Improving follow up after obstetric anaesthetic intervention.

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INTRODUCTION

Both the RCoA[1] and Obstetric Anaesthetists Association[2] state that all women who have had regional analgesia, anaesthesia or a general anaesthetic should be reviewed afterwards by an anaesthetist. This is to screen for complications and to collect feedback.
In our trust the percentage of our postpartum women reviewed post-anaesthetic intervention was low. The reasons for this are likely multifactorial and we feel the main ones are:

1. few complications are discovered during these reviews with the anaesthetist - the vast majority of complications are either known about already (e.g. dural tap in labour) or spotted by the midwifery team during ward care and then escalated to anaesthetists before we begin the review process.

2. there is little perceived educational value for trainees in carrying out these reviews. The majority of these routine reviews feel more like a tick-box exercise rather than valuable clinical care. Follow up work then competes with other anaesthetic tasks such as immediately necessary clinical care, procedures and other learning opportunities.

METHODS

In our trust, follow up lists are generated using the electronic maternity record. Women are then reviewed in turn using a recommended national question set. Responses are recorded in their handheld written notes and then transcribed to the electronic maternity record when able.

My proposed change was to introduce a patient self-completed (on paper) review questionnaire. It was written based on our current questions set and we aimed to exclude significant complications and collect feedback about their experiences (see figure centre page). I agreed with the anaesthetic and midwifery teams that we would initially trial this new process on women who had undergone elective caesarean sections. This group was chosen because their recovery times and location are consistent whilst they are likely to have the lowest complication rate.

Protocol - forms would be distributed to the women by the midwives on the morning after their caesarean section and they were encouraged to complete it. Later that day, an anaesthetist would review the forms, act on any concerns and then transcribe their answers onto the electronic maternity record. I included on the form a 'safety netting' question that automatically triggered an in person review. This ensured that any woman who wanted to speak to an anaesthetist directly was able to. There was also a recommendation to the midwives to refer any concerns to the anaesthetist if they were concerned about any answers on the questionnaire.

Baseline data was collected from the electronic maternity record for the 8 weeks prior to the introduction of the questionnaire and then compared to data collected for the 4 weeks following the introduction of the questionnaire.

Anaesthetic Review Questionnaire Date.....Time.....

Please kindly fill in this questionnaire on the morning after your Caesarean Section. If anything is unclear please speak to your midwife.

Patient Sticker

1. Have you been able to walk without problems overnight or this morning?

   YES NO

1. Do you have any weakness in your legs or bottom?

   YES NO

1. Do you have numbness in your legs or bottom?

   YES NO

1. Have you passed urine without problems since your bladder catheter has been removed?

   YES NO

1. Are any of the following symptoms causing you significant problems?

   HEADACHE ITCHING NAUSEA/VOMITING NONE

1. Did you have any sharp pain (not pressure) during your Caesarean Section?

   YES NO

1. How satisfied are you with your pain relief post delivery?

   VERY SATISFIED SATISFIED DISSATISFIED

1. Were you anxious about your Caesarean Section beforehand?

   VERY SOMEWHAT MINIMALLY NOT

1. Would you like to talk to an anaesthetist before you go home about anything to do with your pain relief or anaesthetic?

   YES NO

1. How would you rate your overall experience?

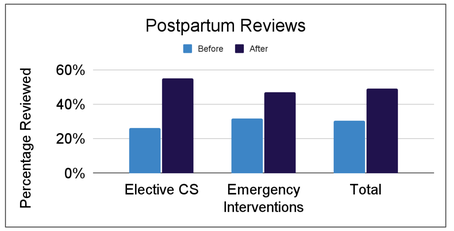
   BETTER THAN EXPECTED AS EXPECTED WORSE THAN EXPECTED

Many thanks.

FAO all Midwives: If there any concerns about the answers on this questionnaire or question 9 is answered 'YES' please bleep 4127. Many thanks.

RESULTS

After introducing our follow up questionnaire there was an increase in the percentage of women followed up overall, with a more substantial increase found in the targeted elective caesarean group compared to emergency interventions.



DISCUSSION

Follow up rates improved generally during the target period. This could however, be related to a generalised increase in engagement with the process whilst it was under scrutiny. Our registrars (who are tasked with carrying out the reviews) however, found that the process significantly reduced the time needed to complete the task. This allowed them to spend a higher proportion of their time carrying out follow ups on the women with most need or concern. Their feedback was therefore positive overall.

In general, the midwives supported the new process. However, if they were already busy they explained that it further added to their work burden.

Initially we piloted the questionnaire in English, and to formally adopt this process longer term we recognise that we would need to consider support for patients where a review form is not suitable and multiple translations to reach our ethnically diverse population.

During the review period, no one triggered the safety-netting response on the form. This reinforces our notion that perhaps a triage questionnaire is an efficient way to review these women.

Our wider aims are to develop the process to be inclusive, not only other languages but also, other groups. We would also strive to make more efficient use of technology to alert an anaesthetist to an urgent clinical review, to remove duplicate data collection and entry. Currently that isn't possible with our electronic maternity system.

REFERENCES

1. https://rcoa.ac.uk/gpas/chapter-9
2. https://www.oaa-anaes.ac.uk/assets/_managed/editor/File/Guidelines/obstetric_anaesthetic_services_2013.pdf