

REVIEW OF A POST-NATAL ANAESTHETIC CLINIC: ADDRESSING THE PHYSICAL AND PSYCHOLOGICAL IMPACT OF ANAESTHETIC COMPLICATIONS IN CHILDBIRTH

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INTRODUCTION

There is a stark paucity of literature regarding the psychological impact of anaesthetic complications during childbirth or best practise guidance on post-natal management. St George’s Obstetric Anaesthesia Department recognised this shortfall and developed a post-natal anaesthetic review clinic (PNARC) in 2019. To our knowledge, this is the first description of the set up and audit of an anaesthetic post-natal clinic.

POST-NATAL ANAESTHETIC REVIEW CLINIC SET-UP

PNARC reviews patients following anaesthetic complications during childbirth at approximately six weeks post-partum predominantly via telephone consultation. The purpose is to allow for a thorough debrief of the anaesthetic complication, to answer the patients’ questions and ultimately provide reassurance to patients that actions can be taken to mitigate the risk of reoccurrence in future deliveries.

Referrals are made via a dedicated referral e-mail address which is regularly monitored and can be made by any member of the obstetric multi-disciplinary team (eg obstetricians, midwives or anaesthetists). Patients are referred either at the point of complication or during routine inpatient follow up.

After PNARC had been established for over one year, the audit department approved an audit of the first 100 referrals.

AUDIT RESULTS

Of the first 105 referrals, 90 patients warranted PNARC review.

- 84 patients attended a scheduled PNARC appointment
 - 82% had a telephone consultation
 - 18% had an in-person consultation
- 3 patients had appointments pending
- 3 patients were followed-up by the Obstetricians.
- 14 patients did not respond to attempts to schedule an PNARC appointment
- 1 patient did not attend their scheduled appointment

The indications for referral to PNARC are demonstrated in figure 2.

NEUROLOGY PATHWAY

A new care pathway for patients with suspected neurological injury post neuraxial anaesthesia was developed with our Neurology service (see figure 1) and provides rapid access to outpatient clinic appointments after vetting by a neurologist.

During the audit period 14 patients were referred to Neurology rapid access clinic using the new pathway, 2 patients with ongoing headache post dural puncture and 12 with suspected peripheral nerve injury post regional anaesthesia.

The 2 patients with post-dural puncture headache both had normal MRI scans and underwent further investigation in neurology clinic, their symptoms had improved at the time of final review. Figure 3 demonstrates the outcomes of patients that were referred to Rapid Access Neurology clinic with suspected peripheral nerve injury.

References:
1. Ockenden D. The Ockenden Report-Final: Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. Department for Health and Social Care. <https://tinyurl.com/y7v7pweh>

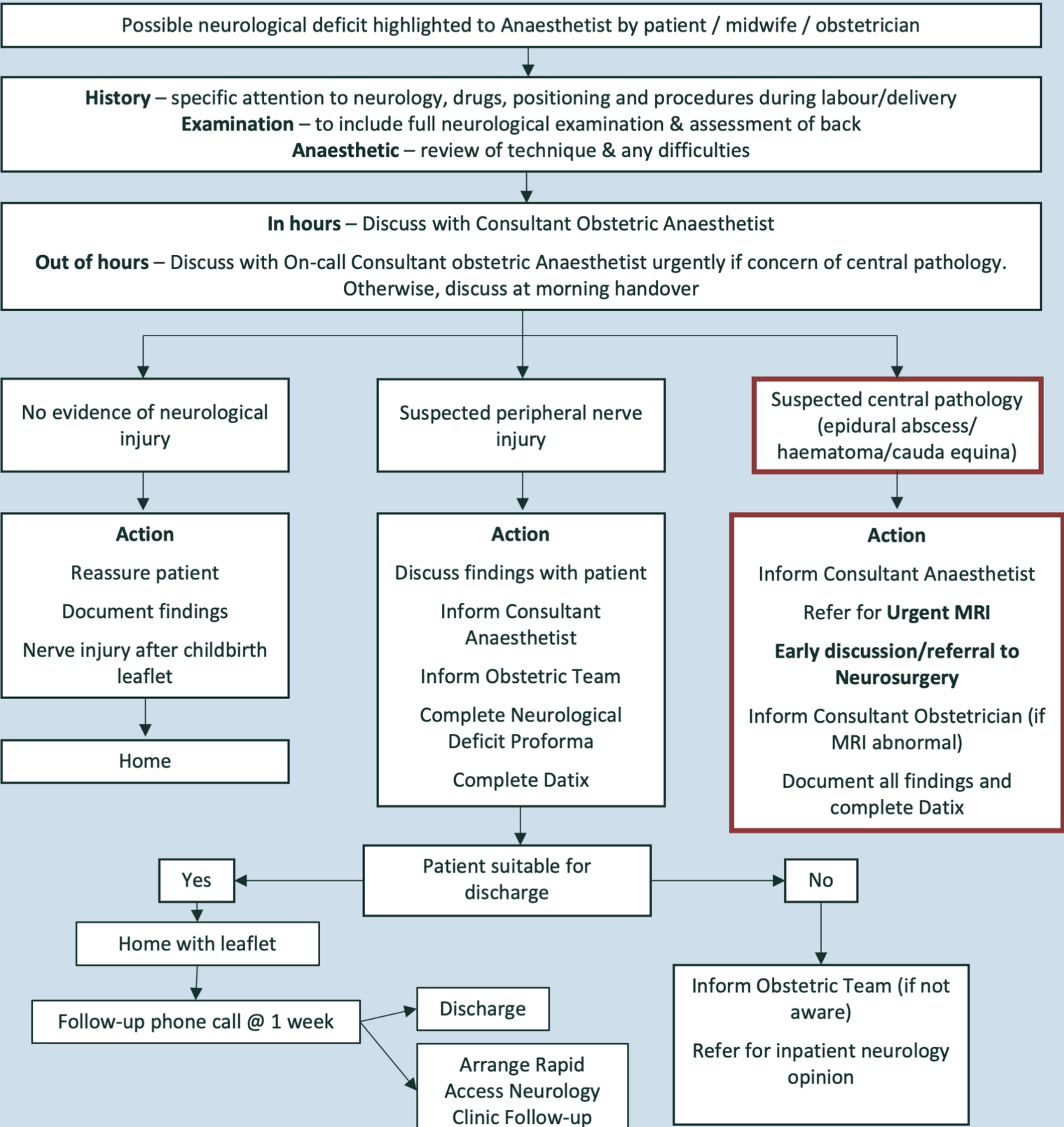


Figure 1: Neurological deficit after obstetric anaesthesia pathway.

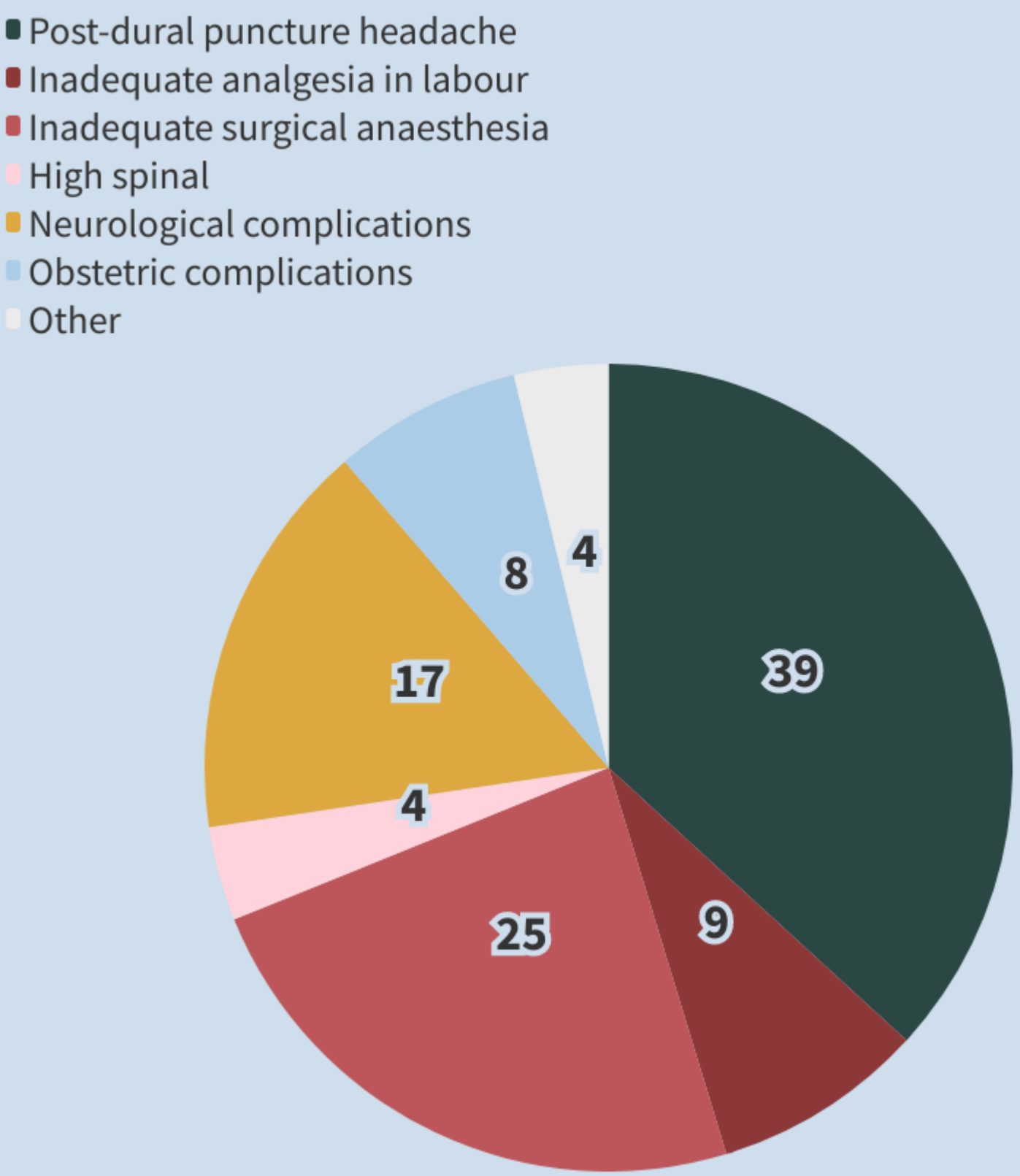


Figure 2: Indications for referral to PNARC

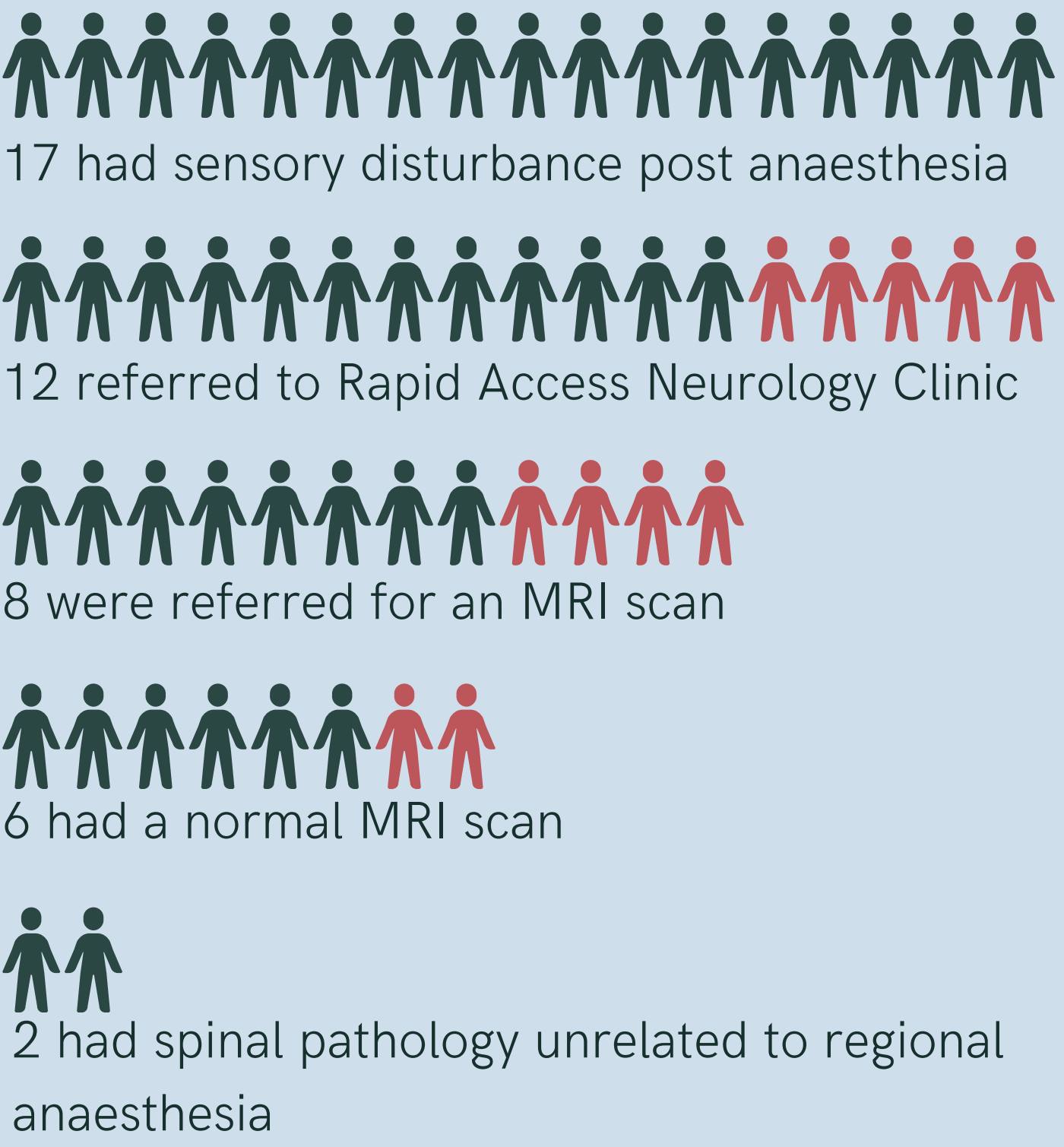


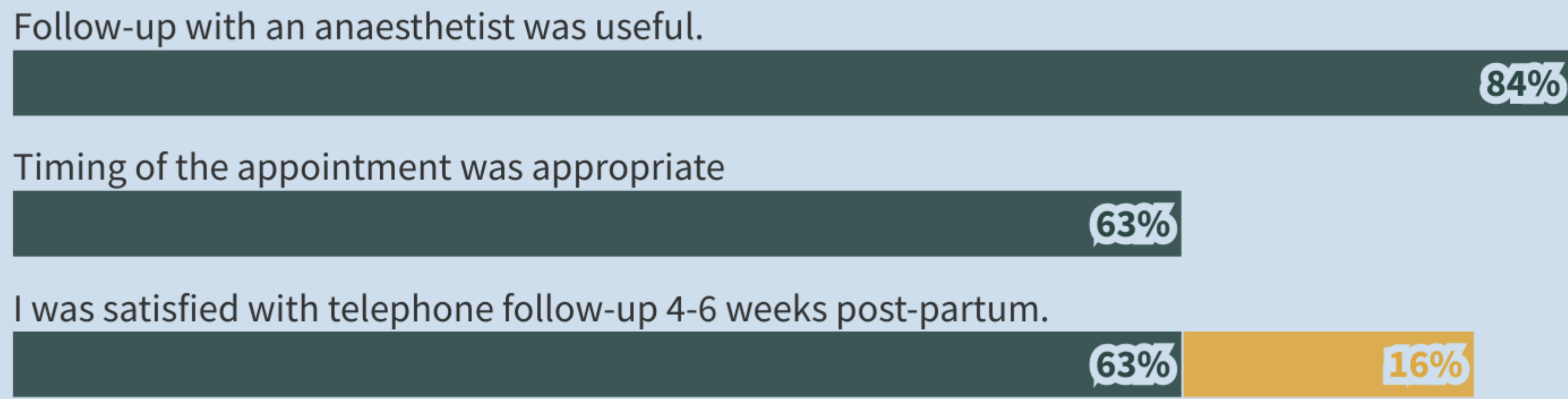
Figure 3: Outcome of patients referred to Rapid Access Neurology Clinic with peripheral nerve injury post regional anaesthesia.

PATIENT SATISFACTION SURVEY

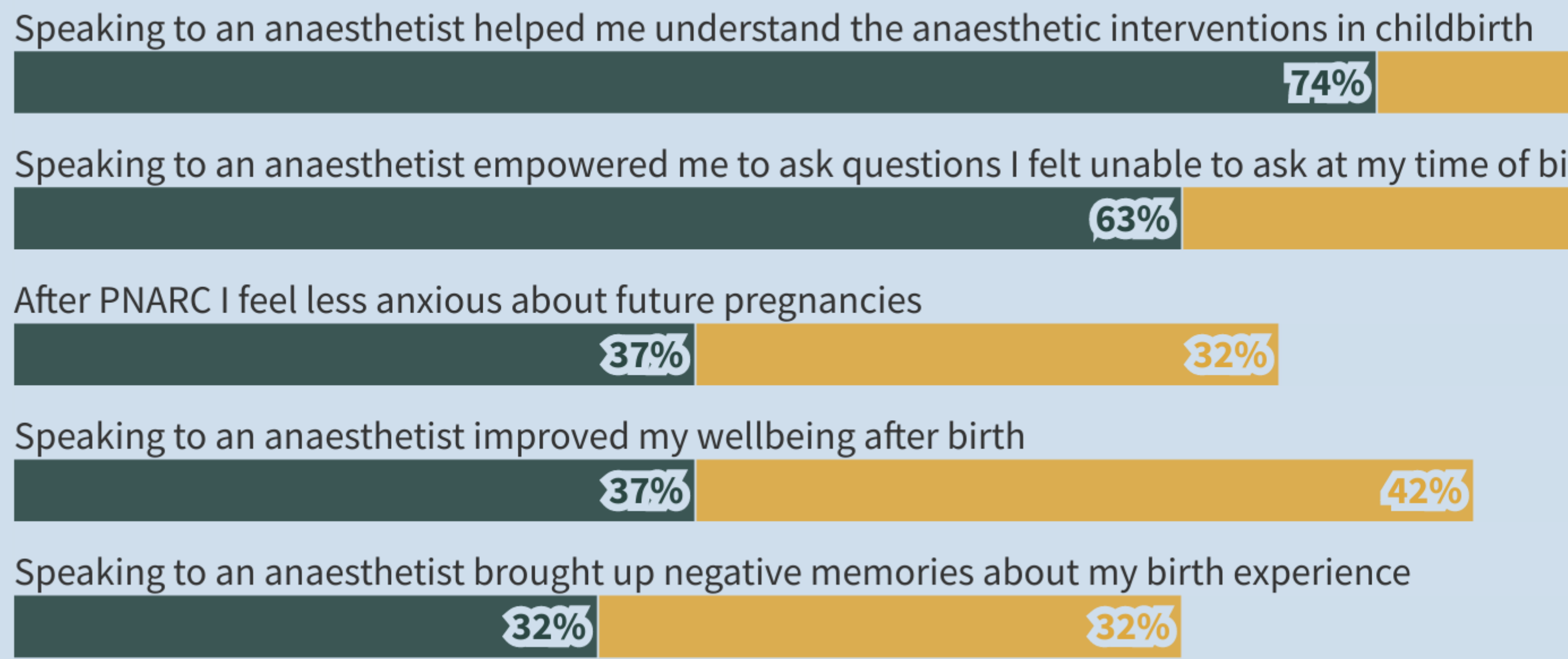
A patient satisfaction survey was developed with two perinatal psychiatrists to analyse the efficacy and impact of PNARC. The survey was delivered via both telephone and email.

The patient satisfaction survey had a response rate of 22% (n=19). Of respondents, 63% were satisfied with a telephone consultation six weeks post-partum and 83% found the debrief with an anaesthetist useful. Seventy-three percent agreed that PNARC improved their understanding of anaesthetic interventions and 63% felt empowered to ask questions they hadn’t felt able to during birth. Thirty-seven percent had improved wellbeing and felt less anxious about future pregnancies.

Patient Satisfaction Survey: Clinic Logistics



Patient Satisfaction Survey: Psychological impact



INDIVIDUAL PATIENT FEEDBACK

It was reassuring to be able to ask questions. I really appreciated the follow up.

It brought up negative memories, but I think that was good and necessary.

... Having the letter...really helped relieve my anxiety of it happening again and helped guide my care for the 3rd baby.

DISCUSSION

The second Ockenden report(1) highlighted the need for outpatient postnatal follow-up by anaesthetists where significant anaesthetic complications have occurred. From our data and a limited satisfaction survey we can conclude that the clinic is meeting these objectives and provides valuable support for patients. Our PNARC presents a cost effective model and could be easily replicated by other obstetric anaesthesia services.