

How Documentation Can Change the World:

An audit of the introduction of a proforma for Induction of Labour

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ABSTRACT

The importance of improved documentation and how this can lead to improvements in patient care has been a focus of attention in the medical world internationally over the last decade. The WHO surgical checklist has shown how a simple intervention can lead to dramatic decreases in mortality and morbidity¹. Documentation proformas for instrumental deliveries and operation records have been shown to be easy to use, improve standards and adherence to guidelines^{2,3}. This audit assesses how the introduction of a proforma for induction of labour (IOL) affected adherence to departmental policy for achieving a favourable Bishop score before commencing active labour.

OBJECTIVES

To assess whether introducing a proforma increased the Bishop score at the start of induction of labour and whether this led onto an increase in vaginal delivery rates.

Cervical Ripening (CR) Process 1

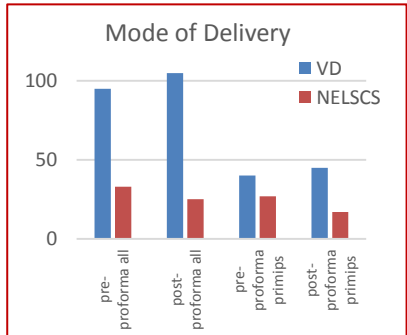
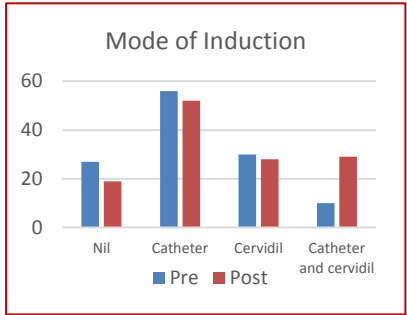
Date	Time	Caregivers:		
Gestational Age	weeks	days		
Maternal BMI	None	Maternal Age at CR in years		
Maternal Indication IOL	CCM on insulin diet controlled	Pre Ectoplasia Essential Hypertension		
Fetal Indication IOL	Fetal Growth Restriction	Macrosomia		
Check GROW chart and antenatal risk factors particularly last visit. Ensure any plans already made are addressed				
Patient Concerns				
Other Relevant History	Prev CS - must have full consent and consultant approval	Yes No		
Prev IOL	No Yes	Type		
Contraindications to IOL	No Yes or Relative CI STOP and discuss with consultant			
Placenta or vasa praevia, prev full thickness upper segment uterine incision (myomectomy or classical CS) active genital herpes, malpresentation, prior uterine rupture, HIV, Parity <5, Hypersensitivity to prostaglandin, unstable asthma, angio-oedema, severe allergic reactions in past, uterine contractions, Extensible head				
Patient read and understood info sheet?	Yes No	Consent Verbal Signed		
Presentation Cephalic confirmed by scan	Yes No	Head palpable per abdomen / 3lbs		
Pre CR CTG				
Contractors	Absent Irregular/Regular	Tachycardia Weak/Mild/Moderate/Strong Freq		
Baseline Rt rate	Normal (<110-160)	Bradycardia (<110) Tachycardia(>160)		
Variability	Normal (>20) Reduced (<20)	Absent (<3) Increased (>20)		
Accelerations	>15/min for >15 secs	Present/Absent		
Decelerations	Nil Early/Late/Variable/Complicated/variable/Prolonged			
Overall Assessment:	If any follows that increase risk of fetal compromise TEAM DISCUSSION			
Cervical Assessment				
Dilatation	Closed	1-2	3-4	5+
Effacement	0-30%	40-50%	60-70%	80%
Station	-3	-2	-1, 0	+1, +2
Consistency	Firm	Medium	Soft	
Position	Posterior	Mix	Anterior	
Total Bishop's Score if 8 or more then no CR necessary				

METHODS

This was a retrospective notes-based review of all women presenting at term for IOL with intact membranes and vertex singleton pregnancies in the 3 months prior to and 3 months after the introduction of a proforma at a single obstetric unit. Medical data, Bishop's score, obstetric and neonatal outcomes was extracted from the proformas and medical notes. Statistical analysis was performed using XLStats, Mann-Whitney U test and Chi-squared tests were performed.

RESULTS

- 258 women were included, 128 pre-proforma and 130 post-proforma.
- Demographic data was similar between the two groups.
- Mean Bishop score on arrival was similar between the two groups at 4.42 and 4.25.
- Bishop's score at ARM showed a significant increase after introduction of the proforma 6.98 vs 7.62 (Mann-Whitney U $p < 0.0001$).
- Non-significant trend towards increased vaginal delivery rate (74% vs 81% overall, and in primips 59% vs 72% $p = 0.14$) was observed.
- Non-significant trend to decreased neonatal admissions after introduction of the proforma (26% vs 17%).
- Increase in admission to delivery time (1470 mins vs 1911).
- Epidural and syntocinon use and birth weight were similar between the two groups.



CONCLUSION

Introduction of a proforma improved adherence to departmental policy on achieving a favourable Bishop's score before commencing active labour and is a cheap and easy way to alter clinical decision making, this led to non-significant trend towards improved vaginal delivery rate.

REFERENCES

1. A surgical safety checklist to reduce morbidity and mortality in a global population. Haynes, AB et al for the safe surgery saves lives study group. NEJM 2009 260:491-499
2. Documentation of instrumental delivery- the benefits of a proforma. Shamsa A, Jang A, McGee T. Health information management journal. 2016 45 (3):116-120
3. A thorough note: Does a procedure specific operation note proforma for laparoscopic appendectomy improve compliance with RCS guidelines? Abbas SH et al. International Journal of surgery Open 2016 2:1-5