To,
Dr........................
Lead Clinician
Obstetric Anaesthesia
....................[Hospital Name/ Address]
Dear .......................[name]

RE: National survey of obstetric high dependency facilities

We are currently carrying out a national survey to assess the level of obstetric high dependency facilities in maternity units across the U.K. This survey is being carried out under the auspices of the Obstetric Anaesthetists’ Association. The aim of this survey is to assess the current level of obstetric high dependency facilities in maternity units across the U.K. The Confidential Enquiry into Maternal and Child health [CEMACH] in their most recent report on maternal mortality have stressed the importance of early recognition of critical illness in the mother and appropriate management on the maternity unit itself, prior to transfer to an intensive care / high dependency unit 1.

Previous studies have shown that many of the obstetric patients who are admitted to the intensive care unit could be managed in a high dependency unit 2,3. An obstetric high dependency unit has many advantages. It enables a better continuity of care and has the benefit of keeping the mother and baby together. It may also have an overall impact on reducing the number of intensive care unit referrals. It will reduce the added risk of transferring a sick mother and will enable patients returning back from the intensive care unit to receive optimum level of care when they are back on the maternity unit 4.

A previous survey published in 1997 showed that designated high dependency beds were present in only 41% of maternity units. About 55 % of the respondents felt that there was a need for more high dependency facilities 3. There is a need to assess the current standard of care in far greater detail looking at staffing, facilities and overall impact of these high dependency beds.

We would be grateful if you could return this questionnaire in the SAE provided.

Many thanks
Yours sincerely

Dr. RE Collis [Consultant Anaesthetist] Dr. K Srinivas [Research Associate]
REFERENCES:


**OBSTETRIC HIGH DEPENDENCY FACILITIES :**
**SURVEY OF CURRENT PRACTICE**

**General Data**

1. **Type** of hospital:
   - a. University Hospital  □
   - b. District General Hospital  □

2. **Number** of deliveries per year:
   - <1000  1000 - 2500  2500 - 4000  > 4000

**Anaesthetic Cover**

3. Does your maternity unit have **24 hour anaesthetic** presence?
   - Yes  No

4. How many weekday sessions are covered by a consultant anaesthetist?
   ............

5. Do you have a dedicated consultant obstetric anaesthetic 24 hour on call cover?
   - Yes  No

**HDU provision**

6. Does your unit have **designated** obstetric high dependency beds, i.e; beds ringfenced for the care of the sick parturient and **not** used for any other purpose?
   - Yes  No

7. If yes, how **many** obstetric high dependency beds do you have?
   - 1 bed  2 beds  3 – 5 beds  > 5 beds

8. If no (to question 6), can you provide **temporary** high dependency unit facilities?
   - Yes  No
### Staffing / training

9. If you have designated high dependency beds, who currently **staffs** it?

a. Any midwife □
b. Critical care nurse □
c. Midwife, with HDU/ITU training □
d. Other (please mention)

10. If your unit has no designated HDU beds who looks after the sick parturient from the **nursing perspective**?

a. Any midwife □
b. Midwife with HDU/ITU training □
c. Critical care nurse □
d. ODP □
e. Outreach team □
f. Other (please mention)

### Specific HDU facilities

11. What high dependency **facilities** can you offer in your unit?

a. Non-invasive monitoring (Sats.,ECG, B.P) □
b. Invasive monitoring □
c. Other (please mention):

12. For the units with designated high dependency beds, what is approximately the **admission rate per year** to these beds?

13. Do you use a system of identification of potentially sick parturients (eg. **early warning scores**) in your maternity unit?

   Yes   No

14. If **yes**, what is it based on (indicate as many as you wish):

   a. Temperature □
   b. Heart rate □
c. Systolic / Diastolic pressure □
d. Respiratory rate □
d. Oxygen saturations □
e. Urine output □
f. Level of consciousness □
g. Blood gases □
g. other (please mention)…………………………………………………………………………………

ICU / critical outreach provision

15. Do you have a critical outreach service in your hospital, which will enable faster identification and referral of sick parturients?

Yes      No

16. Do you have a general intensive care unit on site. If yes, how many ITU beds does it have?

Yes (number of beds)……………….        No

17. How many instances in the last year have been there, when no bed was available in the ITU for a critically ill obstetric patient?

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18. How far is the ITU from the labour ward? Express in terms of metres, floors or lifts to be negotiated?

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19. If none on site, how far is the intensive care unit from your hospital?

< 5 miles    5 – 10 miles    10 – 20 miles    > 20 miles

20. Do you maintain a record of your general ICU/HDU admissions from the maternity unit?

Yes      No

21. If yes, what is approximately your general ICU/HDU referral rate per year from the maternity unit?

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Thank you