

## **Post Anaesthetic Recovery on the labour ward – Are we meeting the standards?**

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### **Background**

A prospective audit comparing our recovery standards to the national standards set out by the Obstetric Anaesthesia Association, OAA,[1] and the Association of Anaesthetists of Great Britain and Ireland, AAGBI.[1][2]

### **Methods**

The recovery rooms of two busy labour wards were visited at random times during the day and night over a period of one and three months. Data was collected from 48 patients. The number of midwives present, staff patient ratio and patient monitoring (frequency and parameters measured) were noted. The midwives looking after the patients were asked if they had dual nursing and midwifery training or midwifery training alone.

Questions regarding staff training were also posed to one of the senior labour ward theatre sisters to see if it met national standards. [2][3]

### **Results**

<b>Standards</b>	<b>Our Results</b>
<p>1. <i>'No fewer than 2 members of staff (of whom at least one must be a registered practitioner) should be present when there is a patient in recovery who does not fulfil the criteria for discharge to the ward.</i></p> <p><i>All registered practitioners should be appropriately trained in accordance with the standards detailed in the UK National Core Competencies for Post-anaesthesia Care [3]' [1]</i></p>	<p><u>Complete Data for 46/48 patients (95%)</u></p> <p>14/46 (30%) of patients only had 1 member of staff available.</p> <p>6/46 (13%) of patients were in the recovery room alone, 3 of which had been out of theatre for less than an hour.</p> <p>From questioning, none of our midwives have achieved the core competencies as set out in [3]' [1]. Therefore 0% met this standard.</p>
<p>2. <i>'Clinical observation should be.... a minimum of pulse oximetry, non-invasive blood pressure monitoring, and ECG...'. [2]</i></p>	<p><u>Complete data for 48/48 patients (100%)</u></p> <p>5/48 (10.4%) of patients had ECG monitoring, the remaining 89.6% did not.</p>

	<p>48/48 (100%) of patients had SpO2 monitoring</p> <p>47/48 (97.9%) patients had NIBP monitoring</p>
<p>3. <i>One unit has its own standards of 5 minute clinical observations for the first 20 minutes in recovery, then every 15 minutes for up to 2 hours after arrival in recovery.</i></p>	<p><u>Complete data for 23/48 patients (47.9%)</u></p> <p>0/23 (0%) of patients had clinical observations measured at that unit's standard frequency.</p>

## Discussion

The results of this audit show very poor compliance with national standards for recovery of obstetric patients after theatre. This leaves both patients and staff in a vulnerable position in recovery.

Both units deliver obstetric patients with cardiac disease yet our midwives are not trained in ECG monitoring.

With over 200 midwives working on these labour wards it would require a large investment in time to ensure all midwives met national training standard. It may be more realistic to train a cohort of staff in these skills.

This audit is being passed on to the senior management teams in an aim to improve the standard of care our patients are receiving.

[1] OAA/ AAGBI Guidelines for Obstetric Anaesthetic Services 2013. The Association of Anaesthetists of Great Britain and Ireland, Obstetric Anaesthetists Association.

[2] AAGBI safety guideline. Immediate post anaesthesia recovery 2013. The Association of Anaesthetists Great Britain and Ireland.

[3] Association of Anaesthetists of Great Britain and Ireland. UK National Core Competencies for Post-Anaesthesia Care. London: AAGBI, 2013

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