Maternal and Perinatal Serious Incident Review Sub-Committee

Learnings Summary: January – December 2023

This document provides a summary of learnings arising from the Maternal and Perinatal Serious Incident Review Sub-Committee meetings. We encourage facilities to review the learnings to determine local relevance and possible action. Human Factors play a part in all clinical situations and should be considered within each of the learnings. The resources may apply to multiple learnings but only listed once.

Identification of risk:

- A comprehensive assessment of maternal and fetal wellbeing is required at the primary point of contact.
- The full clinical picture must be considered to inform care planning and decision making.
- On admission for birth, consideration of care during the antenatal period must be incorporated into assessment of the full clinical picture to improve recognition of actual or potential risks that may impact labour. A systematic assessment including the potential factors underlying poor progress in labour may assist in care planning, anticipating, and avoiding subsequent labour complications such as shoulder dystocia.

CEC Resources:

- ⇨ Perinatal Safety Education
- ⇨ Maternal and Perinatal Serious Incident Review Sub- Committee publications: Maternal and Perinatal Watch – Antenatal antidepressant exposure and the effects on newborn babies
- ⇨ Maternal and Perinatal Watch – Reducing Stillbirth
- ⇨ CEC Safety Alert Broadcast system (SAB): Updated: Assessment and care of early labour; opioid and non-opioid analgesia

Recognition of deterioration:

- Continued focus on the routine minimum standards of observations (in accordance with local and state guidelines) during admission in the antenatal period will assist in the recognition of maternal and fetal deterioration.
- A systematic assessment in the antenatal period for early warning signs plays a crucial role in the identification of maternal and fetal deterioration.
- Early identification of deterioration in the antenatal period is particularly important for women with complex pregnancies.
- Regular fetal welfare assessments and maternal observations should be performed during cervical ripening to identify maternal and/ or fetal deterioration. Local guidelines should be available to guide clinical care.

NSW Health Resources:

- ⇨ Recognition and management of patients who are deteriorating (PD2020_018)
- ⇨ Maternity – Fetal heart rate monitoring (GL2018025)
- ⇨ Care Pathway for Women Concerned about Fetal Movements (GL2021_019)
- ⇨ Care of Women with suspected or confirmed Fetal Growth Restricton (GL2023_004)

CEC Resources:

- ⇨ Between the Flags

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Source: MP SIR Sub-Committee

Management of deterioration:

- Escalation must be prioritised alongside immediate clinical care following recognition of deterioration.
- Consider the clinical location/ environment as well as the clinical situation when placing an emergency call to ensure appropriate clinicians attend.
- Timely involvement of additional specialty teams is necessary when the source of pain or symptoms remain unclear or inconsistent.
- Immediate escalation of abnormal fetal heart rate and acute deterioration during labour is essential.

Resource:

⇨ Maternal and Perinatal Serious Incident Review Sub- Committee publications: Lessons for Learning – MP – Emergency Caesarean Sections

Barriers to care provision:

- It is important to plan continuity of care for women where there are barriers to accessing services.
- Clinicians should be aware of the care provisions for women who are Medicare ineligible with high-risk pregnancies.
- There is a need to ensure appropriate clinical assessment is not lost due to cultural or social bias and clinician assumptions.
- Social workers and Aboriginal health professionals are valuable resources that should be utilised to support both clinicians and women in the provision of trauma informed and culturally appropriate care.

NSW Health Resources:

⇨ Medicare Ineligible and Reciprocal Health Care Agreement (PD2021_021)
⇨ Connecting, Listening and Responding: A Blueprint for Action - Maternity Care in NSW (IB2023_006)
⇨ Aboriginal Cultural Training – Respecting the Difference (PD2022_050)
⇨ Trauma informed care

High risk/ complex pregnancies:

- All women should have access to multidisciplinary high-risk care and care planning as required, regardless of the woman's intended or actual model of care.
- Ensure a senior obstetrician coordinates the management of women with complex and high-risk pregnancies and maintain continuity where possible.
- Decisions around place of birth should take into consideration maternal and fetal risk factors in conjunction with the services planned role delineation and service capability.
- Women who present with significant antenatal risk factors require senior midwifery and/ or medical review prior to discharge.
- Following any antenatal admission, an updated care plan is required prior to discharge.

NSW Health Resources:

⇨ Maternity – National Midwifery Guidelines for Consultation and Referral (PD2020_008)
⇨ Tiered Networking Arrangements for Perinatal Care in NSW (PD2023_035)

Telephone consultations:

- Invite women in for assessment at the earliest opportunity to gain a baseline assessment of maternal and fetal wellbeing following a telephone consult.
- Clear and accessible documentation of all telephone conversations is required so future presentations can be interpreted in the correct context.
- Women should feel empowered to present to a maternity service without contacting the service prior if she has concerns for her wellbeing or that of her baby.

NSW Health Resource:

⇨ Health Care Records – Documentation and Management (PD2012_069)

Team communication:

- To maintain patient safety, effective communication is required between the Operating Theatre, anaesthetic staff and Maternity teams regarding the urgency of caesarean sections.
- Comprehensive and contemporaneous documentation is an essential component of communication that provides the team with understanding of the care provided.
- Accurate discharge summaries and thorough handover of care is vital, particularly when care is provided across multiple facilities and/ or LHDs/ states.
- Detailed and timely communication between teams leads to higher quality handover and consent processes.
- Psychological safety is required to ensure effective communication and escalation of concerns occurs within teams.

NSW Health Resources:

- ⇨ Clinical Handover (PD2019_020)
- ⇨ Patient Discharge Documentation (GL2022_005)

CEC resources:

- ⇨ Psychological Safety
- ⇨ Team Stripes
- ⇨ Clinical handover
- ⇨ Safety Huddles

Communication with women:

- When communicating with women and families, consideration of cultural backgrounds and beliefs is essential to ensure understanding.
- Ensure women are provided with evidence-based information in an appropriate format to enable them to make informed decisions.
- Explicit language and confirmation of understanding is required when counselling women regarding their pregnancy choices.
- Carefully considered communication is required for women who choose care outside of recommendations.
- As part of conversations regarding fetal movements, every woman's understanding, and interpretation of this advice should be ensured.
- When debriefing women and families, sound communication skills are vital to ensure understanding and avoid the distress caused when misunderstandings occur.

NSW Health Resources:

- ⇨ Maternity – Safety and Quality Essentials (PD2023_031)
- ⇨ Consent to Medical and Healthcare Treatment Manual
- ⇨ Health Literacy Framework A guide to action 2019- 2024
- ⇨ Teach Back
- ⇨ Interpreting services

CEC Resources:

- ⇨ Safety Fundamentals for Person Centred Communication
- ⇨ Partnering with patients, carers, and families

Locum orientation:

Orientation for locum obstetric and neonatal staff must set the minimum expectation for employment requirements. Orientation should also outline available online learning and education, on-site supervision requirements, escalation pathways, tiered perinatal network function and the co-leadership model.

Resource:

- ⇨ My Health Learning – mandatory training for medical officers

Education:

Neonatal Resuscitation:
Regular neonatal resuscitation training (including simulation and role allocation) is essential for all staff (not just neonatal and maternity services). This training should be standardised and accessible by all staff. Simulation is vital as neonatal resuscitation is not a routinely practiced skill for many clinicians.

Back to basics:
Education and training should include the essential elements of the basics - ensuring consideration of the full clinical picture and completing a comprehensive assessment.

NSW Health Resource:

- ⇨ Maternity – Resuscitation of the Newborn Infant (GL2018_016)

CEC resource:

- ⇨ CEC Safety Alert Broadcast system (SAB): Updated: Set up of neonatal resuscitaires

Orogastric tubes:

Orogastric tube measurement and pH testing is required prior to administration of a feed to ensure early identification of dislodged tubes. It is important to adhere to available clinical guidelines to ensure agreed standards of care are maintained.

NSW Health Resource:

- ⇨ Infants and Children Insertion and Confirmation of Placement of Nasogastric and Orogastric Tubes (GL2016_006)

CEC Resource:

- ⇨ Paediatric Watch newsletter: Nasogastric tube insertion: confirmation of correct placement and management

Service provision:

- A business continuity plan should address plans for disruption of essential services (e.g. ultrasound services). These plans should outline the service maintained, the service capability level and include risk mitigation strategies when there is disruption to any core service.
- Disruption of essential services, including timeframes must be clearly communicated to all clinical staff.
- When there is disruption to the provision of essential services that impact on the access to clinical care such as diagnostic services, clinical care plans should be reviewed, and alternative arrangements made to minimise any potential adverse outcomes as a result of the disruption.

NSW Health Resource:

- ⇨ Business Continuity Management (PD2018_045)

We value your feedback. If you have any questions or comments about this report, please email CEC-PatientSafety@health.nsw.gov.au