

# 4<sup>th</sup> International Conference on Pediatrics & Neonatology & 5<sup>th</sup> International Conference on Gynecology and Obstetrics

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August 13–14, 2026 | Barcelona, Spain



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## Biography

**Ayisha Bhutta** is an experienced Obstetrician and Gynecologist with over 10 years of clinical experience. She holds an MBBS, MRCPi (ObGyn), and MRCOG Part 1, and continues to enhance her expertise through continuous professional development and workshops. She has extensive experience in antenatal, gynecology, labor ward, emergency, and operative care, and currently works at Latifa Women and Children Hospital. Dr. Bhutta is actively involved in teaching medical students and mentoring junior doctors, reflecting her strong passion for education, mentorship, and advancing women's health. Her clinical strengths include managing high-risk pregnancies, making swift and accurate clinical decisions under pressure, and delivering compassionate, patient-centered care. Dedicated to continuous learning and professional growth, Dr. Ayisha Bhutta remains committed to achieving excellence in Obstetrics and Gynecology within the NHS.

## Improving Outpatient Hysteroscopy Through Targeted Service Improvements: A Two-Cycle Quality Improvement Project

### About

**Background:** Women with multiple pregnancies have increased physiological iron requirements and are at greater risk of iron-deficiency anaemia, which is associated with adverse maternal and perinatal outcomes. NICE recommends haemoglobin surveillance at booking, 20–24 weeks, and 28 weeks' gestation. This quality improvement project aimed to identify gaps in compliance with local practice and develop interventions to improve surveillance.

**Methods:** A retrospective audit was undertaken within a specialist multiple pregnancy service using electronic maternity records, pathology systems, and antenatal documentation over a six-month period. Compliance with NICE-recommended haemoglobin surveillance was assessed. Findings informed a multidisciplinary quality improvement programme incorporating process mapping, systems analysis, and stakeholder engagement to identify barriers and develop sustainable interventions

**Results:** Compliance with haemoglobin testing at booking and 28 weeks was satisfactory; however, only 33% of women received the recommended haemoglobin assessment between 20 and 24 weeks, meaning approximately two-thirds missed the recommended surveillance. Systems analysis suggested that variation resulted from fragmented documentation, multiple care transitions, lack of electronic prompts, competing clinical priorities, and unclear ownership of surveillance rather than deficiencies in clinical knowledge. Planned quality improvement interventions included standardised documentation, electronic reminders, community midwife prompts, staff education, and multidisciplinary engagement.

**Conclusions:** This project demonstrated a significant gap between national guidance and local clinical practice. A systems-based quality improvement approach identified organisational factors contributing to missed surveillance and informed practical interventions to improve compliance. Re-audit is planned to evaluate the impact of these changes on adherence to NICE recommendations and patient safety.