

1. Introduction and Who Guideline applies to

This guideline outlines the process for ensuring the availability of medical equipment (in line with national guidance) on the Delivery Suite and applies to all staff within the UHL maternity unit who use the equipment.

Related documents:

[Enhanced Maternity Care UHL Obstetric Guideline](#)

Associated patient information leaflet:

None

2. Guideline Standards and Procedures

The prime concern is the safety of mothers and babies. Therefore it is essential that vital equipment that is often required in an unforeseen emergency situation is checked prior to the need of its use. Table 1 identifies such equipment and describes the person/persons responsible for checking the equipment, where the equipment can be found and how to record that it has been checked.

Background:

Delivery Suite rooms must be equipped with monitoring equipment for the measurement of non-invasive blood pressure. There should also be readily available equipment for monitoring ECG, oxygen saturation, temperature and invasive haemodynamic monitoring if required. All delivery rooms must have oxygen, suction equipment and access to resuscitation equipment (Obstetric Anaesthetists' Association (OAA) & The Association of Anaesthetists of Great Britain and Ireland (AAGBI) Guidelines for Obstetric Anaesthetic Services, 2005:pp22)".

Responsibilities of staff groups:

It is the responsibility of all staff members using medical equipment to ensure the equipment is working efficiently, report any faults and ensure regular checking of equipment. If equipment is found to be faulty it should be removed, an incident form (DATIX) should be completed and the delivery suite co-ordinator and manager informed. It is the responsibility of the manager, co-ordinator or deputy to ensure the faulty item of equipment is sent and repaired by the appropriate department. The item should be replaced with one that is fully functional.

Documentation:

Daily equipment checks (see Table 1) should be recorded using the digital '@My kit check' tool, by the staff member checking the item of equipment. If an item of equipment is broken it must be reported and repaired and have receipt of a job

number. It should be documented in the checking book that the item has been sent for repair.

If the item is listed in the My kit check tool, notification of repair will alert on the system. If the item is not listed in the My kit check tool, it should be written on the designated whiteboard located within the workplace area.

Availability of equipment

If further equipment is required in addition to that available in the immediate vicinity this can be acquired through the Critical Care ITU Outreach Nurses. Obstetric theatre recovery also has HDU equipment. Authorisation to use the equipment from theatre recovery can be gained via the Anaesthetic Consultant on call and the Operating Department Practitioner. If equipment from recovery needs to be used an incident report form (DATIX) should be completed.

Table 1: Equipment monitoring LRI, LGH, SMBC

Equipment	Store	Checking	Record	Responsibility (The Midwife Coordinator / Ward Manager has overarching responsibility)
Piped oxygen and suction	All delivery rooms. HDU room Induction / Observation bay (LRI & LGH)	Daily	Equipment checking book / check list	Maternity Care Assistants
Anaesthetic machine	Theatres (LRI & LGH)	Daily	Equipment checking book / check list	ODP
Recovery equipment	Recovery (LRI & LGH)	Daily		ODP, Midwives or recovery nurse
Adult Cardiac Arrest Trolley	Recovery LRI Obstetric Theatre Sluice Room Midwives Station LGH	Daily	My Kit Check	Midwife Coordinator
HDU monitor (P, BP, ECG, SaO2)	HDU room (LRI & LGH)	Daily	Unit equipment checking book	Midwives

Intravenous Fluid Warmer	Theatre(LRI & LGH)	Daily		ODP
Blood Gas Analyser	Clean Utility	Daily	Attached Folder	Maternity Care Assistants
Obstetric Emergency Trolley	Treatment Room LRI & LGH	Daily	Unit Equipment checking book	Midwives
Transfer Equipment (ventilator and monitor)	ITU (LRI ONLY)	Daily	ITU record	ITU staff
Neonatal resuscitaire's	All delivery rooms Theatre 1 nursery Emergency room 2 back corridor LRI	Daily	My Kit Check	Midwives
Neonatal emergency trolley	Theatre 1 nursery & Delivery suite nursery LRI	Daily	My Kit Check	Midwives

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Adverse incidents	Review of all DATIX reports	Delivery suite manager	As occurs	Area manager
All emergency equipment has been checked daily	Signing of the handover sheet.	Midwife Coordinator	Daily	Area manager
All resuscitation equipment	Metrics Audit Tool	Matrons	monthly	Women's Q&S Board via the Dashboard

5. Supporting References

Obstetric Anaesthetists' Association, the Association of Anaesthetists of Great Britain and Ireland (2005) Guidelines for Obstetric Anaesthetic Services. Revised Edition. Pp22. London. OAA & AAGBI. Available from www.aagbi.org

The Obstetric Anaesthetist Association (2011) Providing Equity of Critical and Maternity Care for the Critically ill Pregnant or Recently Pregnant Women. London. The Royal College of Anaesthetists.

6. Key Words

My Kit Check, Resuscitaire, Arrest Trolley

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
Original Author: M Tonks Guideline Lead (Name and Title) F Ford - Matron			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
January 2018	V1	A Jones	Update of responsibilities, location of equipment and monitoring
March 2021	V2	F Ford	
August 2024	V3	F Ford	Updated in line with My Kit Check Added neonatal emergency equipment to list