THE NEED FOR PERINATAL AUDIT

WHAT IS PERINATAL AUDIT?

Perinatal audit is the process whereby careful review/evaluation of care given to pregnant women, their unborn babies and their neonates is undertaken.

WHY ARE PERINATIAL AUDITS NECESSARY?

To improve the quality perinatal care
To improve chances of survival of pregnant women and their newborn babies
To inform perinatal care providers of deficiencies/successes in their practice
To advance the education and learning of perinatal care providers.

HOW DOES AUDIT IMPROVE CARE?

- Perinatal audits keep caregivers informed of their deficiencies/successes in their practice.
  "If you do not know what is going on, how can you improve?"
  "If you are not involved, how can you be loyal?"

- Regular evaluation, investigation and monitoring of events enable conscientious effort in doing the right things.

PRINCIPLES OF AUDIT- DIAGRAMATIC PRESENTATION
**AT WHAT LEVEL SHOULD AUDIT TAKE PLACE?**

At national and provincial level - national & provincial policy guidelines
At district and facility level - guidelines & procedure manuals

**REQUIREMENTS TO ENSURE REGULAR & EFFECTIVE AUDIT MEETINGS**

At management level - support and motivation and recognition of the need
At implementation level- motivation, commitment, dedication, insight and expertise

**KINDS OF PERINATAL AUDIT CONDUCTED IN MATERNITY?**

Two kinds of perinatal audits are essential in any facility providing maternity services.

1) Maternal Mortality Audit = Maternal Mortality Review Meeting
2) Perinatal Mortality Audit = Perinatal Mortality Review Meeting

**WHO ARE THE “DRIVERS’ OF PERINATAL AUDIT MEETINGS?”**

Advanced midwives and senior midwives
Obstetricians and Medical Officers
Paediatricians

**WHO SHOULD ATTEND PERINATAL AUDIT MEETINGS?**

All people involved in maternal and neonatal care should attend. This includes
Doctors & Midwives
Midwives from outlying clinics should take turns in attending these meetings.
Superintendents and Heads of Obstetric Units
Representatives from Hospital Management
Maternal Health Co-coordinators & Trainers of Community Health Workers.
Information Officers

**WHAT ARE THE GENERAL RULES GUIDING PERINATAL REVIEW MEETINGS?**

- The meeting is meant to be an educational experience for all participants.
- The meeting is **neither a court of law nor a disciplinary hearing! It must not be turned into witch hunting sessions.**
- No names of patients or health professionals must be used when discussing a case.
• Anonymity of the people involved in management of the case under discussion should by all means be preserved.
• The problem must be addressed, not the person. Everyone makes mistakes. It is far better for one person to make a mistake and discuss it with others, so that the mistake is made only and not repeated by all the other people.
• Data must be collected at these meetings, e.g. an attempt must be made to find avoidable factors or missed opportunities, cause of death and whether the death was preventable or not.
• Information must be given out at the meetings, like the current PNM statistics or other facts.
• Successes should also be discussed.
• Teaching, explaining or discussing protocols should be performed.

PREPARATION FOR A PERINATAL REVIEW MEETING

o The venue where the meeting is held must be prepared in time to make sure that the necessary equipment is available and in working order e.g. Overhead projector.

o The duration of the meeting depends on the frequency of meetings. For instance if meetings are held every week, fewer cases may be discussed and therefore the meeting may not be longer than an hour, whereas if meetings are held every three months, more time will be needed due to the number of cases and statistics to be discussed. Staff members considering their work schedules should negotiate frequency and the time when the meeting is held and when more staff e.g. doctors will be available. In some institutions the meeting is held in the morning and in others it is held at lunch time.

o Notice of the meeting must be given in good time at least 2 – 3 weeks before the meeting.

o Statistics and indicators for the period under review should be compiled and ready for presentation

o Patient’s records for cases that are for discussion should be selected the day before the meeting. If possible these must be discussed with Doctor or senior midwife prior to presentation.

o Visual aids such as transparencies, or flip charts must be prepared. A blackboard can be used if available.

o Recommendations which were made in the previous meeting should be reviewed

o There must be an attendance register signed by all participants.

PRINCIPLES GUIDING PERINATAL REVIEW MEETINGS

The effectiveness of the Perinatal Review Meeting (PRM), and its sustainability is dependent on the skill and experience of the chairperson, for this reason, when PRM are being commenced for the first time, it is a good idea for the trainer/facilitator to offer to chair the first few meetings. However, as soon as
possible, midwives in the unit should be encouraged to take over, with guidance from the trainer. 
The following guidelines will assist the new chairperson. Provide an agenda for the meeting. This will usually take the following form:

- Presentation of statistics, using the form in Appendix B, for the month under review – by the midwife/doctor who collected the statistics for the month.
- Discussion of the statistics and key indicators to establish whether or not participants understand: (a) the meaning of the figures and (b) implications re quality of service
- Brief discussion of a summary of each of the perinatal deaths. Summary should include: cause of death; avoidable factors i.e. patient related, administrative; medical personnel related. As well as missed opportunities.

- Discussion of the case presentation
  The chairperson can ask some questions to stimulate discussion. Examples are:
  - Is the information sufficient (i.e. Documentation of sufficient assessments, findings, decisions to enable adequate discussion of the case)?
  - Does the documentation indicate accurate findings and decisions?
  - What interpretations can we make about the primary cause of death, the final cause of death, preventable factors (related to health worker, administration, family)?
  - Is the death preventable or not
  - What decisions need to be made about future practice?

REVIEW DECISIONS TAKEN AS RECORDED IN THE MINUTES OF THE LAST MEETING.

- Provide all present with relevant photocopies, graphs and labour graphs. If these can be circulated 24 hours before the PRM the participation in discussion is greatly improved.
- Provide up to date information on the topics being discussed. It might be possible to have a consultant present who can provide this; otherwise someone should be chosen to do some reading on the subject, for presentation at the next PRM.
- Keep minutes and check whether decisions taken at previous meetings have been carried out. It is important that lessons learnt result in an improved service.
- Keep a list of items that need further research. Assign topics to pairs of members present a date for their report back.

REFERENCES
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