Guidelines for caring for Obstetric patients in Critical Care

Charlotte Whittaker
Frank Stansil Critical Care
King's College Hospital

Background 1

- Obstetric patients challenging group
- Nurses experienced in caring for patients with difficult medical problems but lack confidence with Obstetric patients
- ‘Gap in the market’

Background 2

- Psychological impact of Critical Care admission during/ after pregnancy
- Limited literature/ research available
- Intensive Care Society 2016 Enhanced Care for the Sick Mother: Standards for Maternal Critical Care

Initial management

- Establish dialogue with Midwifery Matrons to improve communication between departments where channels of communication had not existed before
- Breaking barriers eg anxiety by Midwives coming to Critical Care and Nurses visiting Maternity Wards
- Meetings to establish what was needed from guidelines

Devising Guidelines

- One sheet of A4
- Clear instructions and logical layout
- MW involvement throughout planning stage and implementation
- Presented to Intensivists for comments and agreement prior to implementation (P&P)

Guidelines 1

- Within 24 hours of CC admission
- Labour ward co-ordinator allocates Midwife to CC patient during handover
- CC bedside Nurse contact (ext) to arrange convenient time for Midwife visit (repeated daily)
- Initial visit by Midwife to CC (bedside nurse to support midwife)
- This should happen even if patient is sedated & ventilated, pregnant or post partum
- It is the responsibility of ICU bedside nurse to contact Midwives to arrange visit

Guidelines 2

- <u>During CC admission</u>
- Midwife will visit the patient everyday
- CC bedside nurse contacts (ext) to arrange convenient time for Midwife visit (repeated daily)
- If post partum: mother should see baby at earliest opportunity (alive or stillborn, support will be required for all if latter)
- Dependent on mother &/or baby being medically well to leave respective unit
- Critical Care & Maternity staff will work together to promote relationship & bond between mother & baby

Guidelines 2 cont

- If transfer in/out of CC is not possible, the Midwives/Neonatal staff will coodinate photos of the baby & progress for CC staff to place in mother's bedspace
- If bad news is to be delivered concerning the baby this should ideally be undertaken by Consultant Obstetrician as soon as medically appropriate
- Women are under the care of Obstetrician's from around 20 weeks, prior to this it is Gynaecology. Regardless of reason for hosp adm women are always under care of obs or gynae

Guidelines 3

- <u>Feeding baby</u>
- If the wish to breast feed baby has been expressed (usually documented in Midwifery notes) all effort should be made to encourage & support mother at earliest opportunity, even if she is sedated
- Breast feeding promotes the bond between mother & baby (Flacking et al 2006)
- The CC Nurse will liaise with the CC Consultant & Pharmacist to ensure breast feeding can occur (BNF useful resource)
- The allocated Midwife will support CC Nurse for example in the use of breast pumps
- Midwife will inform breast feeding support worker of mother in CC who will visit & support

Guidelines 4

- If baby is stillborn
- Specialist Midwife for Pregnancy Loss can offer support over phone (ext) and/or Ward management (ext)
- CC team guided by Midwives in facilitating transfer of baby to CC
- Post-natal ward has a fridge where most babies will be placed for first few days
- Midwives have 24hr access to the fridge however, visiting is preferred during daytime
- Cold cots are due to be introduced soon which if appropriate baby can stay with mother in CC

Implementation

- Guidelines displayed on Nurses' Station in each unit (3)
- Guidelines emailed to all Critical Care nursing and medical staff
- Team of nurses with particular interest in each unit established to provide informal teaching at bedside

Results

- Time period of 10 months (July 2016-May 2017)
- 16 admissions
- 31% Obstetric haemorrhage
- 25% Hypertension
- (in line with national averages)
- 44% of all cases had additional medical complications

Future Plans

- Strengthen working relationships between Critical Care and Midwifery further
- Establish formal link group with responsibilities for teaching nurses on Critical Care regarding guidelines and importance
- Roll out teaching sessions for Midwives, MSWs
- Providing follow-up service to patients after discharge from Critical Care
- Evaluation of Service by patients

Wider Ambitions

- Establish a nationwide interest group
- Discuss developments in local practice, share good practice
- Streamlining of nationwide service

References

- Intensive Care Society 2016 Enhanced Care for the Sick Mother: Standards for Maternal Critical Care 2016

- Hinton, L., Locock, L., Knight, M., Maternal critical care: what can we learn from patient experience? A qualitative study. BMJ Open 2015;5:e00676.doi:10.1136/bmjopen-2014-006676.

- Flacking, R., Ewald, U., Nyqvist, K.H. and Starrin, B. 2006. Trustful bonds: A key to "becoming a mother" and to reciprocal breastfeeding. Stories of mothers of very preterm infants at a neonatal unit. Social Science & Medicine, 62(1):70-80.