Introduction:
In August 2018 The Royal College of Anaesthetists published guidelines on care of the critically ill woman in childbirth and enhanced maternal care. Approximately 11000 babies are born across the area covered by Leicester University Hospitals that includes two large maternity units and is part of the UK ECMO network. This audit sets out to assess current practice and form a basis for future planning, which will likely be representative to most major obstetric centres.

Methods:
A retrospective audit of all patients admitted to ‘intensive care units’ in Leicester over a 12 month period following publication of the guidelines. The focus was on patients admitted to general adult intensive care and excludes all patients cared for in ‘enhanced obstetric care’ units. 9 simple standards were proposed relating to accessibility, resuscitation, follow up and multi-disciplinary learning.

Results:
In total 49 women were identified with a broad range of diagnosis. The intensive care services are split across 3 hospitals and we found this led to a number of problems. The presence of trained staff to resuscitate a newborn were easily accessible, no steps to provide necessary equipment pre-emptively were present in any centre. None of our critical care units had a plan for perimortem section. On-going reviews by the obstetric and midwifery teams were very variable. Contact with the infant and breastfeeding support was also poor.

Conclusion:
Despite the large number of deliveries significant work needs to be done in order to come in line with the new national guidelines for critically ill woman in childbirth. Clearly defined pathways around escalation of care, resuscitation of both the mother and baby, integrating care of the mother and the infant in the first few days of life, and multidisciplinary learning events are being produced de novo in response to these guidelines, some of which will be illustrated in the associated poster.

References:
Care of the critically ill woman in childbirth; enhanced maternal care. RCoA, 2018