



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
6000
Ser M3/5/HCS AT-68157
15 Mar 10

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

Ref: (a) BUMED memo 6000 Ser M3/5/AT-38052 of 4 May 09 (NAVMED POLICY 09-007)

1. This policy supersedes reference (a).
2. The Joint Commission identified the unintended retention of foreign objects as its seventh most common Sentinel Event from 1 January 1995 to 30 September 2009. While unintended retention of vaginal sponges after vaginal delivery rarely leads to significant morbidity, 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.
3. It is imperative that our Medical Treatment Facilities (MTFs) develop procedures to mitigate the risk of unintended retained foreign bodies during vaginal delivery. Utilizing radio-opaque sponges with tails is the most effective method in preventing sponge retention. I expect each MTF commander, commanding officer, and officer-in-charge 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 with tails, counting and documentation of the sponges used, and the use of the "Call Out." Data demonstrates the use of a vaginal sweep and/or radio-opaque sponges without tails is not 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.
4. To support this new policy, MTFs will ensure delivery packs only contain radio-opaque sponges with tails and that only radio-opaque sponges with tails are stocked on supply carts in Labor and Delivery, Post-Partum, and any unit where these sponges are used. Monitoring and reporting on the effectiveness of this process 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.
5. My point of contact is CAPT Linda Grant at (202) 762-3704 or Linda.Grant@med.navy.mil or Carmen Birk at (202) 762-3081 or Carmen.Birk@med.navy.mil.

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