PANEL DISCUSSION

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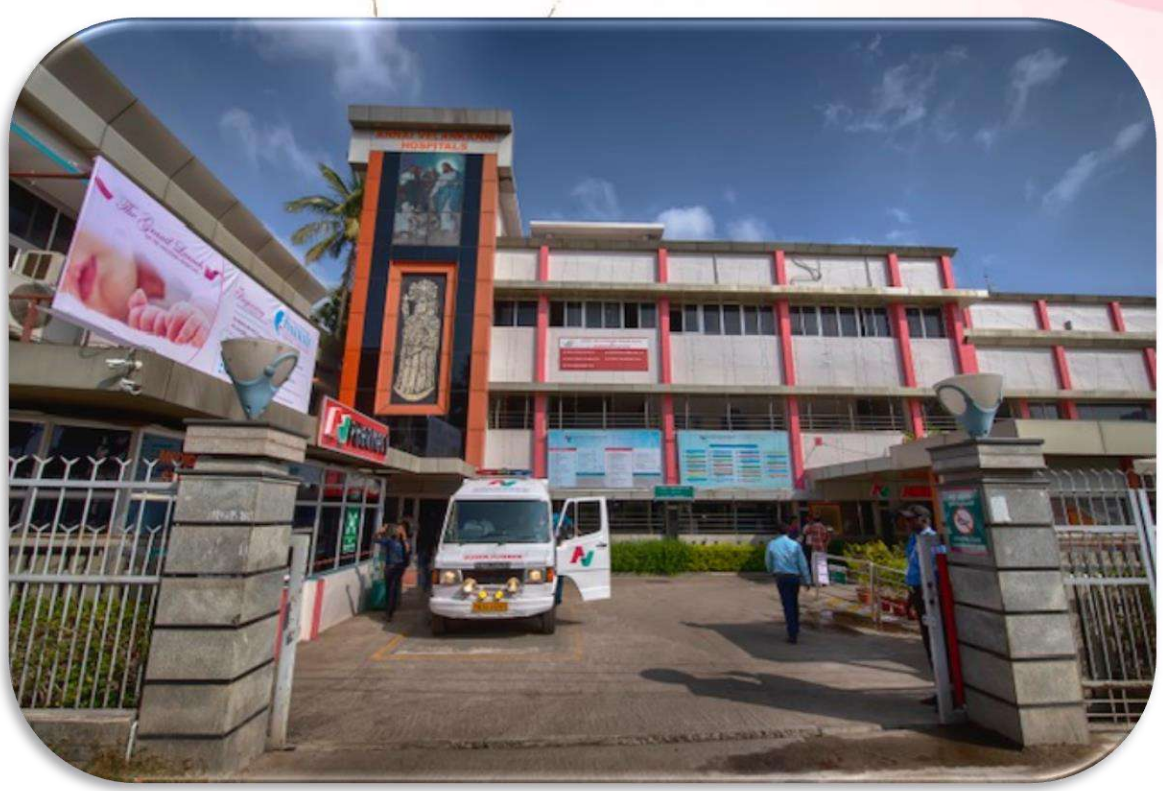
ASOGA

THE OBSTETRIC & GYNAECOLOGICAL SOCIETY OF SOUTHERN INDIA
OGSSI
Estd. 1934

CASE 1 – COMMUNICATION ERROR

- 30 years old Primi gravida - 35weeks
- H/o previous surgery
- Treated for sterility
- Now with pain abdomen
- In our hospital
- I am not in town



CASE 1 – CONT…

- NST - FHR good & very minimal uterine contraction
- Put on observation & steroids given
- After two hours
- Tachycardia and was very pale
- USG -Abdomen filled with blood
- Emergency Laprotomy
- Ruptured uterus with the dead fetus.

WHY THIS ADVERSE EVENT ?

- Uterine rupture after myomectomy - 0.6–0.75%
- Abrupt onset is mistaken for a preterm labor or placental abruption.
- Careful follow-ups for women during a pregnancy after myomectomy.
- Adequate counseling and explain the potential risk.
- Uterine ruptures after hysteroscopic septoplasty is 0.02%.
- Documentation of the fertility surgery in her ANC card.
- Abnormal pain abdomen - reported immediately.
- Carry her previous records with her.

RED FLAG

- Handover the responsibility to a reliable , competent health care provider --friend Obstetrician
- Pregnant woman briefed in ANC period itself about labour , complications due to prevailing conditions, and documented
- On admission - vigilant monitoring
- “Red Flag” marking in case sheets to alert all health care workers.

PREVENTION

- In hospital complications
- Communication
- Documentation
- Patient awareness
- Handing over
- Competitive obstetrician

INPUTS BY OTHER PANELISTS

SOLUTION

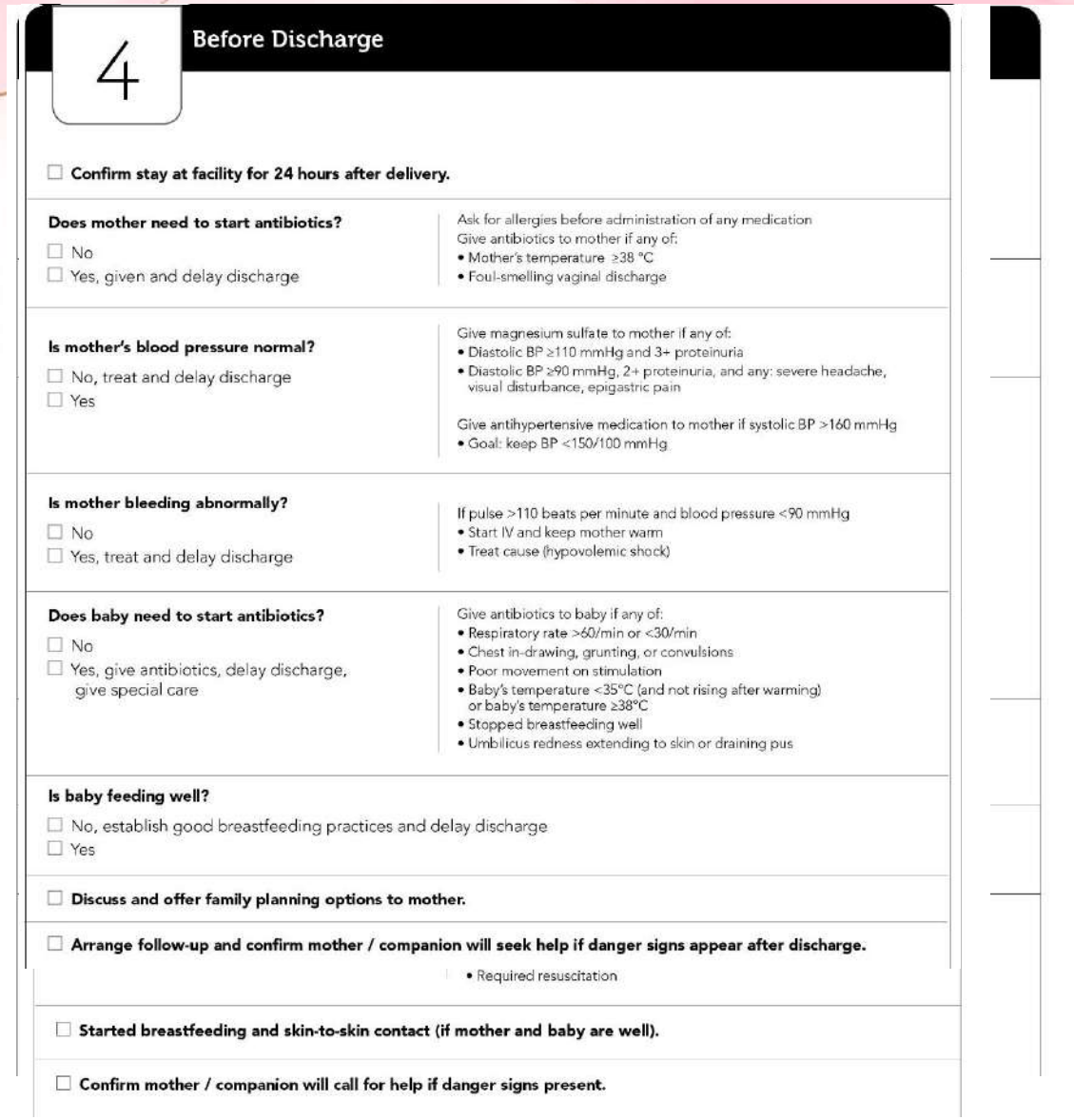
- Documentation
- Patient awareness
- In hospital monitoring
- Group practice

CASE – 2 NEAR MISS EVENT

- 32 years old Lekshmi – P_2 L_2
- Shifted to the OT – Puerperal Sterilization
- Anesthetist – history
- P1
- Shifted the Wrong Lekshmi
- Rectified

- Husband’s name
- Surname
- Drug alert
- Red hospital tag
- **Cannot happen**

WHO SURGICAL CHECK LIST



4 Before Discharge

☐ **Confirm stay at facility for 24 hours after delivery.**

Does mother need to start antibiotics?
☐ No
☐ Yes, given and delay discharge

Ask for allergies before administration of any medication
Give antibiotics to mother if any of:
- Mother's temperature ≥38 °C
- Foul-smelling vaginal discharge

Is mother's blood pressure normal?
☐ No, treat and delay discharge
☐ Yes

Give magnesium sulfate to mother if any of:
- Diastolic BP ≥110 mmHg and 3+ proteinuria
- Diastolic BP ≥90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP >160 mmHg
- Goal: keep BP <150/100 mmHg

Is mother bleeding abnormally?
☐ No
☐ Yes, treat and delay discharge

If pulse >110 beats per minute and blood pressure <90 mmHg
- Start IV and keep mother warm
- Treat cause (hypovolemic shock)

Does baby need to start antibiotics?
☐ No
☐ Yes, give antibiotics, delay discharge, give special care

Give antibiotics to baby if any of:
- Respiratory rate >60/min or <30/min
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temperature <35°C (and not rising after warming) or baby's temperature ≥38°C
- Stopped breastfeeding well
- Umbilicus redness extending to skin or draining pus

Is baby feeding well?
☐ No, establish good breastfeeding practices and delay discharge
☐ Yes

☐ **Discuss and offer family planning options to mother.**

☐ **Arrange follow-up and confirm mother / companion will seek help if danger signs appear after discharge.**

- Required resuscitation

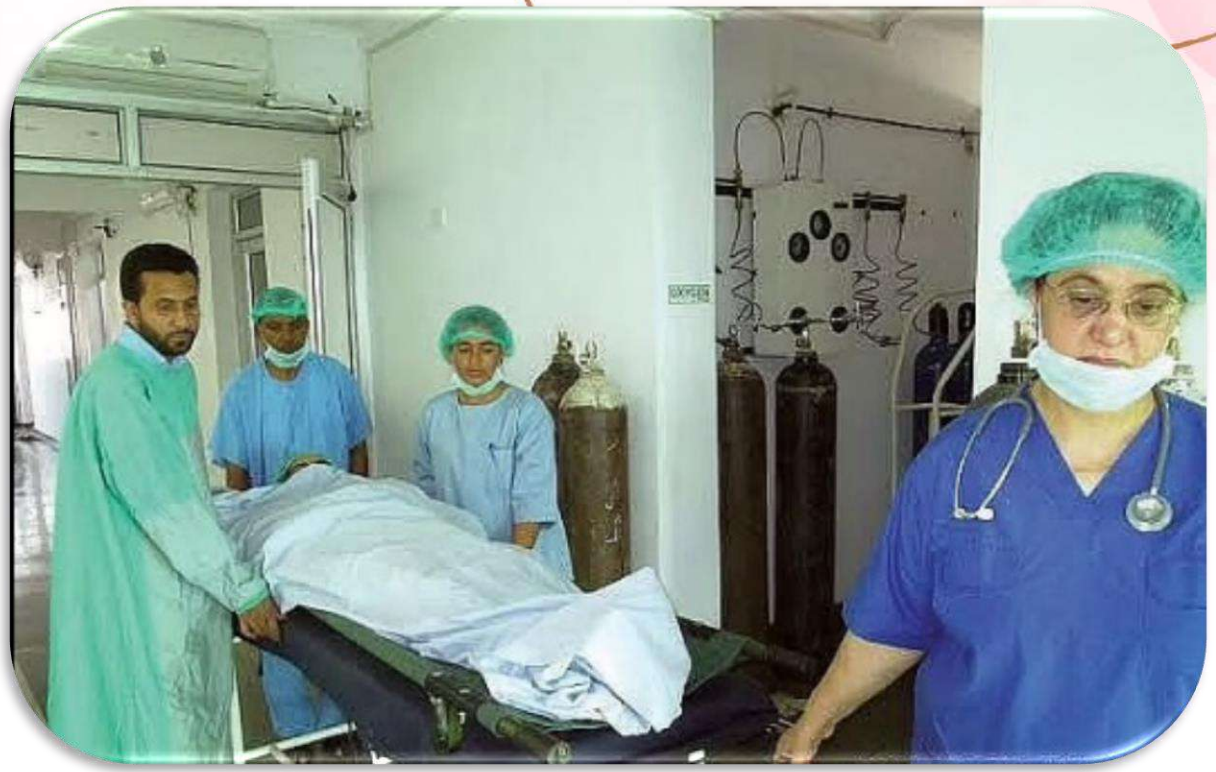
☐ **Started breastfeeding and skin-to-skin contact (if mother and baby are well).**

☐ **Confirm mother / companion will call for help if danger signs present.**

INPUTS BY OTHER PANELISTS

SOLUTION

- Name alert
- Nurses alert
- Drug alert
- PAC
- Timeout



CASE 3 - CDMR

- Caesarean delivery at maternal request
- 28 years old primi gravida
- IT professional
- Normal regular antenatal check up
- No risk factors
- Only a C- section.

C. SECTION ON DEMAND

WHAT NEXT ?

- Counseling of both patient and Family
- Reason for this request
- Analyse the situation
- Allay her fears …Antenatal Classes
- Anaethetist and pain relief
- Women Choice

SAY NO TO CDMR

- To bring down lscs rates
- ANC counselling
- Positive aspects of labour natural
- Patient awareness – google
- Pain phobia –epidural
- Psychiatric counselling too

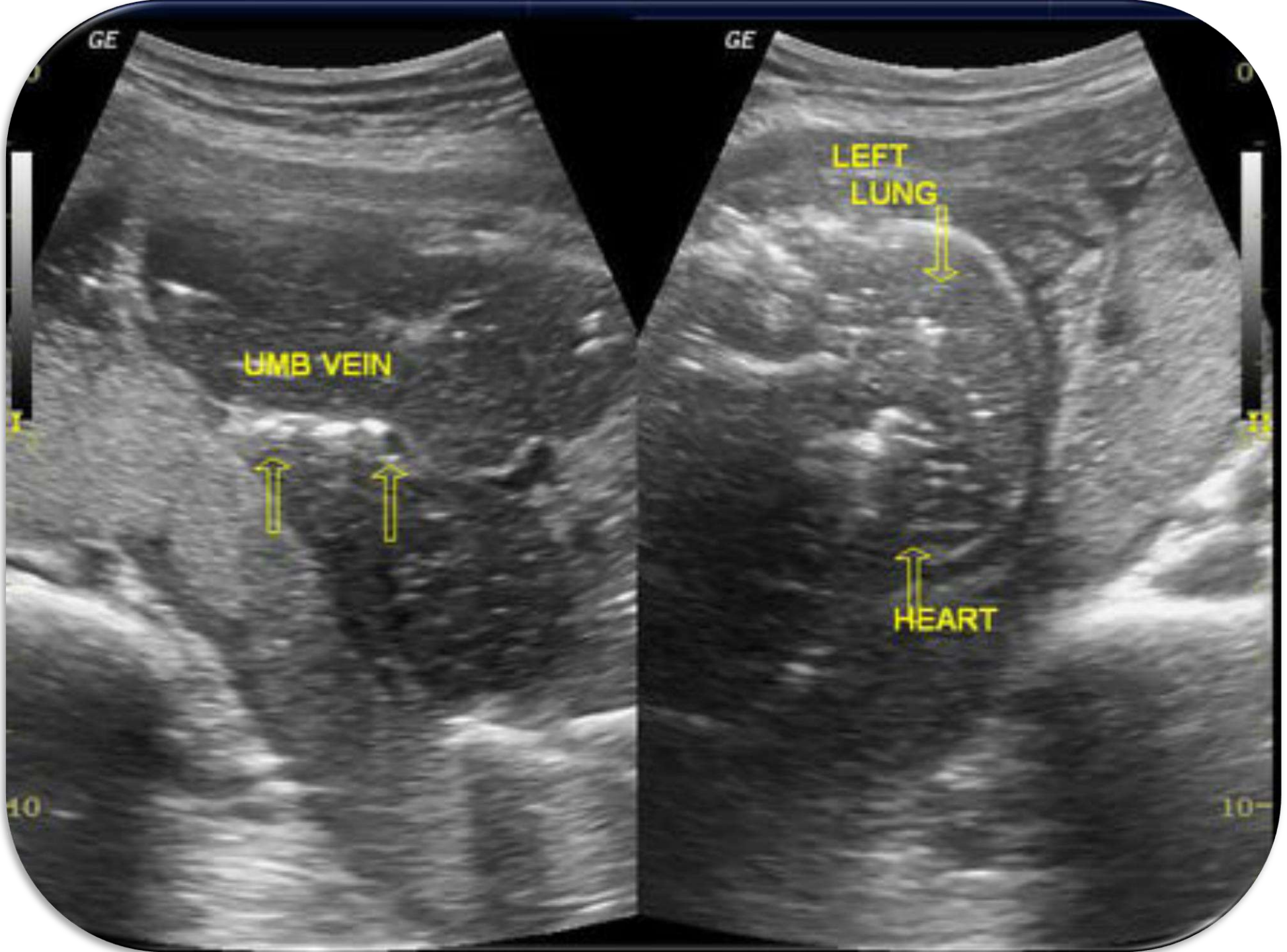
INPUTS BY OTHER PANELISTS

SOLUTION

- Counseling

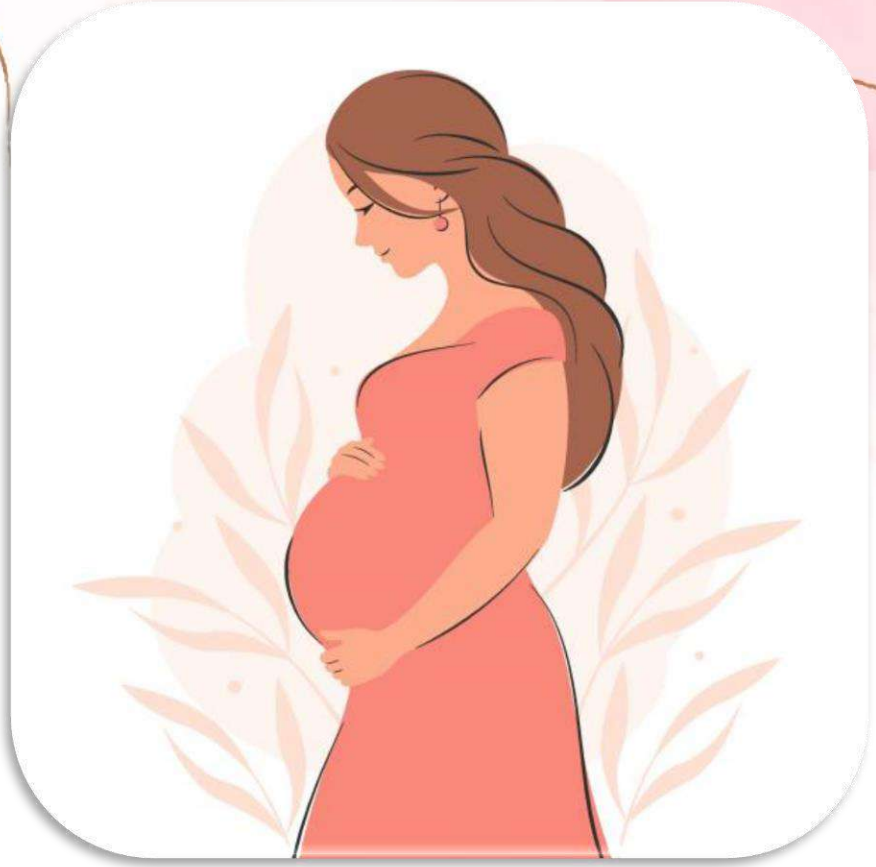
CASE 4 - IUD

- 29 years primi gravida, an engineer
- Referred from another hospital
- Married for 12 months
- Regular ANC
- No risk factors
- USG a week ago – Normal
- H/o sudden decrease of fetal movements since previous night
- Absence of movements since morning
- USG SHOWED IUD
- WANTS A C SECTION


GE
UMB VEIN
GE
LEFT
LUNG
HEART

WHAT NEXT ?

- Maternal risk factors
- Evaluate the cause of IUD
- Counselling
- Problems of C-sections
- Advantages of normal labour
- Facility for Immediate c section
- Availability of blood and blood products



RISK FACTORS

MATERNAL	FETAL	PLACENTAL
HYPERTENSIVE DISEASE	CONGENITAL ANOMALIES	APH
DIABETES MELLITUS	CHROMOSOMAL ANOMALY	UTEROPLACENTAL INSUFFICIENCY
ISOIMMUNIZATION	FETAL GROWTH RESTRICTION	UMBILICAL CORD ACCIDENT
APLA	NON IMMUNE HYDROPS	TWIN- TWIN TRANSFUSION SYNDROME
SEVERE ANEMIA	OLIGOHYDRAMNIOS	CHORIONIC VILLITIS
INFECTION	POSTMATURITY	
CHR.RENAL DISEASE		

COUNSELLING…

SPIKES PROTOCOL

S: → Setting up the Interview: Create privacy, Involve significant others make connections

P: → Assess the family perception: open ended questions

I: → Invitation: how does the family want to hear the information

K: → Knowledge sharing: nontechnical terms

E: → Emotions: respond to family's emotions

S: → Strategy and Summary: determine if family is ready for more discussion and action

AVOID UNNECESSARY CS

Vaginal delivery	**C- section**
Shorter hospital stay	Scheduled delivery timing
Lower risk of maternal infection	Avoid prolonged labor or induction, pushing, and vaginal delivery
	Lower risk of hemorrhage and blood transfusion
Quicker return to activities	Decreased urinary incontinence (First year only)
• Driving • Strenuous physical exertion/exercise	Decreased infant mortality

INPUTS BY OTHER PANELISTS

SOLUTION

- Counseling
- Breaking the bad news
- Support

SHORT & CRISP MESSAGE FROM PANELISTS

TAKE HOME

- Follow protocols
- Patient safety
- Quick decisions
- Patient counseling
- Doctor patient relationship
- Group practice


Thank You
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