SWAB AND INSTRUMENT COUNTING OUTSIDE THEATRE IN THE MATERNITY SETTING

AIM/PURPOSE

This guidance applies to all health professionals working outside Maternity theatres within the maternity setting to ensure all swabs, instruments and needles are accounted for by the end of a procedure.

- Normal vaginal delivery
- Instrumental delivery
- Perineal and genital tract suturing

THE GUIDANCE

DELIVERY AND SUTURING PACKS

- Open the pack and check the instruments against the packing list.
- This will be a single one-person count for normal deliveries and a 2-person count for instrumental deliveries and perineal suturing.
- All additional items, e.g. swab and needles will be written on the whiteboard in the room by the person opening the items.
- Prior to leaving the delivery room the operator must check that the content of the pack is complete.
- The person completing the procedure must check the whiteboard and document that all the additional items are present and correct. This is a single-person count.
- Document the count is correct in the clinical notes or complete the swab and instrument count on the form appropriate to the procedure e.g Perineal Repair, Operative Vaginal Delivery.
- All swabs or packs inserted into the vagina following the birth of the baby, must have the tape or part of the pack exposed outside the vagina and be clipped onto the drapes to allow recognition of a pack being insitu. This is in addition to its being part of the swab count.
- Complete Instrumental/Perineal Suturing Proforma documenting that all swabs and instruments are present and correct.
- In the unlikely event of the operator needing to be replaced during a procedure, a complete count must be performed including a full instrument check and recorded in the woman’s notes.
- Extra instruments opened in addition to those in a set must be returned in a clear plastic bag.
COUNTING SWABS

- Each count must be performed by two members of staff, one of whom must be a registered practitioner.
- All swabs should be counted audibly, singularly and viewed by both individuals.
- All swabs must have an X-ray detectable marker.
- When checking swabs the practitioner should ensure that the item is fully opened to check its integrity. This includes the integrity of tapes on swabs with a gentle tug.
- All swabs and packs other than the individually wrapped vaginal packs, must be packed in bundles of five and be of a uniform size and weight.
- Any package containing fewer or more than five should be removed from the procedure immediately, the batch and lot numbers identified and a record completed.
- Checks should be made on multiples of five and recorded on the whiteboard in multiples of five.

NEEDLES

- Unused needles should be kept in a receptacle such as a receiver, to minimise the risk of accidental injury.
- The midwife/doctor performing the procedure is responsible for the safe and secure disposal of all needles, blades and sharps in line with local policy.
- If a blade, needle or instrument breaks during use, the operator must ensure that all pieces are accounted for.

TRANSFER TO OPERATING THEATRE

- Document in the additional information section of the Pre-operative checklist that the swab and instrument count is correct.
- If a vaginal pack is insitu and is to remain in situ for the transfer, place a “PV Pack Insitu” sticker on the additional information section of the Pre-operative checklist.
- On arrival in theatre, provide the theatre nurse with the completed Perioperative checklist and verbally communicate the status of the swab count and vaginal pack insitu.
- In the case of an emergency transfer to theatre and when a swab count has not been performed in the room, communicate this to the theatre nurse.

COUNT DISCREPANCY

- If any discrepancy in the count is identified, the Delivery Suite Coordinator must be informed immediately and a thorough search implemented at once.
- If a thorough search does not locate the item, a plain film X-ray should be ordered before the patient leaves the room.
- There must be clear understanding among the team of who is to inform the patient.
- All missing items must be documented in the patient’s hospital notes.
- Complete a report on all count discrepancies that have not been resolved.
REFERENCES