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A National Survey Analysing the Provision of High Dependency and Enhanced Maternal Care on Delivery Suite

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Introduction

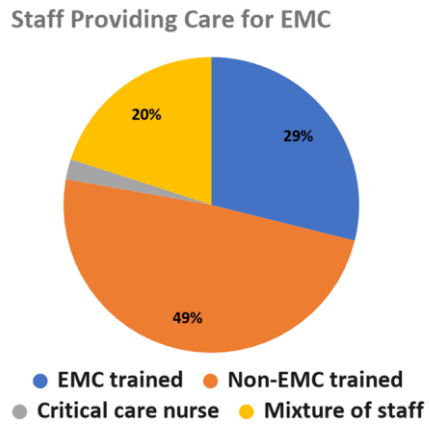
A report on the National Maternity and Perinatal Audit (NMPA) published in 2019 found that provision of care for unwell obstetric patients varied significantly across the nation and that 67% of maternal units stated they provide some HDU level care on their delivery suite. The 2018 Enhanced Maternal Care (EMC) document identified variable or absent funding streams for the provision of this care. We aim to reach a better understanding of how this service is currently provided, in order to assist in developing and improving how HDU/EMC for obstetric patients could be delivered equitably nationwide.

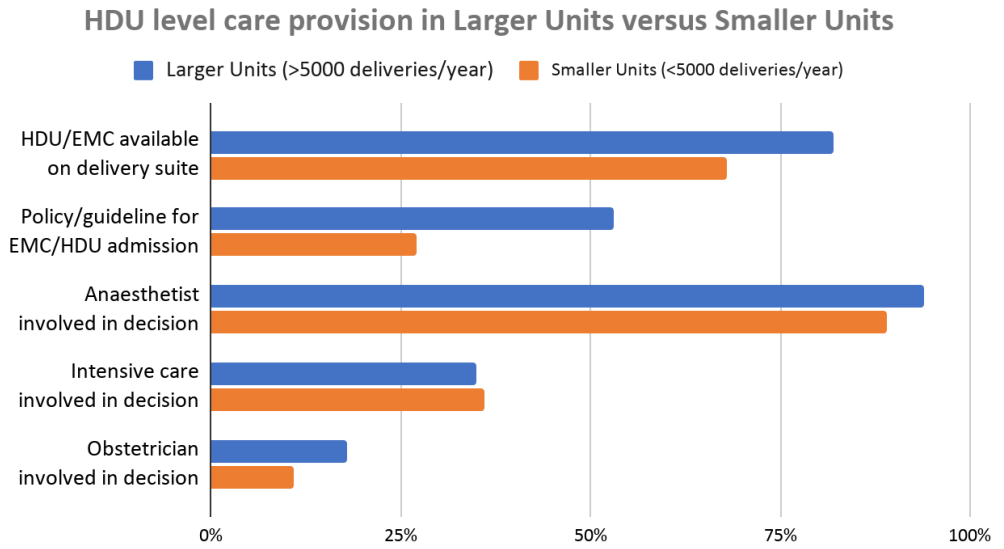
Methods

We conducted an OAA-approved survey, sent electronically in 2019/2020 to 167 lead obstetric anaesthetists. The questions aimed to establish current staffing, infrastructure, management and funding of the provision of HDU/EMC for the obstetric population on delivery suites across the nation. On collating the data we performed a further subgroup analysis to identify a difference between care delivery in units that provide greater than 5000 deliveries per year and those that provide fewer.

Results

We received 61 (38%) responses, 17 (28%) of which were from departments that provide greater than 5000 deliveries per year. 44 (72%) have the ability to provide HDU care within delivery suite, but only 33 (75%) of these 44 have dedicated HDU/EMC beds. The decision to escalate is being aided by a protocol or guideline in 21 (34%) of delivery suites. The level of care requirement is documented in the patient's medical/midwifery notes or electronic maternal health records (84%) and occasionally in local or national databases (25%). For those maternity units providing HDU/EMC, 50% receive no specific funding for this, 23% receive funding via payment for results, 5% received block funding and the remaining indicating uncertainty. Funding is more likely to be present for larger units (46% funded) than for smaller units (26% funded).





Discussion

Despite publication of the EMC guidelines there still remains a wide variation in the way that HDU/EMC is provided by delivery suites across the country. The overall lack in consistency may be in part, due to the difference between HDU level care and EMC remaining indistinct. A clearer definition of what constitutes EMC, a national collaborative database and the introduction of the Maternal Medicine Networks, could help improve consistency in high quality care, as well as clarify funding streams for management of unwell obstetric patients.

References

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2.Quinn A, Berry A, Banerjee A et al. Care of the critically ill woman in childbirth; enhanced maternal care. Longon: RCOA; 2018.