



Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Stillbirth

Summary: An full term obstetrical patient scheduled for a caesarean section the following week was admitted to the surgical/obstetrics unit in early labor. The obstetrical nurses were occupied with an imminent delivery so a surgical/obstetrical back-up nurse admitted the patient and performed a 20-minute external fetal monitoring (EFM) strip. The abnormal EFM strip was interpreted as normal by 2 clinicians. The patient's labor progressed and the decision was made to perform an urgent caesarean section. When the back-up nurse attempted to determine the fetal heart rate (FHR) as per standard laboring patient procedure, no FHR was detected. The patient went for a caesarian section and a full-term stillborn was delivered.

Keywords: Stillbirth, External Fetal Monitoring (EFM)

This review is based on a single event.

Findings of the Review:

There was an incorrect interpretation of the abnormal EFM strip.

Some obstetrical nurses utilize personal cell phones to communicate patient information to physicians.

Throughout the interview process, some healthcare providers have expressed feeling unsafe to practice independently after completing their Obstetrical unit orientation hours as these shifts can be completed without having actual obstetrical patient experience (ie deliveries).

Staffing levels on the Obstetrical unit is currently below safe patient care standards due to the current nurse-patient ratio and limited human resources.

System Learning:

Communicate that it is the attending physician's responsibility to view and interpret atypical and abnormal EFM strips (not residents).

All obstetrical units to have a designated secure cell phone with "Cortex" to communicate/send EFM strips and additional information between obstetrical nurses and attending physicians.

Ensure that the clinical obstetrical orientation hours and mentorship includes adequate active experience.

Consider increasing baseline obstetrical staffing at site to 2 obstetrical nurses 24 hours/day.

Suggestions:

All obstetrical communication goes directly to the attending physicians at the site, bypassing residents.

Communicate the College of Physician's and Surgeons of Manitoba's "Standard of Practice Professional Responsibilities in Undergraduate & Postgraduate Medical Education" to all physicians within the SDO regarding supervision of medical students and residents.

Discuss with the Regional Lead- Medical Services and Chief Medical Officer that the Fetal Health Surveillance (FHSL) classes becomes a mandatory requirement to practise obstetrics in the SDO.

If above suggestion is approved, communicate that all obstetrical physicians attend the Fetal Health Surveillance (FHSL) classes as a requirement to practise obstetrics in the region.