

# Do You T.A.F.I? – Think Antibiotics For Instrumentals

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## Introduction

The Maternity Day Assessment Unit (MDAU) at Queen Charlotte's and Chelsea Hospital (QCCH) is busy. Perineal infection post-vaginal delivery is a relatively common presentation and can be significantly distressing to our women.

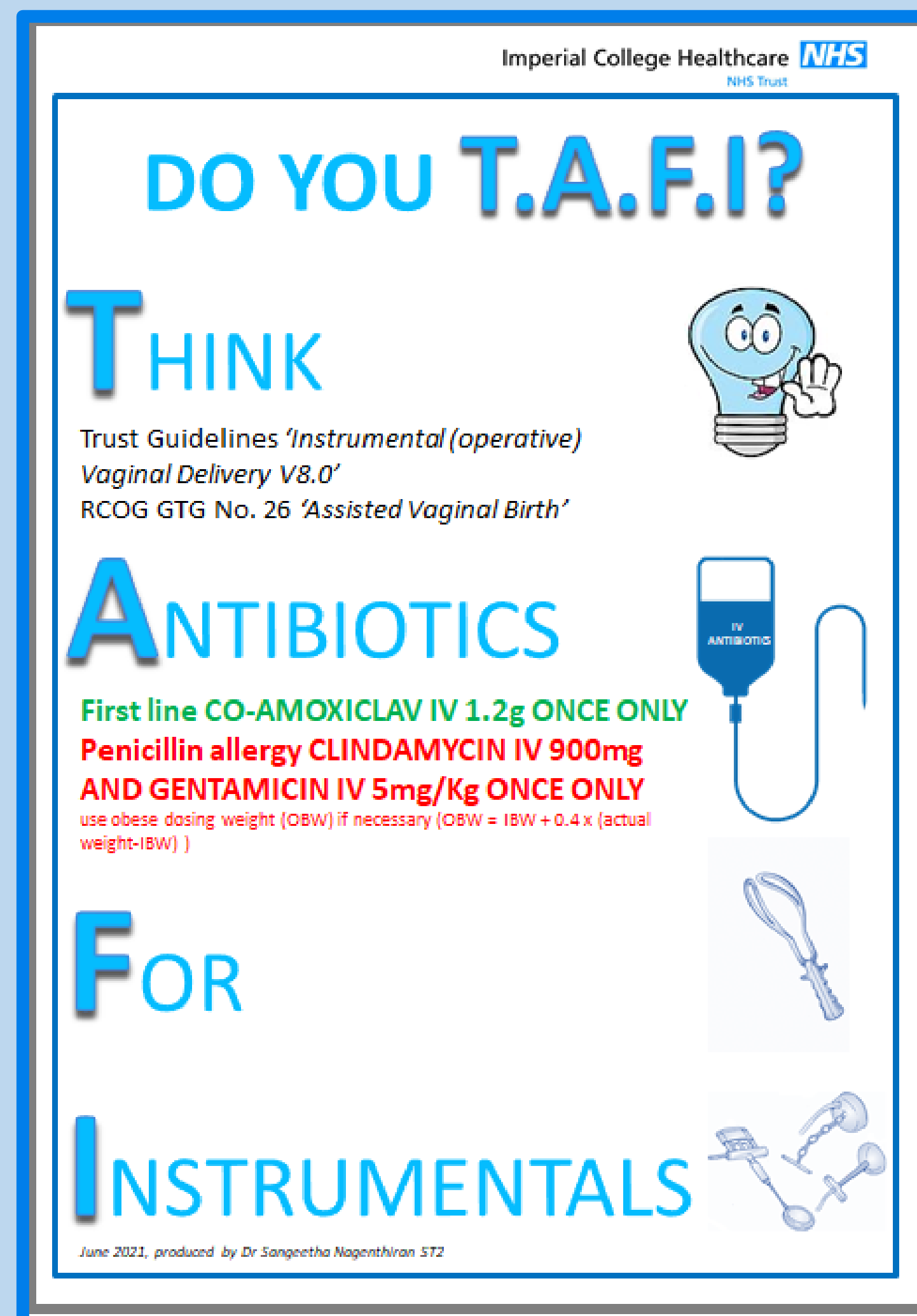
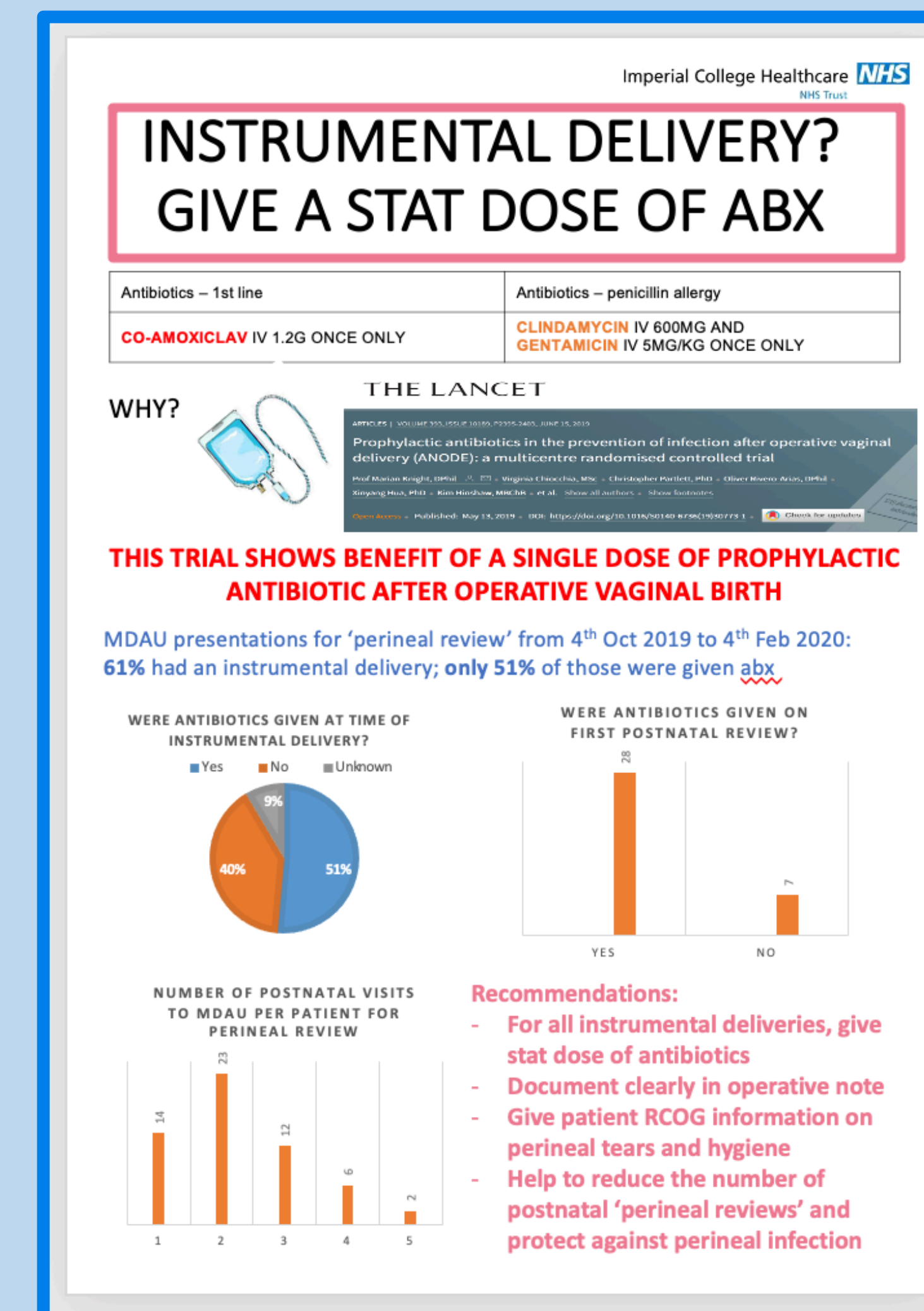
The ANODE trial demonstrated the benefit of a single dose of prophylactic antibiotic in reducing the risk of infection after instrumental birth. A Quality Improvement (QI) project was started at QCCH for the following aims.

## Aims

- ✓ Implement the use of single dose prophylactic intravenous (IV) antibiotics after instrumental birth to improve the quality of care of our women
- ✓ Reduce risk and occurrence of infection
- ✓ Reduce clinical and cost burden to the unit

## Methods

- ❑ Retrospective analysis of all postnatal perineal reviews presenting to the MDAU between 4<sup>th</sup> October 2019 and 4<sup>th</sup> February 2020 (inclusive); identified from the MDAU diary.
- ❑ Cerner electronic notes reviewed and data was extracted including method of delivery; were IV antibiotics given at delivery; number of postnatal presentations to the MDAU for perineal review; and were antibiotics given at time of review.
- ❑ Data combined onto an Excel spreadsheet for analysis
- ❑ September 2020 results presented at departmental meeting and poster recommending use of antibiotics at instrumental delivery circulated to all obstetric clinicals via email
- ❑ Trust guidelines updated November 2020 recommending use of single dose IV antibiotics at instrumental delivery
- ❑ 1<sup>st</sup> October and 31<sup>st</sup> December 2020 second QI cycle using same method above
- ❑ June 2020 results presented to Clinical Director for Maternity; poster 'T.A.F.I – Think Antibiotics For Instrumentals' was circulated via email and displayed in handover and clinical areas highlighting the updated Trust and RCOG green-top guidelines, and outlining the IV antibiotics to administer

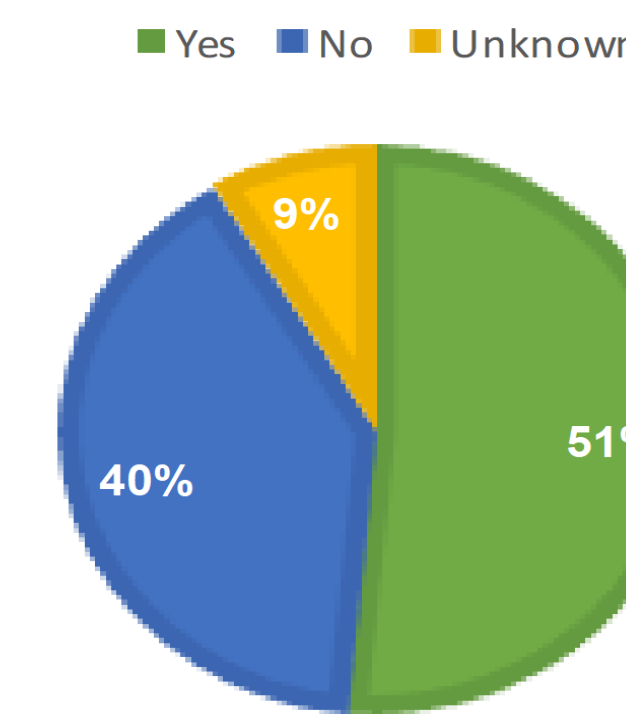


## Results

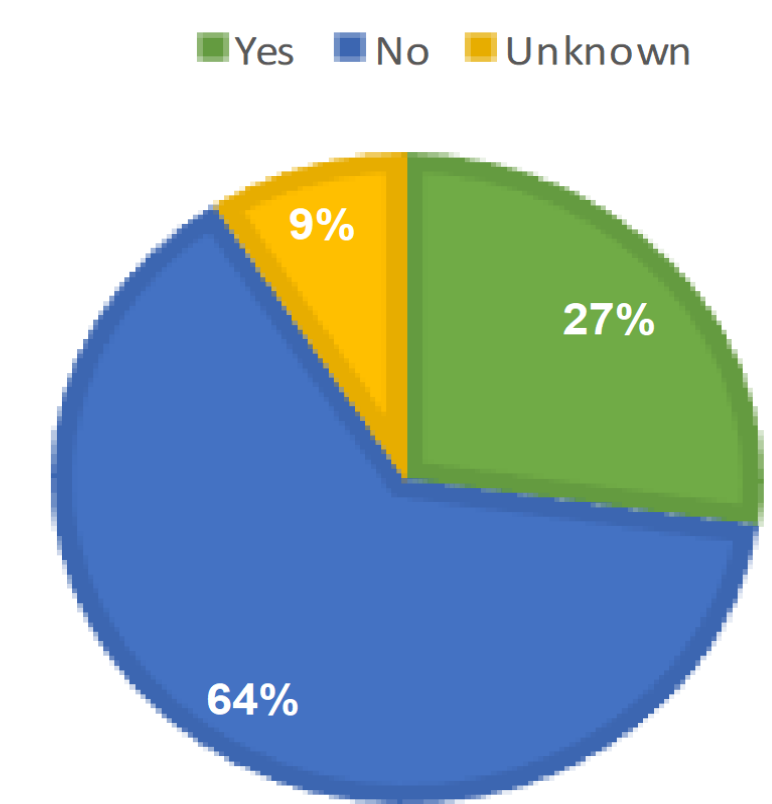
- 1st cycle 4<sup>th</sup> October 2019 – 4<sup>th</sup> February 2020:

57 perineal reviews - 35 (61%) had an instrumental delivery; 22 (39%) had an SVD

**INSTRUMENTAL DELIVERIES - WERE ANTIBIOTICS GIVEN?**



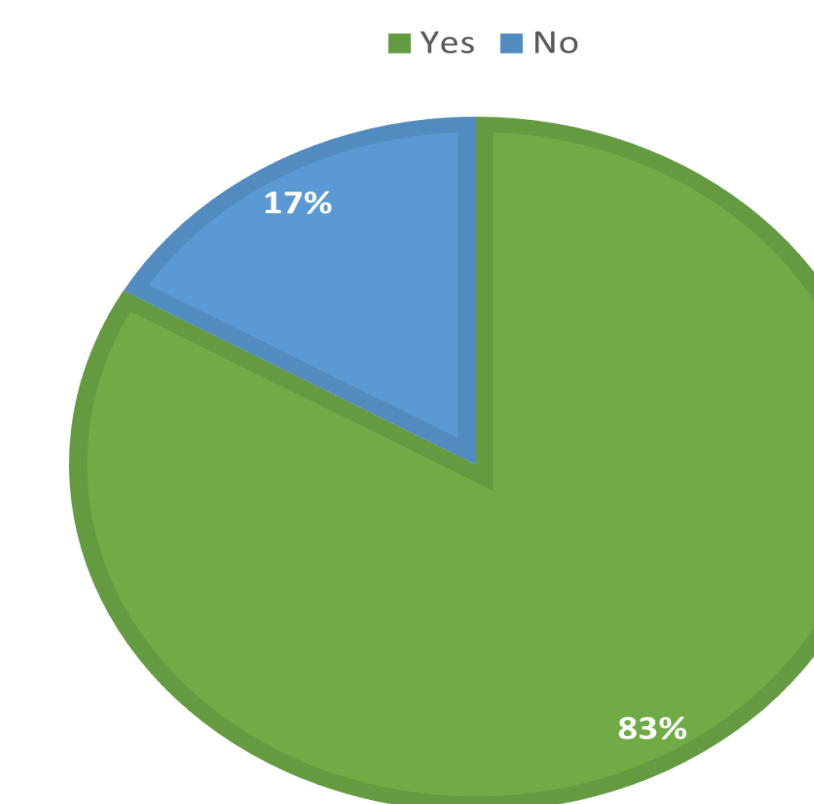
**SVDS - WERE ANTIBIOTICS GIVEN?**



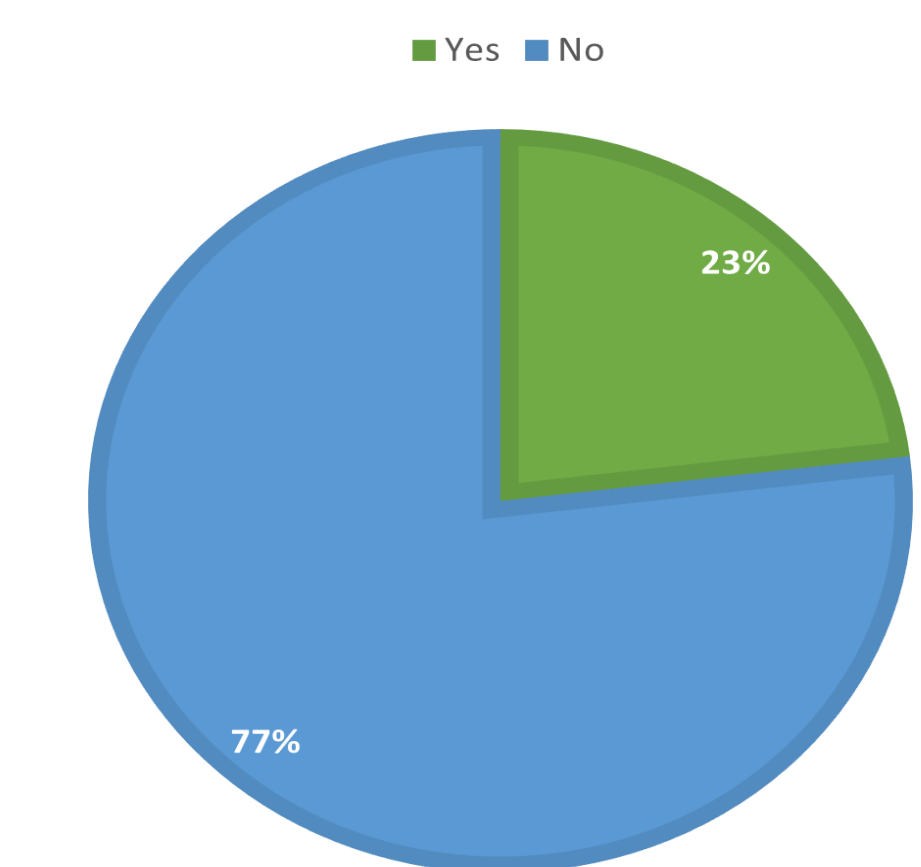
- 2nd cycle 1<sup>st</sup> October 2020 – 31<sup>st</sup> December 2020:

38 perineal reviews – 12 (32%) had an instrumental delivery; 26 (68%) had an SVD

**INSTRUMENTAL DELIVERIES - WERE ANTIBIOTICS GIVEN?**



**SVDS - WERE ANTIBIOTICS GIVEN?**



## Conclusion

This project clearly demonstrates the improvement in outcomes for our women, and by association, the reduction in clinical and cost burden to the unit. Interestingly, a significant number of reviews in the second cycle were following SVD. We are planning to collect data on perineal repair following SVD to determine how we can further improve outcomes.