Time to Improve Maternity Care by Provision of 24-Hour Echocardiography Services
A Survey of Echo Recommendations vs. Reality.

R J King, D Verma. Liverpool Women's Hospital NHS TRUST, UK

Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Introduction

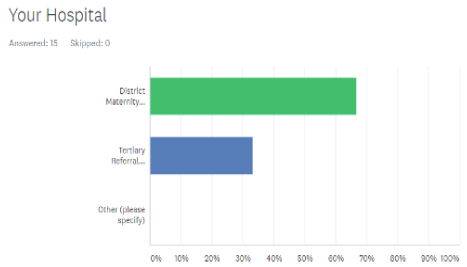
Introduction: Serious complications and deaths resulting from maternity care have an everlasting impact on families and loved ones. The recent Ockenden report[1] and the Royal college of Anaesthetists recommend the availability of 24 hours Echocardiography in maternity units that routinely deal with cardiac patients.[2]

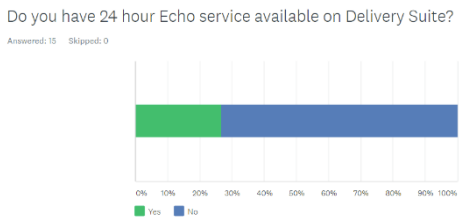
Methods

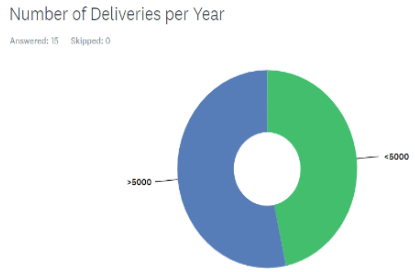
Methods: We are encountering an increase in both congenital cardiac disease women in their reproductive life and emergencies with cardiac patients presenting with pulmonary edema in the peri-partum period at stand-alone units like Liverpool Women's Hospital. We conducted a survey in the North-West asking Maternity units about their availability of Echocardiographic services.

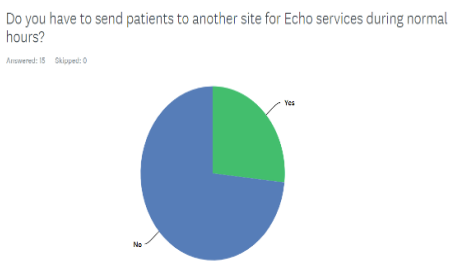
Results

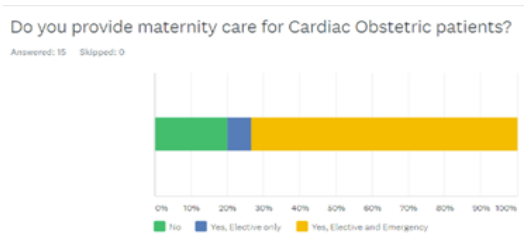
Results: We asked five very simple questions. We had replies from 15 centers for each question. Two thirds of replies were from district hospitals and one third from tertiary maternity centers. More than half of the hospitals had over 5000 deliveries per year. Twenty percent did not offer any maternity care for cardiac obstetrics patients and 6% provided elective care for cardiac patients.











Nearly two thirds of hospitals provided both elective and emergency care for cardiac mothers, however nearly three-quarters had no echocardiography available on site 24/7, and a quarter had to send patients to other sites for echo during normal hours.

Discussion

Discussion: Cardiac disease is the most common cause of mortality in pregnancy. It has the potential to remain undiagnosed and may present with cardiovascular decompensation during pregnancy, at the time of delivery, or immediately post-partum.[3] LWH is a stand-alone tertiary unit where cardiac services are not immediately available. We deal with both elective and emergency cardiac obstetric patients. ECHO/FICE scanning in an emergency can be a valuable non-invasive bedside investigation to identify a deteriorating mother with expected or unexpected cardiac conditions. Achieving competencies in echocardiography are vital for the overall high-quality care of pregnant women and focused emergency echo should be a part of Anaesthetics training in future.

References

1. Ockenden report. Emerging findings and recommendations from independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. 10 December 2020.
2. RCOA Chapter 9: Guidelines for the provision of Anaesthesia services for an Obstetric population 2020. Published 31/01/2020.
3. Management of cardiac disease in pregnancy. Continuing Education in Anaesthesia Critical Care & Pain, Volume 9, Issue 2, April 2009, Pages 44–47

Liverpool Women's NHS Foundation Trust