

HOW GOOD ARE OBSTETRIC AND GYNAECOLOGY DOCTORS AT REVIEWING AND DEBRIEFING THEIR OPERATIVE DELIVERIES?

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INTRODUCTION

Studies have shown that high levels of obstetric involvement are associated with psychological morbidity in patients postnatally. With caesarean section rates increasing and instrumental vaginal delivery rates remaining stable at 10-15%, the importance of adequate patient follow up and debriefing is vital. Guidelines published by the Royal College of Obstetricians and Gynaecologists (RCOG) have stated that in order to prevent postnatal psychological morbidity obstetricians should endeavour to review patients prior to discharge to discuss indication for operative delivery, implications for child and mother, whether any complications occurred and prognosis for future deliveries.

In addition to this, primary operator review offers continuity of care which is well documented to result in a more satisfying birthing experience, which should be every obstetrician's goal. Primary operator review also enables self reflection and self audit which is crucial for maintaining and improving individual performance as a doctor, and this has been described and acknowledged as an essential aspect of continuing professional development for doctors throughout their training.

The audit focussed on assessing the quality of patient debriefing following operative delivery and the rate of primary operator review.

METHODS

Patient feedback questionnaires were distributed to all inpatients who had had operative deliveries over a 3 month period. Notes from patients who had completed the questionnaires were collected and analysed by 2 clinicians. Quality of debriefing was assessed according to documentation in notes of the following RCOG recommendations: 'reason for mode of delivery (MOD)', 'procedure of MOD', 'complications of delivery (if any)', 'advice on plan for future deliveries' and 'contraception advice'. The patient feedback questionnaires were distributed to mothers prior to discharge to assess the subjective quality of debriefing. Primary operator review following operative delivery was assessed according to documentation of the obstetrician reviewing the patient.

DOCUMENTED DEBRIEFING



RESULTS

42 patient feedback questionnaires were completed and returned. (57% LSCS / 43% Operative Vaginal Delivery)

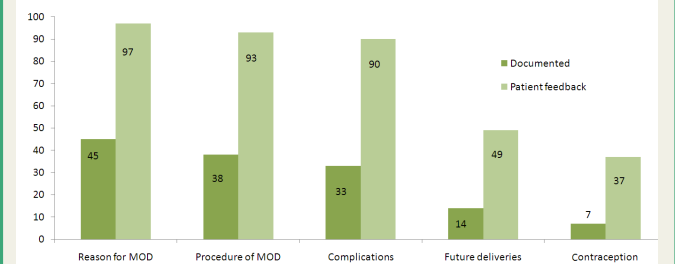
Regarding documented debriefing:

Of the 42 sets of notes audited, 100% of patients were reviewed postnatally. However only 45% of notes had documented evidence of debriefing on reason for MOD, 38% on procedure of MOD, 33% on complications, 14% on method of future delivery and 7% on contraception advice.

Regarding primary operator review:

Only 10% of patients were reviewed by the primary operator.

DOCUMENTATION VS. FEEDBACK



CONCLUSIONS

Poor documentation by trainees of postnatal debriefing especially so regarding future deliveries and contraception advice. However patient feedback implies that a significant proportion of patients were well informed regarding the mode and complications of delivery, which does not reflect documentation. However the lack of documentation on discussion regarding MOD of future births and contraception reflects on patient feedback on these topics.

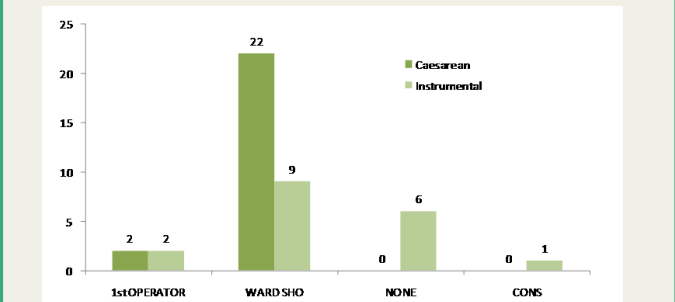
Low rate of primary operator review – lack of continuity

Our study included 17 different clinicians (a good representation of the department). The data highlights that a significant proportion of trainees are not reviewing their operative deliveries.

Implementation

Within our department we created individualised forms for patients to take home that explain MOD and future deliveries. We have also included a section in our operative delivery proforma with debriefing prompts to be completed by the primary operator when they review patients postnatally.

PRIMARY OPERATOR REVIEW



References:

- RCOG: Guideline No.26. Operative Vaginal delivery
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- Murphy DJ, Pope C, Frost J, Liebling RE. Womens views on the impact of operative delivery in the second stage of labour: qualitative interview study. BMJ 2003; 327:1132