

# Successful Introduction of Modified Obstetric Early Warning Score (MOEWS) in a Tertiary Centre in Malaysia – An Audit on Compliance and Performance

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## ABSTRACT

**Background:** In April 2016, MOEWS chart was first introduced to all the obstetric wards in UMMC. Prior to this, all the obstetric wards in UMMC used the same monitoring chart as the other wards in the hospital. However, it does not have the scoring system to alert health personnel, nor does it have additional obstetric parameters such as proteinuria, amniotic fluid and lochia. This is not only useful for triage purposes, especially in a busy setting, but it has the potential to change a 'passive' work culture into a 'pro-active' work culture. **Aim:** To conduct an audit to assess the compliance and performance of MOEWS chart among the nurses and doctors and to identify weaknesses in the system that could be improved in order to achieve full compliance. **Standard:** We set 100% target for usage of MOEWS chart and also charting the four main vital signs, which were temperature, blood pressure, respiratory rate and heart rate at least every 12 hourly. To evaluate the performance of the chart, we looked into the response of any triggers and the appropriateness of the level of the responders which were set at 100% target. **Setting:** A debriefing was done in all the obstetric wards in UMMC included antenatal ward, postnatal ward, pregnancy assessment care ward, and labour room. **Methodology:** We conducted a full cycle audit in the obstetric wards, namely the antenatal ward, postnatal ward, pregnancy assessment care unit, labour ward and high dependency unit in UMMC for 6 months from May 2016 until end of October 2016. **Results:** At the end of audit cycle, we achieved 100% in all the criteria except charting the four main vital (respiratory rate, blood pressure, heart rate and temperature) signs at least 12 hourly which reached 91.5% from 73.3%. **Conclusion:** The audit has shown acceptance and acknowledgement from health staffs to utilize the MOEWS chart. Continuous training and audit for all health personnel need to be carried out regularly to ensure the MOEWS chart can be used to its fullest potential in reducing maternal morbidity and mortality.

# The Provision of Preconception Care by Non-obstetrics and Gynaecology Medical Officers: An Assessment of Awareness, Knowledge and Attitude

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## ABSTRACT

**Objectives:** To assess awareness, knowledge, attitude and practice behaviour of non-gynaecological medical officers (MOs) in the provision of preconception care (PCC). **Methods:** Validated questionnaires were handed out to MOs from 10 departments from University Malaya Medical Centre (UMMC) and Kuala Lumpur Hospital (HKL). These were obtained by convenience sampling, and were self-administered by respondents. The sample size required was 260. **Results:** There were 337 respondents (178 UMMC and 159 HKL). Of these, 89 (26.4%) provided PCC. Female MOs were more likely to provide PCC than male MOs ( $p < 0.05$ ). MOs from primary care department contributed the highest provision of PCC (83.8%, 95% CI 71.9-95.7). Next is clinical oncology 19% (70.8%, 95% CI 52.7-89.0) while Medical department (4.6%, 95% CI 1.6-10.7) is the second lowest. There is statistical significant difference between departments in provision of PCC ( $p < 0.001$ ). MOs have decided that only Primary care doctors, O&G doctors and GPs should provide PCC. Most MOs (57.6%) did not agree that PCC is a high priority in the medical officers' workload. This is further supported by the next question where 48% of the MOs agree that they do not have enough time to provide PCC. About 34.5% of the MOs also feel that they are not the most suitable person to provide PCC. If hospital provide PCC the service MOs (108 out of 133, 81.2%, 95% CI 74.6-87.8) are willing to provide preconception care while only (126 out of 204, 61.8%, 95% CI 55.1-68.4) master students agreed to do so. There is statistically significant difference ( $p < 0.05$ ). Only 134 (39.8%) asked whether or not patients were planning a pregnancy, and only 124 (36.8%) MOs asked about the use of contraception. The date of the last menstrual period was asked by only 194 (57.6%) MOs. **Conclusion:** There is a lack of awareness on the importance of preconception care amongst non-gynaecological medical officers. There is a general negative attitude and this is reflected in low provision of preconception advice seen amongst this group. Training is recommended to ensure that women of reproductive age with medical disorders are appropriately referred for PCC at the Primary Care Department.