Improving compliance with post-anaesthetic follow up in obstetric patients: From online questionnaires to in person reviews

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Introduction:

Complications following obstetric anaesthesia are relatively uncommon; however, when they do occur, they can have significant and lasting consequences for patients. These complications include post-dural puncture headache, nerve injury, inadequate neuraxial block, and awareness under general anaesthesia, all of which may result in substantial physical morbidity and psychological distress [1]. Early recognition and appropriate management of such complications are essential to minimise harm and improve patient outcomes. However, without structured and timely postoperative follow-up, these complications may go unrecognised or underreported, potentially leading to delayed treatment, prolonged recovery, and reduced patient satisfaction.

Follow-up also provides an important opportunity for patient reassurance, education, and identification of concerns that may not be apparent during the immediate perioperative period. Furthermore, it plays a key role in clinical governance, allowing departments to monitor complication rates, identify trends, and implement quality improvement measures.

The importance of post-anaesthetic follow-up is highlighted in the Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2025, which strongly recommend that all women receiving obstetric anaesthesia should be reviewed following their procedure [2]. Despite this, there remains variability in how follow-up is delivered in clinical practice, and no universally defined standard exists regarding timing, method, or documentation.

In response to this, our department established a local standard that all women receiving any form of anaesthetic intervention in the obstetric setting should receive documented follow-up. This audit was conducted to assess compliance with this standard, evaluate current practice, and identify areas for improvement in the delivery of post-anaesthetic care.

Methods:

This quality improvement project (QIP) was conducted in a tertiary obstetric unit at University Hospitals of Leicester NHS Trust. Data was collected for all women receiving an obstetric anaesthetic intervention during August 2025. Information was obtained from Accurix, a patient communication platform used to distribute post-anaesthetic questionnaires, and Euroking, the department's anaesthetic database. Follow-up was defined as complete if a questionnaire had been completed and appropriately processed, or if a telephone consultation had been documented in cases where a questionnaire was not completed or sent. The departmental standard was that all patients receiving an anaesthetic intervention should receive follow-up i.e. 100% follow-up rate.

A snapshot re-audit was also planned for January following any improvement steps.

August 25; 264 women received an anaesthetic intervention

Questionnaires sent to all

170 non-responders

Follow-up rate: 39%

Implemented In-person reviews

Snapshot re-audit

Follow-up rate: 75%

Results:

During August 2025, 264 women received an obstetric anaesthetic intervention and were sent a post-anaesthetic questionnaire. Of these, 94 questionnaires were completed, giving a response rate of 36%. Among the 170 non-responders, 8 patients received telephone follow-up. Overall, 102 patients had completed follow-up, resulting in a total follow-up rate of 39%. This did not meet the locally agreed standard of 100% follow-up, with low questionnaire completion being the main limiting factor (Table 1).

Following a move to in-person reviews, a snapshot re-audit in January 2026 showed our compliance had improved to 75%.

Category	Measure	Value
Total Patients	Obstetric anaesthetic interventions	264
Questionnaire	Sent	264
	Completed	94 (36%)
Non-Responders	Total	170
	Telephone follow-up completed	8
Overall Follow-up	Total completed follow-up	102
	Follow-up rate	39%
Key Finding	Met 100% standard?	No
	Primary limitation	Low questionnaire completion

Table 1. Results summary from our initial audit.

Discussion:

Our department did not meet the locally agreed standard for post-anaesthetic follow-up, with overall compliance limited primarily by low questionnaire completion rates. This highlights the limitations of relying on remote or patient-initiated follow-up methods. Several factors may have contributed, including language barriers, reduced perceived need for follow-up among asymptomatic patients, limited understanding of the questionnaire's importance, and the practical demands of caring for a newborn.

These findings suggest that questionnaire based follow-up alone was not sufficient to ensure comprehensive post-anaesthetic review, particularly as some complications may be under-recognised or develop after discharge. This reinforced the need for more proactive and accessible follow-up strategies.

In response, routine in-person postnatal anaesthetic reviews have been reintroduced to enhance patient engagement and enable direct clinical assessment. Additionally, a dedicated anaesthetic registrar has been assigned daily responsibility for follow-up, with protected time allocated to support this role. A snapshot re-audit has already demonstrated a significant improvement in compliance, with a full re-audit planned in the coming months.

References:

1. Maronge L, Bogod D. Complications in obstetric anaesthesia. Anaesthesia. 2018;73 Suppl 1:61–66.
2. Guidelines for the Provision of Anaesthesia Services for an Obstetric Population. Royal College of Anaesthetists; 2025. https://rcoa.ac.uk/gpas/chapter-9

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