

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 Specialist (the 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 Specialist will be necessary.

In general:

- If a Registrar is uncomfortable in any situation they must call the on call Specialist for advice or assistance.
- Registrar's 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.

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

The document is divided into three sections detailing conditions:

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

In certain situations the need for **Specialist attendance** will be determined by the credentialing status of either or both of the duty Registrars. For ease of reference the categories of condition requiring Specialist 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 SPECIALIST 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

CONDITIONS REQUIRING SPECIALIST 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 SPECIALIST SUPERVISION

In most cases will require review at minimum intervals of 12 hours.

- 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 SPECIALIST ATTENDANCE – OBSTETRICS

If direct supervision is not being provided by a Registrar who has been credentialed to level 3, then a Specialist 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
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 SPECIALIST ATTENDANCE – GYNAECOLOGY

If direct supervision is not being provided by a Registrar who has been credentialed to level 3, then a Specialist 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

Date Issued: May 2018

Review Date: May 2021

Written/Authorised by: Maternity Guidelines Group

Review Team: Maternity Guidelines Group

Registrar Supervision

Maternity Guidelines

Christchurch Women's Hospital

Christchurch New Zealand