Patient Safety Alert

File Number: 18/19-03
April 10, 2018

ENSURING FETAL WELLBEING WHILE PROVIDING UNRELATED MEDICAL CARE DURING PREGNANCY

When an obstetric patient presents to a facility with an acute medical concern unrelated to pregnancy, the location for providing treatment can vary. Depending on the facility and the unique patient circumstances, care could be provided in an emergency department, a medical inpatient unit, or a maternal services unit. Regardless, health care facilities in Saskatchewan are responsible to ensure monitoring of the health and well-being of both the mother and baby while providing care for the mother's acute medical issues.

RECOMMENDATIONS

The Ministry of Health recommends the Saskatchewan Health Authority and health care organizations:

- **Develop policy and/or standard work outlining where and how best to provide monitoring and care for mother and baby, when a pregnant women presents for an acute medical issue unrelated to pregnancy.**

The policy should guide the process for triage, assessment and treatment for pregnant patients with acute medical concerns in the emergency department, maternal services unit, or other unit. The policy should include the following elements:

- Fetal heart rate should be obtained on every patient after 16 weeks gestation regardless of presenting illness. This is considered the minimum requirement for assurance of fetal life and should be completed as a part of the initial patient assessment and acquisition of vital signs. If the emergency department is unable to obtain fetal heart rate with a Doppler fetal monitor, the situation should be escalated to maternal services.
- When a pregnant patient presents with an acute medical condition, obstetrics should be consulted to assess this aspect immediately upon admission and if required, obstetrics should attend to the emergency department to assess the patient.
- If the maternal condition requires stabilization in the emergency department, clinical expertise to assess and interpret fetal well-being should be obtained from maternal services.
- If the patient is less than 16 weeks gestation, confirmation of fetal heart rate is not immediately required, but should be obtained during the course of assessment.
- If a pregnant patient sent to the maternal services unit is thought to be better served in the emergency department, provisions to accept the patient back will be made.

Supporting Documents

1. A sample algorithm from a former health region guiding the assessment and triage process for pregnant patients presenting to the emergency department.
2. A sample algorithm from a former health region guiding the assessment and triage process for pregnant patients presenting to obstetrical triage (labour and delivery unit).

Background of the Critical Incident

A pregnant female patient (Gravida 2 Para 1, 39 weeks gestation) presented to the emergency department with an acute medical condition not related to her pregnancy. She had a sore throat, fever, and was having difficulty vocalizing. Her vital signs were taken and included three positive indicators for Systemic Inflammatory Response Syndrome. She was triaged as a CTAS-5 (Canadian Triage and Acuity Scale – non urgent) which was overridden to CTAS-3 (urgent) due to level of pain. The patient was triaged to see an emergency department physician "for a quick look before sending her up to labour and delivery."

Almost two hours after her arrival, the emergency department physician contacted the obstetrician on call to discuss treatment recommendations. The obstetrician on call expressed concern regarding lack of fetal monitoring since her admission, and in the 45 minutes since the patient had reported not feeling fetal movement. Fetal monitoring began immediately; the readings were abnormal and a STAT Caesarean section was performed. The baby required resuscitation at birth and was subsequently intubated and admitted to the neonatal intensive care unit due to risk of hypoxic ischemic encephalopathy.

Analysis

In circumstances where a pregnant patient presents with acute medical needs unrelated to pregnancy, the wellbeing of the mother and the fetus must both be considered critical. The emergency department and maternal services unit should work jointly to ensure standard procedures are developed and followed, clear communication exists amongst providers, and that either:

1. the patient moves between units to receive optimal care; or
2. the care providers move between units to provide optimal care, as required by the unique circumstances of the event.

Summary of Contributory Factors

- There were no standard timelines attached to consultation or referral to obstetrics following arrival in the emergency department, nor were there standard timelines attached to obtaining fetal heart rate.
- Difference of opinion existed between care providers about where an obstetrics patient would best be served when presenting with an acute medical illness unrelated to pregnancy.

Patient safety alerts may be issued by the Ministry of Health following the review of at least one critical incident reported to the Ministry. A critical incident is defined as a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service or a program operated by the Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency or a health care organization.

The purpose of a patient safety alert is to recommend actions that will improve the safety of patients who may be cared for under similar circumstances. Recommendations are intended to support the development of best practices and to act as a framework for improvement and can be adapted to fit the needs of the health service organization. When possible, policies or initiatives that have been developed by the SHA or the Saskatchewan Cancer Agency will be shared, to support adoption of policies or actions.

Patient Safety Alerts online: https://www.ehealthsask.ca/services/resources/Pages/Patient-Safety.aspx

Pregnant Patient Presents to ER – Sept 5, 2017

Ask well patient "Are you here for labour or a pregnancy problem?" If yes send to Maternal Triage 4th floor. If no CTAS patient

CTAS 1 or 2

Severe Trauma, Respiratory Distress, Imminent birth, etc.

- If known/visibly pregnant place wedge under left hip for placental perfusion
- Attend to the patient's urgent needs, as appropriate
- Establish gestational age quickly
  Delivery of the third trimester fetus may be indicated in maternal arrest
- If > 16 weeks or unable to establish gestational age consult on call obstetrician immediately to determine fetal status and need for monitoring

CTAS 3, 4 or 5

< 16 weeks

- Patient remains in ER
- When able - auscultate FHR with Doppler x 60 sec
- Document FHR in beats/min
  Ie: FHR 145 bpm

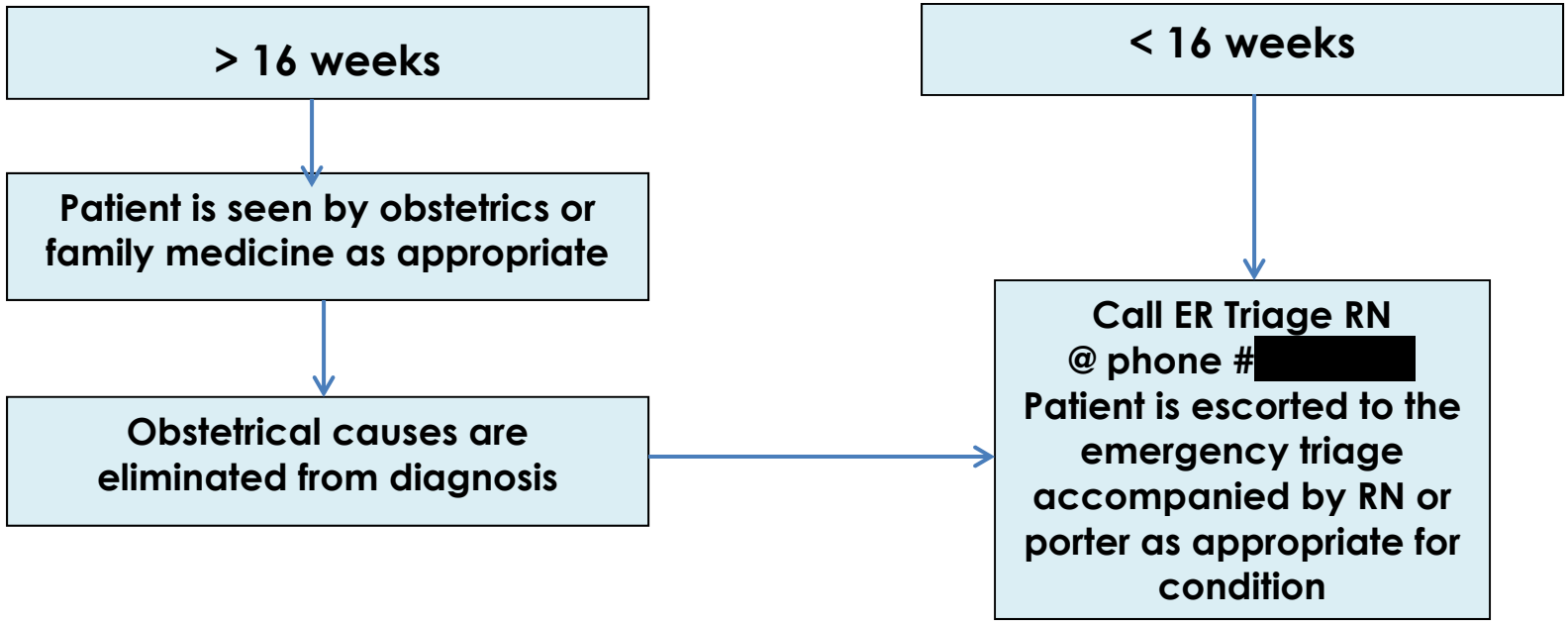
> 16 weeks

- Obvious non – obstetrical concern (i.e. Ankle injury)
  - Remain in ER and attend to the patient's needs as appropriate
- Obstetrical concern Porter to Maternal Triage by appropriate person

Call L&D CN@ (Number Deleted) to arrange transfer to Maternal Triage for fetal evaluation

The OB RN will review fetal status with the Obstetrical MRP/designate and determine the need for further monitoring

Pregnant Patient Presents to Obstetrical Triage – May 2016



Source: the former health region