Recovering post-operative obstetric patients: Are we meeting standards?

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Introduction
In 2013 the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the Obstetric Anaesthetists Association (OAA) released safety guidelines for post-anaesthesia recovery [1], core competencies for recovery staff [2] and obstetric anaesthetic services [3]. These guidelines set recommended standards for post anaesthesia care units (PACU) and PACU staff.

Methods
We conducted an OAA approved electronic national audit, which sought to establish whether these standards are currently met. This was addressed to 197 leads for Obstetric Anaesthesia.

Results
• 146 responses were received (74.1% response rate).
• Most units had Caesarean section rates between 20-30%.
• Regional anaesthesia (RA) is the preferred technique, with <5% sections performed under general anaesthetic (GA) in two thirds of the units.
• GA patients were generally recovered by PACU staff in a PACU environment, whilst RA patients were recovered in other areas.
• 88% recover obstetric patients separately from non obstetric patients.
• 22% recover patients in a non PACU environment, such as high dependency units, anaesthetic rooms, and maternal observation areas.
• Only half the units provided trained and registered PACU staff to recover obstetric patients, with the remainder recovered by midwives of whom only 36% were appropriately trained.
• Some units provide PACU staff during daytime hours only.
• Many units reported deficiencies in monitoring equipment in areas used for recovery (see table 1) particularly in reserved obstetric areas.
• 86% of respondents felt that recovery staff are not appropriately trained in recognition and management of local anaesthetic toxicity.

Conclusion
Many obstetric units do not meet the safety standards set out by the AAGBI. Some hospitals provide trained recovery staff within daytime hours only. NAP4 and UKOSS suggested that a significant proportion of difficult airway problems happen at night highlighting the need for trained staff and potentially life saving equipment, especially for patients at increased risk of aspiration [4,5].

Midwives are experienced in assessing specific obstetric signs such as uterine atony, and can aid breastfeeding and bonding. Meanwhile anaesthetists may need to provide support to all staff involved in recovering patients, particularly complex obstetric patients.

In the future it would be useful to make a direct comparison between the standards of care for obstetric and non obstetric PACU’s.

Who recovers post op obstetric patients?

- Midwives
- Midwife trained to recommended standard
- Trained and registered PACU staff

Where are post op obstetric patients recovered?

- Main theatre recovery
- Obstetric theatre recovery
- Other designated area on delivery suite

Table 1. Provision of Essential Monitoring & Equipment

<table>
<thead>
<tr>
<th>Monitor/Equipment</th>
<th>Recommended standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Invasive Blood Pressure</td>
<td>100%</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>98.7%</td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>92.5%</td>
</tr>
<tr>
<td>Temperature</td>
<td>90.4%</td>
</tr>
<tr>
<td>Emergency Drugs and Emergency Alarm</td>
<td>80.0%</td>
</tr>
<tr>
<td>Difficult Airway Equipment</td>
<td>58.2%</td>
</tr>
<tr>
<td>ECG</td>
<td>56.2%</td>
</tr>
<tr>
<td>Trained and Registered PACU Staff</td>
<td>46.9%</td>
</tr>
<tr>
<td>End Tidal CO2 Monitoring</td>
<td>37.7%</td>
</tr>
</tbody>
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References