High Dependency Care in Labour Ward: Anaesthetists’ roles and views

S. Rathinam, F Plaat
Department of Anaesthesia, Queen Charlotte’s Hospital, London, UK

Introduction
- The CEMACH report recommends that staff involved in care of the sick parturient should be appropriately trained, with documented evidence of competency. The OAA/AAGBI guidelines also suggest that there must be appropriately trained staff in recovery/HDU on delivery suites.
- A previous survey of midwives revealed that they did not feel adequately trained in many HDU skills.
- We wanted to establish what involvement anaesthetists have in teaching/training and their expectations of midwives’ recovery/HDU skills.

Method
- An OAA approved postal questionnaire was sent to the Lead Obstetric Anaesthetist in the 221 consultant lead units in the UK, in June 2008.

Results
- The response rate was 85%, (188/221). 75% responders worked in District General Hospitals. 62% of the units conducted >3000 deliveries / yr.
- 98 units (53%) had high dependency care beds on delivery suite (Figure 1). Of these only 30% had more than 2 such beds. 2/3 of the units reported that they did not have 24-hour cover by appropriately trained midwives.
- 45% of units with HDU facilities provided in-house training for their midwives. However <50% of these had anaesthetic input into the program.
- 50% (93/188) units used a Modified Early Obstetric Warning Scoring system (MEOWS).
- The anaesthetists’ assessment of training/competency is shown in Figure 2.

Conclusions
- Even though the need for invasive monitoring is rare in obstetric patients, it is notable that anaesthetists consider the staff caring for such patients inadequately trained.
- Despite recommendations of multiple reports and guidelines, the use of MEOWS is still rare in obstetric units.
- Although all consultant-lead units should provide post general anaesthesia care, 50% of responders did not feel staff in their units were trained to do so. We consider this is a risk management issue that requires urgent action.

References
2. OAA/AAGBI Guidelines for obstetric anaesthetic services. Revised edition: 2005