Sponge ACCOUNTing for Labor and Delivery:

1. X-ray detectable 4”x8” sponges, mini laps (12”x12”) or laparotomy sponges are recommended for use as sponges during vaginal deliveries. [Small 4”x4”’s can be difficult to feel within a post-gravid vagina as they often ball up once they become saturated with blood. They have been extricated from the uterus since the cervix is open and because of their small size the new mother often doesn’t have good discrimination that something remains within the vaginal vault. So consider using a larger sponge.]
2. There should be a movable pole to hang the rack and sponge holders on in each labor room and the pole should remain in the room at all times.
3. An easily visible dry-erase board should be posted in each delivery room.
4. Sponges are always opened and used in groups of ten. The sponges should not be opened on the delivery table until the delivery is activated.
5. Once the delivery has started the sponges are opened, separated and two people count them (“see, separate and say”). The number of sponges is documented on the dry-erase board
    - An alternative is to have the sponges added to the delivery table and counted by two people at the time the delivery table is set up. If the sponges are placed on the delivery table at the time of set up, this should occur in the delivery room and the number of sponges must be documented on the dry-erase board and the delivery table must not be moved from the original delivery room.
6. As soon as the obstetrician can, sponges should be removed from the vagina and deposited:
    - to the end of the delivery table or
    - into a container on the delivery table or
    - into a kick bucket lined with a clear plastic bag or
    - directly into the hanging blue-backed sponge holder
7. The circulating RN is responsible for ensuring that all of the used and unused sponges are placed in the hanging sponge holder. [The sponges are added to the holders as they are used and it is better not to wait until the end of the case but to continuously move the sponges out of the kick bucket or container into the holder. The pockets in the holder should be filled horizontally from the bottom pocket to the top. This is so an empty pocket will be easy to see in the top of the holder]
8. At the final count, the obstetrician and/or second staff person must verify with the circulating RN that all pockets are filled and the number of sponges in the holder agrees with the number of sponges documented on the dry-erase board.
9. If there is evidence of bleeding after the delivery sponges have been accounted for, a vaginal pack or “singlet” sponge should be opened and used in the vagina as a pack or dressing. Follow the instructions below for guidance in prevention of a retained vaginal pack.
10. The full sponge holder(s) should be discarded in a red biohazard bag.

Prevention of a Retained Vaginal Pack

1. A vaginal pack is considered a dressing and just like other dressings on the OR back table it is not to be included with the surgical sponges
2 Use a cotton gauze vaginal pack that contains a radiopaque marker. Keep an unopened pack in the delivery area.
3. If the obstetrician determines that a vaginal pack is needed, the circulating nurse should open a package and give to the physician an xray detectable vaginal pack.
4. The obstetrician should place the pack and then must write an order in the medical record that vaginal packing was placed and when it is to be removed. Various institutions have practices on who can insert and remove vaginal packing. If nurses are to remove the pack there must be a physicians order to do so. [what frequently happens in retained vaginal pack or vaginal sponge cases is that the obstetrician sees some bleeding and grabs a sponge, usually a raytex 4x4 off the table and puts it in the vagina. The obstetrician tells the circulating nurse "don't forget to take this out" but doesn't write an order. There is no transmittal of the information to the next level of care and the patient doesn't know what normal post-delivery sensations are and goes home with the sponge retained and returns later to the ER or office with a fever and foul discharge]. The process outlined here makes the insertion of a vaginal pack an active, intentional action that requires two people rather than an after thought or passive action.
5. The L&D nurses should perform a verbal handoff to subsequent caregivers involved in the postpartum care documenting that a pack has been placed in the vagina and is expected to be removed.
6. The new mother is told that she has a vaginal pack in her vagina and that it will be taken out sometime before she leaves the hospital. The patient should be actively engaged in making sure the pack is removed.