

INTRODUCTION

High dependency care within obstetric units presents unique challenges, requiring management of maternal critical illness alongside ongoing obstetric care. This necessitates comprehensive daily multidisciplinary team (MDT) review.

At our tertiary obstetric centre, the obstetric high dependency unit (O-HDU) provides advanced care for up to four women. Local observation suggested that documentation of admission and daily reviews was inconsistent, creating the potential for aspects of care to be missed.

Successive MBRRACE-UK reports have highlighted poor clinical documentation, as well as suboptimal venous thromboembolism (VTE) assessment and prophylaxis as a contributory factor in maternal morbidity[1]. In addition, evidence from critical care suggests that structured daily review proformas reduce omissions of care and may improve outcomes[2].

PROJECT AIM

*This project aimed to assess existing documentation within the Obstetric High Dependency Unit and improve the reliability of admission and daily review documentation through the introduction of structured proformas.*

METHODS

A retrospective review of the notes of 20 randomly selected O-HDU admissions over a three-month period was undertaken.

Admission and daily review documentation was assessed against locally agreed standards, including:

- Staff present at review
- Reason for admission
- Comprehensive systems review
- Fluid balance and hydration
- Pain assessment
- Medication review
- VTE assessment and plan

A global assessment of documentation completeness and the potential for missed care was made for each case.

INTERVENTION

An admission document and daily review proforma were subsequently designed and implemented within the unit. The rollout of these proformas was supported by targeted multidisciplinary team (MDT) education sessions.

|                                                   |                                          |
|---------------------------------------------------|------------------------------------------|
| Maternity HDU Daily Review                        |                                          |
| Obstetric Team Present (names)                    |                                          |
| Anaesthetic Team Present (names)                  |                                          |
| Time of Review                                    |                                          |
| Reason for Initial HDU Admission (eg sepsis, PET) |                                          |
| Background/History                                |                                          |
| Current Issues                                    | 1.<br>2.<br>3.                           |
| Patient Review                                    |                                          |
| System                                            | Organ Dysfunction, Treatment and Support |
| Respiratory                                       |                                          |
| Cardiovascular                                    |                                          |
| GI: Feeding / Bowels                              |                                          |
| Renal: Fluid balance / Hydration status           |                                          |
| Pain / Analgesia                                  |                                          |

|                                                          |                |
|----------------------------------------------------------|----------------|
| VTE score / Prophylaxis prescribed/ Flowtrons required?  |                |
| Lines / Drains / Catheter                                |                |
| Abx (duration, total conversion)                         |                |
| Medication chart review (please cease un-necessary meds) |                |
| Communication: Has patient / NOK been updated?           |                |
| Plan                                                     | 1.<br>2.<br>3. |

RESULTS

Baseline review demonstrated frequent omissions of key clinical information across multiple critical domains:

25%

VTE assessment and rationale were completed

25%

Fluid balance or hydration status was completed

25%

Assessment of cardiac or respiratory status was documented

15%

Global assessment with complete documentation

FOLLOWING IMPLEMENTATION

Initial staff feedback was positive, with reports from the MDT indicating significantly more comprehensive and consistent clinical documentation and improved nurse satisfaction with full knowledge of ongoing plans.

DISCUSSION

O-HDU admissions involve complex, multisystem assessment in a high-acuity environment where the risks of fragmented care are significant.

Evidence from critical care supports the use of structured review tools to reduce omissions and improve the overall reliability of care.

This project successfully demonstrates the rapid development and implementation of admission and daily review proformas to directly address local deficiencies in HDU documentation.

KEY TAKE-HOME MESSAGES

- High-acuity obstetric admissions demand complex, multisystem assessment and clear MDT communication.
- Unstructured documentation risks significant omissions, particularly in vital areas such as VTE prophylaxis and fluid balance.
- Implementing structured review tools is an effective, evidence-based method to improve care reliability and patient safety.