

Documentation of Impacted Fetal Head at delivery (IFH): A simulation study Jenny Summerfield, Katie Cornthwaite

AIM

Evaluate the accuracy of record keeping by obstetricians post simulated impacted fetal head (IFH) at caesarean section (CS)

INTRODUCTION

- IFH is a challenging and increasingly common obstetric emergency
- IFH is associated with significant maternal and fetal complications
- Clear documentation and language is essential for obstetric management, training, audit and medicolegal purposes

IFH DEFINED AS: ‘A caesarean cephalic delivery requiring additional techniques to disimpact the fetal head after standard delivery manoeuvres have failed’

ADDITIONAL TECHNIQUES INCLUDED: Change of hand, tocolysis, head down tilt, vaginal disimpaction, reverse breech extraction, Patwardhan method and inverted T/J uterine incision

METHOD

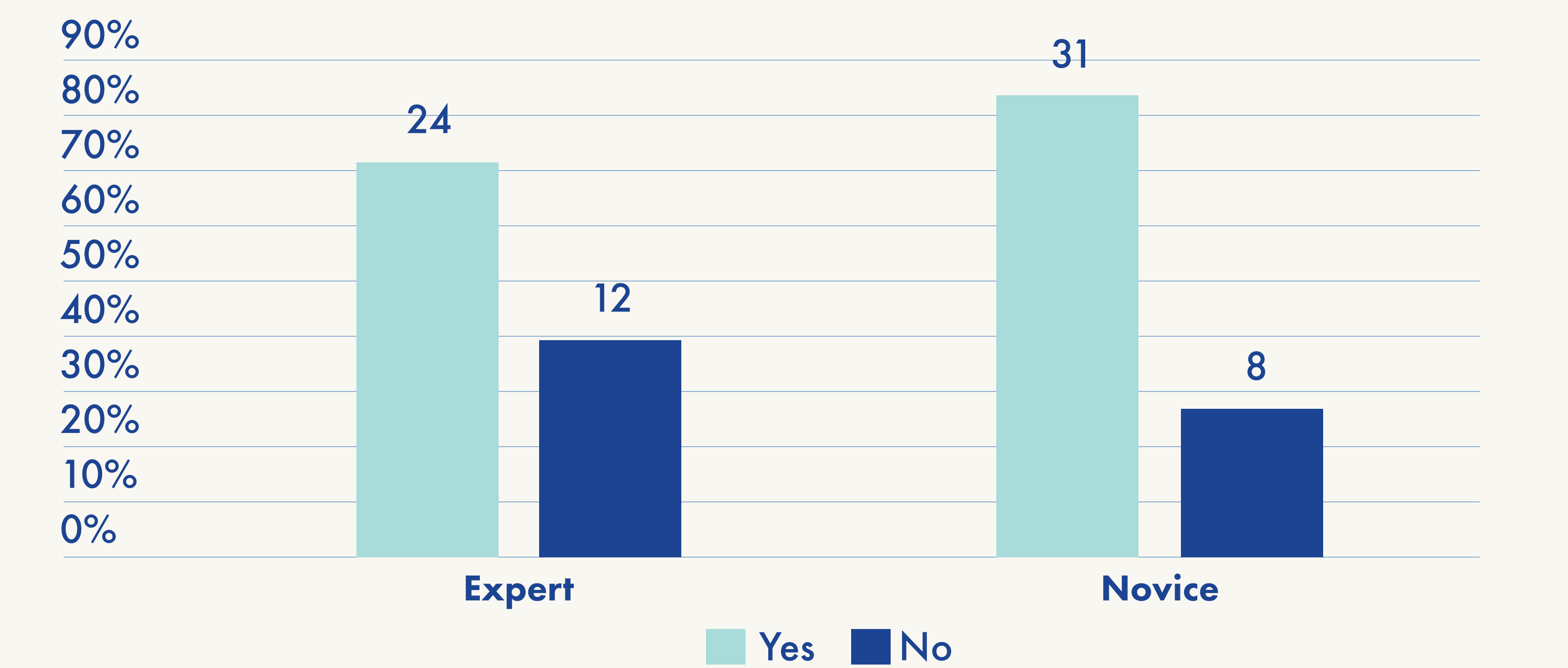
- Observational study comparing observed events during simulation with post simulation documentation

Participants documented their management using their local CS proforma. Documentation was compared to observed actions

PARTICIPANTS :

- 25 obstetricians
- Expert:** Consultants with extensive experience
- Novice:** ST3+ with < 7 years experience

Documentation accurately reflecting actions in all simulations :



RESULTS

Documentation of IFH

- The definition of IFH was met, (i.e., additional techniques used/requested) in 78% (28/36) of expert and 87% (34/39) of novice scenarios
- IFH was not clearly documented in 29% (8/28) of expert and 9% (3/34) of novice simulations where additional techniques were employed
- IFH was documented despite no additional techniques being used in 11% (4/36) of expert and 8% 3/39) of novice scenarios

Documentation of actions undertaken

- Documentation in 79% (31/39) of novice and 67% (24/36) of expert simulations accurately reflected all actions undertaken
- Change of hand was the most utilized additional technique in 50% (18/36) of expert and 79% (31/39) of novice simulations
- Rarely performed additional techniques (i.e. reverse breech extraction) had a 100% documentation rate

CONCLUSIONS

- IFH was inconsistently documented following simulated IFH
- Techniques performed to manage IFH were unreliably recorded, especially by expert obstetricians
- Accurate documentation of disimpaction techniques is important for managing subsequent pregnancies, medicolegal purposes and for research and audit
- An agreed definition of IFH and standardised proforma would be of benefit