Patient follow-up after obstetric intervention during the COVID-19 pandemic lockdowns

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01 Introduction

The COVID-19 pandemic led to a series of national lockdowns in England. This study reviews the obstetric anaesthetic follow-up rate and patient satisfaction during the national lockdowns in 2020.

02 Methods

This study, conducted at Southend University Hospital maternity unit, compares two cohorts. Cohort A from 23rd March to 10th May 2020, and Cohort B from 5th November to 1st December 2020, which align with the first and second national lockdowns respectively. All obstetric episodes with anaesthetic input during these periods were collected from electronic patient records (CSC software) and analysed using Microsoft Excel.

03 Results

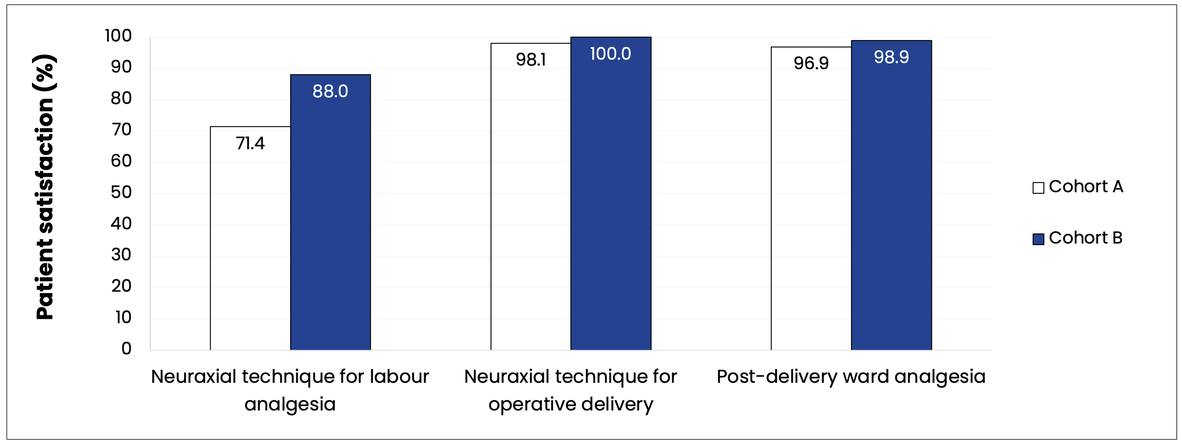


Figure 1. Comparison of patient satisfaction after anaesthetic intervention

Cohort A contained 244 cases requiring anaesthetic input; of which 156 cases (63.9%) had attempts at follow up. Twenty-nine patients were discharged prior to follow up. Of the remaining 127 cases, 117 (92.1%) had no complications on review. Cohort B had 113 cases where 103 (91.2%) had attempts at follow up. Eight patients were discharged prior to follow up. Of the remaining 95 cases, 80 (84.2%) had no complications on review. The labour analgesia service continued during the pandemic, with 77 and 34 epidurals for labour analgesia, in Cohorts A and B respectively. A patient satisfaction survey was performed during follow up; the outcome is shown in Figure 1.

04 Discussion

Best practice guidelines advise follow up of all patients receiving obstetric anaesthetic intervention [1]. This study demonstrates low follow up rates, especially during the first lockdown. Early discharge following delivery may have made follow up logistically challenging. In the early stages of the pandemic, minimising unnecessary face-to-face contact, due to the unknowns of COVID-19, was most likely a contributing factor for low follow up rates. Patient satisfaction is also likely to have been impacted due to altered clinical practice over the lockdowns. Missing follow up data must be acknowledged as potential complications may have been missed.

References

1. Royal College of Anaesthetists. Raising the Standards: RCoA Quality Improvement Compendium. Chapter 7: Obstetric Practice. https://rcoa.ac.uk/sites/default/files/documents/2020-08/21075%20RCoA%20Audit%20Recipe%20Book_16%20Section%20B.7_p241-268_AW.pdf; September 2020 [accessed January 26, 2022]