



Oxford University Hospitals
NHS Foundation Trust

Observation Area

Information leaflet



Welcome to Observation Area

Observation area is a 10 bed high dependency unit that cares for both antenatal and postnatal women located on Level 2 of the Womens Centre.

Why am I on Observation Area?

You are here as it has been considered that you need to be monitored more closely. This may be because:

- Your observations are out of normal range
- You have an infection
- You have an increased chance of going into labour early
- You are having an induction of labour if your pregnancy is thought to have a chance of complications
- You have been to the operating theatre
- You have had a vaginal bleed in pregnancy or a large vaginal bleed after birth.

Observation Area is staffed by 2 midwives, 1 recovery nurse and a maternity support worker. Doctors will review you during a ward round in the morning and afternoon, or more regularly if the midwife feels it is necessary.

You will be shown how to use your call bell on arrival. If you are worried or need to speak with staff, please use the call bell and a member of staff will be with you as soon as possible.

We always ask for the curtains around the bed to be open. This is so that we can easily observe you and prevent any deterioration in your recovery immediately. Exceptions to this are when you are having an examination, when your bed sheets, pads and clothing are being changed, or if you are breast feeding.

Antenatal care

If you are staying on Observation Area during pregnancy, you will be allocated a midwife to look after you during each shift. The midwife will check your observations regularly. These will include checking your blood pressure, temperature, heart rate and respiratory rate (your breathing pattern). The midwife will also listen to your baby's heart rate to check their wellbeing too. This is done with a sonic aid (a small handheld device) or with a CTG (cardiotography) machine, which monitors the baby's heart rate and contractions at the same time.

It is likely that you will need to have bloods taken during your stay and you may be asked to measure your fluid intake (how much you drink) and your urine output (how much urine you pass). These amounts will be recorded on a fluid balance chart.

If you are thought to be in labour or if there is a plan for your labour to be induced (started using medication), a vaginal examination will be offered to check if your cervix (neck of the womb) is opening/ready for labour. The findings of the vaginal examination will determine whether you should be transferred to Delivery Suite.

If you have been to theatre to have a cervical suture (a stitch put in your cervix), the clinical care you receive after this will be the same as described above. Following this procedure, you may go home the same day, or you may be transferred from Observation Area to Level 6 in the Womens Centre for further care. This will depend on your individual circumstances.

Postnatal care on Observation Area following theatre

If you have been to theatre for a procedure, then you will most likely have received a spinal or epidural anaesthesia top up. This means you will feel numb in your stomach and legs which may last for 3 to 4 hours. Your midwife will regularly change your position during this time to reduce the chance of pressure/bed sores happening. The midwife will also regularly change your pads and sheets when necessary. Please bring plenty of sanitary pads and underwear with you in preparation for your stay in hospital.

Your observations (temperature, heart rate, blood pressure, respiratory rate, blood loss, oxygen level and your wound/perineum (the area between your vagina and your back passage) will be checked every 30 minutes for 2 hours and then every hour for 4 hours. If they are all normal, we will continue to check your observations every 4 hours for the rest your stay in the hospital.

You will arrive from theatre with a catheter in place which will be collecting your urine – this is normal following a manual removal of placenta or an instrumental or caesarean birth. A catheter is a tube that is inserted into your bladder that drains your urine into a bag (this empties your bladder freely without you having to go to the toilet). Your catheter bag will be checked to make sure you are producing normal volumes (amounts) of urine and emptied regularly. Your catheter may stay in for 12 hours or more and be taken out on the morning following your procedure. However, if you are on the enhanced recovery programme, your catheter may be taken out sooner than this. This will depend on your individual circumstances.

Following a birth/procedure in theatre, you have a higher chance of developing a deep vein thrombosis (DVT). A DVT is a blood clot in a vein, usually in the leg. You will notice that you have had white TED (compression) stockings put on your legs, which help to reduce the chance of you developing a DVT. You will also be recommended to have a blood thinning injection called Fragmin, which also helps reduce the chance of you developing a DVT.

You will be regularly asked about the level of pain you are experiencing, and the midwife will give you pain relief as and when you need it. The most effective way to manage pain and stay comfortable as possible is to take regular pain relief, even if you think you can manage without it. You may also need antibiotics (medication used to treat infections) and intravenous fluids (fluids given into a vein) which is why you will still have a cannula in place. A cannula is a thin, small tube that goes into a vein, usually in the back of your hand or arm.

Once you have sensation (feeling) back in your legs then the next step will be for you to start to mobilise (walk and move around). The staff will support you when you are getting out of bed. Some women may feel slightly faint and dizzy when they first get out of bed – this is normal, it can take a little while to get used to being upright again. If you continue to feel faint, we will help you get back into bed and support you in trying to mobilise again later. Once you are comfortable standing up, we will ask you to walk for a short distance to ensure that you are steady on your feet. Once you are comfortable with this and your observations are stable, you will be transferred to Level 5 for postnatal care.

Eating and drinking

We recommend that at first you just sip the water provided, as the anaesthetic used in theatre can make many women feel nauseous (sick). Once your stomach has settled and you are drinking water normally, then you will be offered tea and toast. You will then be offered food at lunch time and dinner time from our menu. You can also ask for something to eat around these times if you are feeling hungry.

General anaesthetic (GA)

If you have had a GA, then your recovery care will be the same as the care offered to women who have had spinal or epidural anaesthesia. The one difference is that you will be transferred to Observation Area with a supplementary oxygen supply (given via a facial mask). This is to make sure you have enough oxygen during your immediate recovery. You will need the oxygen until you are

able to maintain your oxygen levels without it. Your observations will be checked every 15 minutes for an hour, every 30 minutes for 2 hours and then every hour for 4 hours. As you will not have lost sensation (feeling) in your legs, we will help you to mobilise you when you feel ready and well enough.

Postnatal care on Observation Area if you have not been to theatre

The midwife will check your observations (temperature, blood pressure, heart rate, breathing pattern, oxygen level and blood loss). The midwife will also check that your uterus (womb) is well contracted by gently feeling your abdomen (tummy). The timing of these observations will depend on how stable they are – if your observations are not stable, they will be checked more often. It is recommended that you remain on Observation Area until your observations become stable. During your stay on Observation Area, we will perform a risk assessment to assess your chance of developing a deep vein thrombosis (DVT). If you have a high chance of developing a DVT, we will recommend that you wear white TED stockings and be given blood thinning medication. We will also encourage you to walk around and move (mobilise) often. You should be able to do this within about 3 to 4 hours. It is important to mobilise as soon as you can to help reduce your chance of developing a deep vein thrombosis (DVT).

Other support

During your stay with us, staff will support you with feeding and looking after your baby and will answer any questions you may have. Please bring plenty of nappies, baby cleaning supplies (cotton wool etc), bodysuits, vests and sleepsuits into hospital with you.

Other information

Visiting times

Due to Observation Area being a high dependency unit, visiting times must be strict. Please speak to a staff member to find out when these are.

Mobile phones

Mobile phones are allowed, but we ask for all ring tones and speakers to be put on silent as these can disturb women who are recovering.

Facilities

We have one shower room with a toilet at the end of the corridor to the left. Partners and visitors will need to leave Observation Area and go back out of Delivery Suite to use the toilet located opposite the Admissions Office on Level 2.

Water, food and other drinks are provided throughout your stay. Please ask the staff for food if you are feeling hungry. For partners and visitors, there are vending machines by the entrance on Level 2 and light snacks and drinks are available from the League of Friends café on Level 1. There is also a café and shops in the main hospital.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.

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