Situation Awareness in EFM

Learning Session I
March 15, 2007

Joseph Derrough, MD
Kaiser-Permanente San Jose
A recurrent clinical problem:

• “Inability to recognize and/or appropriately respond to both antepartum and intrapartum fetal distress.” (Knox, et al. 1999)

JCAHO

• 2004 JCAHO Sentinel Event # 30: abnormal fetal heart rate tracings and poor communication identified as leading factors in adverse perinatal outcomes.
A Common Language for Electronic Fetal Monitoring

2005: Both AWHONN and ACOG adopt NICHD criteria (1997) for EFM interpretation.

2005: Situation Awareness in EFM is released.
Purpose: integrate NICHD criteria into every day practice (plus more).

Content

Four Chapters, each about 25-35 minutes.

1. A Common Language
2. Indications for Action
3. Emergency Response
4. Collaborative Practice
The Good News

• The DVD itself does all of the teaching

• Your job is to facilitate and maximize learning and change.

Recommendations

• Mix disciplines: CNMs, MDs, RNs together
• Stop the DVD frequently to ask the audience what it thinks about the “last” point.
• Encourage open dialogue and discussion
Recommendations continued

- After chapter 2 distribute parts of a relatively long EFM tracing to groups of 2-5 audience members. Each group should be of mixed disciplines. Give them 5 minutes to review their portion of the tracing and then project the entire tracing in succession on a screen. Ask each group in succession to comment on: variability, baseline, decelerations, etc.

Specific questions you may consider:

- How would this work at our facility?
- Do we have “X” problem at our facility?
- How well do we function as a team here?
- Do we have communication issues here?
- Do we have issues with rapid response here?