

BACKGROUND

RCOG postnatal framework for maternity standards states: 'women should be offered relevant and timely information to enable them to promote their own health and wellbeing'.

The NHS London Clinical Maternity Network identified a deficiency and published guidance in 2021 to standardise postnatal guidance. This provides national, evidence-based recommendations on monitoring, follow-up and crucially, an understanding of potential risks on future health of the mother

OBJECTIVE

Assess the standard of our postnatal discharge in an East London DGH:

- 1.Audit discharges using NHS London Clinical Maternity Network guidance as the gold standard
- 2.Qualitative study of the opinions of maternity staff and postnatal women on the discharge experience

METHOD

- Registered with trust
- 51 women who delivered consecutively in February 2023 identified from the labour ward log
- Excel proforma formulated for data collection
- Analysis of 51 sets of electronic notes
- All maternity staff invited to participate in survey
- All 51 mothers invited to participate in survey
- To be communicated to team in audit meeting

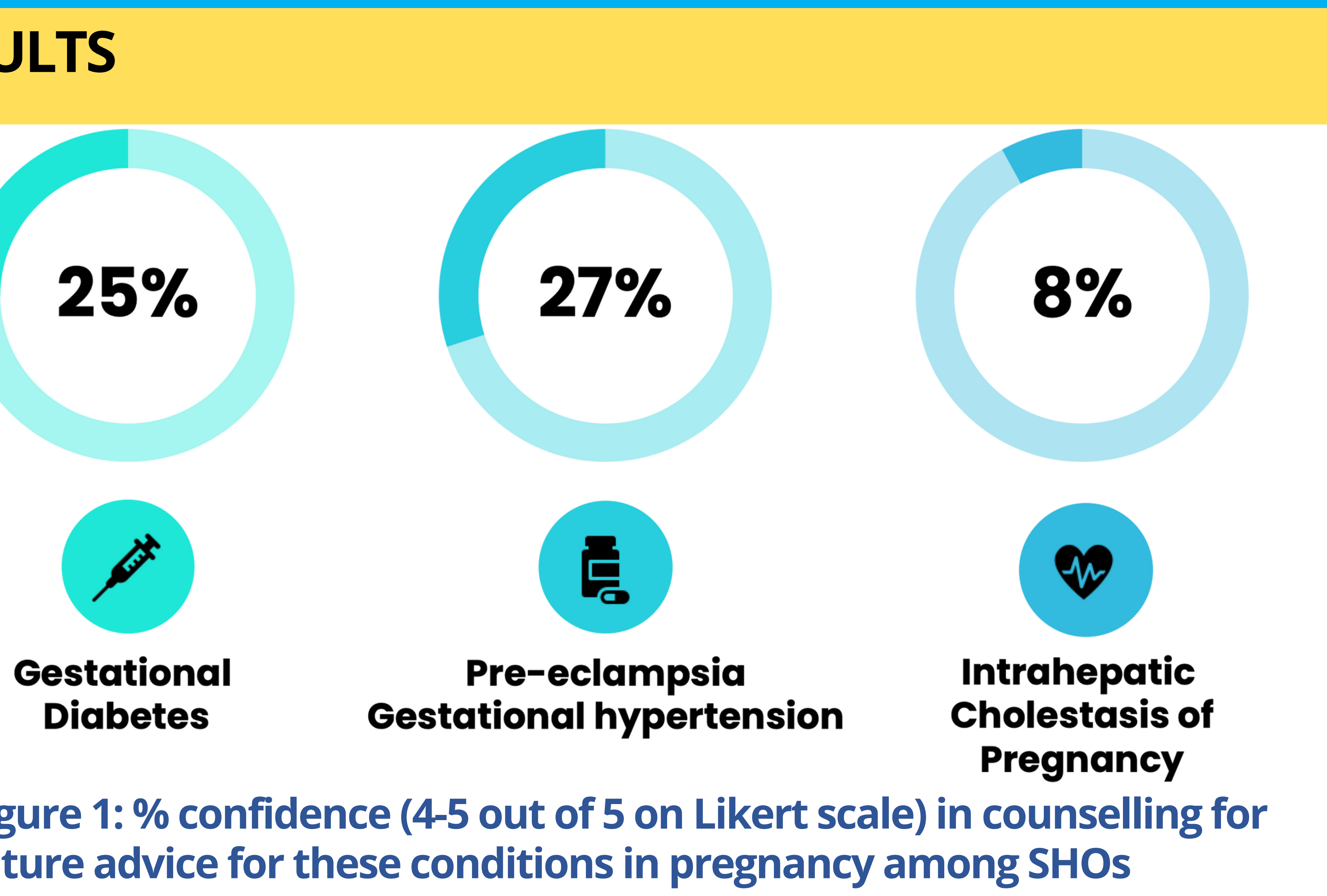


DISCUSSION

- Our women are not receiving good quality, evidence-based and consistent advice at discharge in line with regional recommendations
- Discharge summaries are not written unless women receive a doctor-led postnatal review
- Confidence re ante/intra/post-partum complications is low among SHOs who are almost exclusively responsible for postnatal reviews and discharge letters
- Written or verbal advice rarely given re clinical conditions or unstandardised
- Contraception rarely offered

RESULTS

- Postnatal reviews and discharge summaries are almost exclusively performed by SHOs: GP trainees, Foundation Year Doctors, O&G ST1, ST2
- Postnatal discharge summaries are only made when medication is prescribed for TTA (to take away)
- Confidence (out of 5 on Likert scale) in giving long term health and future pregnancy advice for patients with common antenatal complications was low (figure 1)
- Consistent advice on each of these conditions was rarely given for future health risks and pregnancies. Where advice was given, this was not in line with the gold standard
- Only women who had Caesarean section were given advice on recommended inter-pregnancy interval
- Information regarding the dilatation at which an emergency Caesarean was performed was rarely documented in the discharge summary
- Contraceptive options were rarely documented as being offered except for elective or emergency Caesarean deliveries



PATIENT SURVEY

Of the 51 women surveyed, 20 responses received/ 39 % response rate

- >65% of respondents satisfied with their discharge (rated >8/10)
- 69% of those with discharge summaries had read it (n=9/13)
- 65% of respondents appreciate written advice at discharge (n=13)
- 65% do not remember being offered contraception (n=13)

RECOMMENDATIONS

Our DGH would benefit from the following:

- 1.Postnatal review proforma
- 2.Postnatal discharge talk during induction and dissemination of regional guidance
- 3.Trust postnatal guidance that groups advice for women and healthcare professionals for management of common complications

LIMITATIONS

- Retrospective - relies on documentation
- Although representative proportions of delivery types, small numbers of each perinatal complication / delivery type
- Maternal questionnaire verbally completed: women may not feel able to be fully honest
- Small number of participants in surveys
- SHOs at different stages of rotation when surveyed