

A Novel Postnatal Outpatient Follow-Up Pathway in Obstetric Anaesthesia

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WHO?

Who is traditionally offered Obstetric Anaesthesia follow-up?

- Day 1 inpatient follow-up is well established in Obstetric Anaesthesia
- Until now, outpatient follow-up was largely reserved for specific physical complaints, such as post-dural puncture headache
- Patients did not have access to a formal outpatient follow-up pathway

WHY?

Why has outpatient Obstetric Anaesthesia follow-up changed?

The Ockenden report included actions applicable to all maternity services in England, in addition to those specific to the trust.

One of the report's directives on Obstetric Anaesthesia states that '**Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequence**'

WHEN?

When are patients now referred?

The key change in philosophy is that patients are now given the choice to see an Anaesthetist

Other criteria:

- The healthcare professional thinks the patient would benefit from follow-up
- Significant failure of labour analgesia
- Intraoperative pain, with conversion from regional to general anaesthesia
- Admission to Critical Care
- Accidental awareness under general anaesthesia
- Post-dural puncture headache requiring a blood patch
- Neurological injury following a spinal or epidural

WHAT?

What changes have been made?

Referrals:

- **Any healthcare professional can make a referral** using the new referral criteria
- During the day 1 inpatient postnatal visit, **Anaesthetists now proactively seek patients who may benefit from the postnatal clinic**

A new type of clinic!

- Traditionally, postnatal reviews are held by midwives and obstetricians. **Our new anaesthesia clinic provides a specialist review aimed at addressing specific concerns; this can avoid long-term psychological harm.**
- 45 minute consultant led appointments
- Held at a location distant from the hospital; avoiding the risk of triggering distressing memories/ emotions
- One appointment. Patients can be referred to relevant specialist services (e.g. counselling), as required.

HOW?

How is the new service perceived by patients?

- 6 clinics held so far
- Patient satisfaction is high; attendees appreciate the:
 - **Opportunity & time to debrief with a consultant Anaesthetist;** providing information and improved understanding of events
 - Opportunity to obtain appropriate subsequent referrals