A Survey of the National Provision of Outpatient Postnatal Anaesthetic Follow-up Clinics in a post-Ockenden Era

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Abstract

The Ockenden report recommends that outpatient postnatal follow-up appointments should be offered to women who have had significant anaesthetic complications during childbirth. Many women who experience complications do not have the opportunity to have the physical and psychological consequences of their care addressed by clinicians. The report further suggests that identifying and addressing this need through dedicated outpatient services could improve birth experiences. An understanding of the current provision of outpatient postnatal obstetric anaesthesia appointments/ clinics is essential to provide insights into existing practises, challenges encountered and target areas for improvement. We conducted an OAA approved national survey to explore key areas: existence of pathways, clinic setup (site, staffing, referral mechanisms), indications for referral and to identify barriers to implementation.

Introduction

The Ockenden report recommends outpatient postnatal follow-up appointments for women who experience significant anaesthetic complications during childbirth, to reduce both physical and psychological consequences[1]. Many women do not have the opportunity to discuss their peripartum care with clinicians. This may have an impact on their mental wellbeing due to unresolved concerns. A lack of understanding or feeling unheard can contribute to ongoing psychological distress. Given that over half of pregnant women now classified as high risk for complications[2]. There is clearly a demand on the anaesthetic service to improve communication when women experience complications.

Providing dedicated postnatal discussions with anaesthetists is essential to address individual concerns, clarify aspects of care, and support informed decision-making for future pregnancies. While some discussions can take place immediately after delivery, follow-up appointments after discharge allow women time to process their experiences, formulate questions, and seek further reassurance. Structured outpatient postnatal anaesthetic follow-up plays a crucial role in improving maternal experiences and supporting shared decision-making. By proactively recognising these needs and fostering open, respectful communication, we can enhance both maternal autonomy and overall outcomes[3,4].

Methods

An online survey, approved by the Obstetric Anaesthetists' Association (OAA), was conducted over six weeks (November–December 2024), targeting 154 obstetric anaesthesia leads across UK maternity units. The survey assessed the provision of outpatient postnatal follow-up clinics for women with significant anaesthetic complications during childbirth. Key areas explored included the existence of pathways, clinic setup (site, staff, referral mechanisms), main reasons for follow-ups and implementation gaps. The data provided useful insights into current practices, challenges, and areas for improvement.

Results

A total of 54 departmental leads participated in the survey, with a response rate of approximately 30%. The survey included responses from 37 units with <4000 deliveries and 17 units with >4000 deliveries annually.

According to the survey responses, over 72% of trusts have established pathways, while 22% lack such services. A small proportion (5.6%) are in the process of developing them.

Referrals(n)are mainly initiated by anaesthetists(48), followed by midwives(37), obstetricians (29) and self referrals(13).
Most clinics are conducted in the antenatal setting (62%), often combined with antenatal anaesthetic appointments. A quarter of participants indicated that consultations are conducted on an ad hoc basis, reflecting a lack of formal structure in some trusts. Dedicated postnatal clinics (12%), while preferred, remain less commonly implemented. Some appointments were combined with obstetric and anaesthetic clinics (4%). As shown in *Table 1*.

Clinic setting	No of responses
Antenatal clinic (included within antenatal anaesthetic clinic)	34(62%)
Ad hoc setting	14(25%)
Specific Postnatal Obstetric Anaesthesia Clinic	7(12%)
Other • Combined with antenatal anaesthetic appointments. • Labour ward or other general clinics. • Telephone consultations or sporadic arrangements.	6(11%)
Combined Obstetric and Anaesthetic Clinic	2(4%)

Table 1: Clinic setting

Percentages total over 100% because respondents could select multiple answers.

Many referrals relate to complications or adverse outcomes from anaesthetic procedures, with post dural puncture headache (70%), neurological injuries(68%) and intra operative pain (61%)being the most common. Our data highlighted the following reasons for referrals to outpatient postnatal obstetric follow up clinics as illustrated in *Table 2*.

Reason for referral	No of responses
Post-dural puncture headache	38(70%)
Neurological injuries	37(68%)
Intraoperative pain	33(61%)
Birth trauma related to anaesthesia	26(48%)
Significant failure of labour analgesia	22(40%)
Unanticipated ICU admission	13(24%)
Awareness during general anaesthesia	11(20%)
Other reasons	5(9%)

Table 2: Reasons for referral

Percentages total over 100% because respondents could select multiple answers.

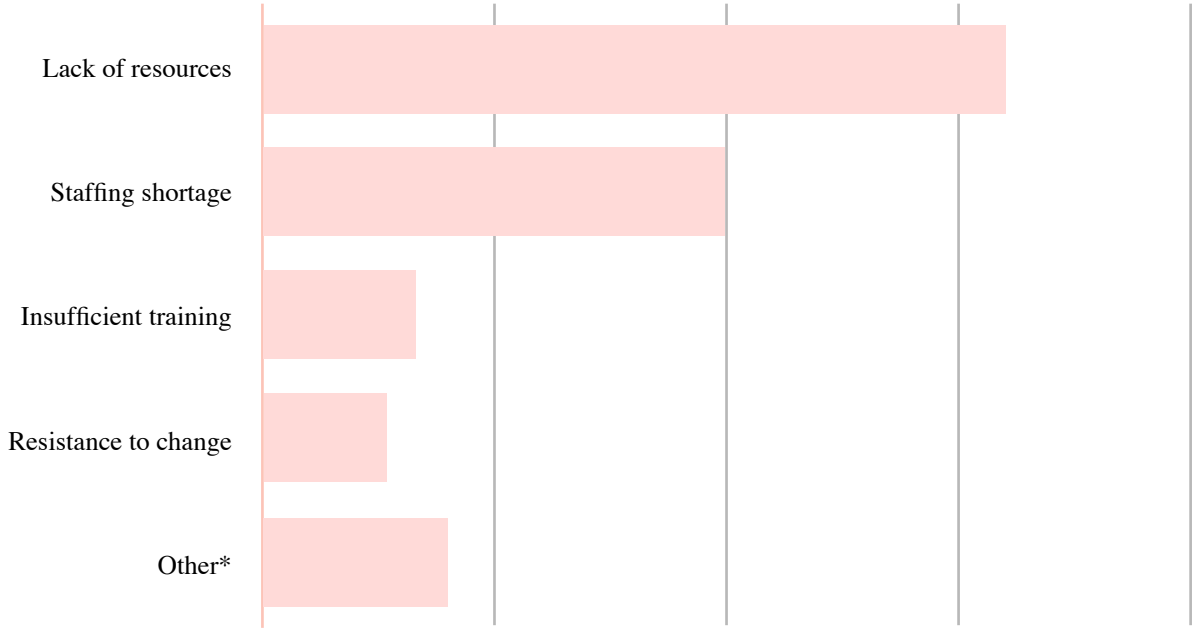
Most of the clinics are led and conducted by consultant anaesthetist 94%(n=51), with some contribution from SAS Doctors (7%) and Anaesthetists in training (3%).

Over 51% of trusts reported difficulties in establishing this service. Significant barriers to implementation were listed as: resource constraints, staffing shortages, and inadequate training. The primary barriers cited are illustrated in chart 1.

*Other barriers to implementation included challenges such as inconsistent patient identification, ad hoc follow-ups, administrative challenges and funding shortages.

Discussion

Chart 1: Barriers to Implementation of Outpatient Postnatal Clinic
(Number of responses)



Despite recommendations from the Ockenden report, 22% of maternity units lack structured outpatient postnatal anaesthetic follow-up services. While a majority of trusts have established pathways, service provision remains inconsistent across units nationally. Dedicated outpatient postnatal anaesthesia clinics, though preferred, are not widely implemented, with most follow-ups occurring in antenatal settings or on an ad hoc basis.

Referral initiation is predominantly clinician-driven, with anaesthetists leading the process, followed by midwives and obstetricians. Self-referrals remain infrequent, whether this a preferred method is up for discussion but it does highlight a potential need for increased patient awareness of available services.

The most common reasons for referrals include post-dural puncture headaches, neurological injuries, and intra-operative pain, reinforcing the necessity of structured follow-ups to address both physical and psychological sequelae following anaesthetic complications.

Our survey results have emphasised the need for holistic support in implementing outpatient postnatal obstetric anaesthetic clinics. It is unsurprising that financial constraints are the main barrier to implementation which also underscores the stresses faced by maternity services across the nations worsened by staff shortages and inadequate training. Addressing these obstacles is critical for ensuring equitable access to postnatal anaesthetic follow-up services.

Key Recommendations

Our Survey results have identified key areas for potential improvement in enhancing outpatient postnatal obstetric anaesthesia care. Emphasis has been laid on a multifaceted approach by integrating obstetric, anaesthetic and psychological input to provide a comprehensive package of care for complex patient needs. The development of targeted training programmes and increased funding are some of the key factors that can positively enhance post-natal maternal care.

A key consideration is the establishment of national guidelines or mandates from organisations like the RCoA and OAA. These are essential to standardise services across trusts and ensure consistency in care. Protocolised pathways can aid in appropriate patient identification and timely referral, thereby improving provision of clinical care and patient experiences. It is prudent to encourage a culture of transparency to facilitate learning from past events and foster future patient care.

Raising awareness of these services both within departments and among our patient population is essential. This can be achieved through improved communication strategies and the development of accessible patient information resources. Collectively, these factors could contribute to the delivery of a robust and patient-centred healthcare service, aligning with the principles of safe, effective and high-quality maternal care in the post-Ockenden era.

References

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