Frimley Health
NHS Foundation Trust

Management of swabs, instruments and needles within the Maternity unit

Key Points

- All swabs, sharps and instruments used in the maternity unit must be accounted for.
- Two appropriately trained staff should perform all the counts.
- The initial full swab, sharp and instrument count must be performed immediately prior to use.
- Before leaving the room, the attending Midwife or Obstetrician must agree with the 2nd checker that all checks of sharps, swabs and instruments are correct; both practitioners must sign the documentation.

Version:	3.0
Date Issued:	25 May 2023
Review Date:	May 2026
Key words:	Swabs, needles, instruments, count

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Abbreviations

Locssip	Local safety standard for invasive procedures
MHRA	Medical and Healthcare Products Regulatory Agency
RL	Incident reporting system used across Frimley Health

Contents

1. Introduction

All swabs, sharps and instruments used in the maternity unit must be accounted for at all times to prevent foreign body retention and subsequent injury to the patient. Retained items can cause fever, infection, pain, secondary postpartum haemorrhage, and psychological harm.

A retained vaginal swab is a “Never Event” and is reportable to the NHS Litigation Authority (NHSLA).

Retained vaginal swabs/tampons resulted in 102 claims between 2000 - 2010; this led to compensation awards totalling £1.2 m.

In the event of retained vaginal swab, the Clinical Commissioning Group has the ability to withhold payment to the Trust for the entire maternity episode.

2. Scope of Guideline

- The counting of swabs, sharps and instruments policy covers all staff working within Frimley Health Foundation Trust maternity services.
- It is the intention of this policy to identify good clinical practice within the maternity units and to ensure the health and safety of patients throughout their journey.
- All contaminated swabs, sharps and instruments are to be disposed of in accordance with the Trust’s Waste Management Policy.

3. Education / Training

- The swab policy must be included in the new staff orientation programme.
- Maternity Healthcare Assistants can participate in the count once they have successfully completed their competency induction programme.
- Documentary evidence of the assessment should be available and updated as defined by local policy and CPD requirements.

4. Packaging

- All sterile swabs must have an X-ray detectable marker fixed securely across the width of the swab. This includes individually wrapped sterile tampons.
- All sterile swabs will come wrapped with a red string holding them together.
- All swabs and packs must be packed in packets of five and be of a uniform size and weight.
- Any packet containing fewer or more than five should be removed from the procedure area immediately and reported.
- Checks should be made based on multiples of five and recorded before and after birth and perineal suturing.

5. Responsibility for Counts

- Two appropriately trained staff should perform all the counts that are done during the use of swabs.
- Consistency of the staff who are counting is advisable.
- Should it be necessary to replace the midwife or obstetrician during the procedure a complete count of all swabs, needles, and instruments and any other accountable items must be performed. This must be between the incoming and outgoing midwife or obstetrician at the changeover of personnel before the first scrubbed practitioner leaves the room.
- All names will be recorded in the patient electronic record. If a swab count is incorrect at changeover, the midwife or Obstetrician should not leave the department until the escalation process has been implemented.
- All items must remain in the room until the procedure has been completed and all counts performed and declared correct. If the count is incorrect, all bags including laundry, clinical waste and rubbish should be checked through by at least two members of the team.
- Swabs are NEVER left in the vagina, if there is heavy bleeding from the tear the repair needs to be expedited either on Labour ward or in theatre. Bleeding vessels may be tied off in the labour ward room prior to transfer to theatre to minimise blood loss.
- Packs that are retained in the vagina intentionally must be recorded in the patient electronic record and a PURPLE wrist band should be placed on the woman's wrist stating, "Vaginal Pack in situ". Explain this to the woman if her condition allows. A plan for removal must be recorded. Please refer to the Local safety standards for emergency/elective obstetric surgery.

  https://ourplace.xfph-tr.nhs.uk/media/4930/theatres-emergency-obstetrics.pdf and

  https://ourplace.xfph-tr.nhs.uk/media/4929/theatres-elective-obstetrics.pdf

Please complete the pathway included in the above LocSSIPs.

The decision to remove an intentionally retained pack should be made by an Obstetrician but may be delegated appropriately to a midwife. If there is an ongoing risk of bleeding, an Obstetrician should be immediately available at the time of removal.

The removal of intentionally retained packs must be recorded, including the time, date, name and designation of the clinician removing the item.

6. Checking Procedure

- All items must remain in the room until the procedure has been completed and all counts performed and declared correct. If the count is incorrect, all bags including: laundry, clinical waste and rubbish should be checked through by at least two members of the team.
- The initial full swab, sharp and instrument count must be performed immediately prior to use. The instrument list within the disposable delivery and perineal suturing sets is available as a reference. A second count should occur at the completion of the procedure.
- When additional items are added to the field, they must be counted at the time and documented as part of the count.
- In the event of an emergency, it is recognised that it is not always feasible to perform an initial count. In such circumstances, all packaging must be retained to facilitate a count being undertaken at the earliest and most appropriate opportunity.
- The presence of the X-ray detectable markers and the integrity of tapes on swabs and tampons must be ensured as each is fully opened. The red string securing the swabs will be kept in a galipot from the pack and will remain on the instrument trolley throughout the procedure. The red strings must be used to confirm the number of packs of five swabs being counted.
- If a blade, needle or instrument breaks during use, the obstetrician or midwife must ensure that all pieces have been returned to them and are accounted for. Any instrument found to be damaged will compromise patient safety and therefore must be immediately taken out of use and labelled for repair/or investigation.
- It may be necessary to inform the sterile supplies department, the manufactures and/or the Medical and Healthcare Products Regulatory Agency (MHRA) if an obvious fault is found with the equipment. If appropriate, MHRA or the National patient Safety Agency will issue a hazard warning or safety bulletin.
- An incident form (RL) should be completed online with details of the equipment.
- All instruments will be checked to ensure the integrity of the items. Extra instrumentation opened and added to the sterile field must also be included before and after the procedure.
- Suture needles must be recorded at the beginning and completion of perineal suturing. Needle packaging must be retained on the trolley and used as a check against in the final count.
- Before leaving the room, the attending midwife or Obstetrician must agree with the 2nd checker that all checks of sharps, swabs and instruments are correct. The midwife completing the delivery summary on EPIC must input the practitioners' names who completed the initial and final count.
- If a counted item is inadvertently dropped off the sterile field, it should be retrieved and placed in an appropriate container on the bottom of the trolley to be included in the final count.
- Both practitioners must count aloud and in unison the swabs, sharps, instruments, taking into account the atmosphere in a labour room and the effect on the parents.

7. Count Discrepancy

- If any discrepancy in the count is identified, the midwife or Obstetrician must conduct a thorough search immediately. The labour ward Co-ordinator must be informed.
- If a thorough search does not locate the item, a speculum examination is recommended. If this does not resolve the count discrepancy a plain X-ray is recommended (MHRA 2005) and must be taken and reviewed before the patient leaves the Labour Ward.
- If the 'missing' item is subsequently found after the other items in the count have been disposed of, a plain X-ray is still required (i.e., if all items are not seen in the same place at the same time, it cannot be assumed the count is correct).
- If a missing swab or needle remains unaccounted for the on-call Consultant and Maternity Unit manager should be informed at the next available opportunity.
- All missing items must be documented in the patient's electronic record and incident form (RL) completed.
- The woman and her partner should be informed of the event and its likely course (Duty of Candour).
- If a sharp is missing the magnet must be used to search the floor. This is available via the Theatre Co-ordinator (Frimley Park Hospital-Bleep 590/ Wexham Park hospital –Bleep No 4185 or call ext. 3183).
- Any formal investigation that may follow must be in accordance with local policy.

8. Management if a woman reports a retained vaginal swab or other item following an obstetric procedure

- If not, an inpatient ask to attend triage as soon as possible.
- Inform the Co-ordinator and obstetric registrar and obtain consent for speculum examination.
- If the object is still retained, the obstetric registrar or a senior midwife should remove the object with the woman's consent.
- If the woman presents a retained swab or other item to staff, establish the history, when and how the item was passed.
- Any retained item should be examined carefully by two practitioners and saved for the patient safety team in a labelled histology pot (no additives).
- Consider whether antibiotic therapy is appropriate for the woman.
- Apologise to the woman for distress caused and reassure that an investigation will be undertaken (Duty of Candour).
- Photographs of the item to be taken.
- Inform the patient safety team, on-call obstetric consultant, midwifery manager on call and Labour ward manager; this is a serious incident and a "Never Event".
- Complete incident report form (RL).

9. Standards for record keeping

- It is the responsibility of the midwife or Obstetrician to ensure that documentation for completion of the count is recorded accurately.
- Documentation is recorded in the patient's electronic record.

10. Auditable Standards

Complete documentation of counts pre and post birth and suturing.

11. Monitoring compliance

This guideline will be subject to audit every three years. The lead midwife for audit is responsible for coordinating the audit. Results will be presented at the departmental clinical audit meeting. Action plans will be monitored at the obstetrics and gynaecology clinical governance meeting.

12. Communication

If there are communication issues (e.g., English as a second language, learning difficulties, blindness/partial sightedness, deafness) managers will take appropriate measures to ensure the staff understand the actions and rationale behind them.

13. Equality Impact Assessment

The users of this guideline will take into account their statutory duty to promote equality and human rights and act lawfully within current equality legislation and guidance.
This guideline has been equality impact assessed and has been shown to have no adverse impact on any equality group.
The Trust will continue to monitor its effect and will assess again if negative impact is identified or at the review date.

References

1. Extract from 10 years of Maternity Claims: An Analysis of NHSLA Data-October 2012. NHS Litigation Authority
2. Association for Perioperative practice (2012) *Accountable items, swab, instrument and needle count* .Accessed online (27th October 2015) www.AFPP.org.uk
3. Best Practice & Research Clinical Obstetrics & Gynaecology Volume 27, Issue 4, August 2013, Pages 489–495Risk Management in Obstetrics and Gynaecology
4. Management of Surgical swabs, instruments and other accountable items within the operating theatre. Standard 47 FHFT.
5. Frimley Health, Safety standards for elective obstetric surgery https://ourplace.xfph-tr.nhs.uk/media/4930/theatres-emergency-obstetrics.pdf
6. Frimley Health, Safety standards for emergency obstetric surgery https://ourplace.xfph-tr.nhs.uk/media/4929/theatres-elective-obstetrics.pdf

Full version control record

Version:	3.0
Guidelines Lead(s):	Mrs Zoe Vaid, Consultant Obstetrician
Lead Director / Chief of Service:	Miss Anne Deans
Library check completed:	April 2023
Ratified at:	Cross Site Obstetrics Clinical Governance Meeting, 22 May 2023
Date Issued:	25 May 2023
Review Date:	May 2026
Pharmaceutical dosing advice and formulary compliance checked by:	C Mukoko, April 2023
Key words:	Swabs, needles, instruments, count

This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	Dec 2015	Vivienne Novis, Zoe Jones	Final	Approved at OGCGC 3rd December 2015
2.0	June 2019	Glefy Furtado, Zoe Jones	Final	Approved at OGCGC 11th June 2019
3.0	May 2023	Zoe Vaid	Final	Approved at Cross Site Obstetrics Clinical Governance Meeting, 22 May 2023