



PAUSES Buddy review

adapted from Leicester CARES model



Why?

- SBLv2 has emphasized the requirement for a regular (at least hourly) review of fetal wellbeing to include: CTG (or intermittent auscultation (IA)), reassessment of fetal risk factors, use of a **Buddy system** to help provide objective review for example 'Fresh Eyes', a clear guideline for escalation if concerns are raised through the use of a structured process. All staff to be trained in the review system and escalation protocol.
- The focus should be on a collaborative review, incorporating the mother/birthing person's perspective, of the whole clinical picture, and a consideration of if the current environment is the safest and most appropriate for both mother/birthing person and baby.
- To aid facilitation of timely response and action if needed

How?

- The review should be completed by the midwife providing care on an hourly basis, and every 2-4 hours in collaboration with a second midwife as part of a 'buddy' review. This may be the second MW in the BC, the second MW at a homebirth, the Band 7 MOC, SMOC or a Band 6 MW (and above) on LW.
- The review will be guided by the fields in the Labour Assessment on BadgerNet, and summarised using the PAUSES acronym within the Labour Assessment free text box.

Next?

- Any concerns or deviations from normal can then be escalated and appropriate actions taken.

PAUSES

- Partogram review
- Analgesia
- Uterine contractions
- Situation change over previous hour
- Escalation – is it required?
- Staff wellbeing

Partogram

- Is it up to date?
- Are maternal observations normal?
- Is there evidence of a rising baseline?
- Hydration and bladder
- Liquor draining – ?PROM/Colour/Is there any?
- Is progress within normal limits?

Analgesia

- Is the environment comfortable and tailored to maternal needs?
- Is current analgesia sufficient?
- Are there alternatives to consider – water, massage, aromatherapy, pharmacological?

Uterine Contractions

- Is this synthetic prostaglandin (Propress, Prostin) driven?
- How frequent are the contractions?
- Is there adequate resting tone?
- Are you able to listen for full minute following contraction, before next contraction?
- Have contractions decreased? Should you consider and offer biomechanics?

Situation change over last hour

- Has anything changed in last hour?
- Woman/birthing person's perspective
 - Questions
 - Discussion
 - Understanding
 - Consent
- Consider:
 - Maternal observations
 - Fetal heart concerns
 - MEOW score
- Is there evidence of 2nd stage – do you need to transition your monitoring to reflect this?

Escalation

- What is your plan?
- Does the woman/birthing person understand and consent to the plan?
- Is the current place for care and level of monitoring appropriate? **Are you in the right place?**
- What is your timeframe for transfer?
 - Use **traffic light system** to co-ordinate transfer

Staff wellbeing

- Have you had a break?
- Are you hydrated?
- Do you need the loo?
- Are you concerned about anything?

Example

- **P** – Maternal observations NAD, Baseline stable, fluid balance +200ml, clear liquor
- **A** – Using pool, coping well
- **U** – Spontaneous labour, contracting 3:10, no concerns
- **S** – Involuntary pushing with contractions. Will transition to 2nd stage monitoring
- **E** – No escalation required currently
- **S** – No concerns