IMPROVING COMMUNICATION DURING A MAJOR OBSTETRIC HAEMORRHAGE

Dr E Humphry, ST3 Anaesthetic Trainee, Dr H Kennedy ST6 Anaesthetic Trainee, Dr S Davies Consultant Obstetric Anaesthetist
Department of Anaesthesia, St Mary's Hospital, Manchester University NHS Foundation Trust

Manchester University NHS Foundation Trust

Introduction

The most recent MBRRACE report highlighted some key areas for improvement when managing the Major Obstetric Haemorrhage (MOH) (1). In particular, it reiterated the importance of having a 'helicopter view' when managing an MOH, stating that 'clear communication requires periodic, out-loud updates'. To address this, during the Spring of 2021, we introduced MOH whiteboards in our hospital's obstetric theatres with the aim of facilitating communication during an anticipated or actual MOH. We then surveyed opinion before and after the introduction of our MOH boards to see if there was any perceived improvement in communication amongst the multi-disciplinary team in theatres.

Methods

Our project took part in a tertiary obstetric centre with approximately 11000 deliveries per year and functioning obstetric theatres (2 emergency and 1 elective).

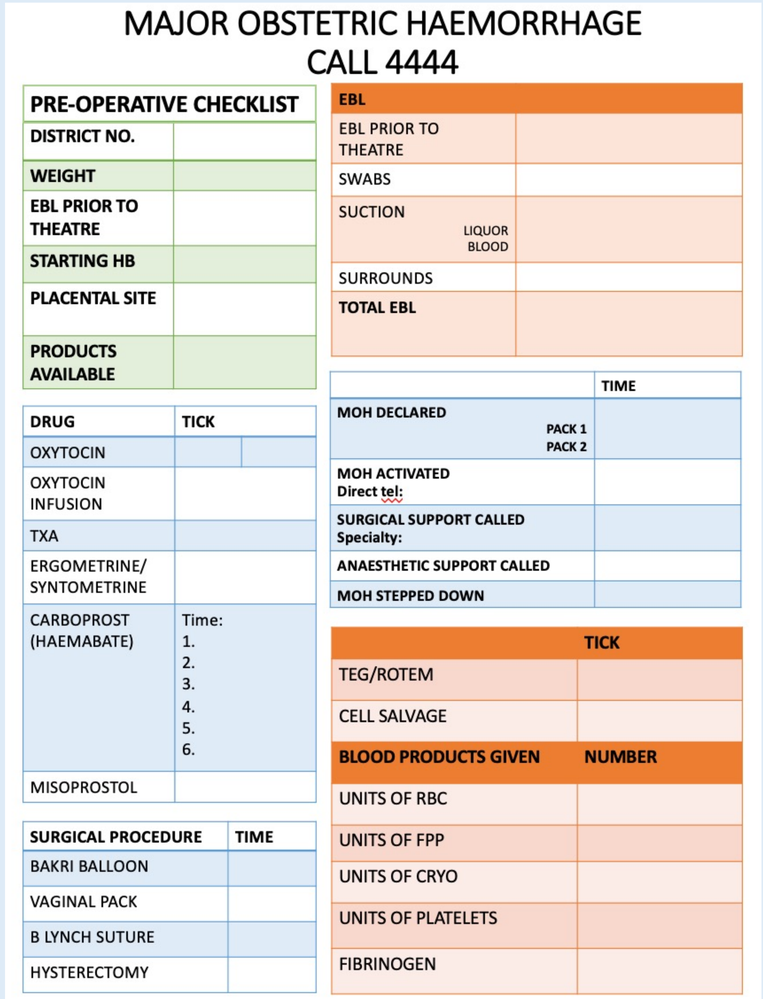
To better inform the aims of our project, we first surveyed the MDT; anaesthetists, obstetricians, ODPs, theatre nurses and midwives. This was in order to highlight the key areas of concern during the management of an MOH and try to tailor our initiative respectively. With these opinions in mind, we then trialled our first version of MOH communication whiteboards in our obstetric theatres for a period of 6 weeks.

After, we surveyed MDT opinion again to see if there was a perceived improvement in communication during an MOH in theatres, and also to take further suggestions for improvement. Taking on board these comments, we produced a second iteration of the MOH boards, placed them in all obstetric theatres and finally surveyed opinion from the team once more with regard to their effectiveness as a communication tool.

Results

After implementing our first set of communication boards, 75% of staff surveyed felt that communication regarding which uterotonics had been administered had improved. 60% of staff felt that communication surrounding surgical steps taken had also improved since the boards had been in use.

Common themes elicited in the first round of feedback were around scribe allocation and board position in theatre. It was felt that there needed to be a clearly allocated member of the team to be the scribe, and most felt that this should be the anaesthetist. With regard to position of the board, most felt it should be moved from the end of theatre near the swab count board, closer to the anaesthetist and in the eye line of the lead surgeon. These suggestions were taken on board and implemented in the second iteration of the boards.



MAJOR OBSTETRIC HAEMORRHAGE
CALL 4444

PRE-OPERATIVE CHECKLIST	
DISTRICT NO.	
WEIGHT	
EBL PRIOR TO THEATRE	
STARTING HB	
PLACENTAL SITE	
PRODUCTS AVAILABLE	

DRUG	TICK	
OXYTOCIN		
OXYTOCIN INFUSION		
TXA		
ERGOMETRINE/ SYNTOMETRINE		
CARBOPROST (HAEMABATE)	Time: 1. 2. 3. 4. 5. 6.	
MISOPROSTOL		

SURGICAL PROCEDURE	TIME
BAKRI BALLOON	
VAGINAL PACK	
B LYNCH SUTURE	
HYSTERECTOMY	

EBL	
EBL PRIOR TO THEATRE	
SWABS	
SUCTION LIQUOR BLOOD	
SURROUNDS	
TOTAL EBL	

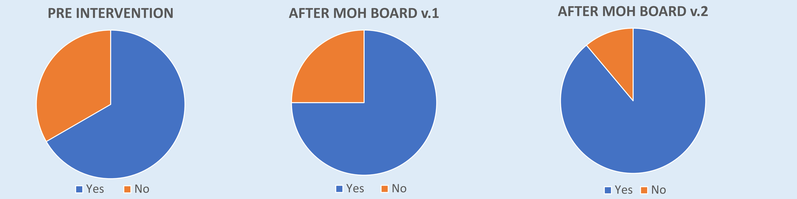
	TIME
MOH DECLARED PACK 1 PACK 2	
MOH ACTIVATED Direct tel:	
SURGICAL SUPPORT CALLED Specialty:	
ANAESTHETIC SUPPORT CALLED	
MOH STEPPED DOWN	

	TICK
TEG/ROTEM	
CELL SALVAGE	
BLOOD PRODUCTS GIVEN	**NUMBER**
UNITS OF RBC	
UNITS OF FPP	
UNITS OF CRYO	
UNITS OF PLATELETS	
FIBRINOGEN	

Results (continued)

Our second round of feedback found that 90% of staff felt that communication regarding uterotonic administration had improved, and 66% felt that communication regarding surgical steps taken had improved. Furthermore, comments from a variety of members of the MDT highlighted the improvement in decision making and communication, as well as the utility of the boards as a prompt during an MOH.

Are you aware when uterotonics are given in theatre?



"'Very good. Improves communication and decision making around MOH"

"The boards are a positive change"

Discussion

Staff members across the MDT in theatres felt there was increased situational awareness and improved communication after the introduction of designated MOH communication boards in obstetric theatres. This initiative will hopefully facilitate the necessary 'helicopter view' of the situation during an MOH, thereby reducing maternal morbidity and mortality during such an event. Furthermore, as well as facilitating focused communication during an often stressful clinical scenario, the board acts as both an *aide-memoire* for the MDT and also promotes those 'periodic out-loud updates' that MBRRACE specifically recommend.

References

1. MBRRACE (2020), *Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18*. Available at: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf, Accessed on 15/02/22.