



MATERNAL CRITICAL CARE FOLLOW-UP: THE STATE OF PLAY IN SCOTLAND

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INTRODUCTION

Post intensive care syndrome (PICS) outlines the **physical**, **cognitive** and **psychological** sequelae of critical illness for intensive care unit survivors and their families¹. **Maternal critical care** (MCC) admission is associated with **increased risk** of adverse maternal outcomes, and optimising PICS symptoms may mitigate this². Critical care follow-up services are designed to identify and manage PICS, and national **guidelines** recommend **all maternity patients** admitted to ICU are followed up. We aimed to explore **current** maternal critical care **follow-up** services in **Scotland**.

METHODS

An online **survey** was sent to **all** consultant-led **maternity units** in **Scotland** in November 2024. Participation was voluntary and respondents agreed to publication of anonymized survey data prior to survey completion. Participants were asked questions about **follow-up** for MCC admissions within their unit.

References

1.Needham DM, Davidson J, Cohen H, et al. Improving long-term outcomes after discharge from intensive care unit: Report from a stakeholders’ conference. Critical Care Medicine 2012; 40(2): 502-509

2.Masterson JA, Adamestam I, Beatty M, et al. Measuring the impact of maternal critical care admission on short- and longer-term maternal and birth outcomes. Intensive Care Medicine 2024; 50: 890-900

RESULTS

Thirteen of the fourteen maternity units in Scotland completed the survey, representing a 92% response rate. All respondents were consultant obstetric anaesthetists. Routine follow-up was reported by 35% of respondents, with 14% being maternity-specific. Follow-up teams varied, with no representation from several professional groups.

Follow-up teams	
Included Critical care nurses Obstetrician Obstetric anaesthetist Psychologist	Not included Critical care doctor Midwife Physiotherapist Occupational therapist Pharmacist Speech and language therapist Dietician

Free-text responses acknowledged that follow-up services could be haphazard, and that formal referral pathways were lacking. Several units reported that follow-up was in the process of being set up, and recognized that maternity patients would benefit from a separate service from the general ICU population.

DISCUSSION

It is clear that there is a **shortfall** in MCC follow-up on **Scotland** when compared to national guidelines, with less than half of units offering this service. Follow-up teams include limited multidisciplinary team members, and might benefit from more allied health professional input. There is a **desire** for MCC follow-up in Scotland, and acknowledgement that this would be of **benefit** for this patient group.