

Enhancing Obstetric-Emergency Preparedness outside of Obstetric Centres: A Multidisciplinary Quality Improvement Initiative

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Subject

Within the Irish Healthcare system, many maternity units are siloed into designated obstetric hospitals, meaning tertiary centres in the country's capital are without a dedicated on-site obstetric team. Unanticipated obstetric emergencies require highly-specialised care and are dreaded by most non-obstetric physicians.

A multidisciplinary team (MDT) was established in a non-obstetric, tertiary-referral centre to improve preparedness for unplanned obstetric emergencies and ensure that staff across departments, are equipped with the knowledge, resources and confidence to manage rare but critical obstetric emergencies.

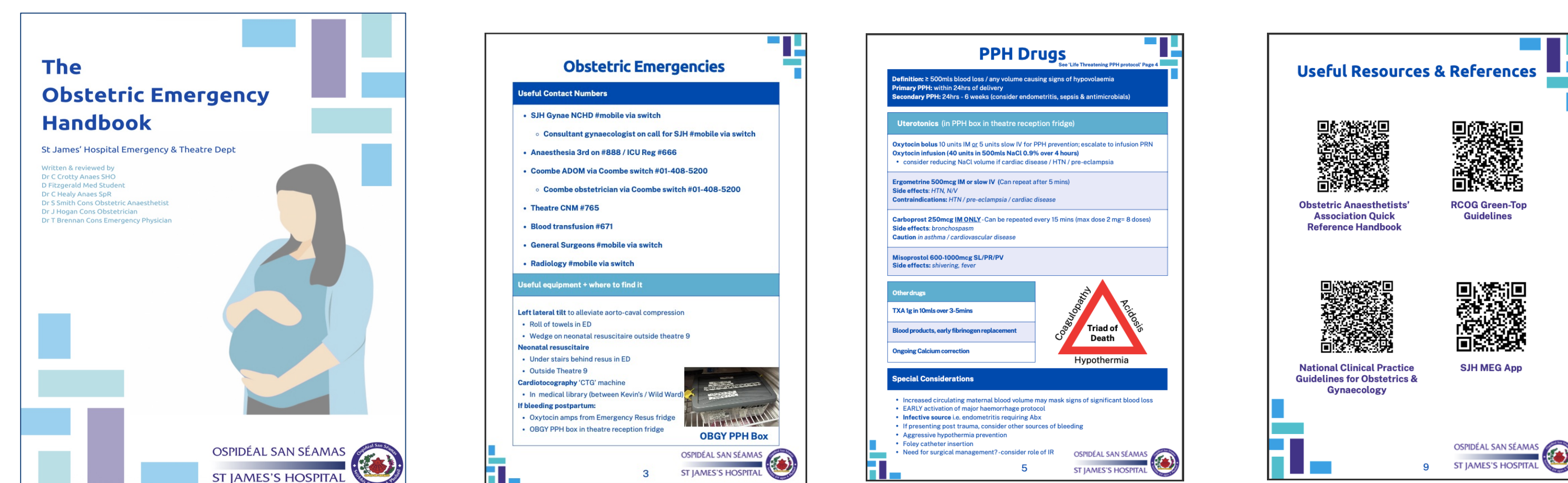
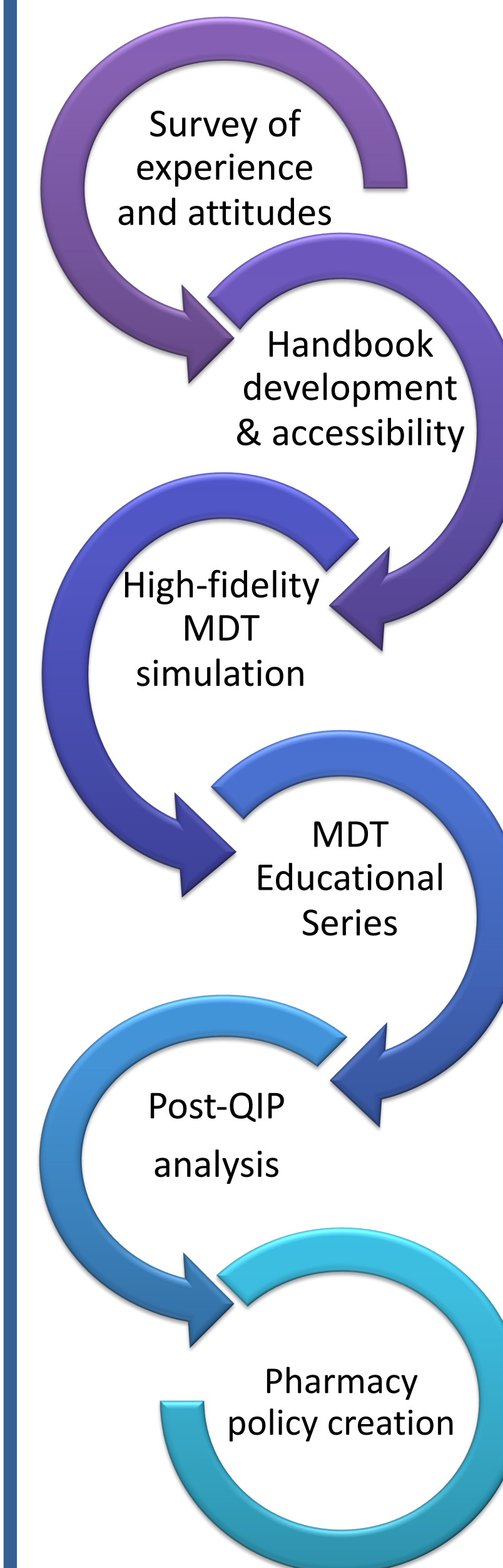


Figure 1.0 – Cover and sample pages from The Obstetric Emergency Handbook

Method

A preliminary survey investigated emergency and anaesthetic staff familiarity with emergency obstetric care. These data informed development of a hospital-specific handbook containing practical information, including key personnel, equipment locations and guideline-based management of obstetric emergencies.



Handbooks were placed both online and with obstetric grab-bags in key locations around the hospital.

An MDT educational series was formed with input from obstetric-anaesthetists, obstetricians and midwifery representatives. Teaching was delivered to emergency and anaesthetic doctors and nurses.

The handbook was integrated into existing multi-disciplinary high-fidelity simulation training. This allowed attendees to apply learning and utilise the handbook in realistic scenarios. Two surveys assessed knowledge and confidence after teaching and handbook availability.

Finally, implementation of uterotonic policy with the pharmacy department is underway to support safe prescribing practices.

Results

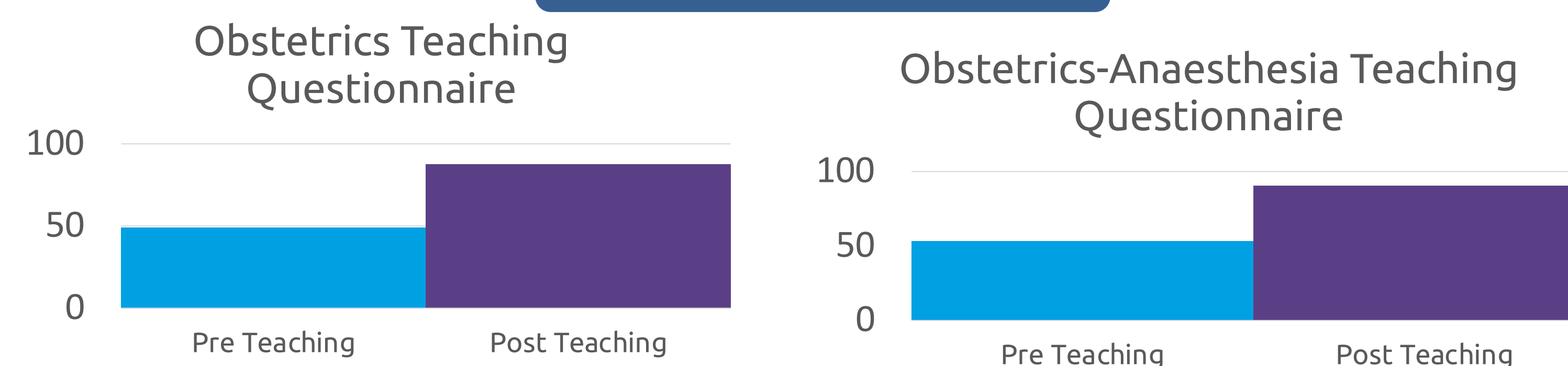


Figure 1.1 - Results of Pre and Post teaching Questionnaires

Results ctd.

The preliminary survey confirmed limited experience, knowledge and confidence with obstetric emergencies.

Attendance at teaching sessions was high amongst trainees and nurses, and pre- and post-session questionnaires demonstrated knowledge improvements (53% to 90%, 49% to 88% respectively).

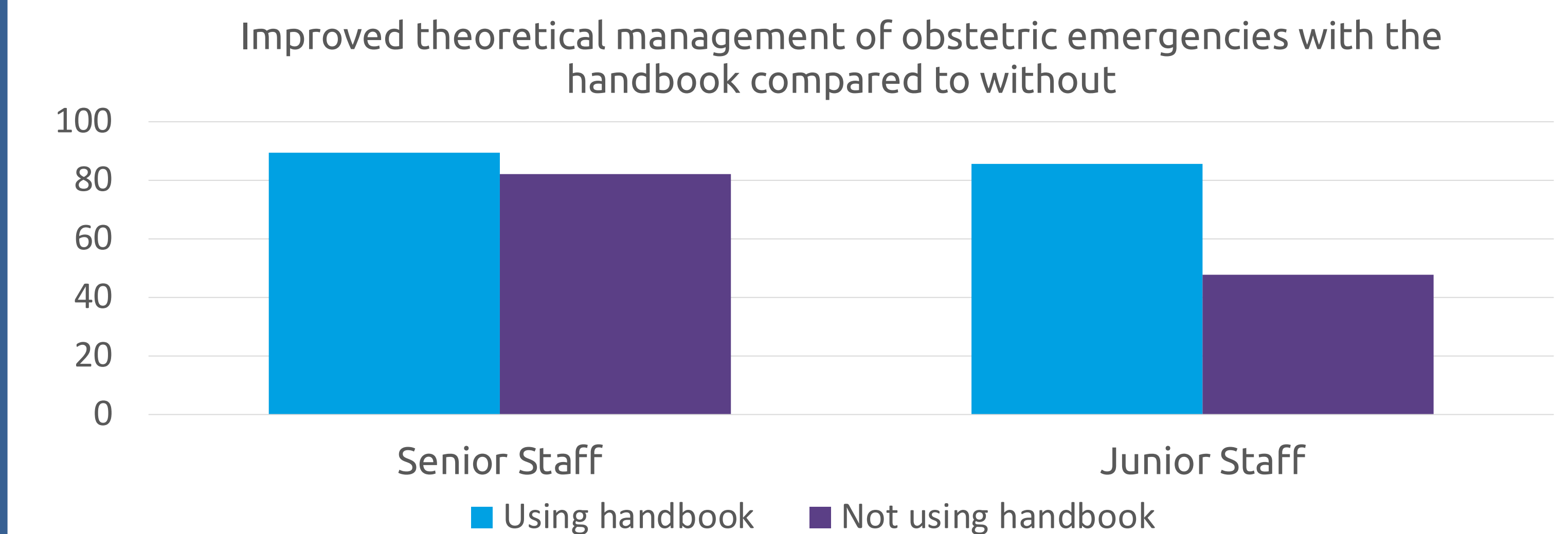


Figure 1.2 - Results of theoretical management Questionnaire

Interviews with anaesthesia trainees demonstrated improved theoretical management of obstetric emergencies with the handbook compared to without (95% versus 71%)

Conclusion

Simulation, cognitive aids and MDT collaboration improved staff preparedness for major obstetric emergencies and ultimately, improved patient safety in a non-obstetric centre.