woman (from pregnancy test positive up to and including 42 days after the pregnancy ends), who is assessed as requiring observations of vital signs for assessment or for a short-stay period.

The short-stay MVSC (A4) is based on the design of the national MVSC (A3 version) and completed in the same way (see the *Preparation and implementation guide* [here](#)).

The short-stay MVSC allows for:

- six sets of vital signs observations
- one modification to early warning score triggers
- the woman's information
- a line for midwives/nurses to add their initials
- the local escalation pathway
- the reverse side to be left intentionally blank.

Figure 1: Sample short-stay maternity vital signs chart

Amending the short-stay MVSC

You can amend the short-stay MVSC according to locally agreed policy and practice; some amendments are required, others are optional. See below.

Amendments you must make

The escalation pathway should reflect local systems and practice, including the lead maternity care provider in the development process, and follow the Ministry of Health's *Referral Guidelines*.¹ Normally the pathway will be consistent with the A3 MVSC in your hospital.

Set out the escalation pathway in clear, unambiguous language, and briefly state the expected actions and responses for each level of physiological abnormality. Enter the pathway in the 'action' area of the chart ([provided here as an editable PDF](#)).

We encourage you to use the largest font size (10pt on the editable PDF) for easy reading. If you do not have space for your escalation pathway, please email info@hqsc.govt.nz for help, with MVSC in the subject line.

Amendments you may make

Table 1: Allowable amendments to the short-stay maternity vital signs chart

Chart area	Allowable amendment
Left margin	Adding a barcode or QR code for scanning purposes
Central column of the graphing area	Replacing 'RRT' with a locally relevant number or acronym (eg, '777' or 'MET')
Top right of the chart	Adding a black-and-white organisational logo above the patient label. Do not use coloured logos because they add visual clutter and distract from the main purpose of the chart
Next to the mandatory escalation pathway	Inserting the name of the local hospital, unit or 'maternity'

Printing the short-stay MVSC

The short-stay MVSC must be professionally printed to the following specifications:

- paper size A4, portrait orientation
- colour print – having the correct colour specifications is essential; see the *Preparation and implementation guide* [here](#) for guidance
- double-sided ('This page is intentionally left blank' should be displayed on the back page)
- minimum paper weight 150gsm (uncoated stock)
- hole punch left-hand side.

¹ Ministry of Health. 2012. *Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines)*. Wellington: Ministry of Health.