The first 15 months of a post-natal anaesthetic clinic

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Why this matters – Ockenden Report:
"In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm."[1]

31% Referred directly by non-Anaesthetists

52% Referred for GA or PDPH

25% Had ongoing chronic health issues

BACKGROUND

The Ockenden report included recommendations for improving post-natal care following anaesthetic complications. Recent literature reminds us of the burden of chronic health conditions following caesarean. Although chronic pain conditions seem to be lower following operative delivery than 'similar' gynecological surgery, the high frequency of caesarean delivery means that absolute numbers are not insignificant. Published observations suggest up to 5% at 6 months and around 1% at a year[2]. Severe pain seems to be a striking risk factor for chronic pain complications which might suggest failure of regional anaesthetic places women at a high risk of long lasting post-natal complications. Psychological insult is also a risk factor for long term health issues. Complicated childbirth has the potential to be an extreme psychological stressor.

A post-natal anaesthetic clinic was commissioned in our institution in 2024. Clinic capacity is seven patients per month in a unit with approximately 5000 deliveries and 3000 anaesthetic interventions annually. Referrals followed written criteria and were made by anaesthetists at follow-up or by other professionals in the post-natal period.

METHODS

Details of patients were recorded prospectively. Analysis of the first 61 patients was made at the end of 2025. We looked at reason for referral, referring clinician and outcome. Approval from the local audit department was obtained.

RESULTS

Figure 1 details reason for referral. The most common referring clinician was an anaesthetist (69%). Other referrers included midwives, GPs, patient liaison team and one case of a patient referring themselves.

Reason for Referral

Reason for Referral	Number of Reports
General Anaesthesia	14
Post-Dural Puncture Headache	14
Back Pain	5
Birth Trauma	5
Pain during Caesarean	5
Neurological Symptoms	5
High Spinal	2
Intensive Care Admission	2
Other	2

DISCUSSION

Headache and the need for a general anaesthetic (most commonly conversion from an attempted regional anaesthetic) were the commonest reason for referral. We observed a substantial chronic disease burden within the cohort, in particular relating to back pain and lower limb symptoms. One in six patients referred were experiencing chronic pain, weakness or numbness.

Back pain in the weeks following delivery was a common reason for referral from a non-anaesthetist. Back pain seems to be a very common symptom following operative delivery, irrespective of the type of anaesthetic – de novo general anaesthesia for operative delivery can still be associated with back pain. Many midwives, obstetricians and GPs seem to refer women following operative delivery on the premise that back pain must be caused by the neuraxial procedure.

Lower leg symptoms include patches of numbness (most commonly lateral femoral cutaneous nerve palsy) and weakness (foot drop, quads weakness and generalized weakness were all seen). These are multifactorial in origin, despite women being directed solely to anaesthetic clinic. There were five patients with ongoing psychological issues following their traumatic deliveries. Combining those with physical and psychological issues, one in four patients had ongoing chronic health issues at the time of review at clinic.

CONCLUSION AND NEXT STEPS

- Discreet anaesthetic complications are the commonest reason for referral- the patients Ockenden recommended we see.
- The burden of chronic physical and emotional ill health is high in this population- an anaesthetic 'complication' may increase the risk of chronic complaints, especially in the context of an emotionally stressful delivery.
- The authors' ambition is to establish a multi-disciplinary clinic to better meet the needs of the women in their '4th trimester'- a solo anaesthetist does not best to be able to provide the explanation and support that many women need following a traumatic delivery.

References

1 Ockenden D. Independent Maternity Review – Final report: findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. House of Commons. 2022; HC 1219.
2Langenaeken AL. Chronic pain after caesarean delivery: what do we know today? Journal of Clinical Anesthesia. 2025; 92: 111830.