

Towards gold standard care for peripartum women admitted to general Intensive Care Units

C K Sellers, K M Fletcher, K Light

Ockenden 2022²: ‘A peripartum admission to ICU is highly likely to be experienced as traumatic...
...Outpatient postnatal follow up by an anaesthetist must be offered for women in whom significant issues have occurred...
...The few cases of maternal ICU admission are strongly associated with ongoing psychological morbidity and PTSD, women have expressed their strong desire for professional psychology services...’

Problem

- Unique group requiring excellent MDT collaboration to prevent devastating morbidity
- Rare often unanticipated admissions
- ICU teams maybe unfamiliar with obstetric medicine
- Enhanced Maternal Care standards¹

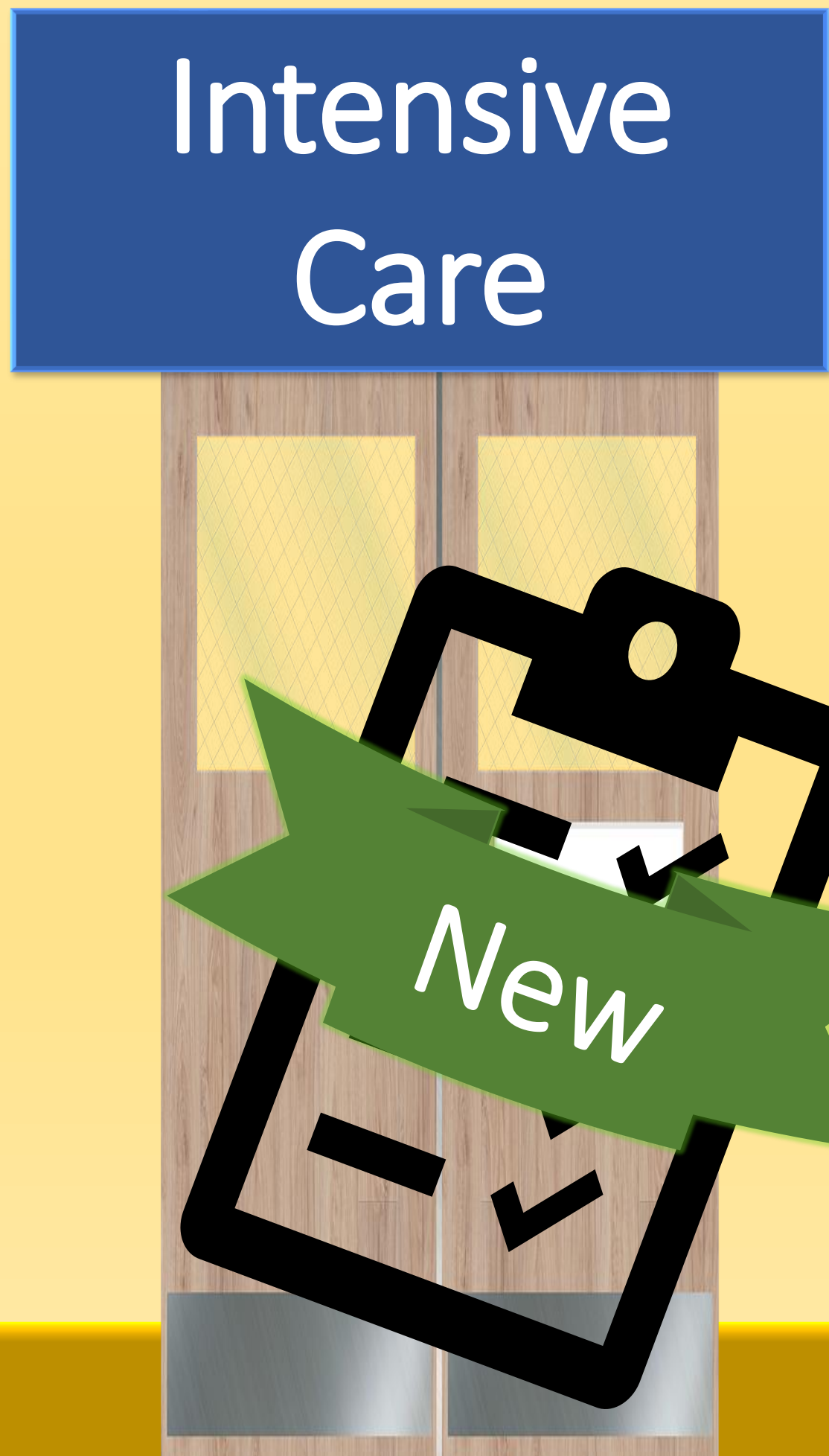
Findings

- 25 patients in 12 months
- Median LOS 1.5 days (range 0.5-47.5)
- Infrequent use of critical care diaries
- 0 followed up in obstetric anaesthesia clinic
- 1 followed up in ICU clinic
- 50% postnatal ICU admissions had documented psychological distress

Solutions

- Obstetric anaesthesia to act as link across whole care pathway for critically-ill women
- New Trust ICU maternity checklist to standardise quality MDT care
- Mandatory referral into obstetric anaesthesia follow up clinic
- Established referral pathway to new perinatal mental health service

Obstetric Anaesthesia Critical Care pathway



References:
1. Care of the critically ill woman in childbirth; enhanced maternal care. Royal College of Anaesthetists 2018.
2. Independent Maternity Review. (2022). Ockenden report – Final: Findings, conclusions, and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (HC 1219). Crown.