RISK ASSESSMENT IN PREGNANCY

CLINICAL GUIDELINE MCSA.MBC.2.1

The major goal of obstetric care is to ensure the birth of a healthy baby with minimal or no risk to the mother.

Clinical risk management is an integral part of healthcare provision and involves the systematic identification, **assessment** and evaluation of risk with the aims of:

- improving quality of care and
- reducing litigation

Clinical obstetric risk assessment and management specifically entails identification of potential problems with the mother and/or fetus and implementing measures to prevent harm to, or death of, one or both of these patients arising in the context of the pregnancy.

Clinical obstetric risk assessment and management should not be a once-off event; instead it should consist of a series of assessments and interventions from preconception (see preconception guideline) into pregnancy until the end of puerperium. The ultimate aim is for the individual components to collectively result in a safe and successful pregnancy outcome.

Risk assessments should be multidisciplinary with priority statuses assigned to each risk and a detailed plan of action formulated to deal with each identified risk. Assessments may pertain to staffing levels and/or skill; environment e.g., labour-ward; equipment e.g., monitors or light-sources; practice: policies and procedures and patient e.g., obesity.

Examples of risks identified and plans of action:

a) Risk: Staff - nursing staff have poor skills in management of obstetric haemorrhage. Plan of action: arrange for in-service training, attendance of an obstetric emergency course and/or obstetric emergency drill.
b) Risk: Environment – the air-conditioner in the operating theater is not working, increasing the risk of infection. Plan of action: escalate the matter to the relevant department and delay non-essential surgery until the matter is rectified or a safer alternative is available.
c) Risk: Patient – history of preeclampsia in previous pregnancy and now chronic hypertension. Plan of action: commence low-dose Aspirin and Calcium, investigate for end-organ damage, control BP, tailor antenatal care to surveil for the development of pre-eclampsia, fetal growth restriction etc.

Some areas where we can focus on to reduce risk:

- Counselling and informed consent
- Documentation in medical records
- Formulation and implementation of clinical guidelines
- Communication

Guidelines within this series will cover specific risk assessments and plans of action e.g., risk of aneuploidy, preeclampsia, anaemia etc.

Authorship

These guidelines were drafted by a clinical team from Mediclinic and were reviewed by a panel of experts from SASOG and the BetterObs™ clinical team in 2019, and reviewed by the scientific subcommittee of BetterObs™ in 2022. All attempts were made to ensure that the guidance provided is clinically safe, locally relevant and in line with current global and South African best practise. Succinctness was considered more important than comprehensiveness.

All guidelines must be used in conjunction with clinical evaluation and judgement; care must be individualised when appropriate. The writing team, reviewers and SASOG do not accept accountability for any untoward clinical, financial or other outcome related to the use of these documents. Comments are welcome and will be used at the time of next review.

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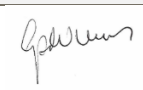
History and version control

Author	Version	Details of update	Effective date
Dr Coen Groenewald	1	Initial Release	2018 10 01
SASOG Scientific Committee Dr C Groenewald	2	Reviewed and shortened	2022 08 01

Approved by

Department/ Area/ Group/ Forum	Representative name	Signature	Designation	Date
Clinical Department	Dr Gerrit De Villiers		Chief Clinical Officer	2023 04 27