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1202.  
See Sarah

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Dear Ms Church,

**RE: Miss Rhianne Anoushka Florence BARTON (Deceased)  
Regulation 28 Report to Prevent Future Deaths**

In response to the Matters of Concern raised in Dr Henderson's Regulation 28 Report;

*1. Rhianne's named obstetric consultant was not informed of her emergency admission. Although there was a consultant obstetrician on the ward on the 11th February there was no request for Rhianne to be seen and in any event it was not common practice for patients to be seen by another consultant. As such there was no obstetric consultant supervision of Rhianne from the time of admission until shortly before her surgery; approximately 43 hours after admission.*

We have actioned a change in Consultant working practices to facilitate timely review of patients on Joan Booker Ward. The default planning is that Consultants will review patients under their care every working day; where other commitments or absences preclude this, and at weekends, the labour ward Consultant will review the patients. This pattern of working has been in place since March 2015. I have included as Appendix 1, the details of this working pattern.

*2. No consideration was given to excluding a surgical cause of Rhianne's symptoms despite the history of sudden onset of upper abdominal pain in the knowledge that she had had bariatric surgery. I heard evidence that bariatric surgery can, not infrequently, result in an omental/internal hernia causing small bowel obstruction but that it was not widely understood and should be given greater recognition nationally as more women are becoming pregnant following bariatric surgery.*

The Division (Womens Health and Paediatrics) have produced a *Guideline For The Management Of Pregnant Women Who Have Previously Undergone Bariatric Surgery* which details the care pathway for this group of patients from booking of the pregnancy through to delivery. The document was ratified by the Divisional Governance Group in December 2015 and widely publicised to all stakeholders within the Trust. A copy of this guideline is available on request.

The guideline will be reviewed and amended as required when the Royal College of Obstetrics and Gynaecology publish their own guidance.

3. *I also heard evidence that whilst the rarity of an omental band may make it difficult to diagnose there was still a responsibility to exclude other causes of abdominal pain in the absence of an obstetric cause, by undertaking appropriate investigations in a timely fashion.*

Our *Guideline For The Management Of Pregnant Women Who Have Previously Undergone Bariatric Surgery* makes specific reference to the management of abdominal pain in patients who have had previous bariatric surgery and the need to exclude uncommon but serious complications of such surgery.

The recent (June 2016) publication by the Royal College of Obstetrics and Gynaecology entitled *The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum* (Green-top Guideline No.69) gives guidance on the diagnosis and management of Nausea and Vomiting of pregnancy and how to differentiate this from other causes of similar symptoms. Guidance from this publication will be incorporated into local Trust documents as appropriate.

4. *Evidence was presented of poor documentation of routine observations and an incomplete fluid balance chart. No accurate records were kept with regard to fluid intake and urine output. It was not possible to assess the amount, frequency and volume of the vomitus. There was no evidence of diarrhoea despite a diagnosis of gastroenteritis. A urine dipstick was undertaken which revealed 4+ of glucose but no action was undertaken with regard to the finding.*

Audit of documentation of patient observations, including fluid balance, is part of a regular programme of audit of ward care.

In addition, a directed audit of documentation of fluid balance was undertaken in Joan Booker Ward in May 2015; this highlighted inconsistencies in chart completion with overall balance totals rarely calculated. As a result, a campaign to raise awareness of the importance of correctly documenting fluid balance was undertaken and new training and competency assessments were introduced for staff who complete fluid balance charts. A redesigned fluid balance chart has been developed to facilitate accurate and complete recording of input and output details. A repeat, in depth, audit of fluid balance documentation will take place later this year following introduction and embedding of the new chart.

An electronic system (Vitalpac) for capture of patient observations has been introduced into the Trust in the majority of inpatient areas. The Division have approached the developer of this system to see if modifications can be made to make it suitable for use in a maternity setting. This system can automatically calculate 'early warning scores' and issue alerts based on predetermined criteria.

5. *The obstetric consultant made no specific plans with regard to the obstetric care that Rhianne would receive during pregnancy and labour despite knowing that she had undergone bariatric surgery. I also heard evidence that the Royal College of Obstetrics and Gynaecology had not specifically addressed this issue in their guidance to practicing clinicians.*

We note the intention of the Royal College of Obstetrics and Gynaecology to publish guidance relating to the care of patients with morbid obesity and following bariatric surgery. As referenced above, in December 2015 we introduced our own guidance for the management of these patients throughout their pregnancy and labour.

I hope the details of the changes we have made to our practices are sufficient to allay the concerns you have raised in your report.

Please do not hesitate to contact me should you require further details or documentation.

Yours Sincerely,



Suzanne Rankin,  
Chief Executive,  
Ashford and St Peter's Hospitals NHS Foundation Trust