Ockenden's Postnatal Anaesthetic Clinic at a Tertiary Centre: Surveying Clinician Experience, Training and Opportunities to Improve Birth Trauma

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Introduction

- The Ockenden report noted that many women with obstetric anaesthetic complications did not have adequate opportunity to discuss peripartum experiences, complications or poor care with clinicians. Therefore, one recommendation from the report was for outpatient postnatal anaesthetic follow-up.
- Current data suggests of women giving birth, 4.7% develop post traumatic stress disorder (PTSD) and 12.3% develop post traumatic stress symptoms (PTSS). [1]
- As consultants who have run a dedicated clinic at a tertiary maternity unit for over a year, we identified an opportunity to share new patient insights and explore themes from anaesthesia that may contribute to birth trauma.

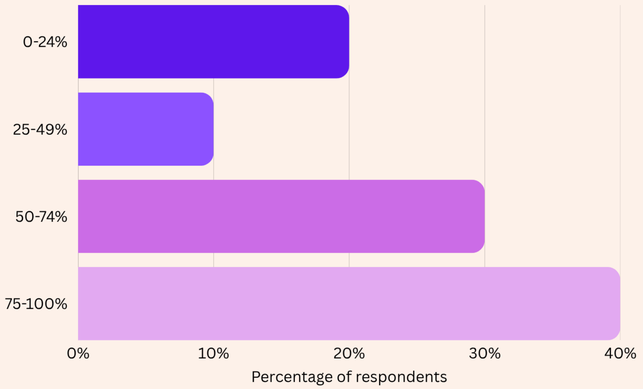
Methods

We sent a retrospective survey to clinic leads within our national network with a six-question survey looking into: patient benefit, insights gained, presence of trainees from the clinic, prior training in managing birth trauma and the clinician experience of running this service. Participants were informed of data use.

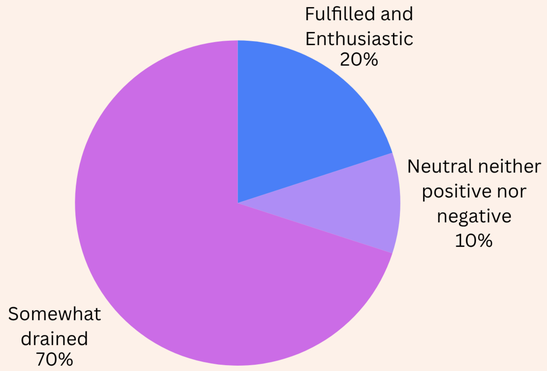
Results

- We had responses from 10/15 leads in our network.
- 90% described gaining new insights into patient experience, emphasising the distress caused by ineffective labour analgesia and ensuring explanation of time critical medical decisions. Leads also noted a higher-than-expected number of patients with neuropraxia.
- 70% described being "somewhat drained" afterwards. Comments included difficulty with ongoing referrals and helplessness in response to suboptimal care due to maternity services under pressure and staff shortages.

What proportion of patients you see do you feel benefit from the appointment?



How do you usually feel after the clinic?



"Patients want to understand what happened and why. Often they think they are the only one with anaesthetic issues, and it's a reassurance to them they are not."

60% Respondents did not have training in birth trauma

"The partner is often forgotten in those situations and it is important to involve them as much as possible when such situations happen and also in the debrief! Communication, communication, communication is key. Tell the patient what's happening!"

"Patients find poorly working epidurals as distressing, if not more so than waiting for an epidural - treat troubleshooting as seriously as an epidural request de novo."

"A labour and birth experience that does not meet expectations overall is more likely to result in a visit to the anaesthesia follow-up clinic."

50% Clinics had trainee presence

Discussion

- Shared themes in birth trauma across centres support the value of postnatal anaesthetic follow-up clinics in understanding patient experience and improving care. Offering important learning to improve communication and patient-centred care
- Key issues included ineffective labour analgesia, poor understanding of urgent decisions, and the emotional impact of conversion to general anaesthesia.
- They were also emotionally demanding, highlighting the need for clear signposting, expectation management and clinician support.
- A two-clinician model may help reduce emotional burden and support debriefing after difficult consultations.
- Trainee involvement may be valuable, but should be considered case by case given the sensitivity of these consultations.
- Most clinicians reported no formal training in birth trauma debriefing or recognising PTSD.
- The 2024 All-Party Parliamentary Group[2] advocated mandatory trauma-informed care training for all anaesthetists, which we strongly support.

References

1. C Heyne, M. Kazmierczak, R. Souday, Prevalence and risk factors of birth-related posttraumatic stress among parents: A comparative systematic review and meta-analysis, Clinical Psychology Review , June 2022 Volume 94 102157 https://doi.org/10.1016/j.cpr.2022.102157
2. All-Party Parliamentary Group on Birth Trauma, Listen to Mums: Ending the Postcode Lottery on Perinatal Care, 2024 (https://www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf)