Information and guidance

Introduction

The Safe Births inquiry learned that in some units recommended guidelines were not available, used or followed. Furthermore, staff felt overwhelmed by the volume of guidelines and information issued nationally some of which were not considered useful. In addition, staff were frustrated at multiple data collecting systems, which were time consuming and took them away from giving direct patient care. The inquiry recommended a more streamlined approach to information and guidelines, with short summaries of key recommendations, and a small set of reliable information measures critical to safety. Information and guidance provided to staff should facilitate a structured and systematic approach to care to help reduce variations in practice and standards. Ultimately this is likely to have a positive impact on quality of care provided to mothers and babies.

Safer Births projects to improve information and guidance

The maternity team at Derby Hospitals NHS Foundation Trust reviewed and amended key documents in order to promptly record accurate information on the mothers' care and conditions. The unit introduced a new high-dependency unit (HDU) chart designed for discharge information, and antenatal information was included in the neonatal records and plans to ensure seamless care of the neonates.

> *The importance of sharing manageable amounts of information with staff cannot be overemphasised in order to improve local performance.*
>
> Senior midwife

The North Middlesex University Hospital also introduced guidelines and tools including the Modified Early Obstetric Warning Score (MEOWS) chart. In addition, the team developed robust patient records to improve record-keeping. The process was strengthened by practice audits to determine compliance with the documentation. Poor practice, as well as good, was recognised and communicated to staff and their respective supervisors of midwives.

Mid Cheshire Hospitals NHS Foundation Trust implemented the intrapartum scorecard and the birthrate acuity tool and found these provided an objective measurement of workload, staffing, complexity of cases and risk; the team were able to base their new escalation policy on information from these tools. In the event of a major clinical incident it provided an accurate analysis of concurrent levels of staffing, activity and risk. A similar system has now been employed within the paediatric unit. In addition, they found that a robust governance structure, which ensured effective dissemination of information and guidance, was important.

Other maternity teams, for example, Northampton General Hospital, implemented MEOWS, and found this effective in managing and monitoring the condition of mothers. The team also implemented the Maternity Dashboard and found it beneficial to monitoring improvement in care delivery.

Ipswich Hospital NHS Trust reviewed and standardised the equipment carried by community midwives to improve the mothers' pathway between the community and hospital. By eliminating superfluous and unnecessary items, variation in practice was reduced and ultimately the likelihood of delayed response in the event of an emergency.

One concern raised by a number of the maternity teams was the danger of 're-inventing the wheel', hence the opportunity to network with other units was invaluable as it allowed the sharing of tools and documentation and prevented staff from having to start from scratch.

> *Networking was the greatest thing to get new ideas and incorporate that into our guidelines...*
>
> Midwife

Key points for improving information and guidance

- **Undertake a review of current information and guidance and determine whether they are fit for purpose.**
- **Prioritise the information and guidance to be reviewed/updated according to government/regulators' demands, recommendations from national bodies, and feedback from staff.**
- **Approach other maternity units/organisations to share and learn from their experience and guidance.**
- **Review training to ensure it includes changes in documentation/ information.**
- **Adopt a multidisciplinary approach to reviewing documents.**
- **Regularly audit staff compliance to new guidance/information and share best practice/address poor performance.**

This section provides a brief overview of some of the tools used by the Safer Births maternity teams to help improve information and guidance. The tools considered are:

- equipment checklist for community midwives
- MEOWS
- Maternity Dashboard
- intrapartum toolkit
- management of postpartum haemorrhage guidelines.

Tool

Equipment checklist for community midwives

Delivery bag equipment

- [ ] Delivery pack
- [ ] Delivery instrument pack
- [ ] Suture pack
- [ ] Separate stitch holder
- [ ] Sterile and non-sterile gloves
- [ ] Green plastic aprons x 2
- [ ] Lubricating jelly sachets/tube
- [ ] Torch
- [ ] Amnihook x 2
- [ ] In/out catheter x 2
- [ ] Vicryl rapide x 3
- [ ] Incontinence pads x 12
- [ ] Large yellow clinical waste bags x 2
- [ ] Small clinical waste (placenta) bags x 2
- [ ] Pack of 5 swabs (x-ray detectable) x 4
- [ ] Entonox mouth pieces x 2
- [ ] Spare cord clamps
- [ ] Mucous extractor
- [ ] Ambubag (single use)
- [ ] #01 and #02 face masks
- [ ] 00 & 01 guedel airways
- [ ] 500mls normal saline
- [ ] Blood bottles – blue, small red, green, brown x 2 each
- [ ] Needles for venepuncture

Drug box

- [ ] Syntometrine 1ml x 2 amps
- [ ] Syntocinon 5iu x 2 amps
- [ ] Lignocaine 1% x 10mls x 2
- [ ] Vitamin K 0.2% x 2 amps and syringes

- [ ] 1, 2, 5 & 10ml syringes x 2 of each
- [ ] Green and orange needles x 4 of each
- [ ] Sterets
- [ ] Drawing-up needles

- [ ] Entonox cylinder x 2 (in cases)
- [ ] Oxygen cylinder x 1 (in case)
- [ ] Meter head + spare rubber washer

Note: Syntocinon and syntometrine must be replaced according to hospital policy.

Emergency box

- [ ] Chloraprep one-step
- [ ] Indwelling catheter and bag
- [ ] Tourniquet x 2
- [ ] IV cannulae 16g x 2
- [ ] 5ml saline flush
- [ ] Syringes 5ml x 1 (for flush)
- [ ] Syringes 2ml and green needles x 4
- [ ] 3 way connector (Protect A-set)
- [ ] IV giving set x 2
- [ ] IV line labels x 2 (white)
- [ ] Drug additive labels x 2
- [ ] Tegaderm dressing x 2
- [ ] Transpore tape
- [ ] Syntocinon 10iu x 4 amps
- [ ] 1 x 500ml 0.9% sodium chloride
- [ ] Small gauze pack
- [ ] Plastic bag
- [ ] Incontinence pad
- [ ] Blood bottles – blue, small red, green, brown x 1 each
- [ ] Gloves
- [ ] Misoprostol 200mcgs x 5 tablets

Note: Syntocinon must be replaced according to hospital policy.

Also need crib sheets and paperwork pack.

Bag contents

Equipment

- [ ] Sphygmomanometer
- [ ] Stethoscope
- [ ] Sonicaid and gel
- [ ] Baby weighing scales (between 2)
- [ ] Measuring mat
- [ ] Tape measure
- [ ] Scissors
- [ ] Digital thermometer and sheaths
- [ ] Aprons
- [ ] Multistix
- [ ] Syringes, needles, sterets, plasters
- [ ] Blood bottles
- [ ] MSU bottles
- [ ] Swabs and appropriate medium
- [ ] Sharps container
- [ ] Lancets

Documentation

- [ ] Antenatal notes
- [ ] Referral forms
- [ ] Leaflets
- [ ] Conversion charts
- [ ] Path forms/TST forms
- [ ] Neonatal screening forms
- [ ] Telephone list

Documents

Home birth pack

- [ ] Blue labour notes (MRO 996)
- [ ] Post-natal booklet (MRO 1772)
- [ ] Birth notification (DMI 04445-10) plus envelope
- [ ] Baby record sheet (MRO 1760)
- [ ] Midwifery report sheet (MRO 093)
  - Yellow – Community office [name of ward]
  - Blue – Health visitor (on discharge)
  - White – GP (after delivery)
- [ ] Post-delivery thromboprophylaxis form (MRO 1652)
- [ ] Newborn blood spot card and plaster (NHS)
- [ ] 'How to contact a midwife' (DMI 6427-09)
- [ ] Information for women – cot death, register a birth/ post-natal exercises breastfeeding support

Additional documents

- [ ] Parent-held child record (red book)
- [ ] New baby guide
- [ ] Meconium leaflet

Check presence and expiry dates of all equipment regularly and after each use.

Record on monthly returns form and return to team leader/ manager each month.

Tool	Modified Early Obstetric Warning Score (MEOWS)
Description	■ MEOWS provides a structured method for monitoring the women's condition and identifying deterioration.
Benefits	■ Recommended by NICE CG50. ■ A simple scoring system which can be calculated using parameters measured for all acute patients.
How is it used?	■ Observations are taken and recorded on the maternity chart, for example, respiratory rates, oxygen saturation, heart rate, temperature, blood pressure, neurological status, AVPU (alert, voice, pain, unresponsive), urine output, pain scores. ■ The scores are totalled and the doctor told if the pre-determined trigger scores are reached.
Tips for use	■ Consult widely with staff to gain co-operation. ■ Consider the guidelines on when to use and when not to use the tool. ■ Incorporate it as part of a maternal observation chart for specific women. ■ Consider developing its use alongside an escalation policy. ■ Incorporate it into teaching sessions and educational programmes/training.
Where to find this tool	Information on MEOWS is available in a number of places including: www.oaa-anaes.ac.uk/content.asp?ContentID=356 www.evidence.nhs.uk/search?q=Early%20Warning%20Scores%20for%20Maternity www.prompt-course.org/Resources/NBT%20Maternal%20Obstetric%20Early%20Warning%20Chart.pdf CMACE (2011). *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006–2008*, p 247. Dublin: CMACE.

Tool	Maternity Dashboard
Description	The Maternity Dashboard is a clinical performance and governance scorecard. Broadly four categories are suggested: ■ clinical activity ■ workforce ■ clinical outcomes ■ risk incidents/complaints or patient satisfaction surveys. The primary objective of using a Maternity Dashboard is to monitor various aspects of clinical governance at the same time, so corrective action can be taken when there is deviation from expected performance.
Benefits	■ Shown to be beneficial in monitoring performance and governance. ■ Helps to identify patient safety issues in advance so prompt and appropriate action can be taken to ensure woman-centred high quality, safe maternity care. ■ Can be used to assure the board of the quality and safety of maternity units. ■ Has been recommended by the Chief Medical Officer.
How is it used?	Maternity units set local goals for each of the parameters to be monitored, as well as upper and lower thresholds. A suggested approach is to use the traffic light system. **Green**: when the goals are met (that is, within the lower threshold). **Amber**: when the goals are not met (that is, above the lower threshold but still within the upper threshold). If a parameter is in amber, it indicates that action is needed to avoid entering the red zone. When a parameter falls into the 'amber' zone, action should be taken to restore it with minimal resources. **Red**: when the upper threshold is breached. If a parameter enters the red zone then immediate action is needed from the highest level to maintain safety and to restore quality. Red in any of the parameters requires very close scrutiny and often an immediate action or intervention; for example, a red in 'Erb's palsy secondary to shoulder dystocia' may require a review of the cases to identify any training needs.
Tips for use	Consult widely with staff to gain co-operation and 'buy in'. Consider the guidelines on when to use and when not to use the tool. Incorporate it as part of the department's governance/quality meetings. Develop its use alongside an escalation policy. Consult with senior managers/board members to ensure it meets the needs of the board. Enlist the support of the IT department to provide expert input into its development. Consider involving individuals who can co-ordinate collection of monthly data. It is important to crosscheck the data to ensure accuracy; for example, the operation book in the operating theatre could be checked to verify the number of caesarean sections for the month. The Maternity Dashboard should be continuously updated and data compared on a month-to-month basis.
Where to find this tool	www.rcog.org.uk/files/rcog-corp/uploaded-files/GoodPractice7MaternityDashboard2008.pdf Department of Health (2007). *On the State of Public Health: Annual Report of the Chief Medical Officer 2006*. Chapter 6: Intrapartum-related deaths: 500 missed opportunities. London: The Stationery Office.

With thanks to the Royal College of Obstetricians and Gynaecologists

Tool	Intrapartum toolkit
Description	The tool has been developed by the National Patient Safety Agency to improve safety within maternity by providing guidance and resources to support improvement in monitoring and investigating incidents.
Benefits	The intrapartum toolkit gives access to online resources which can support maternity units/team to: ■ undertake robust investigation using root cause analysis into patient safety incidents ■ improve monitoring of patients' conditions ■ improve safety in clinical practice ■ describe staffing activity levels ■ feed information gathered on labour ward activity and staffing into the Royal College of Obstetricians and Gynaecologists (RCOG) dashboard.
How is it used?	■ The toolkit can be downloaded from www.nrls.npsa.nhs.uk/resources/collections/intrapartum-toolkit/?entryid45=66358. It includes resources on: – the intrapartum scorecard and data collection tool – placenta praevia after caesarean section care bundle – intrapartum-related perinatal deaths review pro forma – root cause analysis course. ■ Staff may need training and support to access and implement elements of the toolkit if they are unfamiliar with online tools and computers.
Tips for use	■ Consider including the toolkit as part of a wider maternity governance framework. ■ Ensure staff are trained on how to access the online material. ■ Liaise with the IT department for support around use of the tools online. ■ Consider a multidisciplinary approach to the implementation of the care bundles to ensure 'buy in' from all key staff. ■ Consider the involvement of data analysts to help support with the use of 'data' run charts, etc, where these may be new to staff.
Where to find this tool	www.nrls.npsa.nhs.uk/resources/collections/intrapartum-toolkit/?entryid45=66358 www.nrls.npsa.nhs.uk/resources/collections/intrapartum-toolkit/

Tool	Prevention and management of postpartum haemorrhage – RCOG guidelines
Description	The Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines on the prevention and management of postpartum haemorrhage (PPH) are part of its green-top guidelines series. They were first developed in May 2009 and have since been revised twice, most recently in April 2011. The primary objective of these guidelines is to support staff to provide care that is evidence-based. They cover: ■ the definition of PPH ■ keys to the prevention of PPH ■ an overview of risk factors for PPH ■ management issues such as fluid replacement, communication, resuscitation, the decision for hysterectomy, etc.
Benefits	■ Equips staff to recognise PPH, and take actions for its prevention and management. ■ Increases the confidence and knowledge of all members of the maternity team. ■ Is underpinned by an in-depth literature review. ■ Updated regularly. ■ Can meet the requirements of external bodies/national standards.
How are they used?	■ The guidelines are available from the RCOG's website. ■ They stress the importance of applying clinical judgement on each situation. ■ They include a pro forma for a PPH chart and a flowchart which summarises the key steps for managing a major PPH.
Tips for use	■ Ensure the guidelines are accessible to staff. ■ Print copies for staff that can't access the online version. ■ Consult widely with staff to get co-operation for the use of the guidelines. ■ Consider a multidisciplinary approach to the implementation of the guidelines to ensure 'buy in' from all key staff. ■ Monitor for updates. ■ Consider presenting/displaying the flowchart in clinical areas. ■ Incorporate it into teaching sessions and educational programmes/training.
Where to find this tool	http://www.rcog.org.uk/files/rcog-corp/GT52PostpartumHaemorrhage0411.pdf http://www.rcog.org.uk/womens-health/clinical-guidance/prevention-and-management-postpartum-haemorrhage-green-top-52