

Dr Jim Livingstone
Director of Safety, Quality and Standards



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Rapid Response Report

Subject:

Checking pregnancy before surgery

For action by:

Chief Executive, HSC Board
Chief Executives, HSC Trusts for cascade to:
Medical Directors
Directors of Nursing
CSCG leads
Chief Executive RQIA for cascade to:
Independent hospitals and clinics

For Information to:

Chief Executive, Public Health Agency
Director of Public Health/Medical Director, Public Health Agency
Director of Nursing, Public Health Agency
Director of Performance Management & Service Improvement, HSCB
Assistant Director of Performance Management, HSC Board
Director of Integrated Care, HSCB
Assistant Director, Primary Care, HSCB
Professor David Woolfson, Head of School of Pharmacy, QUB
Professor Linda Johnston, Head of Nursing & Midwifery, QUB
Professor Hugh McKenna, Head of Life & Health Sciences, UU
Dr Owen Barr, Head of School of Nursing, UU
Professor Paul McCarron, Head of School of Pharmacy, UU
Post Graduate Dean, NIMDTA
Staff Tutor of Nursing, Open University
Director, Safety Forum
Lead, NI Medicines Governance Team
NI Medicines Information Service
NI Centre for Pharmacy Learning and Development

Summary of Contents:

The purpose of this circular is to aid the early detection of pregnancy before surgery

Enquiries:

Any enquiries about the content of this circular should be addressed to:
Safety & Quality Unit
DHSSPS
Room D2.4
Castle Buildings
Stormont
BELFAST
BT4 3SQ
Tel: 028 9052 2239
qualityandsafety@dhsspsni.gov.uk

Circular Reference: HSC (SQSD)07/10

Date of Issue: 4 June 2010

Related documents

HSS (MD) 7/2003 Good Practice in consent
<http://www.dhsspsni.gov.uk/hssmd07-03.pdf>

<http://www.nice.org.uk/nicemedia/live/10920/29090/29090.pdf>

<http://www.nice.org.uk/nicemedia/live/10920/29094/29094.pdf>

Superseded documents

N/A

Status of Contents:

For completion of actions and assurance templates by 3 December 2010

Implementation:

Immediate

SQSD material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

Working for a Healthier People

Chief Medical Officer Group



Dear colleagues

Checking pregnancy before surgery

The National Patient Safety Agency (NPSA) has advised that the possibility of pregnancy should be considered in all relevant female patients before surgery which could pose risks to mother or foetus. Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time. The practice of checking and documenting current pregnancy status in the immediate preoperative period is inconsistent.

The content of the attached circular at Annex A has been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to bring this to the attention of relevant practitioners and key health and social care staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risks to patients.

I would also draw your attention to the attached 'assurance template' which is a means of recording the response from the Trusts and Board in circumstances where SQS Circulars require action to be taken by a given date.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jim Livingstone". The signature is written in a cursive, slightly slanted style.

Dr J F Livingstone
Director, Safety, Quality & Standards

Checking pregnancy before surgery

Issue

1. Ensuring that pregnancy has been considered prior to surgical intervention should be an integral part of preoperative assessment of all female patients of childbearing potential. Preoperative assessment may take place weeks in advance of the planned operation and pregnancy status may change during the intervening time. The practice of checking and documenting current pregnancy status in the immediate preoperative period has been shown to be inconsistent. If a previously unknown pregnancy is detected, the risks and benefits of the surgery can be discussed with the patient. Surgery may be postponed or anaesthetic and surgical approaches modified if necessary. In emergency situations, confirmation of pregnancy should not delay treatment and should be judged within clinical assessment of risk.
2. The importance of checking for pregnancy is well established in certain areas of clinical practice, such as gynaecological surgery or ionising radiation. However, in other areas such as general surgery, there may be less awareness of the need for routine checking.

National Context

3. Between October 2003 and November 2009, the National Patient Safety Agency (NPSA) received 42 reports of patients undergoing a planned procedure without having a documented pregnancy check in the preoperative period. In three cases there was a spontaneous abortion following the procedure.
4. NPSA/2010/RRR011: Checking pregnancy before surgery and the supporting information is available on:
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=73838>

Local Context

5. All HSC organisations undertaking surgery and the independent sector should ensure that:
 - Local preoperative assessment policies should be reviewed to ensure that pregnancy status is checked within the immediate preoperative period in accordance with NICE guidelines*
 - The check should be recorded on preoperative documentation used by staff performing final clinical and identity checks before surgical intervention

- Organisations should demonstrate robust reporting of incidents where pregnancy checks have not happened and any associated actions that may come from this (which may include local audit).
6. The NPSA reminds organisations that existing preoperative assessment policies must include a check of possible pregnancy in the immediate preoperative period.
 7. *The National Institute for Health and Clinical Excellence (NICE) produced a clinical guideline (CG3) on the use of routine preoperative tests for elective surgery in June 2003. Within this guideline NICE recommends that pregnancy testing should be carried out for women who say it is possible they could be pregnant and, testing may also be considered for other women. This guideline was published prior to the Department's agreement with NICE therefore it has not been endorsed for Northern Ireland however the Department supports the Institute's recommendations on checking pregnancy before surgery. The Department will consider the full guideline following its review, scheduled by NICE for June 2010.
 8. Informed consent should be obtained for testing. For further guidance on consent clinicians should refer to the DHSSPS guidance 'Reference Guide to Consent, Treatment or Care (2003)' which is available on the Department's website at: <http://www.dhsspsni.gov.uk/consent-guidepart1.pdf>.

Action Required

9. You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation. Organisations need to be aware of this best practice circular in order to assist in complying with the Quality Standards for Health and Social Care –
 - i. Criteria 4.3(i) (the appropriate management of risk);
 - ii. Criterion 5.3.3(f) (implementation of evidence-based practice through guidance, for example, NPSA guidance). and
 - iii. Criteria 8.3(l) (effective communication and information)
10. HSC Trusts should take immediate action to implement this Rapid Response Report as outlined in paragraph 5 above by 3 December 2010. Trusts should provide assurance on this action to the HSC Board by completing Section 1 of the attached template.
11. The HSC Board should complete Section 2 of the attached assurance template and forward to the Department by 4 January 2011.

SQS CIRCULARS: ASSURANCE TEMPLATE FOR HSC BOARD AND TRUSTS

**Circular number: HSC (SQSD) 7/10 Checking pregnancy before surgery
For Implementation by: 3 December 2010**

(Section 1 is to be completed by HSC Trust and forwarded to HSCB for consideration. Section 2 should then be completed by HSCB and forwarded to DHSSPS)

SECTION 1:

To: Chief Executive, HSC Board

I can confirm that the required actions set out in the above circular have been implemented in full by the due date.

I can confirm that the actions in the above correspondence have been partially implemented by the due date. The issues impacting on full implementation along with the timescales for resolving these issues are set out in the box below:

I can confirm that the organisation has been unable to implement any actions of the above circular for the reasons set out in the box below. (The actions being taken/required to resolve or clarify the issues preventing implementation and the timescales for this should be outlined):

I confirm that the HSC Trust's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the HSC Board.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of _____ HSC Trust. Date: _____

SECTION 2:

To: Director, Safety, Quality & Standards Directorate, DHSSPS

I note the response from the Trust and –

I can confirm that the HSC Board is content the action(s) taken, referred to in Section 1, complies with the requirements of the above circular.

I can confirm that further action, as outlined in the box below, is needed to ensure compliance with the requirements of the above circular

I confirm that the HSC Board's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the Department.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of HSC Board. Date: _____