



Document Type: Procedure		Unique Identifier: CORP/LOCSSIP/002	
Document Title: Local Safety Standards for Invasive Procedures (LocSsip) for: Counts of Swabs & Non Retainable Items used in Obstetric Invasive Procedures (External to Theatres)		Version Number: 1.1	
		Status: Ratified	
Scope: Vaginal Deliveries Non-Theatre obstetric Invasive Procedures including: episiotomies, repair of genital trauma. Colposcopic and Hysteroscopic procedures and gynaecology procedures involving the genital tract		Classification: Organisational	
Author / Title: Sue Wroe, Governance Lead NatSsips Project Corporate Quality & Governance		Responsibility: Obstetric Clinicians Midwives Hospital Setting Midwives Community Setting Colposcopists Gynaecology nurses assisting in gynaecology outpatients department	
Replaces: Version 1, LocSsip for Obstetric Swab Counts, Corp/LocSsip/002		Head of Department: Sasha Wells Deputy Director & Head of Midwifery	
Validated By: Sascha Wells, Director of Midwifery, Gynaecology and Obstetrics		Date: 03/08/2016	
Ratified By: Procedural Document and Information Leaflet Group		Date: 21/09/2016	
Review dates may alter if any significant changes are made		Review Date: 01/09/2019	
Which Principles of the NHS Constitution Apply? 1,2,3,4	Which Staff Pledges of the NHS Constitution Apply? 1,2,3,		
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

Swabs are used in maternity care for cleansing and to absorb blood and other fluids. Once soaked in blood and body fluids swabs can be difficult to identify, with a potential for retention within the vagina. Retained swabs following a vaginal birth or other associated procedures are a cause of maternal morbidity and might result in sepsis, pain, secondary post-partum haemorrhage and may predispose to psychological harm to a mother.

A retained swab, instrument or needle is rare, however, a 'never event' such as this can be devastating to both a patient and staff. Retained objects are considered a preventable occurrence and careful counting and documentation can significantly reduce, if not eliminate these incidents known as "Never Events"¹.

At UHMB the LocSsip (Local Safety Standards for Invasive Procedures) Procedural Document for The Counting of Swabs & Retainable Items in Obstetric and Gynaecological Invasive Procedures (External to Theatres) is underpinned by education and training in swab competency.

It is a mandatory requirement that midwives, assisting nurses and obstetricians adhere robustly to the safety standards within this document and have completed the training package for 'swab and retainable items counting competency'. Attainment of such must be verified in their own individual Trust Training Management System Accounts. (T.M.S.) The safety steps described in this document will be underpinned by education and training in swab and counts competency.

N.B It is a mandatory requirement that midwives and obstetricians adhere robustly to the safety standards within this document and have completed the training package for 'swab and retainable items counting competency on the Midwives Mandatory Training Day., or as part their ongoing learning. Attainment of such must be verified in their own individual Trust Training Management System Accounts. (T.M.S.)

2. PURPOSE

The purpose of the UHMB LocSsips for obstetric and gynaecological counts is to foster a safety culture by ensuring that standards relating to counts of swabs, instruments or sharps are consistently undertaken across the organisation. All midwives, assisting nurses and obstetric clinicians must embed the use of LocSsips into their everyday practice. The steps outlined in the LocSsip are designed to ensure **non** retention of items that must be safeguarded against retention.

Two staff members must undertake the count together in unison, but there may on the rare occasion be an extenuating situation where the initial count would be 'single **person**' count. A single person count is only undertaken if it is in the woman's best interest, i.e. where suturing must start immediately in the home birth setting as no second person has yet arrived.



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If a single person count is undertaken a C.I.R. must be raised and a Route Cause Analysis undertaken for learning of lessons.

3. SCOPE

The standards within this procedural document will be applicable to all invasive obstetric and gynaecological procedures undertaken outside an operating theatre by a procedural team, where swabs, instruments, blades and needles, (sharps) are used.

This LocSsip should be read in conjunction with the Trusts "Safety Standards for the Counts of Swabs, Instruments and non -retainable items for Invasive Procedures". See Section 6 for link.

If a woman is transferred for immediate ongoing treatment to the operating theatre, there must be a safety handover to confirm that any counts for previous procedures are complete and correct.

Examples of Procedures in non-operating theatres that must have counts undertaken

- Foetal blood sampling
- Spontaneous and assisted vaginal birth
- Perineal suturing
- Major obstetric haemorrhage

Non theatre environments where invasive procedures may occur

- Hospital delivery rooms
- Homebirth.
- Gynaecology outpatient department
- Colposcopy/hysteroscopy suite

Logging of all pre and post procedural completed swab, instrument and needle counts and signing the documentation record of such is a mandatory requirement. Both Midwifery, nursing and Medical Staff must ensure the sections relating to counts both pre and post procedure in the Perinatal Institute birth record or gynaecology records are completed and signed in black ink.



Errors, discrepancies or missing items in counts are untoward incidents. These and any other near misses, once any immediate appropriate actions have been followed to prevent an SI or Never Event must be escalated and reported on the Trusts Patient Safety Module (Safeguard) by the raising of a Clinical Incident Report (CIR).

The incident will be then be managed and investigated in line with the Trusts Policy for the management of incidents.

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4. PROCEDURE

4.1 Duties

Responsibilities of the all staff involved in undertaking obstetric invasive procedures are defined in this document. Staff must ensure the following:

- The operator and the second checker must always follow the standards of this document at all times.
- They must have appropriate training and fully understand the procedural steps in this document for counting swab, needles and instruments and undertake them at the correct times during invasive procedures.
- Staff must ensure all swabs; needles instruments and NRI's are disposed of as described in the procedural document.
- Staff must follow safe standards for 'unsafe' sharps where applicable.
- Two persons are required to undertake count standards as outlined in this document. One of which must be the midwife, nurse or doctor (the operator) who is undertaking the procedure.

4.2 Local Safety Standards For Counting Swabs, Needles, Instruments for births or invasive procedures

- All delivery or clinical rooms rooms have a white board and when writing on the white board it must be legible and in a clear line of vision to the operator.
- The woman's name and RTX number along with the date must be recorded on the whiteboard.
- All swabs and needles must be recorded on the white board. All counts must be undertaken in a loud and clear and audible tone.
- Prior to commencement of any procedure, a swab, instrument, needles/Non Retainable Item (NRI) count will be performed between the operator and 2nd checker.
- They must check that there are 5 swabs present in each bundle, each swab must have a radiopaque line running through it, and larger swabs must have an attached tape.
- Only bundles of 5 swabs secured with a red string can be used – any that are not secured by a red string in a bundle of 5 must be removed immediately and discarded from the working field. But retained in the rubbish.
- The swabs must be recorded on the white board in multiples of 5's e.g. 5 | 5 | 5, adding to this format as subsequent packs are opened.
- The red string wraps around the swab packs must be retained by the operator in a secure place on the 'working' field, this serves as a check in verifying the number of bundles of swabs that have been opened as all swab types are packaged in 5's.
- The strings must always be counted and logged on the white board. It is usual to attach the red strings to the sticky part of the disarmour in the workable field.
- If large packs are used that have a tape attached, a tug test of the tape to ensure integrity must be performed by pulling the tape to ensure it is secure.
- Throughout the procedure all needles and blades should be handled according to the standards for the safe use of sharps.
- All suture needles that are passed onto the procedural working field must be recorded

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on the white board.

- Suture wraps/packets should be retained on the 'working' field by the operator to ensure the needles correspond to the number logged on the white board.
- Non X ray detectable swabs, dressings, sanitary towels or other forms of gauze which are to be used as therapeutic dressings **must only** ever be opened when wound closure/delivery is complete and the count has been undertaken and verified as correct.

4.3 Standards for 'Counts Reconciliation' at Procedure End

- At the end of the procedure, counts must always be performed with two people; one of them being the operator (this is either the treating clinician or midwife or nurse)) and a trained counts staff member.
- The counts must be undertaken by the same staff at the start and end wherever possible.
- Once again the count must be performed in a loud audible tone.
- All items for inclusion in the count must be checked separately. There must be no interruptions during the counts of swabs, needles and instruments.
- **If an interruption occurs, the count must be restarted**
- In the event of a suture needle breaking all parts must be pieced together and identified as a whole for the count.
- If any part of a broken item cannot be accounted for **section 4.4** of this procedural document must be followed in all cases.
- It is only when the count is verified as correct that the operator can leave the room.
- The completed and reconciled counts must be recorded and signed for in the woman's case notes.

4.4 Standard to be followed if there is a discrepancy arising at the counts reconciliation of swabs and needles

- In the first instance a full recount of all swabs, instruments and sharps must be undertaken and the following steps to locate the missing item must be taken:
- Inform the woman
- Inform the midwife or nurse in charge
- The environment must be scrutinised for the missing item, this includes the bed area, drapes, clinical trolley; sluice bucket and bins. No items should ever leave the procedural room prior to confirmation of a correct count and if they have, they must be brought back.
- The floor should be checked thoroughly in cases of missing suture needles.
- If a swab is not found within the room, a gentle vaginal examination must occur.
- If the discrepancy is not rectified, an x ray must be performed prior to the woman being transferred out of the room.
- If it is a suture needle that is missing the operator can use vaginal scanning or X ray to confirm if it is present in the vagina or not.
- If the x ray confirms presence of the missing item, and immediate retrieval will have no adverse effects to the woman, it must be removed.
- If it is considered not retrievable without further intervention the episode must be escalated to the consultant and the plan for removal is clearly documented in the case

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notes.



Reconciled Counts

If a count is recognised as incomplete but reconciled, prior to the woman leaving the procedure room due to the above steps being undertaken it is classed as a near miss

- This should be reported a near miss, in counts where an item was missing but is now reconciled.

Known Non Reconciled Counts

- A CIR must be raised
- Duty of candour² is initiated and the patient informed of the incident status.
- SI incident management must be followed.
- If the location of the missing item is confirmed, a plan for removal must be made and discussed with the woman and fully documented.
- If the missing item is not located then an urgent radiologist report must be requested of the x ray that has been taken. Further X ray may also be deemed necessary.
- If the woman is for discharge, information and discussion will need to occur and be documented in the notes of what action to take if any untoward symptoms or concerns arise.
- The information must also be included and highlighted in any discharge and or transfer letters to the midwife and GP

Unreconciled Counts at homebirths

- Section 4.4 will be actioned. If the item is not located arrangements must be made for the woman to attend the hospital for an emergency/urgent x ray.

4.5 Transfer to Theatre

On occasion a woman may have to be transferred from the delivery room to theatre.

- All counts should be completed in accordance with the standards of this LocSsip, prior to transfer.
- If not completed prior to transfer the theatre team must be informed and the operator (if possible) returns to the room to complete the check with the second checker.
- Any emergency vaginal packing, or tampons inserted during the initial procedure must be documented in the woman's notes and communicated to the theatre procedural team at the theatre handover.

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5. ATTACHMENTS	
Number	Title
1	Description of NatSsips harmonised to this LocSsip
2	Equality & Diversity Impact Assessment tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Surg/Locssip/003	Professional Safety Standards for Safe Procedural Counts of Swabs, Instruments and Retainable Items for invasive Procedures undertaken in the Operating Theatre http://uhmb/cs/tpdl/Documents/SURG-LOCSSIP-003.docx
Corp/Proc/022	Reporting and Management of Incidents including Serious Incidents http://uhmb/cs/tpdl/Documents/CORP-PROC-022.docx
Corp/Proc/057	Consent to Examination or Treatment http://uhmb/cs/tpdl/Documents/CORP-PROC-057.docx
Obs/Gynae/Guid/024	Perineal Trauma http://uhmb/cs/tpdl/Documents/OBS-GYNAE-GUID-024.docx
Corp/Pol/088	Safe Use and Disposal of Sharps http://uhmb/cs/tpdl/Documents/CORP-POL-088.docx
	Risk Assessment Suture Needles in Minor Ops.

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NHS England (2015) Never Events 2015/2016 (accessed 21.9.16)
2	Royal College of Surgeons (RCS) (2015) Duty of Candour - Guidance for Surgeons and Employers (accessed 21.9.16)
Bibliography	
NHS England (2014) Standardise, education, harmonise. Commissioning the conditions for safer surgery. Report the of NHS England Never Events Taskforce (accessed 21.9.16)	
World Health Organization (WHO) (2008) WHO surgical safety checklist and implementation manual (accessed 21.9.16)	
World Health Organization (WHO) (2009) WHO Guidelines for Safe Surgery 2009 (accessed 21.9.16)	
NMC (2015) The Code. Professional standards of practice and behaviour for nurses and midwives (accessed 21.9.16)	

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
Disarmour	Sterile Safe Storage of Sharps receptacle used in the procedural working field.
NatSsips	National Standards of Safety for Invasive Procedures
LocSsips	Local Safety Standards for Invasive Procedures
C.I.R.	Clinical Incident Report
UHMB	University Hospitals Morecambe Bay
N.B.	Note Well
M.B.H.T.	Morecambe Bay Hospital Trust

9. CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
David Burch	Consultant Obstetrician
Sanjay Sinha	Consultant Obstetrician
Sascha Wells	Director of Midwifery
Alison Sambrook	Consultant Obstetrician
Sally Sagar	Matron FGH
Anne Wallhouse	Matron WGH
Amanda Plackett	Matron Helme chase and Community Midwives
Alison Mayor	Central Delivery Suite Manager
Sharon Walker	Helme Chase Manager
Sue Alcide	Central Delivery Suite Manager
Carol Carlile	Matron RLI

10. DISTRIBUTION PLAN	
Dissemination lead:	
Previous document already being used?	No
If yes, in what format and where?	N/A
Proposed action to retrieve out-of-date copies of the document:	N/A
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	

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11. TRAINING		
Is training required to be given due to the introduction of this procedural document? No		
Action by	Action required	Implementation Date
N/A	N/A	N/A

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	04/10/2017	Page 3	BSF page added	01/09/2019

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Appendix 1 Description of NatSsips harmonised to this LocSsip

Description of NatSsips which are mandatory inclusion in this LocSsip. The mandatory standards in this document are not all the standards required for counts reconciliation in an invasive procedures , the only inclusion is what is relevant to this particular standard	By Whom/How	Where identified	Inclusion achieved
Reconciliation of items used in invasive procedures	Operator	standard content of document	
Process for reconciliation clearly identified and specified		As above	
Standardised methods for recording items used during procedure.	Whiteboard Delivery Room Recording log Woman's case notes		
The woman must be made aware of intentional retained items used for therapeutic packing.	Handover team to communicate	Section	
Unintentional retention of non-retainable item. Communication to woman.	Operator	Section	
Standard for documenting retentions for theatre transfer.		Section Pages	

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Appendix 2: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Surgical Interventions			
Lead Assessor	Sue Wroe			
What is being assessed?	LocSsip for: Counts of Swabs & Non Retainable Items used in Obstetric Invasive Procedures (External to Theatres)			
Date of assessment	15/09/2016			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
		<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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