Clinical Incident Trigger List for Obstetrics

Specialty: Maternity Services

Date Approved: May 2022

Maternity Adverse Occurrence	• Eclampsia (on magnesium for seizure prophylaxis) • Postpartum haemorrhage >1500ml • Uterine Rupture • 3rd or 4th degree perineal tear • Undiagnosed malpresentation including breech in labour. • Postponement/delay of induction of labour or elective procedure (ARM > 24 hours / ELCS) • Fetal loss > 22 weeks. • Birth trauma • Cord Prolapse • Hysterectomy/laparotomy • Other maternal adverse occurrence • Ruptured Bladder • Unsuccessful/ inappropriate use of forceps/ventouse. • Venous thromboembolism/DVT/PE: Report under - *Other maternal adverse outcome.*
Neonatal Adverse Occurrence	• Shoulder dystocia • Delivery of baby born below the 10th centile • Delivery of baby with no professional in attendance (BBA) • Unexpected fetal abnormalities • Congenital anomaly • Unexpected admission to NICU > 37 weeks gestation • Birth trauma • Apgar < 7 at 5 minutes • Cord PH <7.05 arterial or <7.1 venous • Fetal laceration at caesarean section • Neonatal seizures • Stillbirth > 24 weeks • Undiagnosed fetal abnormality
	• Maternal death • Neonatal death *Patient service user death – expected/unexpected death – Maternal/Neonatal*
Readmission	• Admission to ITU: • Readmission in the postnatal period *Access, admission - Unexpected admission / readmission or attendance - Unexpected admission / readmission to ward*
Organisational	• Escalation *Due to staffing: Infrastructure – service resources – Failure to resource service adequately* *Due to bed/capacity: Infrastructure – bed availability (general) – Lack of available beds.* • Baby Abduction: *Behaviour – Abduction – Service user*