

Implementing Ockenden: A survey on provision of outpatient post-natal anaesthetic follow up service

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INTRODUCTION

- The Ockenden report recommends outpatient postnatal follow-up appointments should be offered for women who experience significant anaesthetic complications during childbirth, to reduce both physical and psychological consequences¹.
- Identifying and addressing this need through dedicated outpatient services could improve birth experiences
- Given that over half of pregnant women are now classified as high risk for complications², there is clearly a demand on the anaesthetic service to improve communication when women experience complications.

OBJECTIVE



- To gain an understanding of the current provision of outpatient postnatal obstetric anaesthesia service to provide insights into existing practises, challenges encountered and target areas for improvement.

METHODS



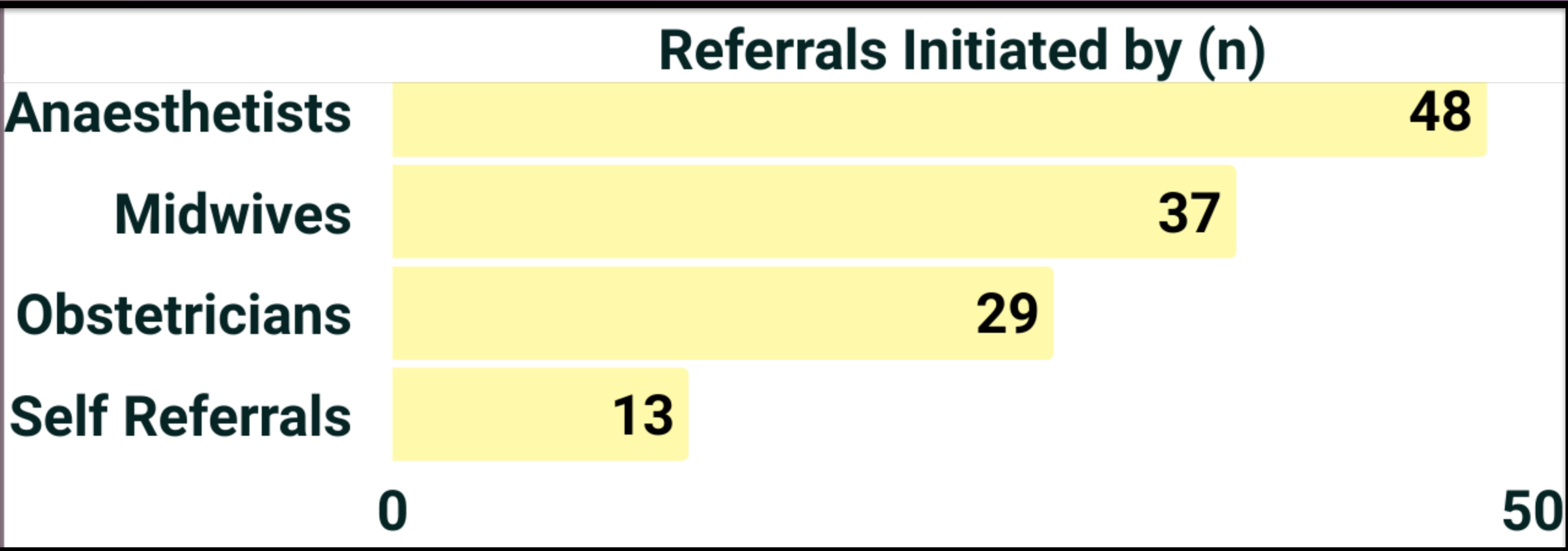
- An online survey, approved by the Obstetric Anaesthetists' Association (OAA), was conducted over six weeks (November–December 2024)
- 154 obstetric anaesthesia leads across UK maternity units
- To assess the current provision of outpatient postnatal follow-up services for women with significant anaesthetic complications during childbirth.

REFERENCES

1.Ockenden, D. (2020). Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.
2.NHS Digital. NHS maternity statistics – England 2013–14

FINDINGS

- 54 departmental leads (30%)
- 72% of trusts have established pathways
- 22% - lack such services.
- 6% - in the process of developing them



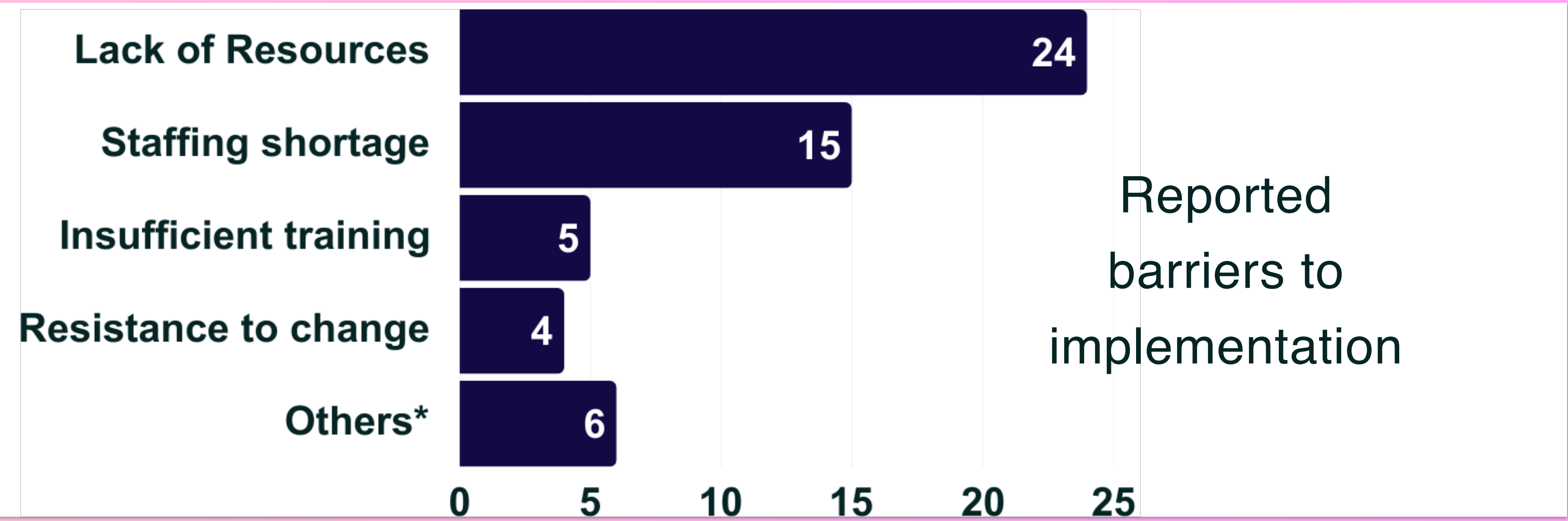
Reason for referral	No of responses
Post-dural puncture headache	38(70%)
Neurological injuries	37(68%)
Intraoperative pain	33(61%)
Birth trauma related to anaesthesia	26(48%)
Significant failure of labour analgesia	22(40%)
Unanticipated ICU admission	13(24%)
Awareness during general anaesthesia	11(20%)
Other reasons	5(9%)

Structured outpatient postnatal anaesthetic follow up service plays a crucial role at improving maternal experiences and supporting shared decision making.

ANALYSIS



- Despite recommendations, service provision remains inconsistent across units nationally.
- Dedicated outpatient postnatal anaesthesia clinics(12%), though preferred, are not widely implemented.
- Clinics are often combined with *antenatal* anaesthetic clinic (62%)
- Adhoc follow ups (25%) - Often lack a structure
- Over 51% of trusts reported difficulties in establishing this service



RECOMMENDATIONS

- Holistic support in implementing outpatient postnatal obstetric anaesthetic clinics
- Comprehensive package of care for complex patient needs - integrating obstetric, anaesthetic and psychological input
- Establish of national guidelines or mandates from organisations: RCoA & OAA
- Develop training programmes
- Increase funding
- Protocolise pathways - to aid patient identification and timely referral

