

EXAMPLE OF HIGH RISK: DO NOT DELEGATE



SITUATION

Molly is a 33 year old lady who smokes ten cigarettes per day and is a patient in the postnatal maternity ward following birth of a baby girl, Emma at 36 weeks gestation by caesarean section for fetal distress. Two days following delivery, Molly is artificially feeding her baby who has been slow to feed since birth and has a low birthweight. Emma's oxygen saturation level had dropped to below recommended limits during the day and so she was being monitored overnight by staff in the Special Care Baby Unit (SCBU). At the start of the third day she was returned to the ward, however Molly remains anxious about her baby. Midwife Harriet has taken over Molly and Emma's care for the morning shift and is responsible for a group of four postnatal patients and their babies including Molly and Emma. Maternity Support Worker (MSW) Jennifer has been allocated to help Harriet this morning. Jennifer has recently successfully completed the MSW competency programme and usually works in the Maternity Assessment Unit but has been allocated to the postnatal ward this morning to cover a vacant shift on the roster due to sickness absence of another member of staff. Harriet has completed Molly's daily postnatal check and although the baby remains slow to feed, all post-natal assessments and routine baby observations including baby's oxygen levels are within normal parameters.

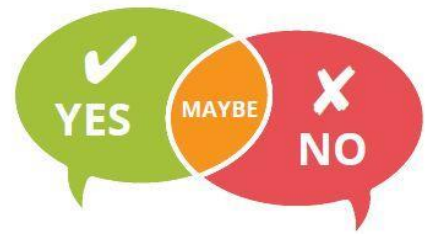


ASSESSMENT

It is routine for first time mothers and their partners to receive a demonstration of how to bath a new born baby and receive advice regarding infant feeding including health promotion and safety advice for both mother and infant during the hospital stay.

Harriet notes from the plan of midwifery care that this has not been completed since Emma's birth. This task is usually one that can be delegated to a MSW who is trained to provide this care including health promotion and safety advice to mum. Using her professional judgement Harriet was uneasy about delegating the task to the MSW as she is aware that Jennifer works in another area of the hospital and has not worked on the postnatal ward since completing her MSW programme. In addition the baby is preterm, slow to feed and the baby's recent SCBU admission was a cause for concern.

Furthermore, although Jennifer has recently completed the MSW programme and is aware of the risks of second hand smoke she was unsure how to approach this subject as part of the general health promotion guidance. In view of her initial professional judgement, Harriet decides to use the Decision Support Matrix to assist her decision making.



DECISION

The limits of the task were not clearly defined and although there was a checklist of information to be discussed with Molly, Harriet recognised that in view of various risk factors identified there were further health promotion opportunities that should be explored at this time. She felt that although Jennifer and has the knowledge and skills to carry out elements of the task she had not attended a recent training update in relation to smoking in pregnancy and postnatally and was not confident in discussing the associated risks with Molly. In addition, she is not familiar with recent guidelines, policy updates and referral processes that apply if a patient smokes.

Harriet also decides that there is a level of critical decision making involved which is outside the MSW competence profile. She feels that a full midwifery assessment of the baby is required whilst carrying out the bath demonstration and Harriet decides not to delegate the task.