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PARTURIENTS PERSPECTIVE OF THE OBSTETRIC WARD ROUND – 2017 Vs 2020

Dr David Walker, Prof Mike Wee
St Mary's Maternity Unit, Poole, Dorset

Introduction

Maternity unit ward rounds are an established, fundamental part of clinical care. They are essential in the deliver of high quality care to parturients and their partners. When conducted professionally, they provide a platform for planning agreed care with parturients, provide information and introduce clinical teams. (1,2) The aim of this audit was to gauge the views of parturients and their partners in a busy obstetric unit. We compared the results with those from a similar audit in 2017, to ascertain if the resultant changes to practice had led to an improvement or otherwise in the obstetric ward rounds.

Methods

With approval from the audit and clinical departments, a questionnaire was handed out during obstetric ward rounds in St Mary's Maternity Unit between February and December 2020. Questionnaires were handed out by the midwives looking after parturients during the ward round, minimising reporting bias. These questions were specifically designed to gauge opinions from the parturiens and their partners, keeping to the original audit, apart from one new question which arose from the results of the 2017 audit (Question 6). The results of these two questionnaires were compared. The nine questions were as follows, with specific questions addressed in the discussion highlighted in red.:

1) Did you feel able to ask questions or provide comments to staff on the ward round?
2) Did you ever feel that the number of staff entering your delivery room was too many, too few or about right?
3) What do you feel should be the maximum number of staff present during the ward round ?
4) Out of the following members of staff, who do you feel is essential to be present during every ward round?
5) Did you ever feel exposed or a lack of dignity during the ward round?
6) Do you feel that your confidentiality was compromised during the ward round?
7) Were all members of staff introduced to you during the ward round?
8) Were you aware of everyone's role during the ward round?
9) Did you receive useful information and reassurance during the ward round?

Results

50 parturients and their partners responded to the questionnaire. This was a lower number compared to 2017 due to the pandemic restrictions. Questions which had a significant change in response to 2017 were as follows:

- 12% of women and their partners still felt too many people were entering their room during the ward round (Q2).
- Women and their birth partners felt there should be a maximum of 4 or 3 members of staff entering their room, respectively. This was reduced from 5 and 4 respectively in 2017.(Fig 1)(Q3)

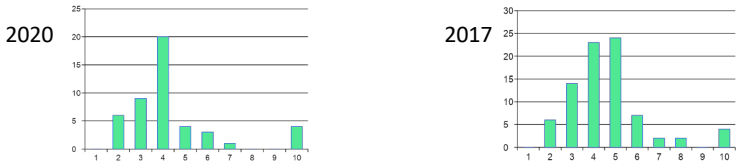


Fig 1 ; parturients maximum number of staff entering room on ward round

- In 2020, 94% of parturients felt that their confidentiality was maintained during the ward round (Q6)
- 73% of women and their partners thought everyone on the ward round had been introduced to them, compared with 58% in 2017 (Fig2). 78% of women and partners felt everyone's role had been explained, compared with 64% in 2017. (Q7,Q8)

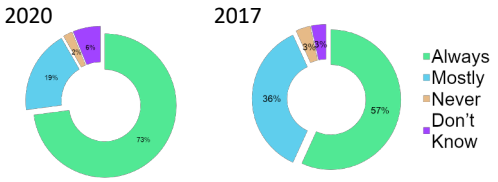


Fig 2 ; Were all members of staff introduced to you during the ward round?

Discussion

The results showed that the changes made following the 2017 audit resulted in improvements in the conduct of the ward rounds. Parturients and their partners feel staff were being better introduced and had their roles explained more consistently. We know that effective communication is crucial in providing high quality health care(3).

Concerns regarding confidentiality raised in 2017 following new GMC guidance (4) have been addressed, with 94% of parturients and their partners agreeing that their confidentiality had not been breeched. The Covid-19 pandemic may have significantly influenced the results in 2020. Fewer health professionals were attending ward rounds to conform with social distancing rules. This may also have influenced parturients' views on maximum ward round numbers, contributing to the dip seen between 2017 and 2020.

Reassuringly, as in 2017, the vast majority of parturients and their partners felt that relevant clinical information and discussion had taken place to allow joint decision making. We would recommend obstetric units to regularly evaluate feedback from their own ward rounds and modify the St. Mary's Maternity audit template to address local needs.

References

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