Maternity Recovery and Post-Operative Care
Clinical Guideline

V3.0

July 2019
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.

1.2. This version supersedes any previous versions of this document.

1.3. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can’t rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. **The Guidance**

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 designated recovery room (New 2019)
- Have the anaesthetist verbally hand over their care to the receiving recovery staff member
- Have agreed criteria in place for discharge from the recovery room and care of the mother handed back to the midwifery team (New 2019) including any individualised instructions
- Have an effective emergency call system in place that is easily accessible
- All staff recovering women should be appropriately trained and competent in post-operative recovery care (New 2019)
- No fewer than two staff- of whom at least one must be a registered post-operative recovery care practitioner and one a midwife- should be present when there is a patient in the recovery room, who does not fulfil the criteria for discharge from recovery, (AAGBI 2013) (New 2019)
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

2.3.1 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.

2.3.2 Blood sugar monitor must be checked daily by the delivery suite team. (New 2019)

2.4 Preparation of the Recovery Unit/Room (New 2019)

2.4.1 Everything must be checked, prepared and ready before the patient arrives in the unit. A record must be kept to ensure evidence of safe environment

2.4.2 At the beginning of each shift check that the following is available:

- The adult and paediatric crash trolley and the defibrillator has been checked. Waters bags are working and with a mask available and a selection of face masks of various sizes
- Check cardiac monitors are working together with leads and appropriate blood pressure cuffs and probes
- Oxygen flow meters are working.
- Suction is working, fitted with tubing and yankaur – suction catheters with gloves
- Disposable items are available including a selection of airways, laryngeal connectors (‘T’ pieces), vomit bowls, cannula bungs, gauze, cotton wool, syringes and sticky tape
- Patient observation charts are available to include MEOWS and analgesia assessment charts, Bromage scores chart Glasgow Coma Score and any appropriate care plans.
- Sharps and rubbish containers
- Various sizes of unsterile rubber gloves
- Alarm bells are working to call for help
- All drug cupboards are restocked together with IV and irrigation fluids
- Good supply of pillows, blankets and linen available together with warm touch heater and blankets, and a supply of incontinence pads
- IV drip poles, 1 per bay
- Ensure all ceiling lights are working
- Ensure recovery unit has been cleaned and damp dusted
- Ensure portable oxygen cylinders are available with adequate oxygen
- Check patient transfer box and portable suction (if applicable).
- Check availability of PCA, epidural and IV pumps
- Ensure controlled drugs are checked on a twice daily basis
- Each room checked for hand gel, tissues, plastic aprons, gloves and any other general items required (Hartfield, A et al 1996).
2.5 Recovery

2.5.1 Patients must be kept under clinical observations for a minimum of 1 hour and vital signs recorded. (New 2019)

2.5.2 The frequency of observations will depend on the stage of recovery, nature of surgery and clinical condition of the patient. (New 2019)

2.5.3 Observations should be continuously monitored for a minimum of a 30 minutes (New 2019) Observations should be taken regularly as a baseline rule, [every 10 minutes], and, where the patient’s condition deteriorates, more frequently [every 5 minutes].

2.5.4 Observations should be Documented and a MEOWS (British Anaesthetic and Recovery nurses association standards of practice 2012 pg. 30) (New 2019)

2.5.5 If the patient is clinically unstable, continue to document observations every 30 minutes for a minimum of 2 hours. (NICE 2011 C sec guidelines NICE web site 2019) (New 2019)

2.5.6 Core Temperature must be documented every 15 minutes in Recovery (NICE 2013 Surgical site infection standards) (New 2019)

- The woman should be supported in achieving skin to skin contact with her baby, as soon as the woman’s condition is stable, Midwife led.
- Maintain hydration either through intravenous infusion or orally when appropriate
- Only the mother and birth partner should be present in the Recovery room during the first hour post-anaesthetic (discretion can be used in exceptional circumstances). (New 2019)

2.5.7 The additional information should be recorded on the recovery documentation throughout the recovery period: (New 2019)

- Level of consciousness
- Haemoglobin oxygen saturation and oxygen administration
- Blood pressure
- Respiratory rate
- Heart rate and rhythm
- Pain intensity at rest and on movement
- Fluid balance
- Medicines administered
- Temperature, urinary output, central venous pressure, surgical drainage – depending on circumstance
- Check epidural/spinal site and level of block using the Bromage score found on analgesia assessment charts.
2.5.8 Each patient must be assessed on admission and re-assessed as necessary following ABC protocol (See Appendix 5); assessment must include using the pressure sore risk calculator and MEOWS (Maternity Early Obstetric Warning score). (New 2019)

- Any Re-infusion of cell salvage blood or blood transfusion including record of vital signs as per Trust policy (new 2018) must be commenced
- 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

2.5.9 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

2.5.10 If the woman has received an IV 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 In addition

2.6.1 Pain and emesis should be controlled and suitable analgesic and anti-emetic regimens prescribed

2.6.2 A venous thromboembolism assessment must be completed, a plan made and prescription chart completed accordingly.

2.6.3 Temperature should be within acceptable limits, women should not be returned to the ward if significant hypothermia is present

2.6.4 Oxygen and intravenous therapy, when appropriate, should be prescribed

2.6.5 Any cell salvage reinfusion should, ideally, be completed before leaving delivery suite

2.6.6 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.

2.6.7 The risk categories on the MEOWS chart should be followed to ensure the woman gets an appropriate review when required.
2.6.8 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.

### 2.7 Transfer to the Postnatal Ward

2.7.1 All monitoring equipment is disconnected and removed from the woman

2.7.2 Discharge the woman’s details from the monitoring equipment

2.7.3 Patients should be discharged out of the delivery suite accompanied by an appropriately trained member of staff and porter/HCA

2.7.4 All appropriate documentation and post-operative care plan completed

2.7.5 The anaesthetic record, recovery record, prescription charts, hand held and medical notes must be completed and accompany the woman at transfer

2.7.6 The woman is to be admitted to a 4-bed postnatal area, with oxygen and suction available

2.7.7 A Full SBARD handover must be relayed to the ward midwife with particular emphasis on problems and specific post-operative care plan

#### 2.8. Following transfer

- Clean, tidy and restock the Recovery Room
- Prepare for the next woman

#### 2.9. 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
2. 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 | • Audit Midwife  
| Tool | • Were observations recorded every 10 minutes for a minimum of 30 minutes, then if stable quarter hourly, for 1 hour then half hourly until fit for discharge from recovery practitioners care or if the Mothers clinical condition changes. (New 2019)  
| | • 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 | Maternity Forum 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 patient safety 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 Maternity forum or 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 Audit Midwife 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 Patient Safety newsletter/audit forum as per the action plan.  

3. Equality and Diversity

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

3.10. 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>Maternity Recovery and Post-Operative Care Clinical Guideline V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>4th July 2019</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>July 2019</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>July 2022</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Sam Banks, Consultant Anaesthetist. Helen Nicholls, Deputy Recovery Services Manager</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252374</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>To promote well-being of post-operative women while preventing potential complications resulting from the surgery and/or anaesthesia.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Recovery, operative, operation, MEOWS, anaesthetic, anaesthesia, maternity, observations.</td>
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<tr>
<td>Target Audience</td>
<td>RCHT</td>
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<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>4th July 2019</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Maternity Recovery and Post-Operative Care Clinical Guideline V2.0</td>
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<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Maternity Risk Management Obstetrics &amp; Gynaecology Directorate Divisional Board for noting</td>
</tr>
<tr>
<td>Care Group General Manager confirming approval processes</td>
<td>Debra Shields, Care Group Manager</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings</td>
<td>{Original Copy Signed} Name: Caroline Amukusana</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Midwifery and Obstetrics.</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>None required</td>
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</table>
- NICE Surgical Site Infection, Quality Standard 31st October 2013 www.nice.org.uk/guidance/qs49  
| 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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<tbody>
<tr>
<td>2004</td>
<td>V1.0</td>
<td>Initial version</td>
<td>Dr William Harvey Consultant Anaesthetist</td>
</tr>
<tr>
<td>December 2009</td>
<td>V1.1</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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<tr>
<td>7th June 2018</td>
<td>V2.0</td>
<td>Full Review. Minor additions, see new 2018 entries in body of text</td>
<td>Dr Sam Banks Consultant Anaesthetist</td>
</tr>
<tr>
<td>July 2019</td>
<td>V3.0</td>
<td>Full review with changes to monitoring frequency and recovery discharge criteria Visitor numbers in Recovery during first hour post theatre. Minor changes to recovery equipment and safety checks</td>
<td>Helen Nicholls SR Deputy Recovery Services Manager</td>
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**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Recovery and Post-Operative Care Clinical Guideline V3.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>New or existing document:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>Existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual completing assessment:</th>
<th>Telephone:</th>
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</thead>
<tbody>
<tr>
<td>Sam Banks, Consultant Anaesthetist, Helen Nicholls, Deputy Recovery Services Manager.</td>
<td>01872 252374</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, anaesthetist, operating department practitioners, midwives and delivery suite nurses caring for woman in the delivery suite theatre settings and delivery suite recovery areas.

2. **Policy Objectives***

   **To ensure post-operative woman 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. **Who did you consult with***

   Workforce | Patients | Local groups | External organisations | Other
   --- | --- | --- | --- | ---
   x | | | | |

   b). Please identify the groups who have been consulted about this procedure.

   Maternity Guidelines Group
   Obstetrics and Gynaecology Directorate

What was the outcome of the consultation?

Guideline agreed
7. The Impact
Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

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>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<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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<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
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<tr>
<td>Religion / other beliefs</td>
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<tr>
<td>Marriage and Civil partnership</td>
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<tr>
<td>Pregnancy and maternity</td>
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<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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</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 this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended. Yes No x

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

Not indicated
This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust’s web site.