ABSTRACT OF AN AUDIT ON POST NATAL MATERNAL RE-ADMISSION IN A DGH, UK

Introduction:

Maternal re-admission after childbirth is considered as an indicator of the maternal morbidity. This significantly affects the mother-infant bonding and adds to cost of maternity care. According to the report from The National Maternity and Perinatal Audit (NMPA), the rate of maternal postnatal re-admission is 3.3% across England & Wales, with more women re-admitted after Caesarean (4.3%) than vaginal birth (2.9%).

AIMS OF THE AUDIT

To identify the reason for re-admission within 42 days of giving birth.
To review if the women, who were re-admitted for Hypertension management, had a plan for postnatal follow up at discharge following birth. And also to check the number of women who were reviewed by consultant on re-admission within 14 hours.

METHODS

The data of all women who were re-admitted within 42 days after childbirth between January and December 2022 were studied. Women admitted for neonatal reasons were excluded. Results analyzed and compared with previous audit.

RESULTS AND DISCUSSION

The number of women re-admitted was 76. The rate of re-admission is 2% (3.3% overall rate in England). The number of women admitted with raised BP was 19 (25%). 87% of them had plans made for follow up of BP at discharge following birth.
The number of women re-admitted with infections, morbidity is 45/76 (59%). 15 were diagnosed with Endometritis/ intra-abdominal collection. 3 had UTI, 5 had mastitis. 4 women had infection of episiotomy, one of them had re-suturing as she had vaginal haematoma. 18 women had Caesarean wound, 2 of them had re-suturing.
Other causes for re-admission were anaemia- 4, all had blood transfusion, Post dural puncture headache- 2- both had blood patch, Post operative abdominal pain -2, Paralytic ileus-1 and one woman had Pulmonary Embolus.
38% of women were reviewed by consultant within 14 hours. 21 % were not seen by consultant during their stay at hospital.

CONCLUSION:

Our audit showed a re-admission rate of 2%. Only 38% were seen within the set target of 14 hours. This can be improved by mentioning these women at the morning and evening handover. We also noted incomplete documentation, hence we emphasised on clear documentation of when and who reviewed the women. To reduce our wound infection rates, we plan to do a study on wound infections to identify risk factors and reduce the rate of infection.

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