One Year On: Patient Feedback and Clinician Insights from a Postnatal Anaesthetic Clinic at a High-Risk Tertiary Centre

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Introduction

A recent OAA survey reported that only 12% of respondents had a dedicated postnatal anaesthetic clinic (PAC)[1]. We established the first PAC in North-West London, responding to Ockenden's report. We are a high-acuity, high intervention tertiary centre performing 6200 deliveries annually, serving a complex patient population.

In one year of PAC we have gained valuable insights into patient experience following complex or distressing peripartum care. Patients are reviewed a few weeks after delivery to facilitate more meaningful reflection and discussion. We share our insights to inform future service development and improve obstetric anaesthetic care.

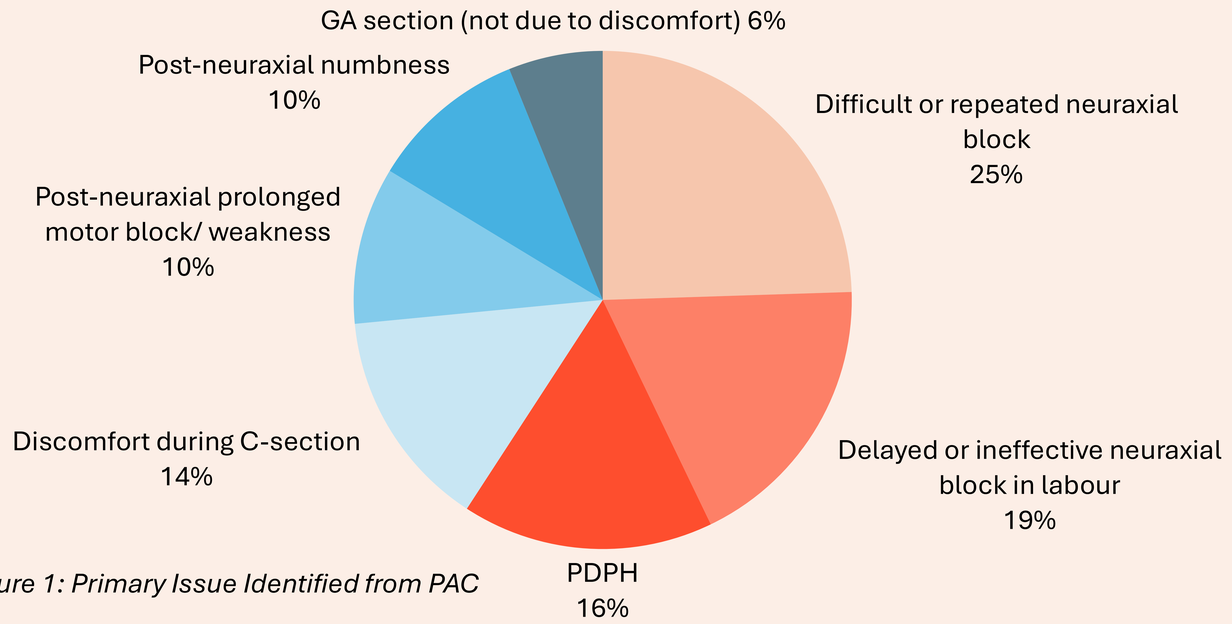

Figure 1: Primary Issue Identified from PAC

Method

We reviewed 47 patients. The median time between procedure and attendance was ten weeks. 42 (89%) were referred from Anaesthesia and 5 (11%) from Midwifery. Figure 1 shows reasons for referral with percentages.

Themes from feedback were: distress from delays in siting or troubleshooting labour analgesia, poor blood patch information, poor partner communication, and delayed information regarding analgesia options.

Results

Issues with neuraxial block predominated. Delayed, difficult, repeated, or ineffective epidurals were most common; qualitatively these patients were the most distressed.

Discussion

- Our PAC has successfully facilitated assessment of postnatal neurology, enabling reassurance, triage, and timely referral for unresolved complications
- The Birth Trauma Association recommends postnatal debrief from 8 weeks post-delivery. Our data adheres to this recommendation
- Most referrals were due to difficult or delayed labour analgesia, a theme strongly reflected in patient feedback. While clear guidance exists for anaesthetic attendance to site epidurals de novo within one hour[2], inadequate epidural analgesia is not addressed with the same urgency
- We propose that poorly functioning epidurals should be rectified within one hour to match current GPAS guidance for de novo labour analgesia
- These findings have formed part of the evidence for a business case to recruit an extra on-call anaesthetic tier, and thus the PAC is helping to guide service improvement
- Poor communication was a frequent theme, often compounding anaesthetic complications
- Women were more likely to experience events as traumatic when communication was poor
- Women who received proactive empathetic communication were more likely to be understanding and not perceive the same complications as traumatic

References

[1] *Kothari, Tejal et al. P.039 Implementing Ockenden: A survey on provision of outpatient post-natal anaesthetic follow up service, International Journal of Obstetric Anesthesia, May 2025 Volume 62, 104418*
[2] Royal College of Anaesthetists (2025) *Guidelines for the Provision of Anaesthetic Services for an Obstetric Population (GPAS Chapter 9 section 5:17), accessed at https://cpoc.org.uk/guidelines-and-resources/guidelines*