

Safe delivery – a swedish health system intervention



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Background

The Swedish Patient Insurance Scheme

- 20% of the total yearly budget to asphyxiated children
- lifelong compensation for two children corresponds to the expences for this intervention, aiming at making delivery safer

Scientific background

- Berglund S, Grunewald C, Petterson H, Cnattingius S. Severe asphyxia due to delivery-related malpractice in Sweden 1990 – 2005. *BJOG* 2008;115:316-23
- Berglund S, Norman M, Grunewald C, Pettersson H, Cnattingius S. Neonatal resuscitation after severe asphyxia – a critical evaluation of 177 Swedish cases. *Acta Paediatrica* 2008; 97: 714-719
- Berglund S, Pettersson H, Cnattingius S, Grunewald C. How often is low Apgar score a result of substandard care during labour? Accepted *BJOG*.
- **Critical areas identified!**

Interprofessional collaboration



and the County Councils' Mutual Insurance Company

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Objective

To further improve a safe delivery of the child and thus reduce avoidable perinatal damage

Other aims to

- create awareness of patient safety
- initiate and support measures of improvements
- spread good examples



Self-survey on safety routines

Organisation

Communication

Competence

Technique

Drug handling

Documentation

Follow up

The intervention process

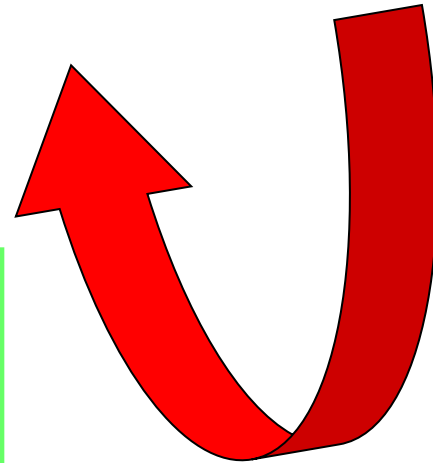
1. **Maternity Unit:** self assessment

2. **Auditors:** seminar

3. **Auditors:** visit

4. **Auditors:** report

5. **Maternity Unit:**
measures and report

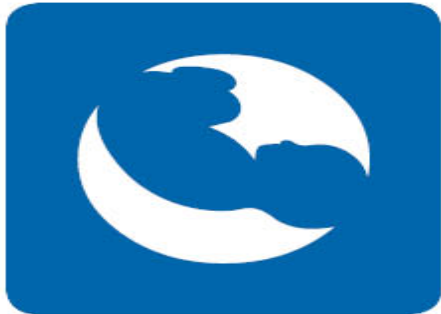


7. **Hearing:**
auditors
maternity unit

6. **Auditors:**
analysis, feed-
back and report

CTG- program

*Interaktivt program för
utbildning och kunskapskontroll
i CTG- och fosterövervakning*



Goal: to improve
competence in fetal
surveillance among ALL
staff at ALL maternity units

The professional
organisations are
responsible for the contents

Freely available through the
internet

www.ctgutbildning.se

Results- intervention

- **All 46 maternity units in Sweden have passed the 1st stage of the intervention**
- **90 auditors have made their audits and been given a report**
- **CTG program launched**
- **Basal data and experiences from the process have been gathered**

Results - evaluation

- a) organisation, routines and guidelines at the maternity units
- b) level of competence in fetal surveillance among obstetricians and midwives before and after having passed the CTG program
- c) simulation and team training of neonatal resuscitation comparing centres with and without skill trained staff as well as interprofessional effects

Results - evaluation

- d) number of infants with delivery-related asphyxia
- e) cost-effectiveness estimated through a cost-utility analysis
- f) in-depth analysis of asphyxia in relation to prolonged labour and uterine inertia and a follow-up of children with severe asphyxia

Conclusion – the professional organisations

- ✓ a great potential when collaborating on a national level
- ✓ take the responsibility for both the medical contents and the process
- ✓ administrative and financial support

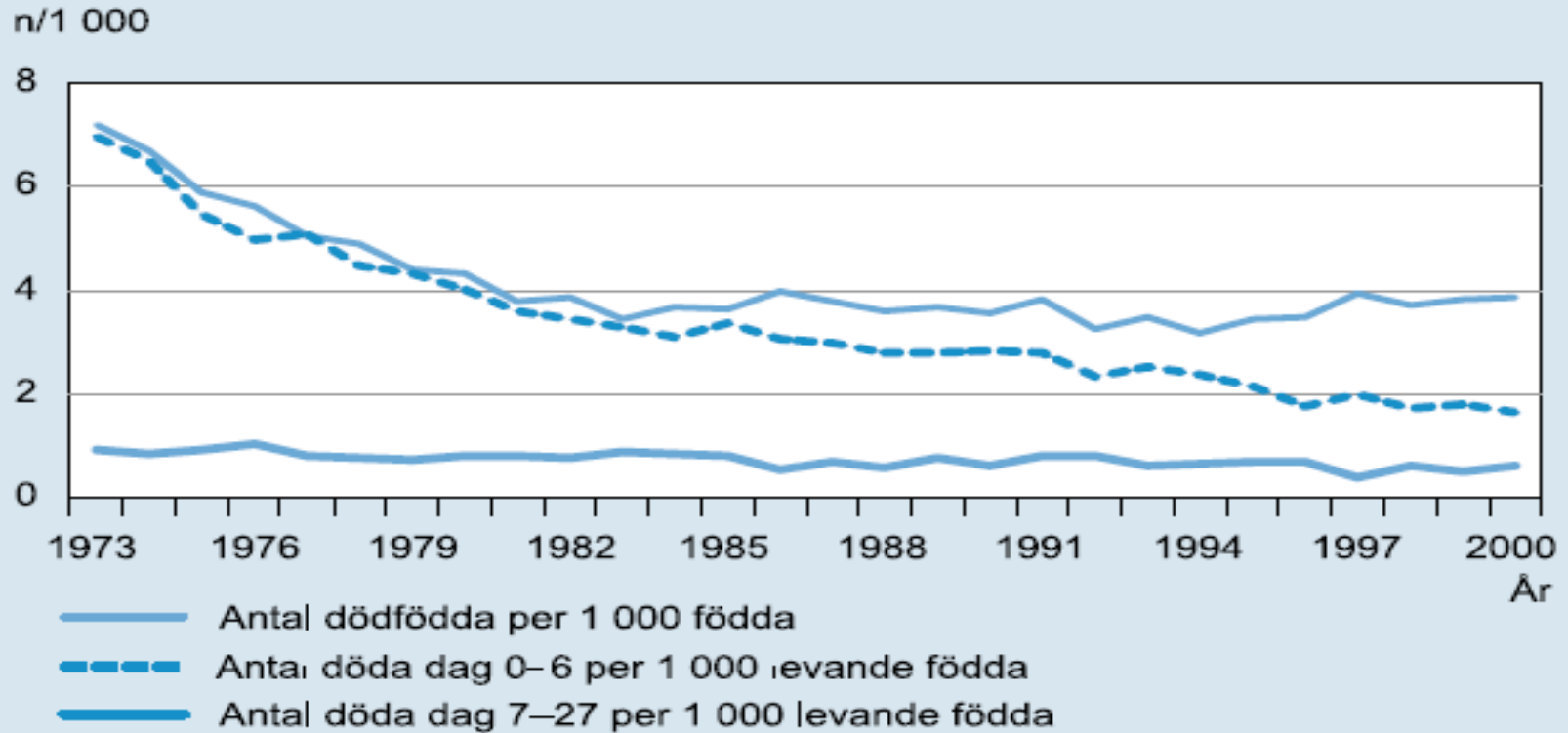
Conclusion – local level

- ✓ self assessment is an efficient tool
- ✓ awareness on patient safety
- ✓ new ideas

Thank you!



Perinatal mortality



Figur 28. Dödföddhet och neonatal dödlighet.