Prioritization on the labour suite

Gemma Wright

Lucy Kean

Abstract

The ability to prioritize the workload on the labour suite is a key skill for the trainee obstetrician and is one that can only be developed and refined with time and experience. It requires the ability to triage the workload and delegate tasks appropriately to a multidisciplinary team of obstetricians, anaesthetists and midwives who are all equally vital to the smooth running of the labour suite.

Keywords delivery suite; obstetrics; pregnancy; prioritization; triage

General principles

There is little variation in the workload on a labour suite over a 24 h period. The exceptions being daytime elective work such as planned caesarean sections and inductions of labour. Structuring the working day/shift around a formal handover at the start of the shift and then ward and board rounds at regular intervals can help to identify current problems and foresee potential future problems.

Handover

Many rotas now have a formal 30 min handover included at the start and finish of a shift. Handover should be multidisciplinary with the labour suite co-ordinating Midwife, the arriving and finishing Obstetric teams and where possible the senior clinician. All consultant led patients should be discussed, along with new admissions or referrals to the unit and midwifery led cases as required. Any problems identified on the antenatal or postnatal wards should also be discussed, including the ongoing plan of care. Any investigation results that are outstanding at the time of handover should also be relayed to the arriving team.

Ward rounds

A formal ward round should take place at the start of each shift with the labour suite co-ordinator. The women requiring review should have been identified and agreed with the labour suite co-ordinator during handover. The Safer Childbirth report recommends that when there is not consultant presence on the labour suite there should be two ward rounds a day with a further round in the evening. The frequency of additional ward rounds or board rounds should be determined by the workload on the labour suite and particularly by the degree of complexity of the individual cases. Women requiring high dependency care on the labour suite should be reviewed 4 hourly.

Ward rounds are an opportunity to identify and address current problems and to put in place plans to reduce the chance of potential complications developing. An example of this is discussing an early epidural with a morbidly obese woman, with the intention of reducing the likelihood of requiring a general anaesthetic in an emergency situation, and with the aim of reducing the risk of complications for that woman.

Elective versus emergency workload

A large proportion of the workload on the labour suite is emergency cases that cannot be scheduled but in some instances can be predicted to some extent. However, planned work is carried out on the labour suite most days, including elective caesarean sections and inductions of labour. This planned work must necessarily be fitted in around the emergency workload although it should not be unduly delayed by emergency cases. Much of the skill required in prioritizing a labour suite is in developing an understanding of the balance between the two.

Teaching

Teaching forms an important part of your role on the labour suite and as a trainee progresses this will grow to include both teaching medical students and supervising more junior doctors. There is also much to be gained from spending time helping to supervise junior midwives with tasks such as suturing and peripheral venous cannulation. When they become proficient in these techniques, there will be greater flexibility to delegate tasks during busy periods. It will also allow senior midwives more time for direct patient care.

If you are supervising trainees on the labour suite it is worthwhile setting some aims for the shift. If you regularly work with a particular trainee, longer term goals can be set that should be reviewed regularly. If you are supervising more than one trainee, it is important to identify appropriate cases for each one during your shift. The supervision of trainees should be balanced against your own training needs and you should only be supervising procedures to a level that is appropriate for your stage of training and competency level. Do complete workplace based assessments such as Objective Structured Assessment of Technical skills (OSATS) when appropriate, as this helps trainees develop a balanced portfolio.

Communication skills

Good communication skills are essential to the smooth running of the labour suite and are an integral part of successful team working. As a trainee you will be judged on your ability to communicate both effectively and sensitively with the woman and her birth partner, and with the midwifery and other medical staff. In an emergency, effective communication should enable the urgency of the situation to be conveyed without causing unnecessary anxiety to the woman and her birth partner. Dissemination of information and mobilizing the necessary staff can be streamlined by making certain that the bleep numbers of the obstetric team, anaesthetist covering labour suite, neonatal and theatre team are clearly displayed and up to date.

***Gemma Wright** BSc MBBS MRCOG is an ST7 at Nottingham University Hospitals, Queen's Medical Centre Campus, Nottingham, UK. Conflict of interest: none declared.*

***Lucy Kean** BM BCh DM FRCOG is a Consultant in Fetal and Maternal Medicine at Nottingham University Hospitals, City Hospital Campus, Nottingham, UK. Conflict of interest: none declared.*

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The Confidential Enquiries into Maternal and Child Health (CEMACH) reports have consistently identified poor communication and poor or non-existent team working as obstacles to the provision of care in many of the cases they assessed. The Situation, Background, Assessment and Recommendation (SBAR) tool was initially developed for use by the military and in aviation but has more recently been adapted for use in healthcare with the aim of improving communication between healthcare professionals. It can be used to structure handovers, advice telephone calls and referrals. Many units have visual prompts in clinical areas such as stickers on telephones or special notepads to encourage its use by all healthcare professionals. Away from the clinical setting, multidisciplinary skills drills can be used to help identify potential problems with communication and team working, and to look at ways of improving both.

Use of resources

One of the skills required when learning to manage a labour suite is in making the best use of the resources available to you. This includes making the best use of your time and the staff available as well as physical resources such as equipment, rooms and Obstetric theatres.

Time management

Effective time management requires problems to be addressed in a timely manner. Avoid deferring decision making. If you are uncertain as to the best course of action seek advice and discuss the case or have the woman reviewed by a more senior colleague. If decisions are deferred, the problems will not go away and may become more difficult to manage. It is also important to try and anticipate situations where problems could occur at the same time. For example, it would be sensible to delay taking an elective case to theatre if there are twins in active second stage that will require obstetric input and may require theatre urgently if there are complications.

Resist the temptation to do everything yourself. Learning to delegate comes with experience and knowing the competencies of your medical and midwifery staff. Appropriate delegation will allow you to triage work more efficiently. Once tasks are appropriately delegated, the workload may not be as unmanageable as you had initially thought.

If there are admissions with minor problems waiting to be seen, take the time to review them or delegate someone else to. Once the woman has been seen and her problem dealt with, she can be discharged home or transferred to the ward. This will allow midwifery staff to care for those who need to be on the labour ward and will free up rooms. All admissions to the ward should have the medication they are likely to need prescribed and any investigations required requested before transfer. Always remember to perform a venous thromboembolism assessment on all admissions.

Staffing

The limiting factor on many labour suites is the number of staff rather than the availability of resources such as rooms or theatre. If the workload on the labour suite exceeds the staff available then each labour suite has processes in place to increase staffing. If the workload on the labour suite exceeds the medical staff available then the Obstetric and Anaesthetic consultants covering the labour suite should be asked to attend if they are not already present.

Physical resources

The most common problem that you are likely to encounter with physical resources is that all the rooms on the labour suite are occupied. Before considering closing the unit, it is important to ensure that all the women on the labour suite actually need to be there. The labour suite should be for women who are in labour or for those who require high dependency care that cannot be provided on the antenatal or postnatal wards. A board round, and if necessary a ward round with the labour suite co-ordinator, to decide whether there are women who can be discharged home or moved to the ward to free up rooms should be carried out.

The other resource to consider is the availability and use of Obstetric theatres. In many units the elective caesarean section list will take place in the same theatre as emergency cases. Whilst it would not be sensible to embark on an elective case when an emergency case is likely, elective work should not be unduly delayed in anticipation of potential problems. Procedures associated with an increased risk of urgent theatre requirements should not take place when theatres are occupied. Occasionally you may find yourself in the situation where the Obstetric theatre or theatres are occupied, or two emergency cases require transfer to theatre at the same time. Discussion of the cases with the Consultant Obstetrician will help to decide whether a case can be managed on the labour suite, safely observed until theatre becomes available or whether arrangements need to be made for an additional theatre to be opened.

The core curriculum and advanced training skills modules

Prioritizing a labour suite board often forms part of the OSCE of the MRCOG part 2 examination. The targets for training in The Management of Labour Module in the core log book are clearly set out and incorporate the skills of prioritizing labour suite problems, evaluating clinical risk and leadership in an emergency. Evidence for the development of your skills can be provided through the use of the RCOG assessment tools, your reflective practice diary and attendance at multidisciplinary skills drills training.

Quiet periods on the labour suite can be used to complete workplace based assessments such as Mini CEX and OSATS which require direct observation of a patient encounter or clinical skill. OSATs are ideally carried out when the workload is quiet as this allows the trainee to carry out the procedure without the pressure of time constraints. Case based discussions can be carried out and can be based upon current cases on the labour suite. The labour ward assessment tool can be used to provide evidence of your ability to manage the labour suite over the course of a shift. It was developed for the assessment of senior trainees as part of the Advanced Labour Ward Practice and the Labour Ward Lead Advanced Training Skills Modules. The increasing Consultant Obstetrician presence on the labour ward allows ample opportunity for assessment of your prioritization skills with these tools.

Annual attendance at multidisciplinary skills drills training in obstetric emergencies is mandatory for obstetricians and midwives. Whilst skills drills in isolation may not seem directly relevant to labour suite prioritization, these events provide the

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