Use of Specific Green Identification Band for Women who have a Balloon Tamponade (Bakri) or a Vaginal Pack In-Situ
Guideline

Guideline Number:	1004	Supersedes:		Classification	Clinical
LOCSSIP Reference:		NATSSIP Standard:	List standard (NATSSIPS Standards)		

Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
1	pending	Maternity WCD group	26.03.2021	22/6/2021	26/3/2024

Brief Summary of Document:	The aim of this guideline is to provide all clinical staff working within Maternity Services clear guidance on universal application of green identification band to heighten clinicians awareness of when a balloon tamponade (Bakri) or a vaginal pack has been inserted to reduce the likelihood of maternal postoperative complications
Scope	The scope of this guideline is equally applicable to all staff responsible for providing maternity care in Hywel Dda.

To be read in conjunction with:	Standard Infection Prevention 149 - Hand Hygiene Policy Mandatory training policy for Maternity Services
Patient Information:	Include links to Patient Information Library

Owning	Maternity WCD Group

group	

Executive lead	Mandy Rayani

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	26/3/2021

Glossary of terms

Term	Definition

Keywords	

1. Aim

The aim of this guideline is to provide all clinical staff working within Maternity Services clear guidance on universal application of green identification band to heighten clinician's awareness of when a balloon tamponade (Bakri) or a vaginal pack has been inserted to reduce the likelihood of maternal postoperative complications.

2. Objective

This objective of this guideline is to provide guidance on the appropriate application of a green identification band following insertion of a balloon tamponade (Bakri) or a vaginal pack in the maternity setting.

3. Scope

The scope of this guideline is equally applicable to all staff responsible for providing maternity care in Hywel Dda.

4.0 Introduction

The majority of women have an uncomplicated birth and postnatal period, however there are some clinical situations that require insertion of a balloon tamponade / vaginal pack to reduce the risk of maternal morbidity. These situations may include, but are not limited to, postpartum haemorrhage where uterine atony is the leading cause and where bleeding is unresponsive to pharmaceutical measures and a balloon tamponade is necessary to reduce maternal morbidity. Alternatively where a vaginal pack is necessary to reduce bleeding / haematoma formation following suturing. The decision to insert either a balloon tamponade or vaginal pack remains at the discretion of the operating obstetric clinician and is not within the scope of this SOP to discuss.

Clearly identifying those women who have a balloon tamponade (Bakri) / vaginal pack in-situ, by application of a green identification band, increases the likelihood that it will be removed with an appropriate timeframe.

4. Application of the Green Identification Band

Following the insertion of a balloon tamponade / vaginal pack it is the responsibility of the attending midwife to ensure that a green band is applied in a timely manner. The band should include the woman's name, the nature of the device eg. Bakri Balloon and the date of insertion.

The green band should not be removed from the womans arm whilst the foreign balloon tamponade / vaginal pack reamin in-situ.

Clinicians should note that one green band should be used for each device, so if a woman has both a balloon tamponade and a vaginal pack then two separate green bands should be applied.

5. Removal of the Green Identification Band

Once the bakri balloon / vaginal has been removed by the obstetric clinician, the attending midwife should remove the green band(s) and retain the green band(s) in the patients main hospital notes.

6. Documentation

It is expected that every episode of care to be clearly documented and as contemporaneously as possible using the approved Hywel Dda labour and birth / postnatal record. This is in line with standards set by governing professional colleges (NMC, RCOG). All entries must have date and time together with signature and printed name.

It should be clearly documented in the labour and birth record / postnatal record the rationale for the insertion of the balloon tamponade / vaginal pack and the specific on-going care plan.

7. Auditable Standards

- Use of the green identification band when a Bakri balloon tamponade / vaginal pack is in-situ
- Appropriate documentation in the labour and birth record / postnatal care plan
- Associated care plan to reflect insertion
- Appropriate removal and retention of the green band in the maternal main notes

9.0References

HSIB, 2019 Detection of Retained Vaginal Swabs and Tampons Following Childbirth. https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2020/02/HSIB-full-report-Detection-of-Retained-Vaginal-Swabs-and-Tampons-Following-Childbirth-Report.pdf

RCOG, 2017. Prevention and Management of Postpartum Haemorrhage. Green Top Guideline 52.