**Guidelines process in the Maternity / Neonatal Units Department of Obstetrics and Gynaecology**

Intrapartum

Postnatal

Neonatal

Gynaecology

Antepartum

MGG meet and discuss comments

Author to complete second draft incorporating MGG comments.

Circulate and add to SharePoint for comment

First draft circulated to MGG and SharePoint (Supervisor and relevant clinical leads to comment)

DEPARTMENTAL RISK MEETING for ratification

Ratified by department

New guideline to CMB (Clinical Management Board)

If involves drugs to Drugs and Therapeutics committee (monthly) or VTE /other relevant committee

Final Guideline back to Governance lead for saving and tracking

1m

Significant changes needed

Supervisor sends final draft to one of the following governance leads:

Maternity Risk Manager to go on agenda for Maternity Governance meeting (monthly)

Neonatal manager for agenda for NNU governance meeting (2 monthly)

Gynae clinical governance lead for agenda for next Gynae governance meeting (3 x a year)

This person to circulate to all staff two weeks before meeting, with agenda

1m

TIME

Allocated member of staff “Author” to write or review. Review literature and National Guidance. Write first draft within one month. Allocated Supervisor.

Final version on to Shared drive

Final version on to MicroGuide

New guideline required

Existing guideline up for review