

Digitalisation: Increasing Obstetric Anaesthesia Follow-Up Rates by Introducing Electronic Solutions

T. Glover, S. Seah, T. Arulampalam

Introduction

Anaesthesia in obstetrics, whether for operative delivery or analgesia in labour, can lead to complications and variation in patient experience. National guidelines advise regular early follow up for these patients, to highlight issues and allow conversation about positive and negative aspects of care¹. Concurrently, demand for anaesthetic services in maternity in the UK is high as highlighted by the recent national maternity and perinatal audit report² which documents increasing caesarean section rates. This project aimed to increase the occurrence of anaesthetic follow up on the labour ward by implementing an electronic follow up system and documentation proforma, which decreased preparation and documentation time related to follow-ups.

Results

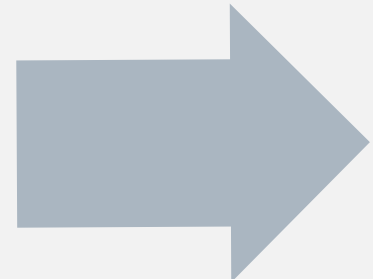
For the pre-intervention sample of patients, three percent were followed up and half of those were documented on the EPR. These patients were all highlighted as having had specific issues; no ‘low-risk’ patients were documented as having been seen. Following intervention, 48% were followed up, including both low and high-risk patients and all were documented for in the EPR. Patient groups were similar in size.

Higher instance of documentation when using the electronic method

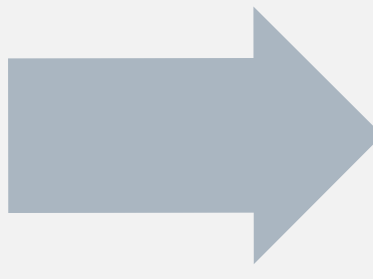
Patients were seen more frequently for follow-up when using the electronic method

Methods

We took a sample of patients from a 10-day period in a single-centre labour ward who underwent anaesthetic intervention and surveyed whether they had been followed-up, including if they needed specific follow up (high or low risk), as well as if this had been documented in the electronic patient record (EPR).

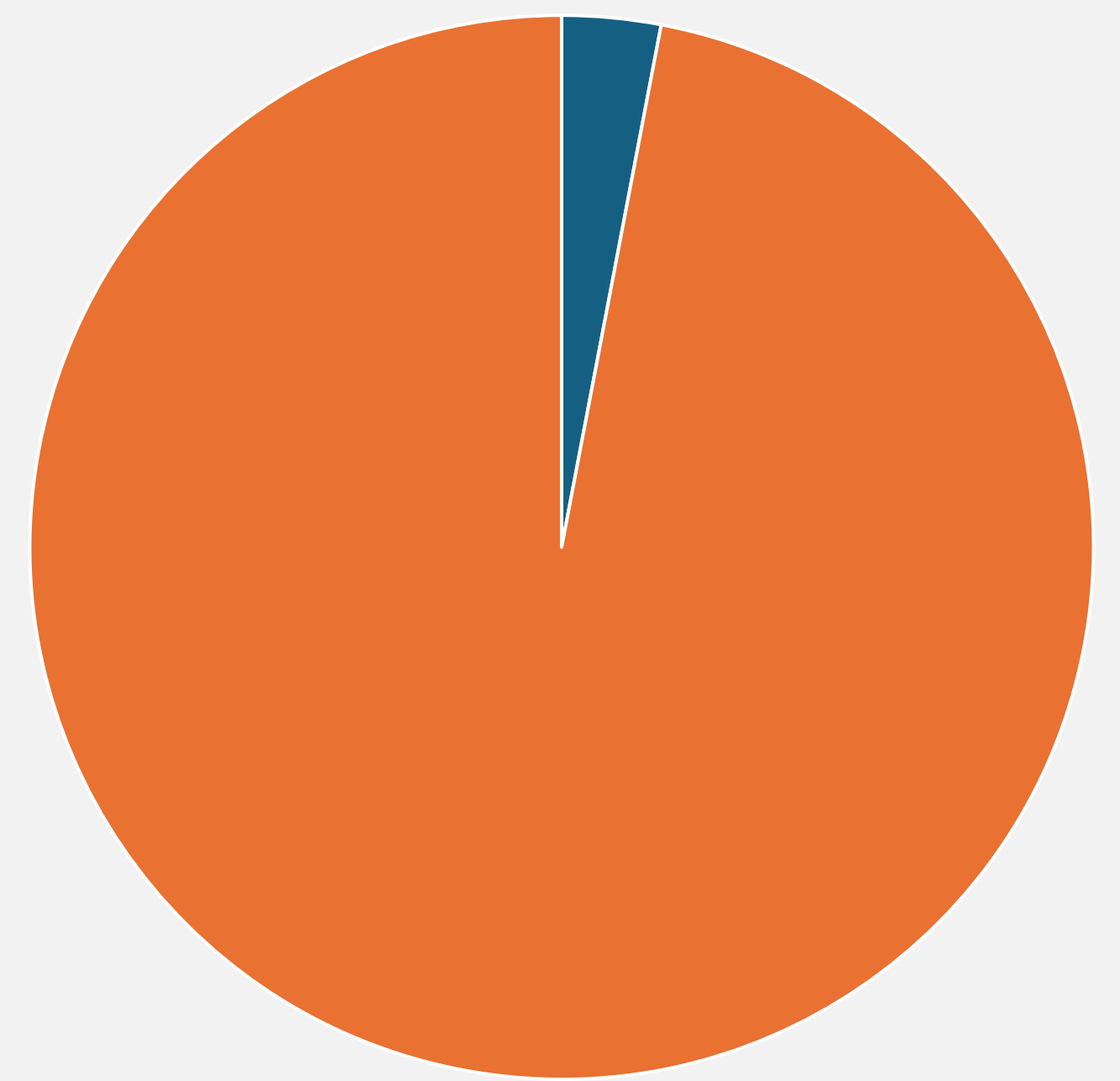


Current record keeping was a paper logbook and verbal handover which was changed to an electronic patient list and electronic checklist-documentation method. This decreased time taken to find patients and document and simplified list creation



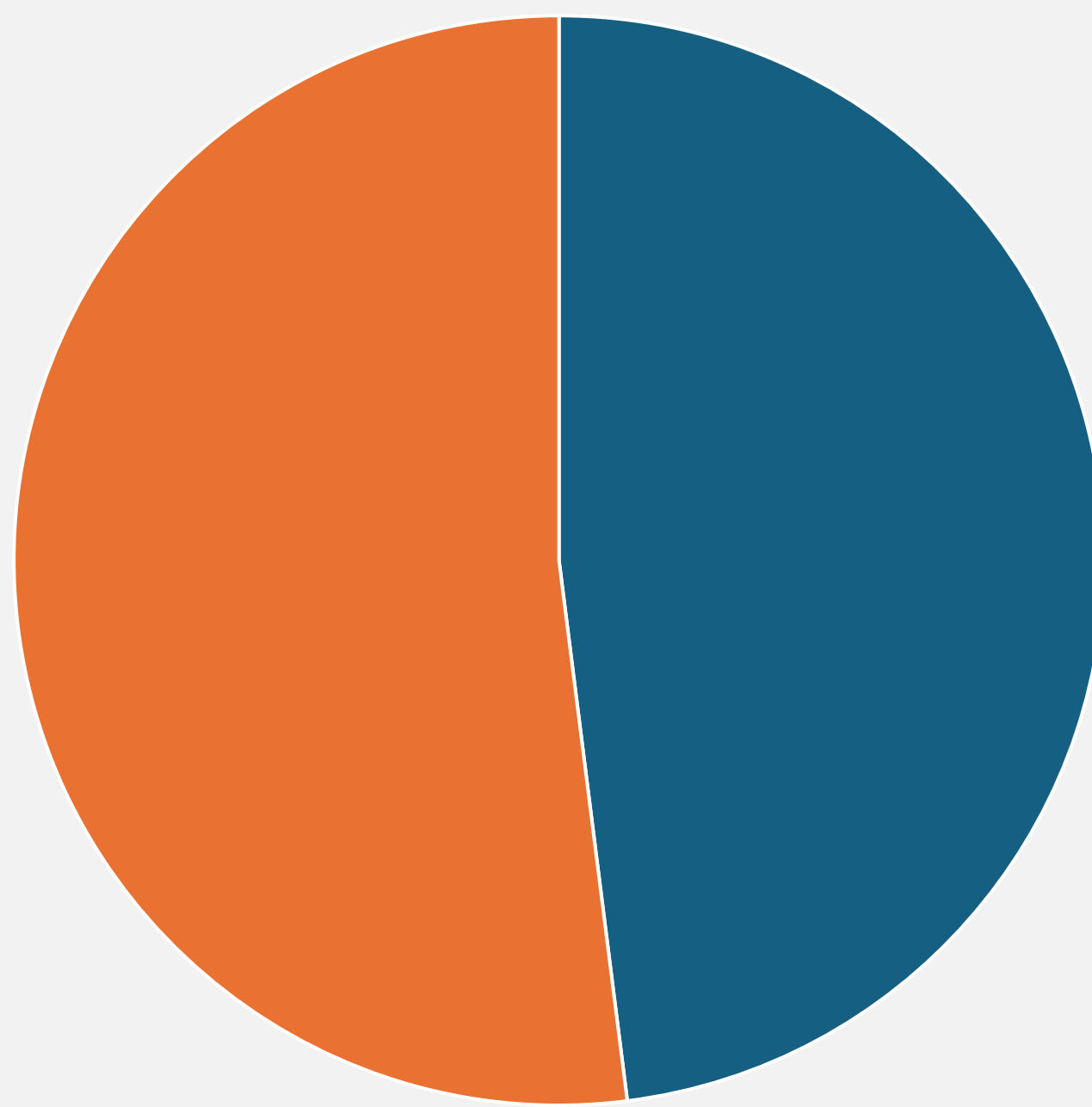
We led work-shop training on use of this to aid transition and ensure lack of ability to use was not a confounding factor in the results. Following intervention, we re-audited follow up rates for a second ten-day period using the same methodology.

Pre-Intervention Patients



■ Follow up ■ No follow up

Post-Intervention Patients



■ Follow up ■ No follow up

	Days surveyed	Total patients	% followed up	% of follow-ups documented on EPR
Pre - intervention	10	61	3	50
Post - intervention	10	62	41	100

Discussion

The results show anaesthetists were able to see and document for 16 times more patients when using EPR lists than when using the paper lists. Intervention increased documentation to 100% from 50%, which suggests this method made documentation more likely to happen. Workload was similar and so this was not a confounding factor, as there were a similar number of patients in each cohort (61 and 62). Overall, simplified management interventions which decrease time taken to complete work likely impact patient care and this is evidenced by the results. The change was readily adopted showing the need for adapting services in a time pressured environment to focus on patient care.

References:
1. Association of Anaesthetists of Great Britain & Ireland Obstetric Anaesthetists' Association. 2013. OAA / AAGBI Guidelines for Obstetric Anaesthetic Services. Available from: https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_obstetric_anesthetic_services_2013_final.pdf
2. NMPA Project Team. National Maternity and Perinatal Audit: State Of The Nation, Based on births in NHS maternity services in England, Scotland and Wales during 2023. RCOG: London, 2025. Available from: https://maternityaudit.org.uk/FilesUploaded/Ref%20545%20SON%202023%20data_VF.pdf