



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO

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4 May 09

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: VAGINAL DELIVERY SPONGE COUNTS ON LABOR AND DELIVERY UNITS

1. The Joint Commission identified the unintended retention of foreign objects as its eighth most common Sentinel Event in 2008. For Navy Medicine, specifically, six cases of unintended retained foreign bodies during vaginal delivery have been identified in the past two years, making this an area of concern in our patient safety initiatives. While unintended retention of vaginal sponges after vaginal delivery rarely leads to significant morbidity for our patients, it is often associated with negative impacts such as uncomfortable symptoms, loss of confidence in the medical system and providers, and the potential of litigation secondary to a deviation from the standard of care.
2. It is imperative that our Medical Treatment Facilities (MTFs) develop procedures to eliminate the risk of unintended retained foreign bodies during vaginal delivery. I expect each MTF Commander to ensure that standard operating procedures (SOPs) identify a standardized method of accounting for sponges during vaginal deliveries. These SOPs, at a minimum, should include: the use of radio-opaque sponges, counting and documentation of the sponges used, and the use of the "Call Out." Data demonstrates that the use of a vaginal sweep alone is not considered adequate to exclude the possibility of a retained foreign body. Therefore, a more robust process is required to ensure elimination of the occurrence. If a sponge is placed in the vagina, the provider will utilize a "Call Out" to notify the team. If a post-delivery sponge count is incorrect, vaginal examination must be performed and documented. If not reconciled at this point, other measures, such as x-ray, will be utilized.
3. To support the new policy, MTFs will ensure that delivery packs only contain radio-opaque sponges and that only radio-opaque sponges are stocked on supply carts in Labor and Delivery and Post-Partum Units. Monitoring and reporting on the effectiveness of these processes is critical to building a strong safety net that protects both patients and staff. Therefore, I expect our commands will continue to report both near misses and actual events so that we can re-evaluate the processes and make adjustments as needed.
4. My point of contact is CAPT Linda Grant at (202) 762-3704 or Linda.Grant@med.navy.mil and Carmen Birk at (202) 762-3081 or Carmen.Birk@med.navy.mil.

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