

<b>Local Standard Operating Procedure for Swabs, needle &amp; instrument counts for invasive procedures in obstetric settings (outside of theatre)</b>	
<b>Summary statement: How does the document support patient care?</b>	The purpose of this SOP is to provide a local standard operating procedure for safe management of swabs, needles and instrument counts during invasive procedures within maternity outside of theatre.
<b>Staff/stakeholders involved in development:</b>	Obstetric Anaesthetists, Obstetric Consultants and all Midwifery Staff
<b>Division:</b>	Women and Children's
<b>Department:</b>	Maternity
<b>Responsible Person:</b>	Chief of Service
<b>Author:</b>	Patient safety team and Head of Midwifery
<b>For use by:</b>	All staff involved in the counting of swabs, needles and instruments outside of the theatre setting.
<b>Purpose:</b>	To standardise the counting of swabs, needles and instruments outside the theatre setting within maternity.
<b>This document supports:</b>	Care Quality Commission <a href="#">NICE (2014) Intrapartum Care CG190</a> (updated 2017) <a href="#">RCOG (2020) Green-top guideline 26</a> .
<b>Key related documents:</b>	UH Sussex West Maternity Guidelines Trust Guidelines
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<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
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2.0	April 2022	Patient Safety Team Head of Midwifery Labour Ward lead clinician	Archived	Adapted from Morecambe Bay Procedure.
3.0	April 2022	C. Donoghue, Patient Safety Midwife J. Collard, Clinical Effectiveness Support Midwife	LIVE	3 year review – audit form updated to current form in use.  Formatted to meet new Trust standard.

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.**  
**If in doubt contact a senior colleague or expert.**

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# **Local SOP for swabs, needle & instrument counts for invasive procedures in obstetric settings**

## **1.0 Aim of this document**

The purpose of this SOP is to provide a local standard operating procedure for safe management of swabs, needles and instrument counts during invasive procedures within maternity outside of theatre.

## **2.0 Abbreviations used in this SOP**

<b>SOP</b> - Standard Operating Procedure	<b>EBL</b> - Estimated Blood Loss
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## **3.0 Scope**

This guideline applies to:

- Midwives
- Obstetricians
- Anaesthetists
- Maternity recovery staff
- Operating Department Practitioners
- Maternity Assistants

## **4.0 Responsibilities**

Obstetricians, midwives, theatre staff and maternity assistants:

- To access, read, understand and follow this SOP.

Management:

- To ensure the SOP is reviewed as required in line with Trust and National recommendations.
- To ensure the SOP is accessible to all relevant staff.

## **5.0 Introduction**

Swabs are used in maternity care with a potential for retention within the vagina. Retained swabs following a vaginal birth or other associated procedures are a cause of

maternal/birthing parent morbidity and might result in sepsis, pain and secondary post-partum haemorrhage.

A retained swab, instrument or needle is rare but with good and effective processes for counting should never happen. This is why it is referred to as a Never Event<sup>1</sup>.

It is a mandatory requirement that midwives, doctors and those assisting them adhere consistently to robust safety standards and have appropriate training.

Two staff members must undertake the count together, but there may on rare occasions be an extenuating situation where the initial count would be 'single person' count. A single person count is only undertaken if it is in the woman's/birthing parent's best interest, i.e. where suturing would otherwise be delayed in the home birth setting for example as no second person has yet arrived.

The standards within this procedural document will be applicable to all invasive obstetric and gynaecological procedures undertaken outside an operating theatre where swabs, instruments, blades and needles are used.

This SOP should be read in conjunction with the Trust's '*Count for swabs, instruments and needles protocol*'.

If a woman/person is transferred for immediate ongoing treatment to the operating theatre, there must be a safety handover to confirm that any counts for previous procedures are complete and correct.

## **6.0 Scope for undertaking counts**

### **6.1 Examples of Procedures in non-operating theatres that must have counts undertaken**

- Fetal blood sampling
- Spontaneous and assisted vaginal birth
- Perineal repair
- Major obstetric haemorrhage

### **6.2 Non theatre environments where invasive procedures may occur**

- Hospital birthing rooms
- Homebirth

Logging of all swab, instrument and needle counts and signing the documentation record is a mandatory requirement. Both midwifery, nursing and medical staff must ensure the sections

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<sup>1</sup> **Never Events** are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong site surgery or foreign objects left in a person's body after an operation

relating to counts both pre and post procedure in the maternity record is completed and signed.

Where a swab or instrument count indicates that there is a missing swab or instrument, every reasonable effort should be made to locate the missing item (emptying bins, checking bedding and recounting) but in the event that the count cannot be reconciled, further action should be taken to ensure that the swab or instrument is not retained – i.e. thorough examination of the patient and x ray to identify retained item or rule out retention.

Where it is identified through good practice with counts that an item is missing and where procedure is then followed in terms of reasonable efforts to find the item and initiate a thorough examination of the patient, this is not a near miss or a Never Event but a sign that the system is working.

Any incident arising out of breach of SOP will be managed and investigated in line with Trusts Policy for the management of incidents.

## **7.0 Procedure**

### **7.1 Duties**

Responsibilities of the all staff involved in undertaking obstetric invasive procedures are defined in this document. Staff must ensure the following:

- The operator and the second checker must always follow the standards of this document at all times.
- They must have appropriate training and fully understand the procedural steps in this document for counting swab, needles and instruments and undertake them at the correct times during invasive procedures.
- Staff must ensure all swabs, needles and instruments are disposed appropriately dependent on whether they are single use or sterilisable.
- Staff must follow safe standards for sharps.

Two people are required to undertake the count, one of which must be the midwife, or doctor who is undertaking the procedure.

### **7.2 Local safety standards for counting swabs, needles, instruments for births or invasive procedures**

- All delivery or clinical rooms have a white board and when writing on the white board it must be legible and in a clear line of vision to the operator.
- The woman's/birthing parent's name and the date must be recorded on the whiteboard.
- All swabs and needles must be recorded on the white board. All counts must be undertaken in a loud and audible tone.

- Prior to commencement of any procedure, a swab, instrument and needle count will be performed between the operator and 2<sup>nd</sup> checker. The second checker can be a non-clinician provided they have the required training competence.
- They must check that there are 5 swabs present in each bundle, each swab must have a radiopaque line running through it and larger swabs must have an attached tape on the white board.
- Suture wraps/packets should be retained on the 'working' field by the operator to ensure the needles correspond to the number logged on the white board.
- Non X ray detectable swabs, dressings, sanitary towels or other forms of gauze which are to be used as therapeutic dressings **must only** ever be opened when wound closure/delivery is complete and the count has been undertaken and verified as correct.

### 7.3 Standards for 'Counts Reconciliation' at Procedure End

- At the end of the procedure, counts must always be performed with two people; one of them being the operator (this is either the treating clinician or midwife) and a trained counts staff member.
- The counts must be undertaken by the same staff at the start and end wherever possible.
- Once again the count must be performed in a loud audible tone.
- All items for inclusion in the count must be checked separately. There must be no interruptions during the counts of swabs, needles and instruments.
- **If an interruption occurs, the count must be restarted.**
- In the event of a suture needle breaking all parts must be pieced together and identified as a whole for the count.
- If any part of a broken item cannot be accounted for [section 7.4](#) of this procedural document must be followed in all cases.
- It is only when the count is verified as correct that the operator can leave the room.
- The completed and reconciled counts must be recorded and signed for in the woman's/birthing parent's case notes.

### 7.4 Standard to be followed if there is a discrepancy arising at the counts reconciliation of swabs and needles

In the first instance a full recount of all swabs, instruments and sharps must be undertaken and the following steps to locate the missing item must be taken:

- Inform the woman/person.
- Inform the midwife in charge.
- The environment must be scrutinised for the missing item, this includes the bed area, drapes, clinical trolley; sluice bucket and bins. No items should ever leave the procedural room prior to confirmation of a correct count and if they have, they must be brought back.
- The floor should be checked thoroughly in cases of missing suture needles.

- If a swab is not found within the room, a gentle vaginal examination must occur.
- If the discrepancy is not rectified, an x-ray must be performed prior to the woman/person being transferred out of the room.
- If it is a suture needle that is missing the operator can use vaginal scanning or X ray to confirm if it is present in the vagina or not.
- If the x ray confirms presence of the missing item and immediate retrieval will have no adverse effects to the woman, it must be removed.
- If it is considered not retrievable without further intervention the episode must be escalated to the consultant and the plan for removal is clearly documented in the case. Consider completing a Datix in this scenario as this would be considered a clinical incident even though the count correctly identified the missing item.

## **7.5 Reconciled counts**

If a count is recognised as incomplete but reconciled, prior to the woman/person leaving the procedure room due to the above steps being undertaken it is not generally classed as a clinical incident as this is the specific purpose of the count.

## **7.6 Known-non reconciled counts (where the discrepancy is identified at the count)**

- If the location of the missing item is confirmed, a plan for removal must be made and discussed with the woman/person and fully documented.
- If the missing item is not located then an urgent radiologist report must be requested of the x-ray that has been taken. Further X-ray may also be deemed necessary.
- If the woman/person is for discharge, information and discussion will need to occur and be documented in the notes of what action to take if any untoward symptoms or concerns arise.
- The information must also be included and highlighted in any discharge and or transfer letters to the midwife and GP.

## **7.6 Unreconciled counts at homebirths**

[Section 7.4](#) will be actioned. If the item is not located arrangements must be made for the woman/person to attend the hospital for an emergency/urgent x-ray.

## **7.8 Transfer to theatre**

On occasion a woman may have to be transferred from the delivery room to theatre.

- All counts should be completed in accordance with the standards of this SOP prior to transfer.
- If not completed prior to transfer the theatre team must be informed and the operator (if possible) returns to the room to complete the check with the second checker.



- Any emergency vaginal packing, or tampons inserted during the initial procedure must be documented in the woman's/birthing parent's notes and communicated to the theatre procedural team at the theatre handover.

## 8.0 Audit

### Maternity Local Safety Standards for Counting Swabs, Needles, Instruments for births or invasive procedures

#### Audit proforma

Pre- procedure count			
Is the woman's hospital number and date recorded on the whiteboard?	Yes	No	
Has a swab, instrument and needle count been performed between the operator and trained 2 <sup>nd</sup> checker?	Yes	No	
Have you checked that there are 5 swabs present in each bundle? <i>(each swab must have a radiopaque line running through it and larger swabs must have an attached tape)</i>	Yes	No	
Are all swabs and needles recorded on the white board?	Yes	No	
All counts undertaken in a loud and audible tone?	Yes	No	
Was the count uninterrupted?	Yes	No	
If any interruptions, was the count restarted?	N/A	Yes	No
Procedural checks/count			
Do the Suture wraps/packets/Needles set aside on the 'working' field correspond to the number recorded on the white board?	Yes	No	
Has the count been performed and confirmed correct following closure of wound/tear, prior to opening any non X-ray detectable swabs/ dressings/ sanitary towels or gauze?	N/A	Yes	No
In the event of a suture needle breaking, were all parts pieced together and identified as a whole for the count?	N/A	Yes	No
End of procedure count			
Was the end of procedure count performed between the operator and trained 2 <sup>nd</sup> checker?	Yes	No	
Was the count undertaken by the same staff as the pre-procedure count?	Yes	No	
Count clear and audible?	Yes	No	
If any interruptions, was the count restarted?	N/A	Yes	No
Was the completed count correct and documented in the woman's notes?	Yes	No	
<b>PTO if any count discrepancies occur</b>			

Count discrepancies			
***Only fill out if count discrepancies found***			
Has a full recount of all swabs, instruments and sharps been performed?	Yes	No	
Has the Midwife in charge/Consultant been informed?	Yes	No	
Has the Woman been informed?	Yes	No	
Has the surrounding environment (bed space, floor, drapes, bed linen, trolley, bins etc.) been thoroughly checked?	Yes	No	
If a swab is not found within the room, has a gentle vaginal examination been performed with maternal consent?	Yes	No	
Has an X-ray been performed prior to the woman being transferred out of the room?	Yes	No	
If a suture needle is missing, was vaginal scanning or X-ray used to investigate if it has been retained?	N/A	Yes	No
If the X-ray confirms presence of the missing item, was it removed?	N/A	Yes	No
Was the Consultant informed, and a plan made to remove retained item if irretrievable?	Yes	No	
Has a DATIX been completed? <i>(This would be considered a clinical incident even though the count correctly identified the missing item)</i>	Yes	No	
Known un-reconciled counts <b>**only**</b>			
If the location of the missing item is confirmed, has a plan for removal been made and discussed with the woman and fully documented?	Yes	No	
If the missing item is not located, has an urgent x-ray been requested?	Yes	No	
Following X-ray, has the report been escalated in a timely manner?	Yes	No	

## References

NHS England (2014) [Standardise, education, harmonise. Commissioning the conditions for safer surgery. Report the of NHS England Never Events Taskforce](#)

NMC (2015) [The Code. Professional standards of practice and behaviour for nurses and midwives](#)

Royal College of Surgeons (RCS) (2015) [Duty of Candour - Guidance for Surgeons and Employers](#) (NHS England (2015) Never Events 2015/2016

World Health Organization (WHO) (2008) [WHO surgical safety checklist and implementation manual](#)

World Health Organization (WHO) (2009) [WHO Guidelines for Safe Surgery 2009](#)

## Appendix 1: Maternity Estimated Blood Loss (EBL) form

**Not to be printed from this document**

Maternity Estimated Blood Loss (EBL) Form					
Date:	Time:	Obstetrician:	Anesthetist:	Midwife:	
EBL from delivery:		Estimated Liquor volume:			
Item type/ number	Dry weight	Wet weight	Weight of blood	Running total	Dry weights
					1g = 1ml
					<u>10 x 7.5cms</u> One = 4g Five = 20g
					<u>22.5 x 22.5cms</u> One = 12g Five = 60g
					<u>45 x 45cms</u> <u>Theatre ONLY!</u> One = 40g Five = 200g
					Inco = 30g
					ST = 14g
					Sheet = 620g
					Towel = 315g
					Gown = 250g
Total volume of cell saver returned:			Total Blood loss:		Swabs in situ on transfer to theatre:
Final total blood loss excluding liquor:					
EBL form completed by:					
Print Name/Stamp: ..... Signature: ..... Designation: .....					

Maternity Estimated Blood Loss form V3 May 2019