

Updated: Maternity Telephone Consultations



N SAFETY NOTICE 007/26

Issue date:	10 March 2026
Replaces:	SN: 031/24 – Maternity Telephone Consultations
Content reviewed by:	CEC Maternal Perinatal Patient Safety Team, Clinical Excellence Commission Maternity Policy and Strategy Unit, Health and Social Policy Branch, NSW Health Maternal Perinatal Serious Incident Review (MP SIR) Sub-Committee
Distributed to:	Chief Executives Directors of Clinical Governance Director, Regulation and Compliance Unit
KEY MESSAGE:	Maternity telephone consultations are a necessary component of maternity care. Reliable and consistent processes are required to minimise the risk of associated adverse outcomes.
ACTION REQUIRED BY:	Local Health District Maternity Co-Leads with support from respective Executive Sponsors.
REQUIRED ACTION:	<ul style="list-style-type: none"> • Distribute this safety notice to all clinicians involved in antenatal and intrapartum care. • Review any local procedures relating to telephone consultations to align with the recommendations of this safety notice. • Include this safety notice where relevant including clinical handovers, safety huddles, morbidity and mortality and other clinical meetings. • Report any adverse outcomes associated with maternity telephone consultations into a local incident management system, for example ims+ • Monitor outcomes following maternity telephone consultations, particularly when there are multiple phone calls, to identify unwarranted clinical variation and opportunities for improvement.
DEADLINE:	N/A
We recommend you also inform:	Directors, Managers and Staff of: <ul style="list-style-type: none"> - Maternity services - Childbirth education teams
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
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What is updated in this Safety Broadcast from SN:031/24?

This Safety Notice replaces SN: 031/24 – Maternity Telephone Consultations, which has now been **rescinded**. The recommendations have been strengthened to include strategies aimed at improving safety for all women utilising telephone consultations for advice and assessment, particularly those with known barriers to accessing care.

Situation

The NSW Maternal Perinatal Serious Incident Review (MP SIR) Sub-Committee continue to identify incidents involving maternity telephone consultations with women which have contributed to poor clinical outcomes, including stillbirth.

The historical practice requiring pregnant women to telephone the maternity service for advice or with concerns prior to presenting has also been identified as a barrier to accessing timely care.

Background

Historically pregnant women have been advised to telephone the maternity service prior to presenting for assessment or care.

The primary reason for this has been to undertake a preliminary clinical assessment of maternal and fetal wellbeing, guide the advice provided to women on when to present for further assessment or care, and to ensure availability of resources, such as access to clinical information, upon the woman's arrival.

Assessment

While a useful and often necessary component of maternity care, telephone consultations present specific risks which require appropriate consideration to optimise outcomes for both women and babies. Serious incident reviews have identified several themes and safety concerns across NSW, including:

- Limited ability to accurately assess maternal and fetal wellbeing.
- Delays in accessing timely expert clinical advice.
- Underappreciation of women's concerns.
- Miscommunication or misunderstanding of information and clinical advice provided, particularly when healthcare interpreters are not utilised.
- Lack of reliable follow up of women who do not present for care as planned.
- Inconsistent, incomplete and delayed documentation of interactions.
- Poor communication and ineffective handover processes following telephone consultations.
- Use of hybrid medical records resulting in reduced information visibility and awareness.

Facilities where an open-door policy has been implemented enables pregnant women the option to present for care without the need to telephone prior. Feedback demonstrates that this practice has not been shown to increase presentations and empowers the woman to present when they have pregnancy concerns.

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Recommendations

All maternity services should ensure that:

- All women are provided with clear and consistent information on how and when to seek timely advice or attend their local maternity service for assessment, emphasising the importance of seeking care promptly when concerned or uncertain.
- When women call, there are processes in place which support
 - Timely access to clinical advice from maternity clinicians, including senior or offsite expertise if onsite staff are not available.
 - The use of structured telephone assessments, clear escalation pathways and a low threshold for recommending women present for a comprehensive assessment.
 - Access to interpreter services when needed
 - Provision of advice on when to call again or present if a woman's situation or symptoms change.
 - Monitoring and follow up for women who do not attend as planned, with escalation when contact cannot be re-established.
 - Structured handover which includes any telephone consultation information.
 - Access to eMaternity, CERNER maternity or the Single Digital Patient Record (SDPR) to facilitate contemporaneous documentation directly into the electronic system
- Decision-making for presentation timeframes takes into consideration the woman's individual circumstances, including:
 - The risk of maternal and / or fetal deterioration
 - Travel distance, transport and road / weather conditions
 - Time of day
 - Personal safety or psychosocial factors
- When barriers to timely presentation are known, incorporate these into antenatal care plans maintaining a low threshold for earlier review or making alternative arrangements for review.
- Ensure documentation of telephone consultations is made in accordance with NSW Health Policy: Health Care Records – Documentation and Management ([PD2025_035](#)).
- Paper-based records should only be used during approved electronic system downtime.
- Consider implementing processes that support women to present directly to maternity services at any time, without prior telephone contact when they have concerns.