

Appendix 2 – Before MROP Checklist

MROP CHECKLIST	Yes	No	Date and time	Signature
<input type="checkbox"/> Inform Speciality Obstetric Doctor (Registrar)				
<input type="checkbox"/> Inform Obstetric Consultant				
<input type="checkbox"/> Cannula				
<input type="checkbox"/> FBC/G&S				
<input type="checkbox"/> Consent for MROP				
<input type="checkbox"/> Sufficient analgesia				
<input type="checkbox"/> Oxytocin infusion				
<input type="checkbox"/> Swabs/sharps check				
<input type="checkbox"/> Debrief				