Improving CTG Communication on Delivery Suite: Introducing an Epidural Safety Checklist

C. Richardson, A. Richardson, DN. Lucas

Northwick Park Hospital

London North West University Healthcare NHS Trust

London North West University Healthcare NHS Trust

Putting patients at the HEART of everything we do

Background

Positioning for epidural anaesthesia is often challenging, requiring careful attention to a balance between achieving optimal conditions for the anaesthetist and ensuring continuous fetal monitoring via CTG in either the seated or lateral position. In response to a Maternity and Neonatal Safety Incident (MNSI) in our unit, we introduced a checklist to facilitate dialogue between midwives and anaesthetists before commencing insertion.

Our Intervention

We conducted a survey among unit midwives to assess their perceptions of anaesthetists' awareness of the CTG and their confidence in requesting anaesthetists to halt procedures if concerns arise. This checklist includes key prompts for anaesthetists and reminders for post-insertion tasks. The central pre-insertion question was: "Do you have any concerns about the CTG before beginning?" Responses were measured using a 5-point Likert scale.NB. Ethical approval was not required and the project was registered at department level for QI.

28%

Of midwives do not think that the anaesthetist has an awareness of the CTG before insertion of the epidural

Improved from 64% midwives thinking that anaesthetists has NO awareness pre checklist introduction

36%

Of junior anaesthetists working on labour ward do not have an awareness of CTG interpretation

Improved from 78% having NO awareness pre checklist introduction

95%

Of midwives feel fairly or very confident that they could ask the anaesthetist to stop insertion of an epidural if they were not happy with the CTG

Up from 68% pre checklist introduction

SIGN IN Before scrubbing:

- ☐ Patient identity confirmed with midwife and wristband
- ☐ Epidural explained & consent obtained (written information from OAA in patient native language preferred)
- ☐ Contraindications, blood results and allergies checked
- ☐ Cannula inserted and working, IV fluids and appropriate giving set immediately available

TIME OUT Before the procedure:

- ☐ Monitoring in place - (HR and BP for mother and CTG for fetus)
- ☐ Has the back been cleaned with 0.5% chlorhexidine in 70% alcohol and allowed to dry?
- ☐ 'Do you have any concerns about the monitoring or CTG before I begin?'
  If concerns then highlight to MIC/Obstetrician before commencing insertion

SIGN OUT Immediately after the procedure:

- ☐ Sharps disposed of safely
- ☐ Epidural fixed securely in place (on contralateral side to IV access preferably)
- ☐ Test dose and 1st dose given - Documented and top ups prescribed on Cerner
- ☐ Midwife and woman informed of any issues with insertion or caveats to use

Conclusion

This project demonstrates a straightforward and effective approach to enhancing communication between midwives and anaesthetists, thereby fostering a culture of open communication and patient safety. This has been implemented as standard practice for all labour epidurals. It promotes a shared mental model of intrapartum care, reduces the risk of inadequate monitoring, and empowers more junior members of staff to speak up when required.