

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

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## Introduction

Recent national guidance has suggested all pregnant or postpartum patients in intensive care should receive daily review by a consultant obstetrician and experienced midwife.<sup>1</sup> 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.

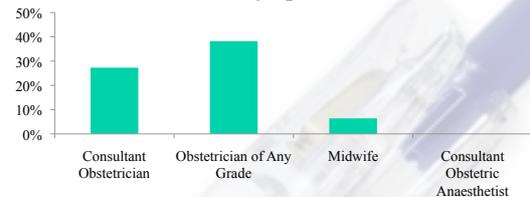
## Results

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.

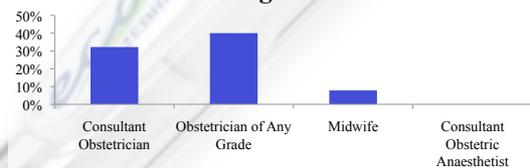
## Discussion

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 guideline<sup>1</sup> and is more alarming since 72% of these patients had an obstetric diagnosis causing their admission.<sup>2</sup> Notably there were no documented reviews by obstetric anaesthetists. Perhaps the obstetric anaesthetists are comfortable devolving responsibility to their intensivists colleagues but they may be in a unique position to link the specialties involved here. Future work will aim to improve the review rates in ICU by formalising the multidisciplinary review process. To that end a flowchart is currently under development (see illustration) to ensure a plan for daily MDT review of obstetric patients in ICU and to create a clear guideline for steps to take should that review not take place.

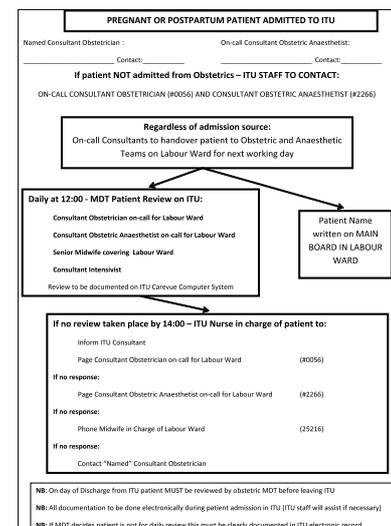
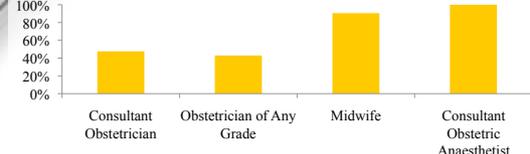
Percentage of days on ICU with review by specialists



Percentage of days on ICU with review by specialists - not including late admission



Patients with NO review by specialists at any point during ICU admission



## 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)