Checking Swabs, Needles and Instruments during Spontaneous and Assisted Vaginal Birth and Perineal Repair - Full Clinical Guideline

Reference No.: UHDB/IP/10:23/S8

Contents

1. Introduction

The main purpose of the guideline is to avert the possibility of a foreign object (FO) being left inside the woman: **a never event** i.e., this should never happen.

The secondary purpose is to reduce the possibility of a needlestick injury to patient, visitor or trust personnel.

The overriding principle for the count is that all swabs, instruments, sharps and needles must be always accounted for during spontaneous and assisted vaginal birth and during the invasive surgical procedure of perineal repair.
The context is that these procedures are done outside of theatre and there is no scrub and circulating nurse to do a pre- and post-count.

However, the duty of care is the same and lies with the midwife and clinician involved.

2. The Risk

We need to be vigilant with materials that might easily be lost inside the patient. Commonly this is a swab or operative tampon. This can lead to infection and even toxic shock syndrome; either may be life threatening.

Similarly, we need to be vigilant with sharps that may obviously cause an injury if left inside a woman or to visitors or staff if 'lost' somewhere in the room. An injury from a sharp that nobody was even aware of causes much angst as it may not even be clear whom it was used on if used at all.

3. Abbreviations

FO - Foreign Object
PDS - Polydioxanone Suture

4. Principles

- Two trained staff should perform the count. One should be GMC (General Medical Council), GDC (General Dental Council), NMC (Nursing and Midwifery Council) or HCPC (Health and Care Professions Council) registered; any unregistered staff should be assessed as competent. The members of staff should ideally be the same throughout the procedure, but changes of scrub practitioner or operator's assistant may be required. In the event of a staff handover being necessary, a full count should be undertaken to account for all items at that point
- A pre-procedure count should be performed prior to commencing a procedure to establish a baseline. This should include any existing intentional foreign objects in situ and anaesthetic packs
- The count should include any item that enters the procedural field, including swabs, sharps, disposable items and instruments and their constituent parts.
- An intra-procedure count should be performed when appropriate: before intentionally packing a cavity and when there is a change in scrub personnel
- A count should be performed any time a discrepancy is suspected that cannot be readily checked.
- A count should be performed if there is a changeover of either the scrub or circulating practitioner
- Nothing is thrown into the sharps bin or taken from the room until the post-count has been undertaken and balanced
- If there is a compelling reason to dispose of sharps along the way they should be immediately subtracted from the white board count
- A first count should be performed before wound closure begins
- The end count should be done before the woman is taken out of lithotomy The final count should occur before the end of the procedure. The end is when 'final count complete' is announced. This is confirmed at Sign Out
- The count must balance before anything is thrown away
- Staff should be allowed to count without distraction unless there is urgent, unforeseen clinical need
- If the count is interrupted, it should restart from a point before the interruption.
- Swabs, packs and ribbon gauze should never be cut.

5. Swab Counting

If present the integrity of tapes or tails that are part of swabs or packs must be visually checked when the items are being counted.

A 'Pack' used as a packing material usually has a tail and is bigger than a large swab. These must never be tied together.

Raytec Swabs come in packs of 5 bound by red string. Remove the string and either place it over the bulldog clip or onto the sterile trolley; count the swabs out one by one showing the black strip in each one. The strip is detectable to X-Ray.
Swabs should be counted in and out in multiples of five and should include the red tag used to bundle the swabs into packs of five

The operative tampon gets a count all to itself.

6. Sharp Counting

Suture and hypodermic needles should all be counted

Suture packs should be retained for cross-checking and should be included in the count

This includes all hypodermic needles and suture materials. BE VIGILANT ABOUT THE POSSIBILITY OF TWO NEEDLES ON ONE LENGTH OF MATERIAL as can happen with cervical sutures or PDS.

Count them as they are opened.
Subtract them as they are disposed of.

7. Cotton Wool Balls

Do not use these as swabs. They are there to clean the outside area before and after a birth / suturing. They are not in the count. They are easy to lose in the woman. They can cause the same complications including toxic shock. They cannot be seen by X-Ray technique.

8. White Board

Ensure the count area is empty before recording!

A balanced white board at the end of a procedure.

Mrs Cotton 123456	Pre	Post
Swab	5+5 (10)	10
Tampon	1	1
Sharps	2 needles 2 stitch +1 (5)	2 +1 +1 +1 = 5

Notice that the sharps were removed as the procedure went along and that one further sharp was introduced part way through as were more swabs.

If no white board available to use the same recording procedure to document in the notes.

The count should also be documented in the pink labour notes to ensure that there is evidence of the count in the medical records.

9. Packing the Vagina

Vaginal packing should be completed using 5 inch ribbon gauze. Ribbon gauze used in packing must:

- **never be cut**
- **X-ray detectable**
- **Can be tied if more than one is used**

This must be recorded in the operative notes. Record how many packs of ribbon gauze were used and when they should be removed in the notes and HANDOVER.
Patients and healthcare staff must be made aware of any item intentionally or deliberately retained after a procedure and what the plan is for its removal.

A yellow sticker should be added to the patients notes to identify them if a vaginal packing or Bakri balloon are inserted.

10. Instruments

Instruments should be counted using the checklist for that set when they are part of a set
Supplementary single-packed instruments should be counted separately

If an instrument is lost, then it is almost always an artery forceps instrument that has travelled with the baby attached to the umbilical cord remnant.

11. Following the count

In the event of failed reconciliation, the operator must be informed, the count repeated, and the theatre and operating site searched. If unsuccessful, locally agreed procedures on the use, and interpretation of x-rays must be followed.

All items should be visually inspected to ensure they are intact after removal from the body

12. Homebirths

The principle of duty of care remains the same.

Counts are recorded in the notes straightaway as there is no white board.

Lost material is searched for initially in the same way. The mother will require transfer in if the item is not recovered.

If the lost item is a sharp this adds further complexity as it is now lost in the house furnishings somewhere. This will need an incident form but immediately seek advice from the manager on call immediately. It is necessary to advise that children and pets should stay clear of that area until the issue is resolved.

13. Responsibility

The person in charge of the delivery and/or repair is the person who holds responsibility for ensuring correct counts even if this has been delegated to another.

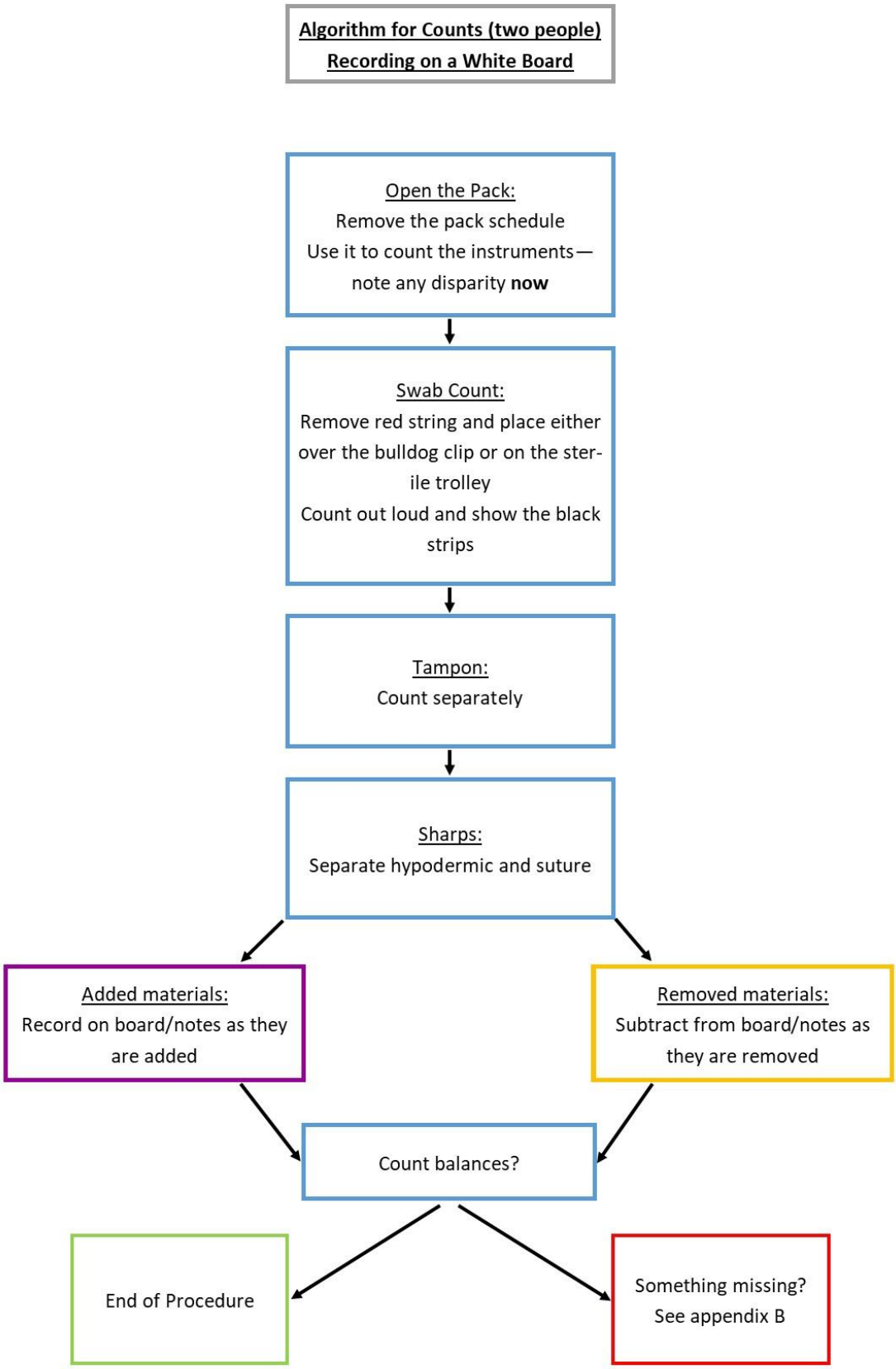
14. Change of Personnel

If there is a change of personnel during a procedure, then a count balance is highly advised at point of change-over unless the first operator is staying in the room. Once you have assumed the role of operator then responsibility transfers to you as the first operator departs. *

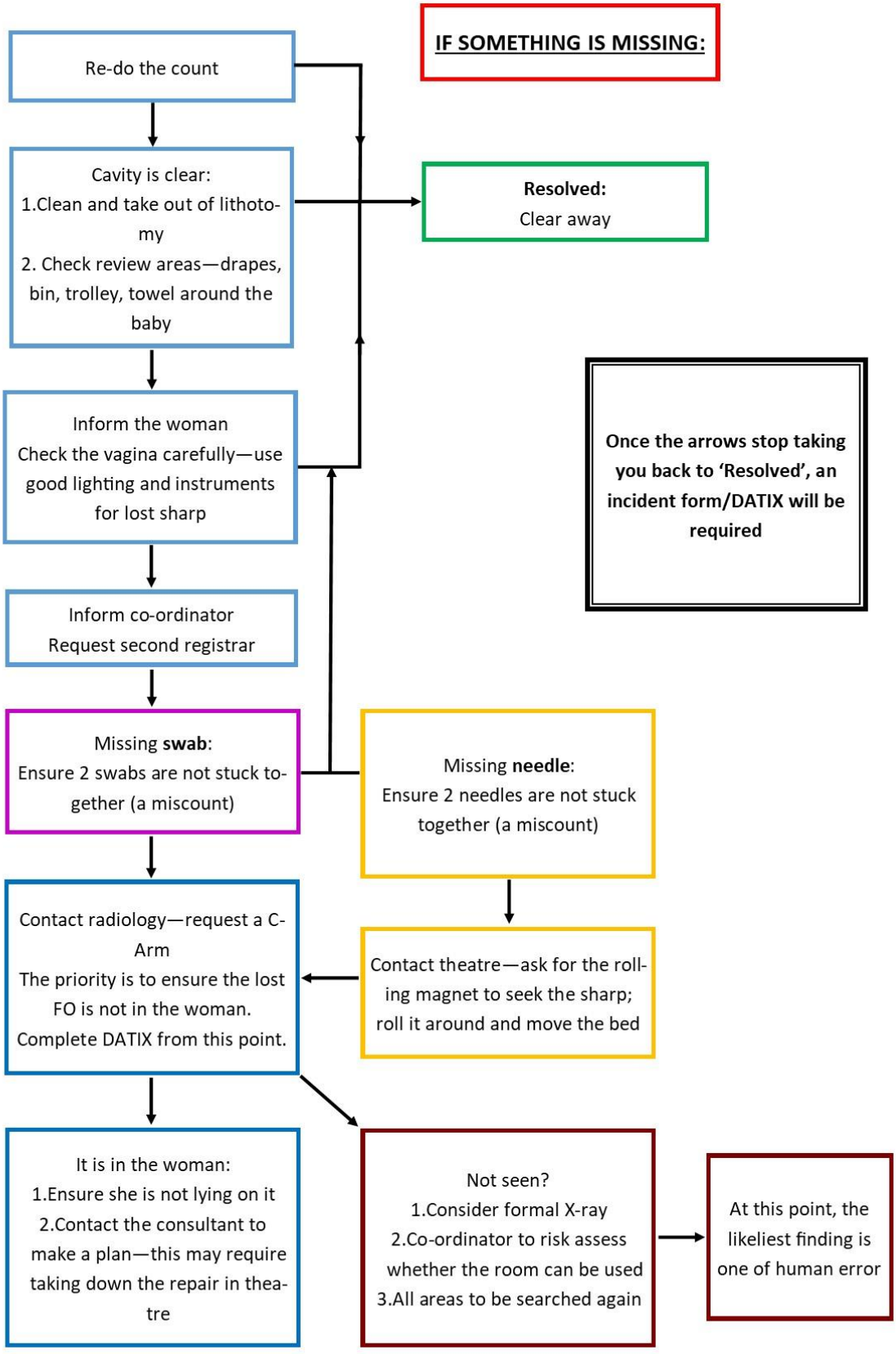
15. Change of Venue

If a move from a room or a home to theatre is required, then the count should be completed and balance prior to transfer.

Appendix A


Algorithm for Counts (two people) Recording on a White Board
Open the Pack:
Remove the pack schedule
Use it to count the instruments—note any disparity now
Swab Count:
Remove red string and place either over the bulldog clip or on the sterile trolley
Count out loud and show the black strips
Tampon:
Count separately
Sharps:
Separate hypodermic and suture
Added materials:
Record on board/notes as they are added
Removed materials:
Subtract from board/notes as they are removed
Count balances?
End of Procedure
Something missing?
See appendix B

Appendix B



Documentation Control

Reference Number: UHDB/09:23/S8	**Version:** **UHDB 2**		**Status: FINAL**	
	Royal Derby prior to merged document:			
Version / Amendment	Version	Date	Author	Reason
	1	Nov 2007	Miss R J Hamilton, Consultant Obstetrician	New
	2	Nov 2011	Miss R J Hamilton, Consultant Obstetrician	3 yearly review
	3	March 2015	Maternity Guidelines Group	3 yearly review
WC/NP/100	**Burton Trust prior to merged document:**			
Original 2015	1	Aug 2015	Clare Cookson – Midwife Practitioner	New
Version control for UHDB merged document:				
	1	Feb 2020	Mr D Hay – Consultant Obstetrician & Gynaecologist Dr Mathangi Thangavelu – Consultant Obstetrician & Gynaecologist	Review & Merge
	2	Sept 2023	Miss S More - Consultant Obstetrician	Review
Intended Recipients: All clinical staff caring for women during the intrapartum period				
Training and Dissemination: Cascaded electronically through lead sisters/midwives/doctors; Published on Intranet, emailed via NHS.net				
To be read in conjunction with: Associated local guidelines • Operative vaginal delivery (I2) • Perineal repair following vaginal birth (P2) • Trust Infection control policy CL RM 2013 024 • Trust Theatre Policy CL-RM/2017/034				
Keywords:				
Consultation with:	Maternity Guideline Group,			
Business Unit sign off:	03/10/2023: Maternity Guidelines Group: Miss A Joshi – Chair Exceptional ratification 20/10/23 R. Devaraj CD			
DGQP sign off	Exceptional ratification 3/11/23 completed N. Stringer HOM, S. Whale DD, M. Montgomery MD			
Implementation date:	6/ 11 /2023			
Review Date:	October 2026			
Key Contact:	Joanna Harrison-Engwell			