

REGISTRAR SUPERVISION

DEFINITION

The purpose of this guideline is to outline circumstances when a Registrar at Christchurch Women's Hospital is expected to consult with the on call Senior Medical Officer (SMO)).

The content of this guideline is not exclusive, and there are many alternate scenarios not mentioned where communication with the on call SMO will be necessary.

In general:

- If a Registrar is uncomfortable in any situation they must call the on call SMO for advice or assistance.
- Registrars should only be performing tasks unsupervised that either they, or another supervising Registrar, have been credentialed to perform.
- No individual Registrar should be left to run Birthing Suite unless able to perform instrumental deliveries unsupervised, unless consultant is onsite and available to assist as required.

Whilst this guideline is primarily for reference by Registrar and SMO staff, it is also intended as a resource for senior midwifery or theatre nursing staff who are encouraged to contact the SMO directly if they feel a Registrar needs assistance.

The document is divided into three sections detailing conditions:

- requiring **SMO attendance**
- requiring **SMO consultation**
- requiring **SMO interval supervision in person**

In certain situations, the need for **SMO attendance** will be determined by the credentialing status of either, or both, of the duty Registrars. It is the responsibility of the Registrar to contact the SMO for supervision. For ease of reference the categories of condition requiring SMO attendance have been subdivided into headings to correspond with the RANZCOG Standard In-House Credentialing Documentation.

REGARDLESS OF SENIORITY OR CREDENTIALING STATUS OF REGISTRAR

CONDITIONS REQUIRING SMO ATTENDANCE

- Maternal death
- Patient refusing potentially lifesaving treatment (for mother and/or baby)
- A women requiring Caesarean Section who is a Jehovah's Witness or for whom blood products are not available
- Amniotic fluid embolus
- Pulmonary embolus
- Eclampsia
- Severe pre-eclampsia not adequately controlled with standard antihypertensive therapy
- Severe sepsis of unknown source and/or not responding to appropriate antibiotic therapy
- Placental abruption with evidence of coagulopathy
- Caesarean Section with major placenta praevia or suspected accreta
- Peripartum hysterectomy

- Trial of instrumental birth in theatre (except those credentialed by entire SMO group)
- Woman requiring return to theatre
- ICU Outreach cases

CONDITIONS REQUIRING SMO TO BE INFORMED

- Postpartum haemorrhage > 1.5 litres with ongoing bleeding
- Any case requiring transfer to theatre
- Fetal death in labour or unexpected stillbirth
- Third fetal blood sampling
- A women in labour who is Jehovah's Witness or for whom blood products are not available
- Transverse lie with rupture of membranes
- An unresolved conflict between staff

CONDITIONS REQUIRING ONGOING SMO SUPERVISION

In most cases will require in person review during the ward round and for any developing concerns

- Induction of labour for IUGR or oligohydramnios
- Severe pre-eclampsia
- Post-partum haemorrhage > 1.5 litres with ongoing bleeding
- Amniotic fluid embolus
- Pulmonary embolus
- Severe pre-eclampsia
- Significant sepsis
- Significant placental abruption
- Woman requiring review by Intensive Care or Intensive Care Outreach team

REGISTRAR HAS NOT YET ACHIEVED RANZCOG CREDENTIALING TO LEVEL 3 FOR THE PROCEDURE

CONDITIONS REQUIRING SMO ATTENDANCE – OBSTETRICS

If direct supervision is not being provided by a Registrar who has been credentialed to level 3, then a SMO must attend any case of:

CONDITION	DETAIL
Delivery with significant maternal risk	<ul style="list-style-type: none"> • Morbid obesity • Medical co-morbidities
Low outlet (2 cm below the ischial spines) vacuum	<ul style="list-style-type: none"> • Any instrumental vacuum delivery
Low outlet (2 cm below the ischial spines) forceps	<ul style="list-style-type: none"> • Any instrumental forceps delivery
Instrumental: mid cavity (from 1 cm above to 1 cm below ischial spines)	<ul style="list-style-type: none"> • Instrumental vaginal deliveries other than straightforward outlet deliveries
Instrumental: rotational	<ul style="list-style-type: none"> • Any instrumental delivery requiring rotational delivery • Any instrumental delivery at a station higher than +1 • Any instrumental delivery in theatre

CONDITION	DETAIL
Vaginal breech	<ul style="list-style-type: none"> Vaginal breech delivery
Vaginal multiple	<ul style="list-style-type: none"> Vaginal delivery twins
Caesarean Section, simple	<ul style="list-style-type: none"> Caesarean Section in first stage of labour Elective Caesarean Section
Caesarean Section, with added complication	<ul style="list-style-type: none"> Caesarean Section with previous Caesarean Section Caesarean Section < 32 weeks Caesarean Section at full dilatation Caesarean Section with non-cephalic presentation Caesarean Section with twins Caesarean Section with transverse lie Caesarean Section with maternal obesity
Caesarean Section, complex	<ul style="list-style-type: none"> Caesarean Section for placenta praevia Caesarean Section following failed instrumental vaginal delivery Caesarean Section for extreme prematurity Caesarean Section for triplets
EUA for PPH	<ul style="list-style-type: none"> Examination under anaesthetic for PPH
Manual removal	<ul style="list-style-type: none"> Manual removal of placenta
Third or fourth degree tear	<ul style="list-style-type: none"> Repair third or fourth degree tear/extensive vaginal laceration

CONDITIONS REQUIRING SMO ATTENDANCE – GYNAECOLOGY

If direct supervision is not being provided by a Registrar who has been credentialed to level 3, then a SMO must attend any case of:

CONDITION	DETAIL
D + C	<ul style="list-style-type: none"> Evacuation of retained products of conception
D + C postpartum	<ul style="list-style-type: none"> Repeat evacuation Evacuation post-partum < 1 week from delivery Evacuation of molar pregnancy
Abscess management	<ul style="list-style-type: none"> Drainage of labial abscess Drainage and marsupialisation of Bartholin's Cyst
Laparoscopy level 1 + 2	<ul style="list-style-type: none"> Diagnostic laparoscopy
Laparoscopy level 3	<ul style="list-style-type: none"> Laparoscopy for treatment endometriosis or removal of ovarian cyst Laparoscopy for diagnosis and management of ectopic pregnancy
Laparotomy: ectopic	<ul style="list-style-type: none"> Laparotomy for treatment of ectopic pregnancy
Laparotomy: other	<ul style="list-style-type: none"> Laparotomy for ovarian cyst Laparotomy for post-operative bleeding