Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

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EXECUTIVE SPONSOR	Medical and Midwifery Co-Directory of Maternity Services
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SUMMARY	Ensuring safe processes around counting of medical items used in the birthing environment

Royal Hospital for Women (RHW)
BUSINESS RULE

Accountable Items in the Birthing Environment (outside of operating theatres) **RHW CLIN058**

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Foreign items, including sponges and instruments used during birth or procedures within the birth environment are at risk of being unintentionally retained in a woman

The aim of this CBR is to ensure there are processes around correct counting of accountable items, pre and post procedure/birth to reduce the risk of a serious sentinel event

2 RESPONSIBILITIES

2.1 **Medical/Midwifery staff –** count accountable items with another clinician at commencement and conclusion of procedure. Provide open disclosure to the woman.

- **medical staff** Organise x-ray/scan if concerns for retention of instrument or item

3 PROCEDURE

3.1 Clinical Practice points

- Attend a count of all items used in the birthing environment at set up of procedure/birth
- Ensure all additional items are noted and added to total. Do not remove any items from birth environment until completion of procedure/birth
- Perform count before completion if:
  - change of primary clinician
  - change of location of woman
- Identify and document any item that is deliberately left in a woman. Tampons should be inserted into the vaginal canal with string visible externally and/or attached to woman's gown with clamp
- Complete count at finalisation of birth/procedure. Count should be attended by two clinicians (midwifery and/or medical)
- Complete documentation in the woman's medical record

  - Pack and Swab Count in Guardian
  - Both clinicians to sign for completed count
- Identify discrepancies in the item count prior to exiting the birth environment
- Perform a thorough physical and visual search of the birth environment, including but not limited to receptacles, linen, trolleys, and the woman's bed
- Report discrepancy to Midwifery Unit Manager (MUM) or team leader with subsequent plan of action. Include woman and family in discussion
- Order an X-ray, with the woman's consent if count remains incorrect
- Document the outcome in the woman's medical record
- Complete an Incident Information Management System (IIMS) notification

3.2 Documentation

- Medical record
- IIMS notification

3.3 Education Notes

- The inadvertent retention of accountable items in a woman are identified in NSW Health as part of Australian Sentinel Events (ASEs). These are serious clinical incidents that are preventable and can result in serious harm or death of a woman[1]
- ASEs are to be managed as per the NSW Health Policy Directive Incident Management PD2020_47
- The top two contributing factors for retention of accountable items are skill-based errors and communication breakdown [2,3]
- Retention of accountable items in a woman can be associated with serious physical and psychological complications including infection, secondary post-partum haemorrhage, depression, interrupted bonding with neonate and erosion of trust in the health service[4]

3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed on how to access.

3.5 Related Policies/procedures

- Cervical Catheterisation for Mechanical Cervical Preparation

- Cervical Suture/Cerclage Removal
- Fetal Blood Sampling- Intrapartum (FBS)
- Perineal/Genital tract trauma- primary and secondary management
- Third and Fourth Degree Perineal Tears- Repair, management and Ward Based Postnatal Care
- Postpartum Haemorrhage- Prevention and Management
- NSW Health Policy directive Accountable Items used in Surgery and Other Procedures (PD2023_002)
- NSW Health Policy directive Incident Management (PD2020_047_)

3.6 References

1. Australian Commission on Safety and Quality in Health Care. Australian Sentinel Event List (version 2): Specifications. Sydney: ACSQHC; 2020.
2. Cohen, T. N., Kanji, F. F., Souders, C., Dubinskaya, A., Eilber, K. S., Sax, H., Anger, J. T. (2022). A Human Factors Approach to Vaginal Retained Foreign Objects. *Journal of Minimally Invasive Gynaecology*,*29*(5). 626-632. https://doi.org/10.1016/j.jmig.2021.12.018
3. Steelman, V. M., Shaw, C., Shine, L., Hardy-Fairbanks, A. J. (2019). Unintentionally Retained Foreign Objects: A Descriptive Study of 308 Sentinel Events and Contributing Factors. *The Joint Commission Journal on Quality and Patient Safety*,*45*(4). 249-258. https://doi.org/10.1016.j.jcjq.2018.09.001
4. Lean, K., Page, B. F., Vincent, C. (2018). Improving communication at handover and transfer reduces retained swabs in maternity services. *European Journal of Obstetrics & Gynaecology and Reproductive Biology*,*220*. 50-56. https://doi.org/10.1016/j.ejogrb.2017.11.006

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Reviewed and endorsed Maternity Services LOPs group November 2019 Approved Quality & Patient Care Committee 2/6/16 Reviewed and endorsed Maternity Services LOPs group June 2016 Approved Patient Care Committee 5/6/08 Reviewed and endorsed Obstetric Clinical Guidelines Group June 2008 Replaced "Counting of Accountable items – non operating theatre areas' approved Quality Council 15/7/02		
28/05/2024 17.6.24	1	Maternity CBR committee 2024 Endorsed BRGC