Aneurin Bevan University Health Board

Guideline For Obstetric Communication After Traumatic Birth

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents:

1 Executive Summary

This document is a procedure designed to support safe and effective obstetric practice.
Women should be offered the opportunity to discuss complex birth events with an appropriately trained practitioner.

1.1 Scope of guideline

This guideline applies to all clinicians working within maternity services.

1.2 Essential Implementation Criteria

A discussion surround birth events should be offered prior to discharge from hospital for the following group of women:

- Delivery resulting in emergency caesarean section
- Difficult instrumental delivery
- Third/ Fourth degree tears
- Obstetric emergency- postpartum haemorrhage, shoulder dystocia, eclampsia, cord prolapse, maternal collapse
- Intrauterine death/ Still birth/ Neonatal death
- Baby admitted to neonatal unit due to intrapartum asphyxia
- Unexpected return to theatre
- Women who perceive their birth as traumatic

Auditable standards are stated where appropriate

2 Aim of the Service

- To provide clear information about delivery events
- To justify why procedure indicated
- Arrange follow up if needed (community or hospital). For more complex cases a 6 week follow up should be organised with the consultant.
- Allay anxiety about future pregnancies and discuss vaginal birth after caesarean section
- Reduce post delivery trauma and depression
- Ensure effective communication between primary and secondary care

3 Responsibilities

The Maternity/ Obstetric Staff/ Midwife

- The obstetrician needs to discuss with the woman birth events at the end of the shift or the following day.
- If the involved doctor is off the next day, this can be completed by the on call team.
- Ensure that the birth discussion is done in a quiet and private environment and document the discussion in the notes

4 Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

5 Monitoring and Effectiveness

- Local service Improvement Plan will guide monitoring and effectiveness

- Performance outcomes will be reviewed through clinical audit and clinical risk management systems

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.

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