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Biography

Nuhu Teri James is a Specialist Registrar in Obstetrics and Gynecology at Kettering General Hospital NHS Trust, UK. He holds an MBBS from Ahmadu Bello University, Nigeria, an MSc in Leadership in Healthcare from the University of South Wales, and is a Fellow of the West African College of Surgeons. His professional interests include maternal health, reproductive medicine, and healthcare leadership.

Impact of Badger Net on Documentation Compliance with Assisted Vaginal Birth (AVB) Safety Criteria at Kettering General Hospital: A Prospective Re-Audit

Abstract

Background: Assisted vaginal birth (AVB), using forceps or vacuum extraction, is a common obstetric intervention that can reduce maternal and neonatal morbidity and help avoid second-stage caesarean sections, which carry higher risk. The Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 26 outlines essential safety and documentation standards for AVB. Previous audits at Kettering General Hospital identified gaps in documentation and recommended integration of RCOG criteria into electronic records. Following the introduction of BadgerNet in September 2025, a re-audit was undertaken to assess its impact on documentation compliance.

Objectives: The study aimed to determine AVB rates, sequential instrumental delivery rates, maternal and neonatal complications, and compliance with RCOG AVB documentation standards following BadgerNet implementation.

Methods: A prospective audit conducted between January and April 2026 included 82 AVB cases out of 746 total deliveries identified via BadgerNet and postnatal records. Data were collected using a structured electronic tool and analysed against RCOG standards.

Results: The AVB rate was 11%, with vacuum deliveries accounting for 51.2%, forceps 41.5%, and sequential instruments 7.3%. Most procedures occurred in delivery rooms (68%), with 32% in theatre. WHO checklist compliance for theatre-based cases was 100%. Maternal complications included postpartum haemorrhage (22%) and perineal trauma (25.6%). Neonatal outcomes included SCBU admission (6.1%) and rare complications such as obstetric anal sphincter injury, shoulder dystocia, and retained placenta (each 1.2%). Compared with the 2025 audit, documentation compliance improved across multiple domains after BadgerNet implementation. Full compliance was achieved for aseptic technique and neonatal resuscitation-trained staff presence. Improvements were also seen in documentation of fetal head position, consent, and procedural details. However, prophylactic antibiotic documentation remained suboptimal (78.1%).

Conclusion: BadgerNet improved adherence to RCOG AVB documentation standards and achieved full compliance in several key areas. However, gaps remain, particularly in documenting prophylactic antibiotic administration. Ongoing quality improvement and system enhancements are required.