

## Introduction

Please complete the following questions about the retained foreign object incident reported by your unit detailed in the email request.

**\*1. What is the name of your unit and hospital trust?**

**2. What was the date the retained foreign object was discovered?**

Date:                      MM      DD      YYYY  
                                  /  /

**3. In what setting was the retained vaginal foreign object inserted?**

- Operating department - Obstetric
- Operating department - Gynaecological
- Operating department - Other
- Gynaecology Ward
- Obstetric Ward
- General Ward
- Delivery Suite - Obstetric Unit
- Midwife Led Birth Unit
- Community Birth Setting
- Other Community Setting
- General Practice
- Accident & Emergency Department
- Unknown
- Other (please give details below)

Other (please specify)

#### 4. What was the foreign object retained? (SELECT ALL THAT APPLY)

- Cotton wall ball(s)
- Non-raytec swab(s)
- Small raytec swab(s)
- Medium raytec swab(s)
- Large raytec swab(s)
- Tampon(s)
- Vaginal pack(s)
- Other (please give details below)

Other (please specify)

#### 5. How many objects were retained?

- 1
- 2
- 3
- 4
- 5
- 6+

#### 6. What procedure was being performed that resulted in the retained foreign object? (SELECT ALL THAT APPLY)

- Normal vaginal birth
- Instrumental vaginal delivery
- Perineal repair (first or second degree tear)
- Perineal repair (third or fourth degree tear)
- Caesarean section
- Examination under anaesthetic
- Management of post partum haemorrhage
- Gynaecological operation
- Outpatient gynaecological procedure
- Vaginal examination
- Urinary catheterisation
- Fetal blood sampling
- Unknown
- Other (please specify below)

Other (please specify)

**7. Was a pack inserted during the episode of care when the object was retained?**

- Yes, vaginal pack
- Yes, abdominal pack
- Yes, vaginal and abdominal pack
- No packs were used
- Unknown

Other (please specify)

**8. Was there a transfer of care between individuals or departments during the procedure/ episode of care when the object was retained? (SELECT ALL THAT APPLY)**

- Transfer to or from an operating theatre
- Transfer to a different ward or department (e.g. transfer from maternity ward or birth centre to delivery suite)
- Transfer of care between health professionals - not shift handover (e.g. from midwife to doctor or doctor to doctor during escalation of care)
- Transfer of care between health professionals at shift handover
- Unknown

Comments

**9. If transfer of care occurred during the procedure/ episode of care when the object was retained was a handover or process used (e.g. CHAPS, SBAR)?**

- Yes
- No
- Unknown

Please give details below

**10. Were appropriate swab checks performed and documented?**

- Yes
- No
- N/A
- Unknown

Comments

**11. Was the swab check correct?**

- Yes
- No
- N/A
- Unknown

Comments

**12. Were suboptimal staffing levels identified as contributing to the retention of the foreign object(s)?**

- Yes
- No
- Unknown

Comments

**13. Who first identified the retained foreign object?**

- The Patient
- Relative
- General Practitioner
- Hospital Doctor
- Hospital Nurse
- Community Nurse
- Health visitor
- Community midwife
- Hospital midwife
- Unknown
- Other (please specify below)

Other (please specify)

**14. How many days was the object retained?**

Number of days (to nearest whole day)

**15. Was the woman discharged to community care prior to the object being discovered?**

- Yes
- No
- N/A (e.g. already in community care)

## Presentation

**16. Did the woman present with symptoms more than once before the retained object was identified?**

- Yes
- No
- N/A (did not present with significant symptoms)

Comments

**17. Did the patient require readmission as a result of the retained foreign object?**

- Yes
- No
- N/A (already an inpatient)

Comments

## Length of Readmission

**18. If the patient was readmitted, how many days did the patient remain an inpatient?**

Number of days (to nearest  
whole day)



## Antibiotics & Infection

**19. Did the patient suffer from a localised infection as a result of the retained foreign object?**

- Yes
- No
- Unknown

Comments

**20. Did the patient suffer from a systemic infection as a result of the retained foreign object?**

- Yes
- No
- Unknown

Comments

**21. Did the patient receive treatment with antibiotics as a result of the retained foreign object?**

- Yes
- No
- Unknown

Comments

**22. If the patient received antibiotics were these administered intravenously or orally?**

- Intravenous only
- Intravenous then oral
- Oral only
- N/A

Other (please specify)

## Root Cause Analysis

**23. Was a root cause analysis or other investigation performed as a result of this incident?**

- Yes
- No
- Unknown

Comments

## National Sharing

Thank you for taking the time to completing the questionnaire.

If you are able to share a copy of you root cause analysis or investigation report with NHS England for national learning please send a copy to

England.maternity.patientsafety@nhs.net

Thank you

## End of Survey

Thank you for taking the time to completing the questionnaire.