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## Fresh Ears – Intermittent Auscultation

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## Drivers

- Various incidents in trust saw practice of IA come under scrutiny
- Identified a range of different well intentioned practices when undertaking IA
- Incidents occurred where in the main, preceptor midwives using IS had a poor fetal outcome
- Felt there was a need to instigate a level of support akin to “Fresh Eyes” undertaken for CTG, where a “buddy system” to aid working together identifies areas for improvement including acting on incidental findings which may otherwise have been missed (Fitzpatrick and Holt, 2008)
- Fresh Ears developed adopting a similar model to fresh eyes. Symon *et al* (2006) in their study surrounding near misses in midwifery found that it is often the chance intervention of another midwife that prevents the adverse outcome
- Fresh Eyes has since been adopted by NICE (2014)

## Technique


- Every hour a practitioner comes to the woman's room
- First practitioner (caring for the woman) times a full minute
- Second practitioner counts fetal heart rate (FHR), according to the timing from the first
- FHR recorded as a single figure on partogram and notes, deviations acted upon accordingly

## Issues

- Homebirth
- Midwives view as a threat to their autonomy
- Being checked up on
- Not believed that fetal heart was normal prior to Fresh Ears
- Interrupts the flow of labour
- Confusion about purpose and how to do it
- Not evidence based .... Yet

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# Audit

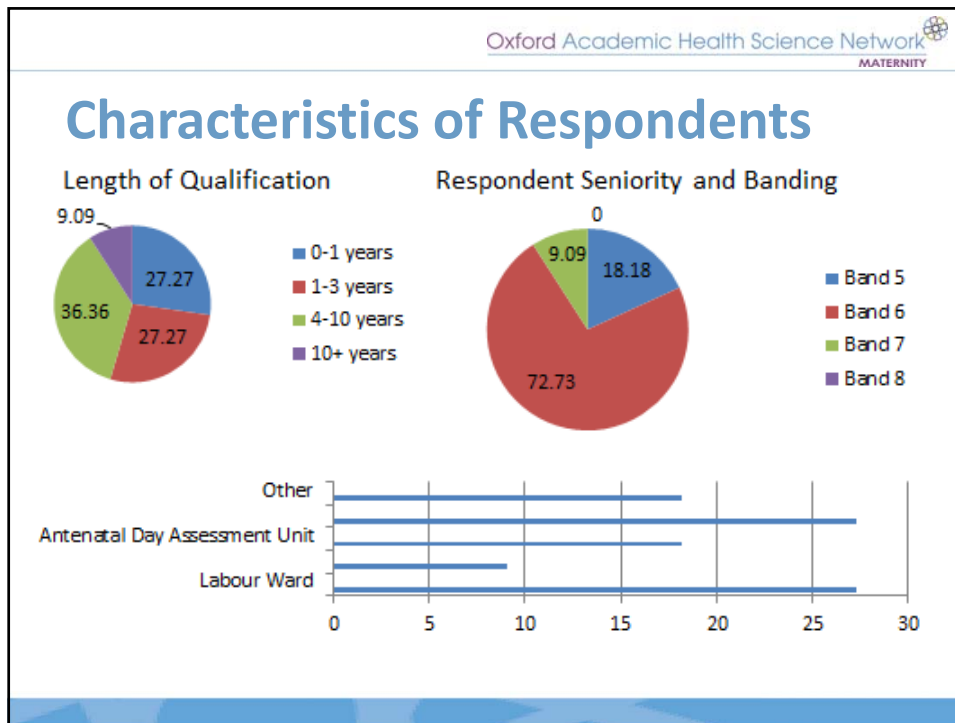
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# Characteristics

Inclusion	Exclusion
Qualified Midwife	Student Midwives
Provided low risk intrapartum care in the last 18 months	Has not provided low risk intrapartum care in the last 18 months

## Initial Results and Discussion

A total of 153 midwives received the email inviting their participation, with a total of 13 responses within the given period. This represented 8.5% response which is in line with anticipated response rates for similar surveys. 2 respondents were discounted within the findings as they fell outside of the inclusion criteria. 11 responses therefore were used for analysis.



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## Emergent Themes

All responses differed in their understanding of the method and purpose of undertaking fresh ears. The Trust specify clearly how to physically undertake fresh ears, however, most had little or no understanding of its purpose and in most cases respondents were suspicious of its true intention:

## Purpose of Fresh Ears

*"...ensure auscultation is undertaken correctly..."*

*"...complete nonsense...A midwife is an autonomous practitioner, it just demonstrates a lack of trust"*

*"...hopefully it will catch anyone out not auscultating properly..."*

These comments were however balanced with respondents who feel that fresh ears would work as a protective mechanism, supporting practice albeit with a 'defensive' element:

*"...it gives midwives reassurance that their practice is correct...effective and safe..."*

*"if there is evidence that to the contrary (that IA is not being done correctly) then fresh ears has a place in maternity care"*

## Safety of the Woman and Fetus

On the whole, there was disagreement that fresh ears enhanced fetal and maternal safety and that if there was a question over midwifery practice then the individual should be challenged:

## Safety of the Woman and Fetus

*“If IA is undertaken according to NICE guidelines and concerns are acted upon properly then this is adequate enough to determine fetal wellbeing in labour”*

*“...midwives should be demonstrating this (proper IA) through their standard practice”*

*“potentially only once an hour?”*

## Affect on Women's Experience of Labour

This question drew the most passionate responses and strong themes emerged around supporting the physiological processes of labour and how interruption through a second person being present every hour can interrupt this:

## Affect on Women's Experience of Labour

*“to have frequent interruptions...is counter productive in encouraging a calm and relaxed environment...stress levels are increased reducing the flow of oxytocin”*

*“I believe its affects the woman's experience more positively than anything else- it reassures them”*


## Fresh Ears: the Future?

- Reactionary response to a critical incident – but does this mean that fresh ears doesn't have benefits
- Now more embedded in practice – re-audit?
- Reconsider: is it needed? Is it necessary?
- Research study?

## References

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- National Institute for Health and Care Excellence (2014). Intrapartum care: Care of healthy women and their babies during childbirth. 3rd ed. London: NICE
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Thank you

Questions