BRIDGING THE GAP — QUALITY CONTROL IN OBSTETRICS *

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For years gone by, obstetricians have led the clinical field in keeping good records of their work. The best obstetrical records from the early days came from the pen of Robert Collins, who wrote a book giving a factual account of the work of the Rotunda whilst it was under his care as Master from 1826 to 1833. It is possible to derive precise statistics about such things as maternal mortality and late foetal death, by reference to this remarkable book. In fact it is probably true to say that effective obstetrical records were started in Dublin and the Rotunda Hospital may come to be remembered as much for its pioneering of medical records and maternity hospital reports as for anything else.

Records themselves have little intrinsic value. The thing that matters is the use to which they are put. Collins used them effectively to compare his work with that of other centres and by producing superior results was able to defend his methods and achieve international fame on account of his management of puerperal sepsis.

It is indeed the use to which records are put that matters. The storage of endless records just for the sake of storing them is a lost cause. This happens far too often in maternity hospitals where one commonly sees ancient reports stored on neglected shelves, just in case they might turn out useful some day, but this never seems to happen and even when they are consulted, they usually fail to provide effective material for study and analysis.

Dublin has long scored well in this matter. Records have been used as the material for compiling the maternity hospital reports. These have appeared annually as far as the Rotunda Hospital is concerned since 1889 when they were started by Smyly. Their production, one year in arrears, and their discussion at the Obstetrical Section of the Royal Academy of Medicine in Ireland, have been major factors in ensuring that the reports came out promptly and were of very high standard. This particular activity of Dublin obstetricians has prompted a high quality of obstetrical practice and indeed has provided an effective type of quality control for many years past in our branch of medicine.

When I started as Master at the Rotunda, I did most of the extraction and analysis of the records for the first annual report myself, in order to assess the size of the problem. I never worked so persistently at such a dreary task, as the extraction of the details from the records required to

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make up the statistical tables for the report, but when it came to analysis and interpretation of the statistical tables it became a different thing entirely, and interest revived. But all the time I felt concerned at the colossal expenditure of time and energy in this task and constantly wondered whether it was time well spent and whether the effort was worthwhile. I also wondered whether anyone ever looked at the report in the end. So I composed a questionnaire and sent it out with every copy of my first report, requesting readers to return it. Only one out of four replied, which gave little encouragement for a start. Sixty-four per cent of the replies came from obstetricians engaged in service obstetrics in various hospitals. Eighteen per cent of replies came from professors and others in academical posts. The remainder came from private obstetricians and other medical practitioners. The conclusions can be summarised as follows:—

1. Clinicians in service obstetrics were most interested in the Master's comments at the end of each section of the report. They considered the tabulated matter a waste of time.

2. Academical obstetricians regarded the whole thing as a waste of time. This was because it did not represent a “Population Study”, but only the report of the doings of a unit dealing with selected case material.

3. A number of repliers urged the establishment of some form of uniform obstetrical record keeping. This they felt even then (9 years ago) to be long overdue. They urged that such records be collected in a form which would lend itself to computer analysis and storage.

4. Most repliers recognised that the report might be of value to the hospital producing it, but felt that it was too belated to be of any real value to staff members in training, as most of them would have left the hospital service by the time the report appeared.

5. Repliers did not find the report to be of value in the course of their teaching.

It seemed therefore that the report which I was so painstakingly producing, received a superficial appraisal at the best, and at this stage I often felt like abandoning the whole effort. But I also had a feeling that I should not do this for traditional reasons if for nothing else, and in any case recognised that even if it was of little interest to anyone else, at least I was learning a lot by doing it.

At this stage I got a boost from a generous reviewer who wrote “For heaven’s sake, keep it up”. This clinched the matter, and I kept it up and to my pleasure found that it became less tedious to do as year followed year. This was because I began to detect distinct trends in the work of the hospital and could begin to see the actual results accruing from deliberate policy changes.

In the light of these reflections I drew up a balance sheet about the value of hospital reports. On the debit side I put the following points:—

1. As regards the annual discussion of the reports I felt that this had become an increasingly dull affair. Few ideas of value arose from these discussions, largely I thought, because there was little left to discuss. Obstetrical methods had become pretty well standardised, and the results were showing steady trends for the better. I was