Retained Foreign Object Prevention in Vaginal Deliveries

**Purpose:**
To prevent the retention of foreign objects following vaginal deliveries.

**Policy:**
To outline the procedure for counting objects at the beginning and end of every vaginal delivery and identify personnel who are responsible for the counts. The implementation of accurate count procedures promotes an optimal patient outcome. Counts are performed and documented in the electronic medical record.

X-ray detectable sponges are the only gauze or sponge allowed on the delivery table during a vaginal delivery.

**Equipment:**

**Procedure:**

1. Items included in the count process are:
   a. Sponges – only radiopaque sponges will be present in the Labor and Delivery tray or the delivery field.
   b. Sharps
   c. Miscellaneous items, including those that are non-radiopaque

2. The count process will be performed at the following times:
   a. Immediately before the delivery pack is used *(Baseline Count)*; the sponges will remain on top of the sterile field un-opened and will only be opened when the provider is in the room and preparing the delivery table for delivery
   b. When additional items are added to the delivery field
   c. At the end of the delivery *(Final Count)*
   d. Any time a member of the labor and delivery team is concerned about the accuracy of the count
   e. Whenever there us a permanent staff change of the labor and delivery nurse

3. The count process will be performed in the following manner:
   a. Two individuals, one of whom must be a registered nurse, will directly view and will verbally count each item.
   b. The labor and delivery nurse will document the number and type of sponges and sharps on the count sheet. The second person involved in the process will verbally confirm the number.
   c. Sponges and sharps will be counted prior to entering the delivery field.
d. Sponges and sharps will be separated, counted and documented individually.
e. Used sponges and sharps will be separated, un-balled, and/or pulled apart prior to being counted.

4. Post-procedure tasks include:
   a. No items will be removed from the Labor and Delivery area until all counts have been reconciled and inspections completed.
   b. Countable items that accompany the infant out of the Labor and Delivery area will be communicated to the Labor and Delivery nurse and documented on the count sheet.
   c. After all counts have been reconciled, all items will be removed from the Labor and Delivery area.
   d. At the end of the case the provider will be notified that the baseline and final counts are correct.

**Reconciliation Process for a Count Discrepancy**

1. When a discrepancy is identified, the number and type of missing item is reported to the provider by the Labor and Delivery nurse.

2. A manual inspection of the Labor and Delivery suite is conducted, including a visual inspection of the area surrounding the delivery field, the floor, linens, and trash receptacle.

3. The count is repeated and verified. A discrepancy must never be resolved by using the number listed on open packages.

4. Special attention should be paid to items that can stick together, such as sponges. Sponges will be un-balled and separated for counting.

5. If the mother’s condition permits, the genital tract should be explored, with special attention paid to the location of where the missing item might be retained.

6. Post-delivery imaging should be obtained if the counts cannot be reconciled. The radiologist should review the films before the end of the immediate recovery period (one to two hours).

7. If the count cannot be reconciled after all the steps above are completed, attempts to reconcile the count and the outcomes of those attempts will be documented per the organization’s policy.

**SPECIAL INSTRUCTIONS:**

1. If during the repair a sponge is placed in the vagina the provider will call out to the nurse that they are placing a sponge in the vagina and the nurse will document that on the white board and will confirm at the end of the procedure and prior to the final count that the sponge has been removed.
2. Packages containing an incorrect count are removed from the sterile field, placed in a clear bag, labeled, dated and retained in the LDR until the procedure is completed. These sponges are NOT added to the count.

3. If the patient is moved to the OR or any other area in an emergency situation the count will be considered to have a discrepancy and an x-ray will be performed.

Resources:


ECRI. Sponge, sharp and instrument counts.
