

Audit of specialist reviews during admission of obstetric patients in general intensive care

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Recent national guidance has suggested all pregnant or postpartum patients in intensive care should receive daily review by a consultant obstetrician and experienced midwife.¹ We audited the documentation of specialist reviews for all pregnant or postpartum women admitted to ICU in the Glasgow Royal Infirmary (GRI).

Methods

The ICU computer systems were interrogated for pregnant or postpartum patients admitted between January 2007 and August 2013. Subsequently both computer and paper records were searched to find evidence of reviews by obstetricians, midwives and specialist obstetric anaesthetists for each day of admission.

Results

46 patients were identified. Paper notes were unavailable for four patients who were excluded from further analysis. Median length of stay was 2 calendar days (IQR 2-3). In total there were 110 days in which an obstetric patient was in ICU. Twenty patients (47.6%) were admitted between 18:00 and 23:59. The table below charts the frequency of specialist reviews.

	Total number of days with Documented Review (No [%])(n=110)	Total number of days with Documented Review discounting admission day if admitted after 6pm (No [%]) (n=90)	Total number of patients with NO documented review at any point (No [%]) (n=42)
Consultant Obstetrician	30 (27.3%)	29 (32.2%)	20 (47.6%)
Obstetrician of Any Grade	42 (38.2%)	36 (40%)	18 (42.9%)
Midwife	7 (6.4%)	7 (7.8%)	38 (90.5%)
Consultant Obstetric Anaesthetist	0	0	42 (100%)

Discussion

While this audit is limited by being retrospective and can only comment on documented reviews it would appear that obstetric patients admitted to GRI ICU do not receive daily review from obstetric or midwifery staff. This falls well short of the national guideline¹ and is more alarming since 72% of these patients had an obstetric diagnosis causing their admission.² Notably there were no documented reviews by obstetric anaesthetists who may be in a unique position to link the two specialties involved. Future work will aim to improve the review rates in ITU by formalising the multidisciplinary review process.

References

- 1 Maternal Critical Care Working Group. Providing equity of critical and maternity care for the critically ill pregnant or recently pregnant woman. RCOG. July 2011
- 2 Capek A, Quasim T, Litchfield K, Kearns R. Review of pregnant or recently pregnant patients admitted to general Critical Care at Glasgow Royal Infirmary between January 2007 to August 2013. (Local data)