

## Obstetric Theatre Recovery

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

This guideline applies to all patients having any surgical procedure in the obstetric theatre. It applies to patients having both general and regional anaesthesia.

### **This guideline is for use by the following staff groups:**

All Staff involved in obstetric recovery from theatre.

### Lead Clinician(s)

Jaime Greenwood

Consultant Anaesthetist

Approved by *Maternity Governance Meeting* on: 20<sup>th</sup> October 2023

Approved by Medicines Safety Committee on: N/A

Review Date: 20<sup>th</sup> October 2026

This is the most current document and should be used until a revised version is in place

### Key amendments to this guideline

Date	Amendment	Approved by:
January 2020	New Document	Maternity Governance
September 2023	Reviewed	Maternity Governance

**NOTE: Modified early warning obstetric charts called WOW charts (Worcestershire Obstetric Warning) are used by non badgernet users. In the exception of a HDU chart being required, Badgernet users should record all MEOWS observations on the badgernet record within an observations note.**

### **Principles of recovery care**

- All patients from obstetric theatre are recovered in an appropriate clinical area, which is equipped in accordance with the defined national standards.
- The patient should be kept under clinical observation on a one-to-one basis by an appropriately trained member of staff.

### **Monitoring - minimum requirement**

- Continuous pulse oximetry
- Intermittent non-invasive blood pressure monitoring
- ECG, capnography, invasive pressure monitoring should also be available to be used when required.

### **Record keeping**

Observations of the patient in recovery will be recorded on the MEOWS (WOW) chart.

This will include as a minimum:

- Oxygen saturation, blood pressure, heart rate, respiratory rate, level of consciousness should be monitored at least every 15 minutes.
- A minimum of one temperature reading.
- At the end of the period of recovery, the last set of observations should be recorded on the MEOWS (WOW) chart. If there are any concerns about clinical condition medical staff should be informed.
- Further monitoring may be instituted on an individual clinical basis depending on the circumstances.
- If the patient needs further care on Delivery Suite the HDU WOW (MEOWS) chart should be commenced with the last set of observations in recovery

### **Discharge Criteria**

There should be no minimum time restriction in the recovery area to avoid unnecessary delays and facilitate theatre turnover as required. Providing the following discharge criteria are met, the patient can be discharged to the postnatal ward or other clinical area.

- **Airway:** the patient should be maintaining her own airway
- **Breathing:** the patient should have a respiratory rate between 8 and 14 with satisfactory oxygenation
- **Cardiovascular:** stable cardiovascular observations. No unexplained cardiac irregularity, no persistent bleeding, pulse and blood pressure should be at preoperative levels or at an acceptable level matching the planned postoperative care.
- **D:** The patient's level of consciousness is that she responds to voice
- Pain should be controlled and postoperative analgesia prescribed
- Temperature should certainly be above 35°C and, ideally above 36°C (Core temperature monitored by Infra-red Tympanic thermometer has wide margin of error. Decision to warm needs to be based on average of at least 3 measurements a few minutes apart, as well as taking into account subjective condition of patient)

If there are concerns about the patient's condition the anaesthetist should be asked to review

### **Care in the following 24 hours after surgery**

When the patient meets the discharge criteria she can be transferred to the postnatal ward.

Patients requiring a higher level of high dependency care will be cared for either on the delivery suite or ITU depending on the clinical condition. See "Enhanced Care for the Severely Ill Obstetric Patient guideline".

Frequency of observations in the following 24 hours will be guided by the clinical condition (see Guidelines "Elective Caesarean section" and "Emergency Caesarean Section") and schedule required will be specified by the operative Anaesthetist by ticking appropriate box on the reverse of the Obstetric Anaesthetic chart.

### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
All Maternity Staff
Anaesthetics Governance

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting
Anaesthetics Governance