ABSTRACT

Objective: The study attempting to validate implementation of the modified early obstetric warning system in a low resource setting as a tool for predicting maternal morbidity by measuring its sensitivity, specificity and predictive value of various parameters.

Methods: Prospective study carried out from November 2014 to April 2016 in a tertiary care centre. 1000 parturient women fulfilling the inclusion criteria were followed postnatally up to the period of discharge with MEOWS parameters.

Results: For women admitted to hospital were followed with the MEOWS chart in bedside. This enabled us to communicate about abnormal vital signs from junior to senior midwives and obstetricians. The trigger helped us prompt understanding of maternal complications earlier. This effort is taken to prioritise workload demands and respond to the immediate needs of high risk mothers even in low resource setting.
The statistical significance of MEOWS is reasonable in our study, though there is a scope for further refinement.

**Conclusions:** Our findings suggest that, the MEOWS has got significant value in structuring the surveillance of hospitalised mothers with simplified bedside MEOWS observation chart and recognising established risk of morbidity at the earlier phase of deterioration, managing risk and safety within the maternity pathway. Implementation of MEOWS will help us in reducing most preventable maternal mortality and morbidity to a greater extent and achieve our SDG target earlier.