

Patient Safety in Maternal Health



**World
Patient Safety
Day** 17 September

Evita Fernandez, FRCOG
F FERNANDEZ
FOUNDATION
Hyderabad, INDIA
www.fernandezhospital.com



Theme

Safe maternal and newborn care

Slogan

**Act now for safe and
respectful childbirth!**

67,385

births / day

25 million

births / year

=

1/5th

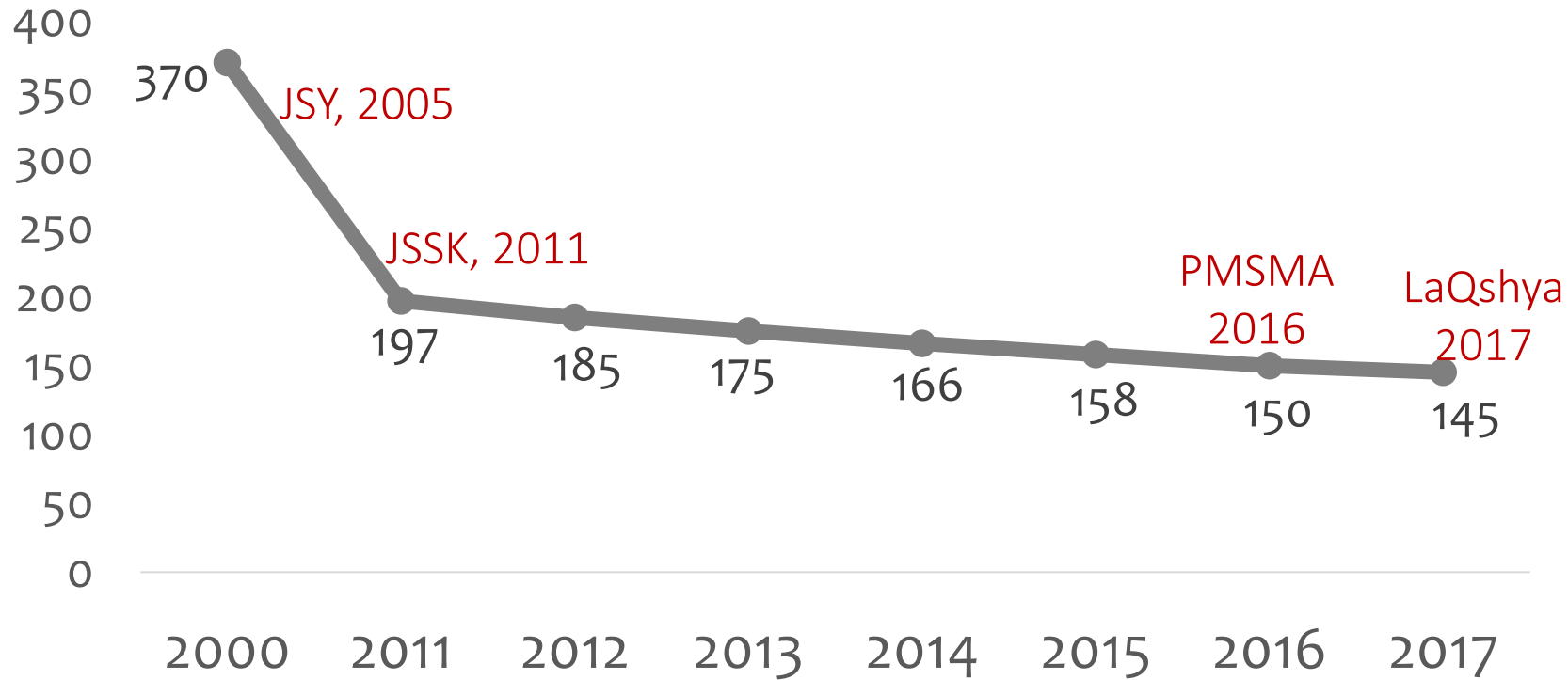
of the world's births

<https://www.unicef.org/india/key-data>



INDIA:

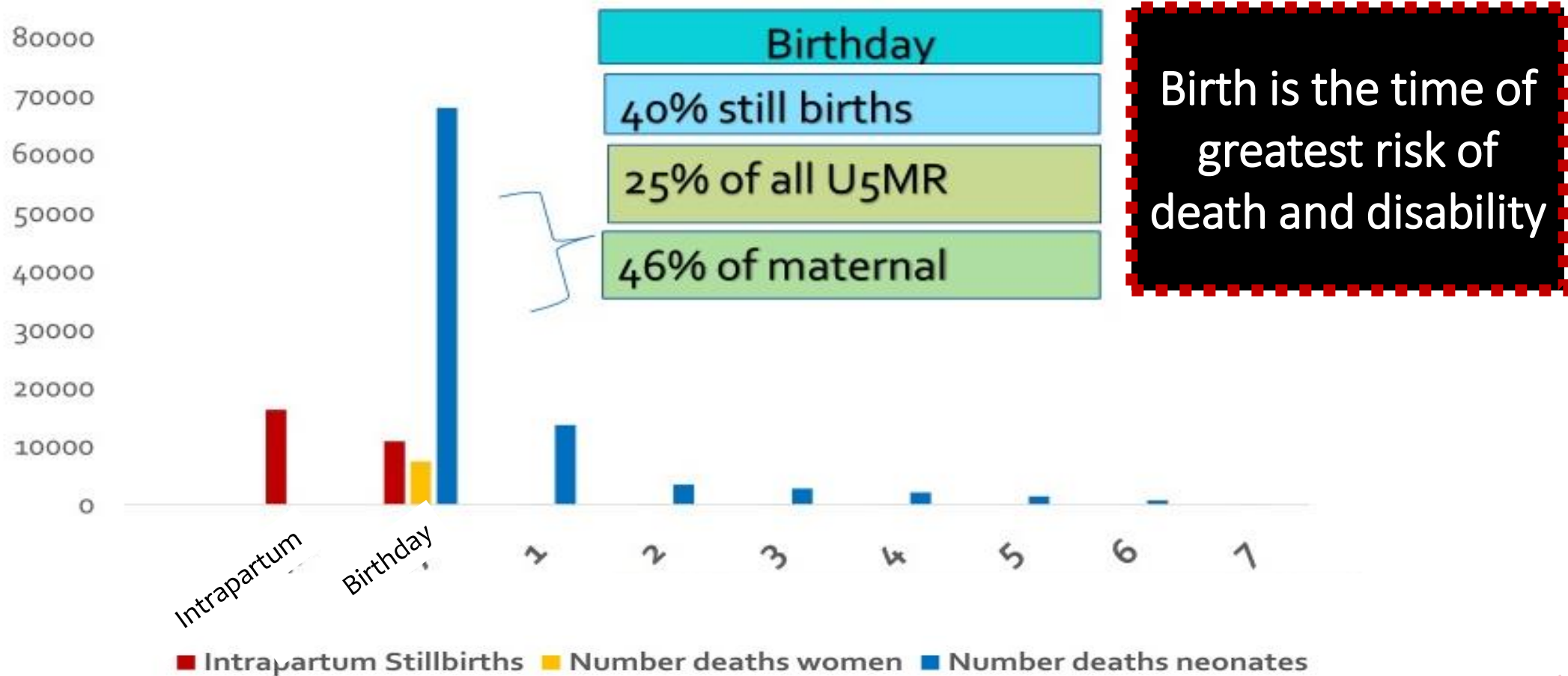
Impact of National Flagship Programmes on MMR



<https://data.worldbank.org/indicator/SH.STA.MMRT?locations=IN>



For Women, Stillbirths, Newborns, The Time of Highest Risk is the Same



Based on SRS 2018 data

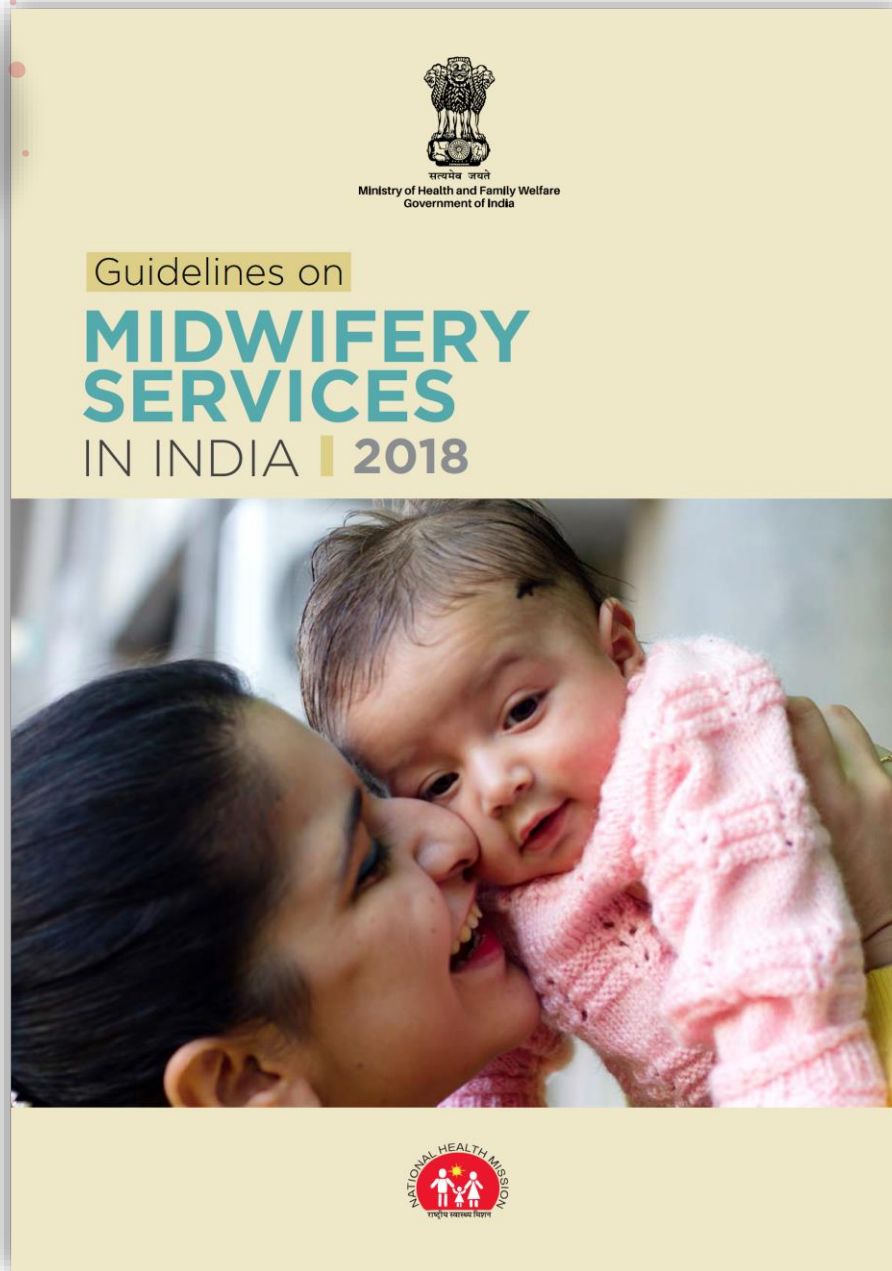




Birthing women in India are cared for by
Doctors and Nurses



2018



13th December 2018

Ministry of Health
and Family Welfare,
Government of India

launched

**GUIDELINES ON
MIDWIFERY SERVICES
IN INDIA**



THE LANCET

June, 2014

www.thelancet.com

Midwifery

An Executive Summary for *The Lancet's* Series

“Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries”



Woman's Perspective on Birthing

ZERO harm
ZERO errors



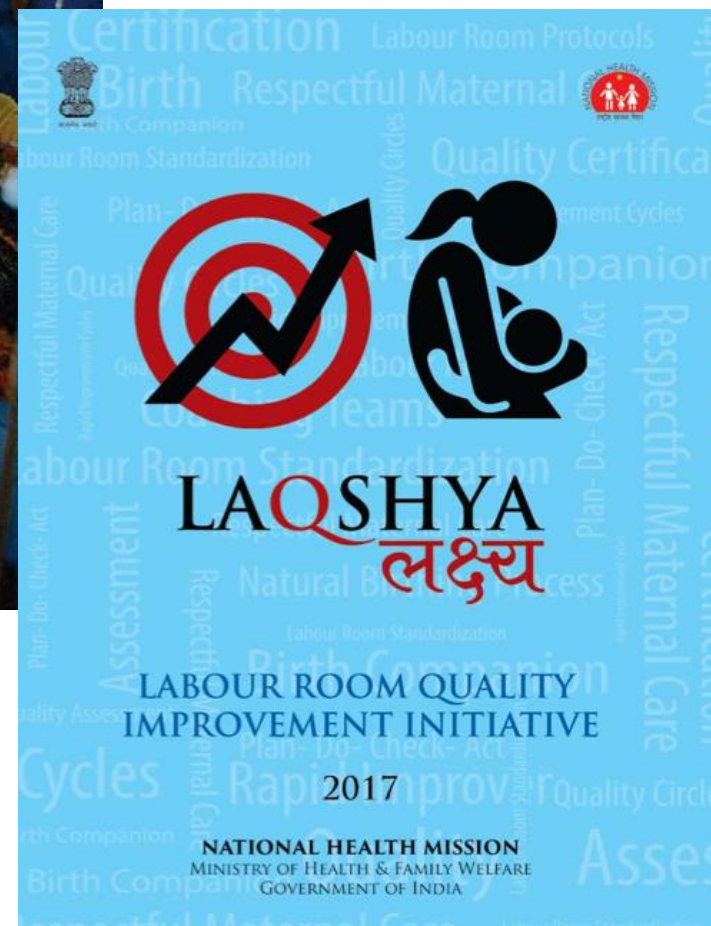
Safety and Quality are Different

Safety is
PREVENTING
negative outcome
- Harm

Quality is
improving
positive outcome



How do we make it safer?



Eight tools for improving obstetric patient safety and unit performance

TOOL 1: CONTINUING EDUCATION

TOOL 2: SIMULATION PROGRAMS

TOOL 3: INTERNAL AUDITS

TOOL 4: BEST PRACTICE PROTOCOLS

TOOL 5: SAFETY CHECKLISTS

TOOL 6: COMPLETE DOCUMENTATION

TOOL 7: SMART MEDICAL RECORDS

TOOL 8: MATERNITY UNIT ON-SITE CONSULTATIONS



Henry M. Lerner,
OBG Manag. 2014 March;26(3):38-45



Tool 1 Continuing Education

Fernandez Hospital
Educational & Research
Foundation



FERNANDEZ
HOSPITAL
Health Care for Women & Newborn

Invite all Obstetricians, Postgraduates, Midwives and Nurses
to the workshop on

BREECH BIRTHS



**19TH
AUGUST,
2018**
**(8.30 am
to
5.00 pm)**

WORKSHOP HIGHLIGHTS

- Thorough theoretical and hands-on explanations of how breech babies journey through the maternal pelvis in a completely spontaneous birth (the breech mechanisms).
- Distinguishing between normal progress and dystocia.
- Hands-on simulation of complicated breech births and resolutions.
- Use of narratives and videos of real breech complications, to enable you to practice problem-solving in real time.

CONDUCTED BY DR. SHAWN WALKER, RM, PhD

Dr. SHAWN WALKER is a UK midwife who researches how professionals learn skills to safely facilitate breech births. Clinically, she has worked in all midwifery settings – labour wards, freestanding and alongside birth centres, and home births. Her research focuses on breech birth as part of a wider interest in complex normality – working with obstetric colleagues to enable women at moderate and high risk to birth and bond physiologically where possible. She currently works as a Teaching Fellow at Kings College London. Her blog and publications can be found at breechbirth.org.uk



SCIENTIFIC PROGRAMME

- Mechanisms of Normal Breech Birth
- Research & Counselling Update
- Resolving Complications/Scenarios
- Developing Local Expertise/Sustainability
- Questions & Feedback

REGISTRATION

Practitioners: Rs.2000/- Postgraduates: Rs.1000/-
Midwives/Nurses: Rs.800/-

Payment by Cash or Demand Drafts to be drawn on
"Fernandez Hospital Educational and Research Foundation" payable at Hyderabad.
Electronic Transfer: HDFC Bank, A/c No.: 502000203957941,
Lakdikapal Branch, IFS Code: HDFC0000021

ONLINE REGN : <https://www.fh.foundation.in/workshopdetails/BreechBirthWorkshop>

LIMITED TO FIRST 100 PARTICIPANTS ONLY !

Venue : Auditorium, Stork Home, Banjara Hills, Hyderabad

Contact : Department of Academics, Fernandez Hospital, Bogulkunta, Hyderabad - 500001.

Tel. : 040-40222309 / 427 • Mobile : 8008552503

Email : academics@fernandezhospital.com / nagamani_n@fernandezhospital.com

Website : www.fernandezhospital.com • www.facebook.com/fernandezhospital • www.fh.foundation.co.in

SPINNING BABIES IS COMING TO INDIA!



Stork Home – Fernandez Hospital, Hyderabad

Day 1 – Saturday 10th Feb. 2018 – 9 am to 5 pm

Day 2 – Sunday 11th Feb. 2018 – 9 am to 4 pm

Day 1 For PROFESSIONALS

Spinning Babies Workshop
– Labour Progress Through
Fetal Positioning

REGISTRATION FEE Rs. 14,000/-

Day 2 For MOTHERS-TO-BE

Belly Mapping Workshop
“When Survivors of Abuse
Birth” – Talk & Panel Discu

REGISTRATION FREE BUT MANDATORY

What's in a Spinning Babies Workshop?

Learn techniques and positions to ease the process of birth!
Belly Mapping is for moms to know the baby's position within the

Who can attend this?

Moms-to-be, and just about anyone working with expectant mothers – OBGYNs, Midwives, LDR Nurses, Physiotherapists, Childbirth Educators,



Trainer – **TAMMY RYAN** one of seven trainers worldwide for Spinning Babies. She is also a trainer for International Childbirth Education Association (ICEA), a childbirth educator and a midwifery assistant.

GET YOUR SPOT | LIMITED SEATS

FOR DAY 1 Discount available for group registration:
participants of any other trainings with Birth School India



REGISTER AT
www.birthschoolindia.com

+91 9704258580

birthschoolindia@gmail.com

In collaboration with
PROM
PROFESSIONAL MIDWIVES ASSOCIATION

FERNANDEZ
HOSPITAL
A unit of FERNANDEZ FOUNDATION

F acad
emics

DEPARTMENT OF FETAL MEDICINE

Obstetric Doppler Hands-on Training

24-26 September 2021

Register
NOW!

Online Theory Sessions

Friday • 24 September • 1 pm onwards
Saturday • 25 September • 8 am - 1 pm

Onsite @FH OP Clinic, Hyderguda

Saturday • 25 September • 2 pm - 5 pm | Observation
Sunday • 26 September • 8 am onwards | Live Demo/Hands-on Training

Course Structure

- Theory Course: Lectures
- Observation: Technique of acquiring and optimizing Doppler flow studies of various fetal and maternal blood vessels
- Hands-on training under the supervision of experienced fetal medicine

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LIVE WEBINAR (▶)

Fetal Monitoring

Day 2 | Sunday | 12th September | 09.00AM - 11.30AM

- 09.00AM - 09.20 AM • Intelligent Intermittent Auscultation
• Ms Elisabetta C / Ms Manjula M
- 09.20AM - 09.50 AM • Intrapartum EFM • Dr Pallavi Chandra R
- 09.50 AM - 10.10 AM • USG in Labour • Dr Malini Sukayogula
- 10.10 AM - 10.35 AM • Scalp Electrode • Dr Pallavi Chandra R
- 10.35AM - 10.50 AM • Cord Blood Gases • Dr Anisha Gala
- 10.50 AM - 11.00 AM • Q & A /Concluding Remarks

#EventsAtFernandez

Registration is FREE but mandatory

<https://bit.ly/FF-FMWebinarSep>

Please note: This is a one time registration and after registering you will receive a confirmation email containing information about joining the webinar.

Contact information


Department of Academics
P: +91 40 40222309 - M: 8008552503
E: academics@fernandezhospital.com


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#EventsAtFernandez

Collaborative Training Australia, UK (K2 and GAP)

← → ↻ www.k2ms.com/maps/worldmap.html

 **K2**
Medical Systems
Knowledge in Medicine



Dedicated to Quality in Maternity Care

HOME NEWS ABOUT US PRODUCTS SUPPORT CONTACT US


Map of the World

- America/Canada >
- South America >
- Europe>
- Middle East >
- Asia>
- Africa>
- Australia>


Asia

- Matilda International - Hong Kong
- Queen Mary Hospital - Hong Kong
- Fernandez Hospital - Hyderabad - India
- Pusat Perubatan Universiti Malaya - Malaysia
- National University Hospital of Singapore - Singapore

Click on an area of the map to find out which hospitals have our products. Javascript required to view this map.



KEY



Fetal Monitoring
Training System



TOOL 2 Simulation Programmes

5 major
causes of
death

LIVE WEBINAR (🔊)

Obstetric Emergencies & Life Saving Skills

📅 28 & 29 August 2021 (Saturday & Sunday)

A woman, two hours post-delivery, is still vulnerable and can sink into an emergency condition. As a caregiver, you must remember that her life is in YOUR hands. You must update your Resuscitation Skills!

Fernandez Hospital invites all obstetric care providers, doctors, nurses and midwives to a Live Webinar on Obstetric Emergencies and Life Saving Skills. The webinar comprises interactive sessions to make it an interesting and enjoyable learning time.

Scientific Programme Overview

Day 1 | 28 August (Saturday) | 4.00PM - 5.30PM

4.00PM - 4.40PM · **Eclampsia** · Dr Subhashini Y

4.40PM - 5.20PM · **Shoulder Dystocia** · Dr Anisha Gala

5.20PM - 5.30PM · Q & A Session

Day 2 | 29 August (Sunday) | 10.00AM - 11.30AM

10.00AM - 10.40AM · **PPH - Medical Management** · Dr Geeta A

10.40AM - 11.20AM · **PPH - Surgical Management** · Dr Krupa Patalay Y

11.20AM - 11.30AM · Q & A Session

#EventsAtFernandez

Registration is FREE but mandatory

<https://bit.ly/FF-OELSSWebinar>

Please note: This is a one time registration and after registering, you will receive a confirmation email containing information about joining the webinar.

Contact information

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E academics@fernandez.foundation

FERNANDEZ
FOUNDATION







Multidisciplinary Obstetrics Maternity Skills (MOMs)

Faculty: Midwives – 8, Doctors – 3, UK Midwives – 2

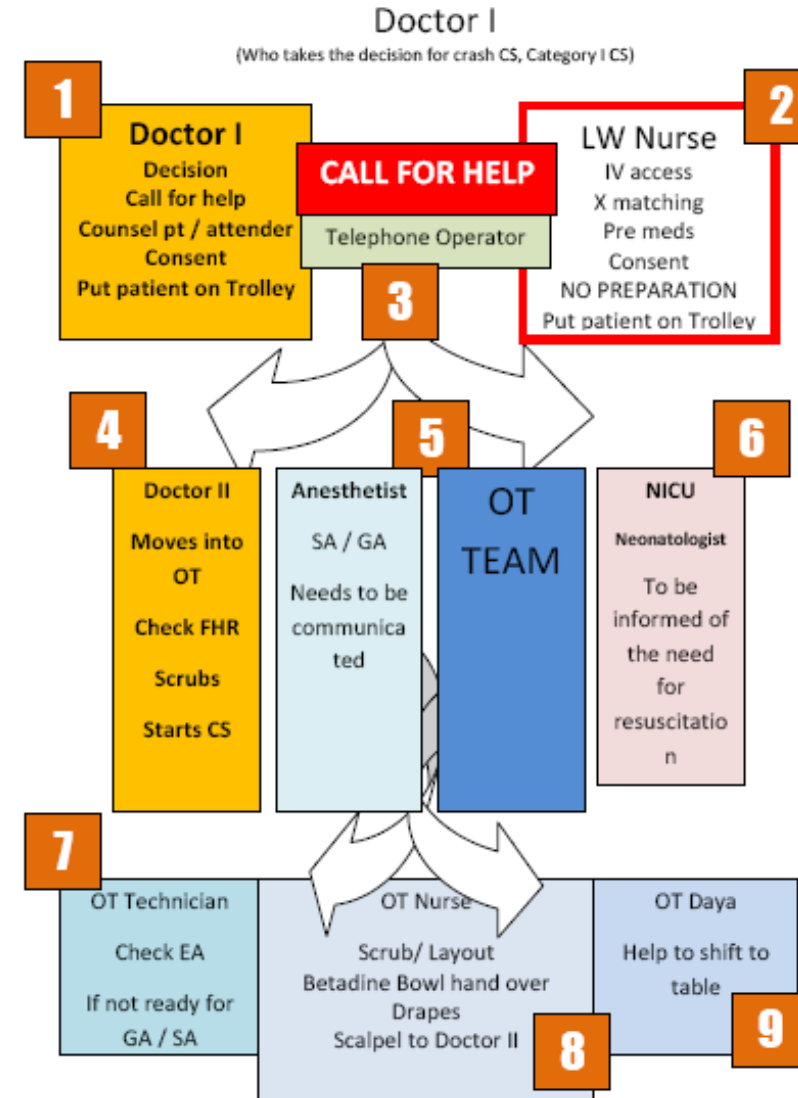
Delegates – 42



TOOL 3 – Internal Audits

What is OUR
Decision to
Delivery
Interval?

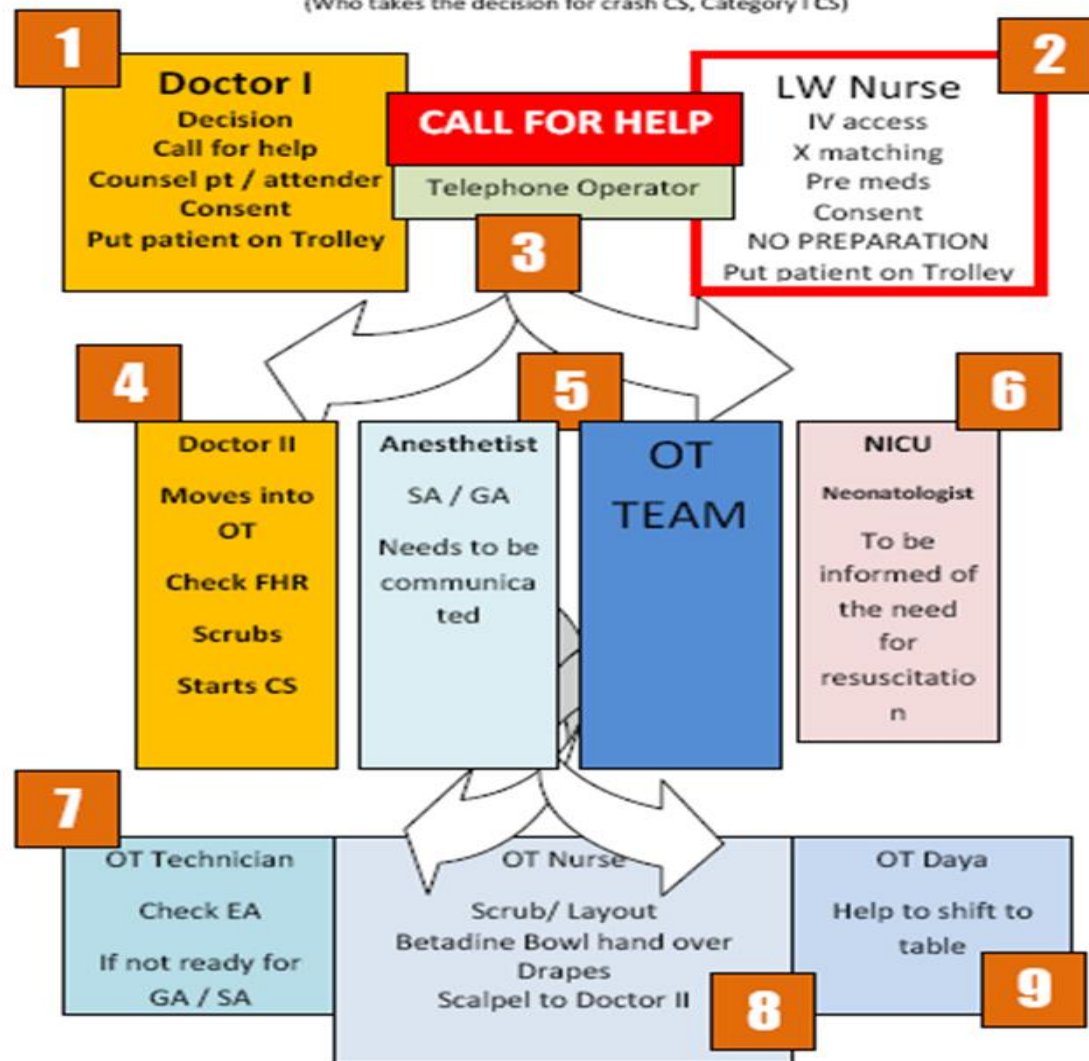
Crash Caesarean Section Drill



Crash Caesarean Section Drill

Doctor I

(Who takes the decision for crash CS, Category I CS)



Audits, communication, Risk management
promote safety in maternity services



OBSTETRIC HAND-OVER BOARD

UNIT 2

SHIFT TIMINGS:

9am to 5 pm

5pm to 9am

STAFFING:
Consultant:
LDR:
HDU:
Admission Room:
ER:

AWAITING OT LIST		
ICU/POW		
INDUCTION of LABOUR		
1		
2		
3		
4		
5		
NEONATAL FOLLOW UP		
GYNAEC HANDOVER		
WARDS / others		

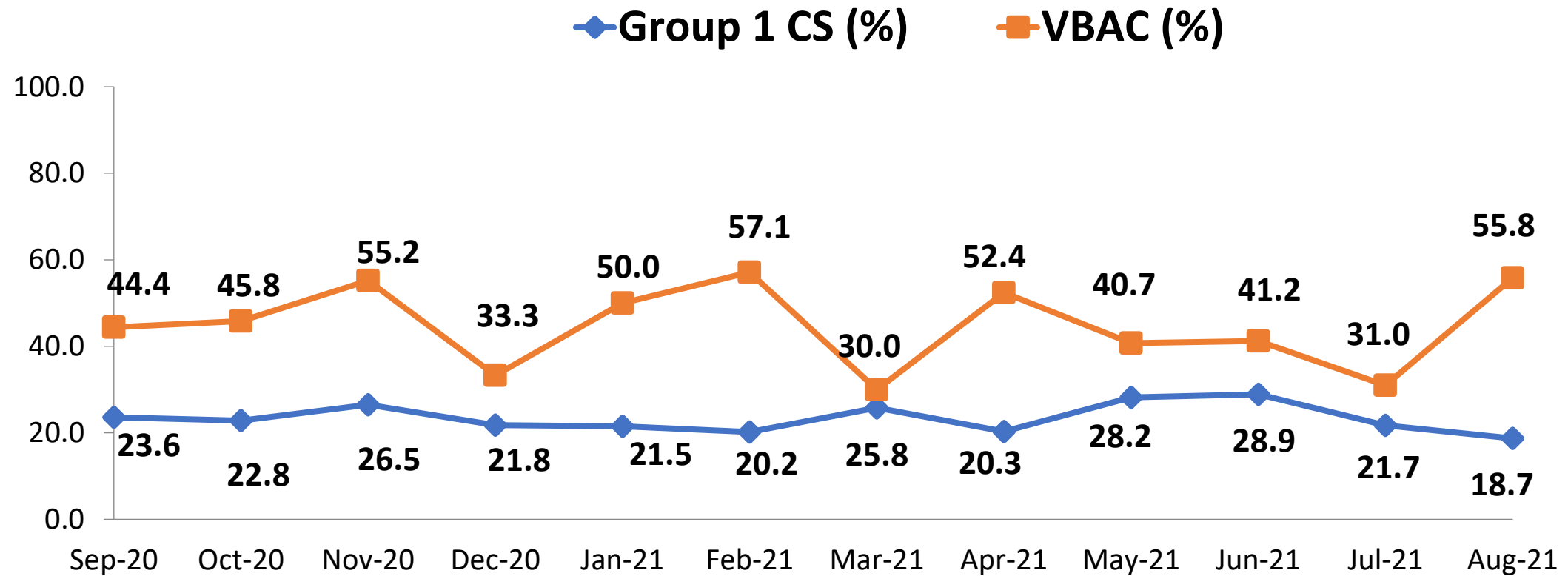
	Pt name Consultant	Diagnosis Risk Factors	Last VE	Plan of Management	Prioriti zation
LDR 1					
LDR 2					
LDR 3					
LDR 4					
LDR 5					
LDR 6					
HDU 1					
HDU 2					
HDU 3					
HDU 4					
HDU 5					
HDU 6					

The handover should take place using the mnemonic "SHARING" - Staffing, High risk (LW/HDU), Awaiting OT list, Recovery room (ICU/POW), Inductions, Neonatal and Gynaec Handover. Time of handover is 8:30 am and 5 pm

S - SITUATION
B - BACKGROUND
A - ASSESSMENT
R- RECOMMENDATION

AUGUST 2021

Robsons Group 1 Caesarean Section Data



BASIC DATA COLLECTION – Obstetrics

Time period from 01/08/2021 to 31/08/2021

ACTIVITY RELATED, WORKLOAD			Unit 1 BG		Unit 2 HG		Unit 5 SH		
			Nos.	%	Nos.	%	Nos.	%	
Total Bookings (% of all booking (All 5 units))			490/1434	34.2	392/1434	27.3	338/1434	23.6	
			Unit 4 HG OP 90/1434	6.3	Miyapur OP 124/1434	8.6			
FETAL MORBIDITY						25.6	2396/10334	23.2	
Presumed Fetal Compromise (% of unit births)	71/356	19.9	35/271	12.9	46/240	19.2	10.4		
Fetal Scalp Electrode (% of unit births)	74/356	20.8	17/271	6.3	33/240	13.8		224	43 (MP)
Fetal Blood Sampling (% of unit births)	9/356	2.5	0	0.0	1/240	0.4		84	68 (MP)
NEONATAL MORBIDITY						34.2	329/1180	27.9	
Stillbirth > 24 weeks (% of babies born > 24 weeks)	4/357	1.1	6/293	2.0	3/252	1.2	N/A	2.3	N/A
Stillbirths> 28 weeks (% of babies born >28 weeks)	3/355	0.8	4/289	1.4	2/249	0.8	N/A	3.3	N/A
Intrapartum stillbirths	0	0.0	0	0.0	0	0.0	N/A	1.4	N/A
Low Apgar rates (≤ 6) (5min) (% of live babies born)	3/353	0.8	6/287	2.1	2/249	0.8	N/A	2.4	N/A
Term Low Apgar rates (≤ 6) (5min) (% of term live babies born)	1/324	0.3	1/209	0.5	0	0.0	N/A		
Total NICU admissions (% of all live babies born)	11/353	3.1	48/287	16.7	15/249	6.0	31.3	240/867	27.7
						32.5	252/902	27.9	

Maternity Dashboard



A unit of FERNANDEZ FOUNDATION

Clinical Performance and Governance Score Card

			Goal	Red Flag	Measure	Comment	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER		COMMENTS / ACTIONS		
							BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG	BG	HG			
Activity	Births	Benchmarked to 4000 / year (month)	4000 (336)	> 370	Births	If > 900 over 2 month period Booking to be capped	400	260	359	247	409	277	342	205	347	255	291	230	335	248	337	259	305	267	374	299	336	294	324	201			
	Scheduled Bookings	Bookings Scheduled	4324 (360)	> 500	Bookings (1st visit)	Tolerance 15%	587	370	520	364	369	287	92	178	563	497	636	393	429	357	486	352	471	305	445	290	423	293	459	336			
	AVD	Ventouse & Forceps	10 - 15%	< 5% - > 20%	AVD / births	Tolerance 15%	15.5%	7.3%	13.9%	4.5%	11.5%	8.3%	12.9%	5.9%	13.3%	6.7%	11.7%	7.0%	12.8%	6.5%	11.0%	3.9%	12.8%	6.7%	10.4%	6.4%	12.5%	12.9%	16.4%	11.9%	AVD Workshop Held on 26th & 27th September 2020		
	C- Section	Group I C-Section	< 20%	> 25%	Gr. 1 Robsons CSR	If > 30% then cap & refer in other provider	18.2%	23.3%	17.8%	22.2%	26.7%	32.4%	16.3%	33.3%	13.5%	33.3%	10.6%	21.1%	19.3%	26.9%	15.7%	23.7%	18.2%	24.4%	23.4%	20.9%	23.7%	27.6%	18.0%	38.7%			
Workforce	Staffing level	Consultant Cover on LW	> 168 hours	< 144 hours	Hours	Per week	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168	168			
		Midwife / Birth ratio	1:2	1:4	Nurse / Births		1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3			
		Daya / Birth ratio	1:3	1:4			1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3	1:3			
		Academic Activity	> 90%	< 70%		Review 6 monthly	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
Clinical Indicators	Maternal morbidity	Eclampsia - Booked			No. of patients		0	0	0	0	0	1	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	OELSS Webinar held on 10th & 11th October 2020 and 7th & 8th November 2020	
		Eclampsia - Referred					0	1	1	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		ICU Admission - Booked			No. of patients		0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0	1			
		ICU Admission - Referred					0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
		Blood (4 units) - Booked			No. of patients		0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0	2	0	2		
		Blood (4 units) - Referred					0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Postpartum Hysterectomies			No. of patients		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	4	0	1		
	Neonatal morbidity	Number of Cases of Meconium Aspiration			No. of patients		1	4	0	1	3	0	0	0	0	2	0	0	2	0	0	3	1	0	2	0	1	0	1	0	1		
		No. of Cases of HIE (Grades 2 & 3)			No. of patients		0	0	1	1	0	0	0	0	0	0	0	1	0	0	1	0	1	1	1	0	0	0	1	0	0		
	Risk Management	Failed Instrumental Delivery	< 1%	> 3%	Ins.Del / Birth		0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.0%	0.5%			
		Massive PPH > 2 litres	< 10 / mon	> 15/ mon			0	0	2	0	1	3	0	0	0	2	0	0	2	0	2	0	0	3	1	3	0	4	4	1			
		Shoulder Dystocia	< 6 / month	> 10 / month		< 5% of deliveries	5	1	3	4	4	2	2	1	2	1	3	4	4	6	2	0	3	1	2	5	1	6	2	1			
		3 rd & 4 th Degree Tear	< 6 / month	> 10 / month			5	2	4	1	4	2	1	0	1	0	1	0	2	1	2	0	5	0	4	1	1	1	2	1	Webinar on management of 3rd/4th degree perineal tears held on 20th September 2020		
	Induction of Labour (IOL)	< 20%	> 30%			38.3%	27.7%	37.0%	26.3%	38.9%	30.0%	40.4%	36.1%	45.8%	36.5%	39.2%	36.5%	40.0%	37.9%	47.5%	30.5%	46.9%	34.1%	39.0%	32.8%	42.9%	33.7%	48.1%	32.3%	IOL Audit Every Month			
	Episiotomy in SVD	< 30%	> 50%			28.8%	24.1%	29.9%	33.0%	33.8%	33.3%	49.7%	40.7%	40.9%	37.0%	20.3%	39.7%	19.0%	40.0%	19.9%	38.1%	19.6%	34.0%	12.9%	37.7%	23.2%	40.0%	17.1%	47.5%				
Complaints	Number of Complaints	< 3 / month	> 6 / month			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Wound Infection	< 1.0%	> 2.0%			0.5%	0.8%	0.6%	0.8%	0.7%	0.4%	0.3%	1.0%	0.6%	0.0%	0.7%	0.9%	0.0%	0.8%	0.6%	0.8%	0.7%	0.0%	1.1%	0.7%	0.0%	0.3%	0.6%	0.0%	HICC Meetings Every Month			



TOOL 4

Best Practice Protocols

Protocols



Obstetric Labour Ward Protocols



Department of
Obstetrics

FERNANDEZ
HOSPITAL
Health Care for Women & Newborn

Chapter 1

INTRODUCTION TO LABOUR WARD

Fernandez hospital deals with 7000 deliveries annually. Entering a labour ward for most mothers may be a very threatening experience. It is the responsibility of the team to ensure that the labour ward environment is supportive to her. Protocol based care allows uniformity of care, ensuring evidence based service for the safety of a mother and her baby.

Essentials of patient care

- Greeting with a smile
- Introduce yourself
- Explanation for your visit / involvement
- Maintaining privacy
- Avoiding interruptions
- Ascertaining woman's wishes, birth plan if any.
- Discuss plan of management
- Record keeping

Record keeping guidelines

- Legible entries with permanent black ink
- Date and time should be very clear
- Entries must be in chronological order
- Every page must be numbered and have patients name and MR No.
- No personal or subjective comments
- Specific instructions / medications should be documented
- All reports must be seen, initialed before filing
- Unexpected events should be documented
- Regular progress notes, at least once initialed by consultant

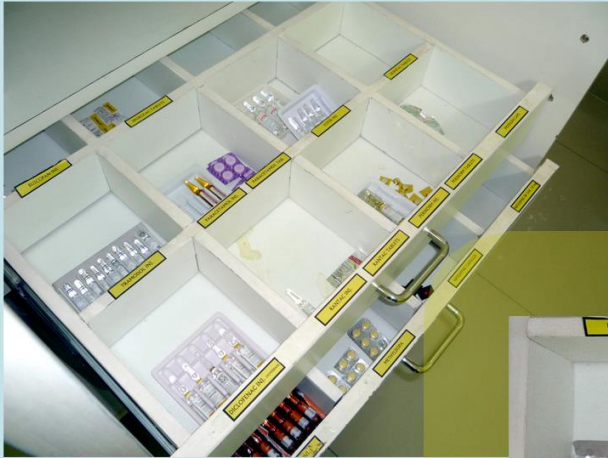
Staffing Hierarchy of Labour ward:

The labour ward has admission room and labour & delivery area manned by a doctor at all times, 24 x 7.

- Consultant on call
- Senior registrar
- Junior registrar
- Midwives
- Nurses
- Dayammas
- CTG technicians
- Telephone operators



Designing for Safety



signage in the
L&D complex



Triaging

Table 6: Triage at Fernandez Hospital

	RED Emergency	YELLOW Urgent	GREEN Non Urgent
1	No fetal movement	Contractions every 2 minutes and appears uncomfortable	Nausea/Vomiting/Diarrhea
2	Eclampsia	Multipara in active labour	Urinary complaints
3	Active bleeding/Heavy bleeding	Decreased fetal movements	Stable Gestational Hypertension
4	Urgent to push	Abdominal pain	Upper Respiratory Tract infection
5	Severe Hypertension/Imminent eclampsia	Preterm labour	Vaginal discharge/Vaginitis
6	Diabetic coma/Diabetic keto-acidosis	Rule out rupture of membranes	Injections, Lab draws
7	Other life-threatening conditions of mother or fetus	Wound infection postnatal	Reports
8	SOB in pregnancy		

Triage Complex at Fernandez Hospital



LEVELS OF TRIAGE

	RED – Emergency	YELLOW – Urgent	GREEN – Non Urgent
1	No fetal movement	Contractions every 2 mins and appears uncomfortable	Nausea / Vomiting / Diarrhea
2	Eclampsia	Multipara in active labour	Urinary complaints
3	Active bleeding / Heavy bleeding	Decreased fetal movement	Stable gestational Hypertension
4	Urge to push	Abdominal pain	Upper Respiratory Infection
5	Severe Hypertension / Imminent eclampsia	Preterm labour	Vaginal discharge / Vaginitis
6	Diabetic coma / Diabetic keto-acidosis	Rule – out ROM	Injections, lab draws
7	Other life-Threatening conditions for mother / fetus	Wound infection Postnatal	Reports
8	SOB in pregnancy		



TOOL 5: Checklists



Before induction of anaesthesia ▶▶▶▶▶▶▶▶▶▶ Before skin incision ▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶ Before patient leaves operating room

SIGN IN

- | | |
|---|--|
| <input type="checkbox"/> | PATIENT HAS CONFIRMED |
| | <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT |
| <input type="checkbox"/> | SITE MARKED/NOT APPLICABLE |
| <input type="checkbox"/> | ANAESTHESIA SAFETY CHECK COMPLETED |
| <input type="checkbox"/> | PULSE OXIMETER ON PATIENT AND FUNCTIONING |
| DOES PATIENT HAVE A: | |
| | KNOWN ALLERGY? |
| <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES |
| DIFFICULT AIRWAY/ASPIRATION RISK? | |
| <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES, AND EQUIPMENT/ASSISTANCE AVAILABLE |
| RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)? | |
| <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED |

TIME OUT

- | | |
|--|---|
| <input type="checkbox"/> | CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE |
| <input type="checkbox"/> | SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE |
| ANTICIPATED CRITICAL EVENTS | |
| <input type="checkbox"/> | SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? |
| <input type="checkbox"/> | ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS? |
| <input type="checkbox"/> | NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS? |
| HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES? | |
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NOT APPLICABLE |
| IS ESSENTIAL IMAGING DISPLAYED? | |
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NOT APPLICABLE |

SIGN OUT

- ☐ **NURSE VERBALLY CONFIRMS WITH THE TEAM:**
- ☐ **THE NAME OF THE PROCEDURE RECORD**
- ☐ **THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)**
- ☐ **HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)**
- ☐ **WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**
- ☐ **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT**

WHO Safe Childbirth Checklist



1

On Admission

- | | |
|--|--|
| <p>Does mother need referral?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, organized</p> | <p>Check your facility's criteria</p> |
| <p>Partograph started?</p> <p><input type="checkbox"/> No, will start when ≥ 4 cm</p> <p><input type="checkbox"/> Yes</p> | <p>Start plotting when cervix ≥ 4 cm, then cervix should dilate ≥ 1 cm/hr</p> <ul style="list-style-type: none"> • Every 30 min: plot HR, contractions, fetal HR • Every 2 hrs: plot temperature • Every 4 hrs: plot BP |
| <p>Does mother need to start:</p> <p><i>Antibiotics?</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, given</p> <p><i>Magnesium sulfate and antihypertensive treatment?</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, magnesium sulfate given</p> <p><input type="checkbox"/> Yes, antihypertensive medication given</p> | <p>Ask for allergies before administration of any medication</p> <p>Give antibiotics to mother if any of:</p> <ul style="list-style-type: none"> • Mother's temperature $\geq 38^{\circ}\text{C}$ • History of foul-smelling vaginal discharge • Rupture of membranes > 18 hrs <p>Give magnesium sulfate to mother if any of:</p> <ul style="list-style-type: none"> • Diastolic BP ≥ 110 mmHg and 3+ proteinuria • Diastolic BP ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain <p>Give antihypertensive medication to mother if systolic BP > 160 mmHg</p> <ul style="list-style-type: none"> • Goal: keep BP $< 150/100$ mmHg |
| <p><input type="checkbox"/> Confirm supplies are available to clean hands and wear gloves for each vaginal exam.</p> | |
| <p><input type="checkbox"/> Encourage birth companion to be present at birth.</p> | |
| <p><input type="checkbox"/> Confirm that mother or companion will call for help during labour if needed.</p> | <p>Call for help if any of:</p> <ul style="list-style-type: none"> • Bleeding • Severe abdominal pain • Severe headache or visual disturbance • Unable to urinate • Urge to push |

PPH Tray or Toolkit and checklist

PPH TOOLKIT
1. PPH Checklist – Printed Copy
2. IV ACCESS:
<ul style="list-style-type: none"> • Venflons – two, 18 G, 16 G • IV Fluids – two packs Ringer lactate • IV sets – two • Fixation plasters
3. Drugs
<ul style="list-style-type: none"> • Inj Oxytocin, Carboprost in refrigerator • Inj Methylergometrine • Inj Ondansetron
4. Syringes
<ul style="list-style-type: none"> • 10 cc, 5 cc syringes, three each
5. Gloves
<ul style="list-style-type: none"> • Sterile latex gloves 6.5, 7.0 • Handcare gloves
6. Bladder catheterization
<ul style="list-style-type: none"> • Foleys catheter 16F • Urometer, bag • Xylocaine jelly • Foleys catheterization sterile set • Betadine solution
7. Collecting blood samples
<ul style="list-style-type: none"> • Vacutainers: two each red, lavender
8. Bakri balloon in store
9. Vaginal pack – sterile in store



OBSTETRIC HEMORRHAGE CHECKLIST

Name : _____ MR No.: _____ Date: _____

Stage 0:

1. Delivery time: _____ hours
2. Oxytocin 10 units IM time _____ hours
3. Estimated blood loss: _____ ml

Stage 1

1. CALL for help ☐ Time _____
2. NIBP monitor ☐ Time _____
3. Get PPH tray ☐ Time _____
4. O2 by mask 5 L/min ☐ Time _____
5. IV access 18 G, and samples ☐ Time _____
6. Start Crystalloids RL/NS ☐ Time _____
7. Help arrival
 - a. Senior registrar ☐ Time _____
 - b. OB Consultant ☐ Time _____
 - c. Anaest consultant ☐ Time _____
8. Vital charting every 5 minutes
9. Uterotonics
 - a. Oxytocin infusion ☐ Time _____
 - b. Carboprost 250 mcg IM ☐ Time _____
 - c. Methylergometrine 0.2 mg IM ☐ Time _____
 - d. Misoprostol 800 mcg rectal ☐ Time _____

No	IV fluid	Time
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total:		

☐ Is this TONE, TRAUMA, TISSUE or THROMBIN deficiency

☐ Bleeding controlled time _____ ☐ Bleeding not controlled

10. Estimate blood loss ☐ Time _____
11. Start SECOND IV line ☐ Time _____
12. Send blood samples to lab
 - a. Red top, Blue, purple
13. Check clot in 10 min ☐ Time _____
14. Insert foleys, urine output ☐ Time _____
15. Call for help
 - a. OB Consultant ☐ Time _____
 - b. Anaest consultant ☐ Time _____
16. Inform IP for blood (MOH)
17. Uterotonics given, additional
 - a. _____ ☐ Time _____
 - b. _____ ☐ Time _____
18. Obstetric intervention
 - a. USG, RPOC, D/C set ☐ Time _____

Fernandez hospital PPH protocol, modified on 5.5.2017

- ☐ Unit 1
- ☐ Unit 2
- ☐ Unit 5

- b. Cervix exploration set ☐ Time _____
 - c. Vaginal packing? ☐ Time _____
 - d. Bakri balloon ☐ Time _____
19. TRANEXA Injection 1 gm ☐ Time _____
 20. Rapid infuser, warmer ☐ Time _____

☐ Bleeding controlled time _____ ☐ Bleeding not controlled

21. Shift to OT, inform OT ☐ Time _____
22. Inform lift ☐ Time _____
23. Inform NICU for baby feeds ☐ Time _____
24. Inform IP for blood (MOH) ☐ Time _____
25. Assign a office boy ☐ Time _____
26. DIC panels reports ☐ Time _____

OT shifting

27. OT team briefing SBAR ☐ Time _____
28. Inform primary consultant ☐ Time _____
29. Call for second anaesthetist ☐ Time _____
30. Conservative surgery
 - a. Balloon tamponade ☐ Time _____
 - b. B lynch ☐ Time _____
 - c. Arterial devascularization ☐ Time _____
 - d. Interventional radiology ☐ Time _____
 - e. Others _____

31. Definitive surgery: hysterectomy ☐ Time _____

☐ Bleeding controlled time _____

31. Postpartum monitoring
 Stage 1 and 2, minor hemorrhage, in LDR for 4 hours
 Stage 3, with unstable vitals, major hemorrhage, HDU or ICU - 24 hours

LDR:

- Vitals Q 15 min x 6
- Vitals Q 30 min x 3
- Vitals Q 1 hours x 2

Documentation done by
 Name/ Signature _____

HDU / ICU

- Vitals Q 15 min x 18 hours
- Vitals Q 30 min x 6 hours

Lead Doctor
 Name/ Signature _____

Antibiotics

Analgesics
 Inform NICU for baby feed

Others:
 Name/ Signature _____
 Name/ Signature _____
 Name/ Signature _____

Fernandez hospital PPH protocol, modified on 5.5.2017

TOOL 6

Complete Documentation

CAESAREAN SECTION

Name		M.R.No.	: 306659	IP No. : 213795	UNIT-2
Room No.	: HG C1	Date & Time	: 27/08/2021 12:04 pm		
<u>SURGICAL TEAM</u>					
Surgeon	: NUZHAT AZIZ	Asst. Surgeon	:	Nurse : PRINCY	
Anaesthetist	: MUQEET	Paediatrician	: NAVANEETH		
<u>TYPE OF CS</u>					
Type	: Elective	Anaesthesia	: Epidural + SA		
Primary Indication:	Two Previous LSCS or More		Contributing	:	
<u>URGENCY OF CS (NCEPOD)</u>					
Category : 4. Delivery timed to suit woman / staff					
<u>ROBSON CLASSIFICATION</u>					
Robson's CLS- Group	: 5				
Decision to Delivery Time(min)					
<u>PROCEDURE</u>					
Abdominal Incision	: Joel Cohen's				
Adhesions	: Yes-Omentum to abdominal wall				
LUS Condition	: Thinned out				
Previous Scar Integrity	: Intact				
Uterine Incision	: Curvilinear				
Plac - Site	: Upper				
Placenta position	: Anterior				
Vertical Uterine Tear	: No				
Uterine Vessel Involved	: Left				
Any Additional Procedures	:				
<u>COMPLICATIONS</u>					
PPH	: No				
Est Blood Loss (ml)	: 450				
<u>OTHER FINDINGS</u>					
Rt Ovary	: Normal				
Rt. Tube	: Normal				
Lt. Ovary	: Normal				
Lt. Tube	: Normal				
Fibroids	: No				
Uterine Anomaly	: None				
Tubal Ligation	: Yes				
If Tubectomy	: Both				
Method	: Modified pomeroys				
Sent for HPE:	: Yes				
Bladder Catheterized	: Yes				
Swab Count	: Counted and found correct				
Instruments Count	: Counted and found correct				
Placenta / cord abnormalities	: None				
Placenta Weight (gm)	:				
Placenta HPE	: No				
<u>BABY DETAILS -1</u>					
Presentation	: Head				
P P Position	: Above Brim				
Amniotic Fluid Colour	: Clear				
Quantity	: Polyhydramnios				
Forceps	: Yes				
Sex	: Female				
Weight (kg)	: 3.2				
Date of Birth	: 27-08-21				
Time of Birth	: 12:04 pm				
Apgar	: 8, 8, 9				
Cord ABG	: No				

CLOSURE

Uterine Closure : Double Layer
Skin Closure Type : Subcuticular
Drains : No

SUTURE MATERIAL USED

Uterine : Polyglactin
Tubal Ligation : Vicryl
Rectus Sheath : PDS
Skin Closure : Monocryl



POSTPARTUM HAEMORRHAGE CHART

Name : _____ M. R. No. _____ Date : _____

Time of call out : _____ Call out by : _____

Team member	Name	Time arrived
On-call Obstetric consultant		
On-call Obstetric senior registrar		
On-call Gynaec consultant		
Second on-call Obstetric consultant		
On-call Anaesthetic registrar		
On-call Anaesthetic consultant		
On-call Anaesthetic senior consultant		
On-call Gynaec oncosurgeon		
Laboratory technician in haematology		
On-call Interventional Radiologist		
On-call Urologist		
On-call Hematologist		
Porter		

[illegible]

Drug	Dose	Time
Syntocinon	10 units IM / 5 units IV	
Syntocinon	40 units in 500 ml Ringer Lactate IV infusion pump at a rate of 125 ml / hour	
Carboprost Tromethamine	0.25 µg / 1 amp IM, I dose	
Ergometrine	500 µg / 1 amp (if normal BP) IM / IV	
Carboprost Tromethamine	0.25 µg / 1 amp IM, II dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, III dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, IV dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, V dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, VI dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, VII dose	
Carboprost Tromethamine	0.25 µg / 1 amp IM, VIII dose	
Misoprostol	200 µg x 5 tablets rectally (1000 µg)	

[illegible]

Tool 7 - SMART Electronic Medical Records

	Mrs. [REDACTED] Age: 34 Years / F MR No: 602645	Online Consultation	Show Grid	Hide Header	Refresh 05:23	<input type="text" value="Enter MR No"/>	Go	Call Next Patient		
G₃ P₂ L₀ A₀	BL. GROUP B +ve	EDD 04.11.2021	WEEKS 33.0	SPECIAL FEATURES From Gujarat, STILLBIRTHS 32 w & NND at 28 w, Valcyclovir -10 wks-herpes, Screen positive for PE, Stopped CLEXANE, APLA negative, Corrected Anemia, Doesnt wish to take COVID vaccine	ANTENATAL RISK Preeclampsia H/o GDM on diet Bad Obstetric History Previous Still Birth FGR	SGA Major Previous SGA baby Previous Stillbirth	Orders Doctor Appointments Scan Appointments IOL List Operation Schedule Outside Tests Anaesthesia Record Referral Form Pending Cross Consu Doctors Review Admission Details Induction Of Labour LSCS Normal Delivery New Discharge Summary I IUED Entry Form			
Obstetric History New	P SHAKIRA KHANAM is Admitted on 15/09/2021							Layout3	OnlineGeneral	
Past Medical History New	SGA Screening									
Past Surgical History New	INCREASED RISK: One Or More Of The Following:									
Allergies History	Maternal Risk Factors									
Family History	<input type="checkbox"/> Maternal age >40 years									
Antenatal Risk	<input type="checkbox"/> Ongoing smoker (at booking)									
SGA Screening	<input type="checkbox"/> Drug misuse									
VTE RISK	Previous Pregnancy History									
Risk Category at Adm	<input checked="" type="checkbox"/> Previous SGA baby (<10th centile)									
	<input checked="" type="checkbox"/> Previous Stillbirth									
	Maternal Medical History									
	<input type="checkbox"/> Antiphospholipid Syndrome									
	Unsuitable For Monitoring By Fundal Height									
	<input type="checkbox"/> Large Fibroids									
	<input type="checkbox"/> BMI >35									
	Current Pregnancy Complications - Early Pregnancy									
	<input type="checkbox"/> PAPP -A <0.415 MoM									
	<input type="checkbox"/> Fetal Echogenic Bowel									
	Late Pregnancy									
	<input type="checkbox"/> severe pregnancy induced hypertension or preeclampsia (= PIH and proteinuria)									
	<input type="checkbox"/> Unexplained antepartum haemorrhage									



Safari
 File Edit View History Bookmarks Develop Window Help

74%
Wed 30 Nov 2:01 pm

111.93.4.130

Dr. Nuzat Khan

FERNANDEZ HOSPITAL

Appointment

All

Recall

New Patients

Recall

Walk-in-Patients

Recall

Indoor Patient

306202

130063

Hg321

★

329707

130152

Hg C3

212913

130202

Hg325

★

OT Shedule

09:00 Am

02-dec-16

Syeda Fatima Ahmed

Elective Lscs

10:00 Am

02-dec-16

Ameena Begum

Lscs

09:00 Am

02-dec-16

Badriya Hussain Saadi

Elective Lscs

Opinions Pending

334649

Requested Opinion

Evita Fernandez

My Reminders

320001	Harish Khan	to check anc and discharge summ	×
206852	Tara	to get old case sheet	×
183051	Ameena Begum	to inform dr nuzat scan report. fo	×
329707	Ameena Begum	to discuss with tara mam about iq	×
120267	Tara Begum	to chase fts reports	×
338231	Harish Khan	for emr entry correction	×
236222	Ameena Siddiqui	to check what is borderline mball	×

Waiting Patients

Cross Consultations

All

Enter MR No

Go

Adv Search

Call Next Patient

30/11/2016

Show

Exit

Select Cubicle: -Select

Cubicle :

Patient Arrived Late

All investigations result available

Few investigations result available

Patient waiting more than 20 min

Tool 8: On-site consultation 24x7

- Triage
- Labourist
- C Sections
- Second opinion-fresh eyes





Caring for care providers

Speak up
for health worker safety!

 **World
Patient Safety
Day** 17 September 2020



Dr Tedros : World Patient Safety Day 2021

1 in 10 experience an adverse event in hospital

If it is not safe it is not care

Keep health workers safe

Exposed to stress, stigma, burn-out, violence

Duty to offer safe working conditions, train, salary, respect they deserve

WE ALL WANT

excellent service to our patients

good quality care

operational excellence

retaining employees

Patient
needs
Vs
Staffing
needs



Poor standardization, Unclear Policies

Punitive, Hierarchical

Communication failures, Staffing shortages

Complacency, Absence of training

Poor technology, documentation

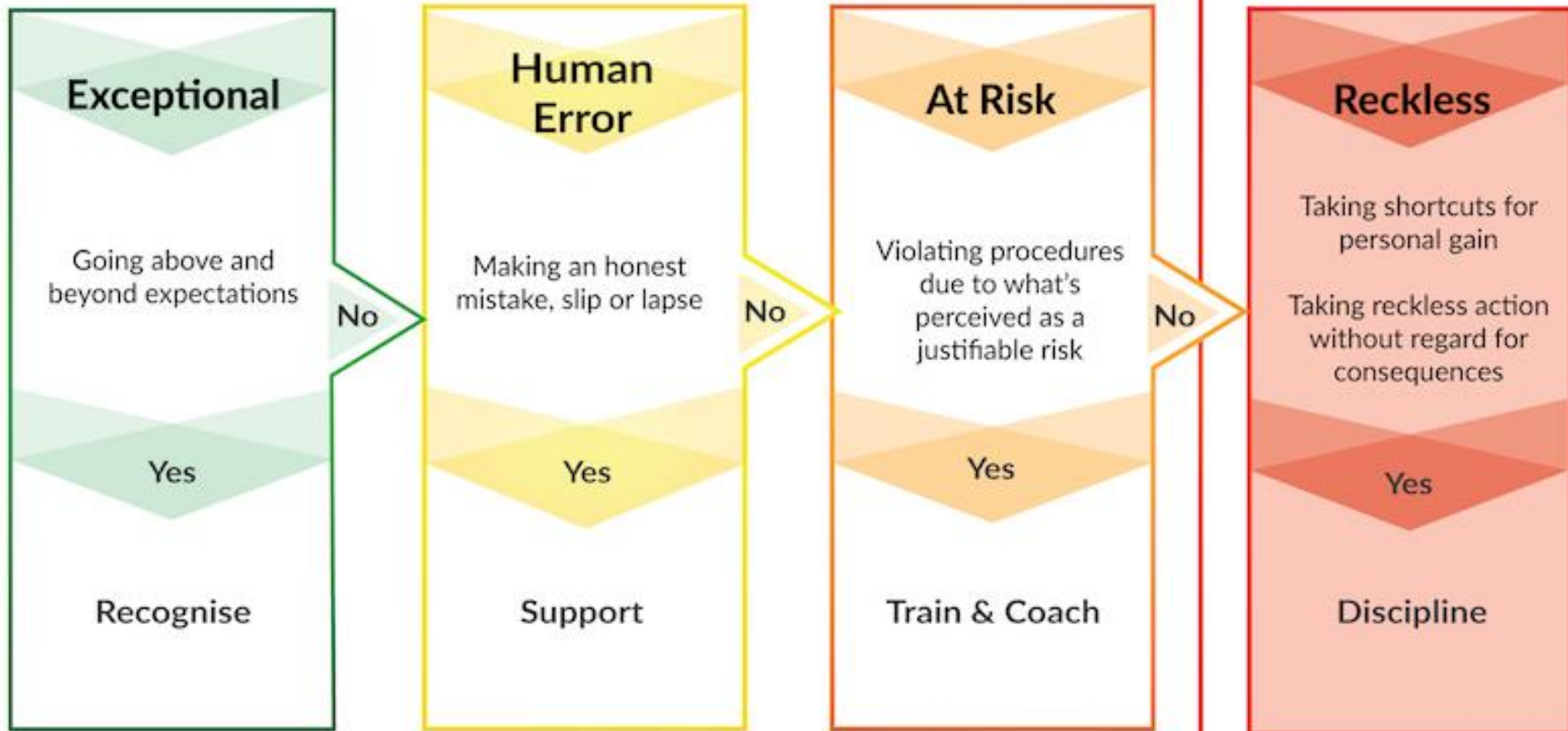
Patient is
Harmed
when
Systems Fail

Systems Failure

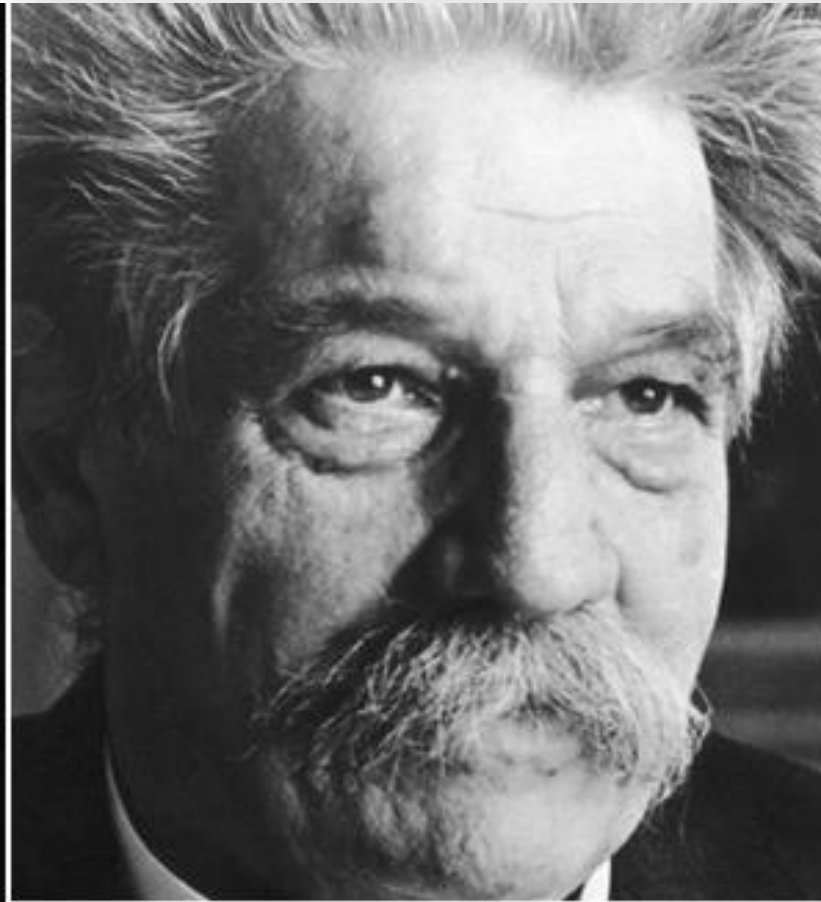
MISHAP



Just Culture



Core Principle of Patient Safety



The three most important ways to lead people are... by example... by example... by example.

— *Albert Schweitzer* —

AZ QUOTES



Safety in the Labour and Birthing Room



Collaborative Care

