

# Evaluating effectiveness of clinical aids in improving the efficiency of doctor-based postnatal-reviews



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## Introduction

### Background

The care of pregnant women continues beyond childbirth, and its impact cannot be understated. Correct postnatal care allows for the early recognition, treatment and prevention of common issues and complications that occur after birth, which can contribute to maternal mortality. It can also help to lay the groundwork for healthier future pregnancies, through early counselling and education.

In the most recent MBRRACE report (2021) it was revealed that sadly “191 women had died between 2017-2019 during or up to six weeks after the end of pregnancy, from causes associated with their pregnancy”. Unfortunately, the report highlighted that gaps in postnatal care was one of the factors contributing to these poor outcomes.

Recently there has been a significant change in obstetric care, driven by the findings and conclusions from the Ockenden report (2022). Amongst the many failings, it was highlighted that inappropriate postnatal care, and a lack of senior involvement in the care of complex patients, was a significant contributing factor. Indeed, as a result of the Ockenden and the MBRRACE reports, we are seeing a shift towards more Consultant-led reviews, particularly for complex patients, in order to improve outcomes.

### Current Postnatal Reviews

Most doctor-led postnatal reviews in a hospital setting are conducted by junior doctors, more specifically senior house officers (SHOs) ranging from foundation doctors to GP trainees and O&G specialty trainees. These SHOs may have different levels of baseline clinical knowledge and experience in the field of obstetric medicine, particularly those who have short placements in obstetrics. Therefore, there may be some variation in the way postnatal reviews are conducted, and the way postnatal women are assessed. With this variation there is potential for inconsistencies and errors in SHO-led reviews.

It is paramount therefore, that there be a systematic, uniform system of conducting postnatal reviews correctly and safely. As well as comprehensive postnatal reviews, it is important that reviews are conducted in a timely manner, to keep up with the demands of a busy maternity unit. It is also important SHOs can recognise early on when a postnatal woman needs a Consultant review and understands when to escalate appropriately.

## Aims

Whilst there is guidance from the Royal College of Obstetricians and Gynaecologists (RCOG) on postnatal care which can be found online, these documents are long and can be difficult to refer to at a glance. We wanted to create easy-to-use clinical aids, to be used by SHOs conducting postnatal reviews, in order to:

Ensure systematic, safe assessment of postnatal women

Recognise women with complex needs who would benefit from senior input

Recognise early on when postnatal women show signs of deterioration and escalate to an Obstetric Consultant

Complete postnatal reviews in a time-effective manner in order to assist with the high-turnover of a busy maternity unit

## Methods

### Location

This project took place at the maternity unit of the Lister Hospital in Stevenage, Hertfordshire, a part of the East and North Hertfordshire NHS Trust. The unit provides specialist maternity services for women and sees around 5,500 babies born a year.

After consulting with SHOs, two different clinical aids were created:

### Assessment Proformas

- These proformas consisted of a concise framework for postnatal reviews and included key details and relevant signs and symptoms.
- Different proformas were created specific to different conditions/delivery types, including post C-section, post-instrumental delivery, third- and fourth-degree repair and wound review.
- The proformas were available as a sticker, to be added to patient's notes and filled in, for quick ease of use.

### Postnatal Ward Handbook

- This handbook outlined how to manage women postnatally, including information regarding all key conditions, follow up measures and how to assess for discharge accordingly.
- It was available as a physical hardcopy on the postnatal ward, as well as QR code, for access via mobile devices:



### Feedback

- SHOs were given a period of 2-4 months to use the clinical aids
- Qualitative feedback from SHOs was collected via a survey sent to 30 trainees, between December 2021 to March 2022 including open feedback sections.

## Results



70% response rate to the anonymous feedback survey

Mix of FY2, GP trainees and O&G trainees

85% lacked confidence conducting postnatal reviews prior to using aids

50% did not use any other resources

### Assessment Proformas

- 81%** found these helpful
- 71%** found them easy to use
- 90%** found the proformas increased their efficiency
- 95%** felt more confident conducting postnatal reviews using them

"Acts as a good prompt to make you think about crucial aspects of history to review and to target examination to make more efficient."

"Satisfaction that we have not missed anything"

"very useful"

"really relevant material"

### Postnatal Ward Handbook

- 100%** of those who used it found it helpful
- 94%** found it easy to use
- 92%** reported it saved time during ward rounds
- 100%** of those who used the handbook found the QR code/digital access helpful

## Conclusions

There is a growing drive towards improving postnatal care in order to improve outcomes for women giving birth. At the heart of postnatal care are SHOs reviewing and assessing women and discharging back to the community. It is vital that this postnatal care is standardised so that the care provided is safe, effective and holistic, as they complete their pregnancy journey. Appropriate training for SHOs is therefore imperative.

We created assessment proformas to aid doctors during their ward rounds. They were found to be helpful and easy to use and helped to reassure doctors that nothing important was missed from their reviews.

We also created a handbook, using recommendations from the RCOG/Trust Guidelines, to which the doctors could quickly and easily refer to for guidance and advice during ward rounds. The book was found to be very useful, with particular emphasis on its digital aspect, allowing doctors to refer to it quickly on their mobile devices.

Together these clinical aids have helped SHOs on our maternity unit postnatal ward conduct reviews with more confidence and in a more time-effective manner, as well as giving them the confidence to escalate to seniors when appropriate

## Recommendations

- Every maternity unit should consider implementing clinical aids to help SHOs conduct postnatal reviews safely and more effectively.
- All content within the clinical aids should be based upon RCOG guidance.
- Clinical aids can come in different formats - consider digital forms for ease of use on ward rounds.
- Gather feedback regularly from SHOs and use this to update and improve upon the aids.
- Encourage regular training and updated versions of clinical aids when providing postnatal care.

## References

- Independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust. March 2022. <https://www.ockendenmaternityreview.org.uk/>
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