PL.16 DOES THE USE OF CARBETOCIN REDUCE RECOVERY TIMES AT CAESAREAN SECTION? AN AUDIT OF OUTCOMES FOLLOWING ROUTINE INTRODUCTION OF CARBETOCIN AT SOUTHMEAD HOSPITAL

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Objectives
1. To investigate time in theatre recovery for women who received carbetocin at Caesarean Section (CS) compared with a historical cohort.
2. To compare costs per patient, from a health sector perspective, between the two cohorts.

Methods
We evaluated outcomes for all women (elective and emergency) undergoing CS, after the introduction of carbetocin in January 2012 (pre-carbetocin).

Main outcome measure
Difference in time in theatre recovery between the two groups.

Results
Women who received carbetocin (n = 265) spent less time in recovery than the historical cohort (n = 33) (carbetocin 170 min, syntocinon 271 min; difference: -101.3023 minutes, 95% CI: -175.8518; -26.75276, p = 0.0932).

Conclusions
10% report they would request caesarean section for themselves/their partner, which is the lowest rate reported within UK studies. Only 1% had a caesarean solely for maternal choice. SW Obstetricians would choose non interventional delivery if possible. They currently have modes of delivery that are not statistically different from the general population. These results challenge long held misconceptions about birth choices made by obstetricians.

PL.18 VALIDATION OF A SKILL LIST OF NON-TECHNICAL SKILLS FOR OBSTETRICIANS WHEN PERFORMING AN OPERATIVE VAGINAL DELIVERY

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Background
Non-technical skills for obstetricians play a vital role in adequate patient care and combine social and cognitive elements that are separate from the practical skills involved in obstetric care. Categories of non-technical skills for operative vaginal delivery have been postulated from healthcare professionals to provide a framework of good practice.

Aim of this study
To validate the social non-technical skills defined by obstetricians and midwives.

Method
Women who had an operative vaginal delivery of a term baby underwent a semi structured interview 6-8 weeks postnatal. The interview recordings were transcribed verbatim. Thematic coding of data was carried out. Consistency of interpretation was ascertained by two researchers. Data was analysed to compare and contrast the emerging themes to the elements and categories previously identified.

Results
16 interviews were transcribed and analysed for this study. Social categories of non-technical skills, namely professional relationship, behaviour, teamwork and communication, suggested by obstetricians and midwives were common themes from all participants. New themes emerged such as ‘importance of understanding preconception of what operative vaginal delivery would involve’.

Conclusion
The non-technical skills developed by obstetricians and midwives in operative vaginal delivery have been validated by women. Furthermore new themes emerged that need to be embedded into the pre-existing categories. This validated framework of non technical skills is vital to ensure an operative vaginal delivery occurs in an environment that is positive and respects the unique event of a birth of a child. Additionally the framework can be used as a tool for training and feedback.

PL.17 TESTING FOR LIKELIHOOD OF PRE-TERM LABOUR – A DESCRIPTIVE STUDY OF ENGLISH MATERNITY UNITS 2011–2012

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Introduction
Prematurity is a leading cause of neonatal morbidity and mortality. Tests are available to help predict the likelihood of pre-term labour (PTL), although optimal protocols remain uncertain. We assessed the changing pattern of testing in English maternity units.

Methods
163 maternity units were surveyed online in Sept/Oct 2011, and again in Sept/Oct 2012. In 2012, non-responders were followed up by telephone contact. The overall response rate improved from 32.5% (54 units) in 2011 to 73% (119 units) in 2012. Data were analysed quantitatively using contingency tables, and spatially using Geomapping software.

Results
In 2012, 87% (CI; 80–92%) of units used biochemical testing to predict PTL, a significant (p < 0.05) increase from 2011 (76%, CI; 63–85%). For units where data were available for both years, 33% altered their method of PTL testing between 2011–2012, with 40% of these initiating biochemical testing. 14 units did not test for pre-term labour (11%, CI; 7–18%). On the basis of test results, 94% (CI; 87–97) of units gave steroids, but only 77% (CI; 67–84) discharged home and 82% (CI; 73–88%) arranged in utero transfer.

Conclusions
Our results suggest a heterogeneous pattern of test utilisation. The high proportion of units changing methods within a year implies confusion regarding optimal strategies for PTL prediction. There is an urgent need for further research and clearer guidance in this area. Heterogeneity in protocols could lead to suboptimal allocation of valuable neonatal network resources.

PL.19 COST COMPARISON OF ROUTINE CARBETOCIN USE AT CAESAREAN SECTION

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Methods
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Objectives
(1) To establish a cost consequence evaluation following introduction of routine use of carbetocin for all Caesarean Sections (CS) at Southmead Hospital.

Methods
Following routine introduction of carbetocin for all CS (elective and emergency) at Southmead Hospital in April 2012 we have demonstrated a reduction in theatre recovery time and also need for additional 3rd stage management compared with historical data from pre-carbetocin (Abstract No: PL.16).

We have economically modelled the financial cost of introducing carbetocin, using estimated costs as indicated (table 1).

Conclusion
Using real life data following routine introduction of carbetocin, economic modelling demonstrates only a small increase in drug cost per patient (carbetocin £7.78 v syntocinon £6.37). In addition reduced theatre recovery time has potential midwifery staffing cost efficiencies of up to £189,000 pa.

PL.20 PERINEAL ASSESSMENT AND REPAIR E-LEARNING SYSTEM (ePEARLS): AN E-LEARNING TRAINING PACKAGE TO IMPROVE CLINICAL MANAGEMENT OF PERINEAL TRAUMA FOLLOWING CHILDBIRTH

doi:10.1136/archdischild-2013-303966.204

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Background
Birth related perineal trauma can have a major impact on women’s health. The correct assessment and repair of perineal injuries are procedures that require knowledge and skill. Currently, there is no agreement as to what constitutes an effective training programme. We have produced and tested an interactive distance learning multi-professional training package called ePEARLS. This was developed as a tool for the delivery and assessment of perineal repair training in line with UK evidence based practice.

Methods
The main aim of this project was to develop, refine and assess ePEARLS as a tool for the assimilation of knowledge and skill to clinicians involved in Intrapartum care. Using pre and post-training objective assessments for both knowledge and skill, we compared the effect of delivering training using ePEARLS compared to other training models in three independent multi-professional groups from three different maternity units.

Results
Thirty-eight participants were involved in the study. Improvements in knowledge scores were marginally significant in all three groups. However, more marked improvements in skill scores were noted in response to the different training models.

Conclusion
ePEARLS is the first multi-professional interactive perineal trauma management e-learning package that has been formally tested against other training models. The potential cost effectiveness of this package makes it far superior to other methods of delivering training and maintaining competency.

Abstract PL.19 Table 1

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1: South West Obstetric Network drug cost; 2: Unit drug cost; 3: NHS supply chain unit cost, 4: PSSRU 2010 Unit Health Care cost