1. **Aim/Purpose of this Guideline**
   1.1. This guideline is to give guidance to obstetricians, anaesthetist, operating department practitioners, midwives and delivery suite nurses caring for woman in the delivery suite theatre settings and delivery suite recovery areas.

2. **The Guidance**
   2.1. Post-operative care consists of ensuring that the woman is cared for in the greatest possible comfort, is kept free from hazards and complications during the post-operative period and is encouraged to take an increasing responsibility for her care and the care of her baby until complete recovery is affected.

   **2.1. After general, epidural or spinal anaesthesia all women should:**
   - Be recovered in a specially designated area
   - Have the anaesthetist verbally hand over their care to the receiving recovery staff member
   - Have agreed criteria for discharge from the recovery room to the ward in place including any individualised instructions
   - Have an effective emergency call system in place easily accessible
   - Have all staff recovering women should be appropriately trained

   **2.2. All women must be observed on a one-to-one basis by an anaesthetist, recovery nurse or other appropriately trained member of staff until they have regained airway control and cardiovascular stability and are able to communicate. The woman’s dignity and privacy should be considered at all times.**

   **2.3. Transfer from Theatre**
   The woman should be physiologically stable on departure from the operating theatre and the anaesthetist must decide on the need for monitoring during transfer. The anaesthetist is responsible for ensuring that this transfer is accomplished safely. Supplemental oxygen should be administered to all women following a general anaesthetic during transfer to recovery.

   **2.4. Essential Recovery Equipment - all contained on the crash trolley**
   All drugs, equipment, fluids and algorithms required for resuscitation and management of anaesthetic and surgical complications should be immediately available.
   - Airways -Guedel
   - Oxygen supply - disposable oxygen mask and tubing
   - Ambu bag and Waters circuit
• Suction equipment- selection of suction catheters
• Electronic monitor (Datex monitor) that can record: blood pressure, pulse, SPO2, respirations, ECG and has the ability to transduce invasive patient monitoring
• Thermometer

2.5. Recovery
The Woman must be observed on a one-to-one basis by an appropriately trained member of staff, for at least 1 hour, or until they have regained airway control and cardiovascular stability and are able to communicate verbally.
• Women must be kept under clinical observation at all times and all measurements recorded and scored on the MEOWS chart
• Every 5 minutes for a minimum of 30 minutes. If stable, then reduce to every 15 minutes, for a total of 1 hour.
• The woman should be supported in achieving skin to skin contact with her baby, as soon as the woman’s condition is stable.
• Maintain hydration needs either through intravenous infusion or orally when appropriate

2.5.1. The additional information should be recorded on the recovery chart throughout the recovery period:
• Patient’s colour and perfusion
• Pain intensity e.g. verbal rating scale (none, mild, moderate, severe)
• Intravenous infusions- input/output
• All drugs administered
• Wound dressing and site (note method of skin closure)
• Condition of pressure areas
• Other parameters (depending on circumstances) e.g., urinary output and appearance, surgical drainage, amount and appearance, Bakri Balloon or vaginal pack

2.5.2. Documentation must include:
• The woman’s name, hospital/NHS number
• Time of admission to recovery, time of discharge from recovery and destination
• Post-operative care plan and prescription for post-operative medications

2.6. Discharge from the Recovery Room
The MEOWS chart should show that all women have had at least one hour of stable observations and a score of less than 5 before being discharge from recovery.
If the woman has received an opiate in recovery or a bolus dose through a PCA, she should have a further 30 minutes of observations (for respiratory depression) before discharge is considered

2.6.1. In addition
• Pain and emesis should be controlled and suitable analgesic and anti-emetic regimens prescribed
• A venous thromboembolism assessment must be completed, a plan made and prescription chart completed accordingly.
• Temperature should be within acceptable limits, women should not be returned to the ward if significant hypothermia is present
Oxygen and intravenous therapy, when appropriate, should be prescribed
Any cell salvage reinfusion should, ideally, be completed before leaving delivery suite

Discharge from the recovery room is the responsibility of the anaesthetist but the adoption of strict discharge criteria allows this to be delegated to Recovery Staff. The risk categories on the MEOWS chart should be followed to ensure the woman gets an appropriate review when required. If there is any doubt as to whether a patient fulfils the criteria, or if there has been a problem during the recovery period, the anaesthetist must review the woman.

2.6.2. Transfer to the Postnatal Ward
- All monitoring equipment is disconnected and removed from the woman
- Discharge the woman’s details from the monitoring equipment
- Patients should be discharged out of the delivery suite accompanied by an appropriately trained member of staff and porter
- All appropriate documentation and post-operative care plan completed
- The anaesthetic record, recovery record, prescription charts, hand held and medical notes must be completed and accompany the woman at transfer
- The woman is to be admitted to a 4-bed postnatal area, with oxygen and suction available
- Full clinical details must be relayed to the ward midwife with particular emphasis on problems and specific post-operative care plan

2.6.3. Following transfer
- Clean, tidy and restock the Recovery Room
- Prepare for the next woman

2.7. Postnatal Care
- Continue all 4 hourly observations on the MEOWS chart and respond to any changes in the vital signs
- Alleviate post-operative discomfort, pain or nausea by administering regular analgesics to women post-surgery
- Complete a Waterlow Score and individual pressure care plan, if applicable
- Encourage mobilisation as soon as the woman’s condition allows
- Administer prescribed thrombo-prophylactic treatment e.g. TED stockings, anticoagulants
- Follow post-operative care plan and liaise with multi-disciplinary team members as appropriate
- Provide appropriate assistance with dressing and hygiene needs
- Introduce diet acceptable to the woman
- Ensure all documentation is completed
- Assist the woman with care of her baby
3. Monitoring compliance and effectiveness

| Element to be monitored | • The audit will take into account record keeping by obstetric, anaesthetic and paediatric doctors, midwives, nurse, students and maternity support workers.  
| | • The audit will be registered with the Trust’s audit department |
| Lead | • Maternity Risk Management Midwife. |
| Tool | • Were observations performed every 5 minutes for a minimum of 30 minutes then reduce to every 15 minutes, if stable, for a total of 1 hour.  
| | • Were the observations documented on a MEOWS chart and scored  
| | • On discharge from recovery was the MEOWS score < 5.  
| | • If MEOWS not < 5 was the MEOWS chart risk category grid followed appropriately. |
| Frequency | 1% or 10 sets, whichever is the greater, of all health records of women who have delivered and who required recovery care, will be audited over the 3 year lifetime of the Guideline or sooner if indicated. |
| Reporting arrangements | Annually at the Obstetric Risk Management and Clinical Audit Forum  
| | During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next maternity risk management and clinical audit forum and an action plan agreed |
| Acting on recommendations and Lead(s) | Any deficiencies identified on the annual report will be discussed at the Obstetric Risk Management and Clinical Audit Forum and an action plan developed  
| | Action leads will be identified and a time frame for the action to be completed by  
| | The action plan will be monitored by the maternity risk management and clinical audit forum until all actions complete |
| Change in practice and lessons to be shared | Required changes to practice will be identified and actioned within a time frame agreed on the action plan  
| | A lead member of the forum will be identified to take each change forward where appropriate.  
| | The results of the audits will be distributed to all staff through the risk management newsletter/audit forum as per the action plan. |

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>RECOVERY AND POST OPERATIVE CARE IN THE MATERNITY SETTING - CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; July 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; July 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>17&lt;sup&gt;th&lt;/sup&gt; July 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Sam Banks  
Consultant Anaesthetist  
Obs & Gynae Directorate |
| Contact details: | 01872 252143 |
| Brief summary of contents | To promote well-being of post-operative women while preventing potential complications resulting from the surgery and/or anaesthesia. |
| Suggested Keywords: | Recovery, operative, operation, MEOWS, anaesthetic, anaesthesia, maternity, observations, |
| Target Audience | RCHT  
PCH  
CFT  
KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | 17<sup>th</sup> July 2015 |
| This document replaces (exact title of previous version): | CLINICAL GUIDELINE FOR CARE IN RECOVERY AND POST OPERATIVE CARE IN MATERNITY |
| Approval route (names of committees)/consultation: | Maternity Risk Management  
Obs & Gynae Directorate  
Divisional Board for noting |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not required. |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and) | Internet & Intranet  
✓ Intranet Only |
Document Library Folder/Sub Folder  Clinical / Midwifery and Obstetrics.

Links to key external standards  CNST 5.10

Related Documents:

Training Need Identified?
Mandatory training sessions on Recovery Care for all Nurses and midwives Every 2 years. All delivery suite coordinators will attend an in house training module on post-operative recovery and high dependency care.

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>2004</td>
<td>1.0</td>
<td>Initial Document</td>
<td>Dr William Harvey Consultant Anaesthetist</td>
</tr>
<tr>
<td>December 2009</td>
<td>1.1</td>
<td>Updated in line with national guidance</td>
<td>Dr Catherine Ralph Consultant Anaesthetist</td>
</tr>
<tr>
<td>July 2012</td>
<td>V1.2</td>
<td>Updated and compliance monitoring added</td>
<td>Dr Catherine Ralph Consultant Anaesthetist</td>
</tr>
<tr>
<td>17th July 2015</td>
<td>V1.3</td>
<td>No significant changes, invasive patient monitoring equipment added to essential equipment list</td>
<td>Dr Sam Banks Consultant Anaesthetist</td>
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# Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Is this a new or existing Policy?</th>
</tr>
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<tr>
<td>Obs &amp; Gynae</td>
<td>Existing.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of individual completing assessment:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Anderson</td>
<td>01872 252879</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - Who is the strategy / policy / proposal / service function aimed at?
   - This guideline is to give guidance to obstetricians, anaesthetists, operating department practitioners, midwives and delivery suite nurses caring for women in the delivery suite theatre settings and delivery suite recovery areas.

2. **Policy Objectives***
   - To ensure post-operative women in maternity receive current, evidence based care whilst in recovery and post-operative period.

3. **Policy – intended Outcomes***
   - Safe recovery and post-operative care.

4. **How will you measure the outcome?***
   - Compliance Monitoring Tool.

5. **Who is intended to benefit from the policy?***
   - All post-operative women and women recovering within the Maternity setting.

6a) **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?***
   - No

   b) **If yes, have these *groups been consulted?***
   - N/A

   C) **Please list any groups who have been consulted about this procedure.***
   - N/A

7. **The Impact***
   Please complete the following table.

   Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>All pregnant women.</td>
</tr>
<tr>
<td>Category</td>
<td>X</td>
<td>All pregnant women.</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
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<tr>
<td>Race / Ethnic communities /groups</td>
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<td></td>
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<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
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</tr>
<tr>
<td>Religion / other beliefs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
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<td></td>
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<tr>
<td>Pregnancy and maternity</td>
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<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

N/A

Signature of policy developer / lead manager / director
Sam Banks

Date of completion and submission 17th July 2015

Names and signatures of members carrying out the Screening Assessment
1. Sam Banks
2. Elizabeth Anderson

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD
A summary of the results will be published on the Trust’s web site.

Signed: Elizabeth Anderson

Date: 7th July 2015