Anaesthetic involvement in maternity care

Classification :	Guideline		
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Departments/ Groups this Document Applies to:	Maternity and Anaesthetic staff		
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Scope: Maternity and Anaesthetic Staff		
To be read in conjunction with the following documents: None.		
CQC Regulations: 1, 2, 4, 7, 9, 12, 13		

Disclaimer –

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

The goal is to ensure a comprehensive, multidisciplinary quality service dedicated to the care of maternity patients and to the education and professional development of staff. The guideline is to be shared between Anaesthetic and Maternity.

Executive Summary

Obstetric anaesthetists are increasingly involved in the assessment of patients, teaching, training, administration research and audit.
Anaesthetists are involved in the care of over 60% of pregnant women. For high risk women it is essential that early involvement of a senior anaesthetist for pre assessment is obtained and a multidisciplinary approach is undertaken to deliver high quality care.

1.0 Roles and Responsibilities

1.1 Anaesthetists

- To ensure Anaesthetic Consultant cover for labour ward 8.00-18.00 Monday-Friday
- To ensure the duty anaesthetist is immediately available to attend the obstetric unit 24 hours per day and there is consultant support available at all times. The name of the on-call consultant must be prominently displayed on delivery suite. The obstetric anaesthetic baton bleep number is **1876**.
- To provide separate Anaesthetic consultant cover for elective caesarean section list to minimize disruption due to emergency work
- To provide analgesia for labour and anaesthesia for cesarean sections and other operative deliveries and procedures. This includes spinals, epidurals and general anaesthetics.
- As per the joint Obstetric Anaesthetists' Association/ Association of Anaesthetists of Great Britain and Ireland Guidelines for Obstetric Anaesthetic Services 2013, 'The time from the anaesthetist being informed that a woman is requesting an epidural and ready to receive one until attending the mother should not normally exceed 30 minutes. This period should only exceed one hour in exceptional circumstances.'
- To be part of a multidisciplinary team looking after women with medical and pregnancy related conditions. This includes midwives and obstetricians, as well as professionals from other disciplines such as intensive care, neurology, cardiology, haematology, radiology and other physicians and surgeons.
- To play a major role in the management of pregnancy induced hypertension, major hemorrhage, eclampsia, sepsis, cardiac arrest and other severe problems.
- To attend the morning team meeting on delivery suite at 0800, unless in theatre.
- To ensure WHO checklists and team briefing are used routinely to promote good communication and team working and reduce adverse incidents.
- To have some managerial responsibilities and be involved in planning decisions that affect the delivery of maternity services.
- Should be represented at Maternity Voices Partnership meetings, Labour Ward Forum, Obstetric Guidelines Group meetings and other bodies involved in planning and delivery of services
- To ensure patients referred to anaesthetic clinic are seen if appropriate and an assessment is documented in the patient record.
- To ensure women have access to information , in appropriate languages, about all types of analgesia and anaesthesia available, including information about related complications.
- To provide anaesthetic input on the PROMPT courses (held three times a year) and to teach midwives about epidurals at the monthly midwifery protected teaching.
- To ensure good quality of care for women by being involved in relevant audits, research and quality improvement projects.
- In line with the GMC, to ensure that knowledge and skills are up to date, by regularly taking part in activities that maintain and develop competence and performance.

The Anaesthetic Department provides 10 PA Consultant cover to labour ward during week days. Out of hours anaesthetic service is provided by Specialty Doctors and Anaesthetic Trainees with duty Consultant back up.

1.2 Obstetricians

- It is their responsibility to inform the anaesthetist of any pregnant woman with medical or pregnancy related problems and ensure multidisciplinary care is provided.
- To ensure WHO checklists and team briefing are used routinely to promote good communication and team working and reduce adverse incidents
- To take part in regular multidisciplinary meetings
- To refer pregnant women with medical problems or previous anaesthetic complications to anaesthetic clinic

1.3 Midwives

- To inform the anaesthetist of a pregnant woman with anaesthetic alert
- To inform and handover to the anaesthetist a pregnant woman requesting epidural analgesia or needing operative procedure under anaesthesia
- To ensure all equipment for epidural analgesia and resuscitation is available
- To ensure they are able to look after a woman with an epidural, by attending the epidural teaching at the midwifery protected teaching week annually.
- To take part in multidisciplinary meetings and WHO checklists

1.4 Theatre staff

- It is their responsibility to provide resources for monitoring and equipment necessary for treating patients in theatre, including women with medical or pregnancy related complications.

2.0 Implementation and dissemination of document

Staff can access the policy via the Hospital intranet in the Anaesthetic section of the clinical guidelines.

3.0 Processes and procedures

3.1 Epidural Analgesia

- Epidural analgesia is provided at the woman's request
- There are situations where epidural may be of particular benefit;

✓ Trial of instrumental delivery
✓ Pregnancy induced hypertension
✓ Multiple pregnancy
✓ Breech presentation
✓ Some cardiac and respiratory diseases

Contraindications to epidural;

A. *Absolute*;

- Sepsis at the site of infection
- Prophylactic dose Low Molecular Weight Heparin (LMWH) within 12 hours or Therapeutic dose LMWH within 24 hours.
- Absence of consent
- Platelet count less than 80 000

B. *Relative*
- Pyrexia above 38˚C
- Previous spinal surgery
- Severe shock, hypotension, hypovolemia
- Neurological disease
- Platelet count 80000-100000

Full blood count and coagulation studies are required prior to epidural/spinal block in patients with proteinuric pregnancy induced hypertension

Further guidance on epidurals for labour can be found within the epidural guideline on the intranet.

3.2 Anaesthetic referrals to the obstetric anaesthetic clinic

Anaesthetic referrals are available for women with anticipated anaesthetic problems, for those who have specific requests and for those who had anaesthetic complications in the past. The obstetrician will complete the appropriate request from the earliest available opportunity and forward it to the anaesthetic department. If appropriate an appointment will be made to see the woman by the Anaesthetist.

The request must include

- Named obstetric consultant
- Date and time of referral
- Bleep number of the referring doctor
- Contact telephone number for the woman

Detailed history of reason for referral

3.3 An Anaesthetic alert should be raised in the following cases;

1) Musculoskeletal disorders

- Ankylosing spondylitis
- Rheumatoid arthritis
- Back surgery

2) Anticipated anaesthesia related problems

- History of difficult/failed intubation, anticipated difficult airway
- Anaphylaxis
- Personal or family history of Suxamethonium apnoea
- Malignant Hyperthermia or family history of porphyria
- Previous traumatic anaesthetic experience

- Complications after neuraxial blockade
- Spine problems e.g. congenital abnormalities, previous operations, trauma
- Severe needle phobia
- Women who refuse blood transfusion

3) Cardiovascular Disease

- Congenital heart disease, corrected or uncorrected
- Acquired heart disease (valvular lesions, ischaemic heart disease, cardiomyopathy)
- Arrhythmias (congenital or acquired: e.g. complete AV block)
- Disease of the aorta (e.g.Marfan's Syndrome)

4) Haematological Disease

- History of thromboembolism before or during pregnancy requiring antenatal LMWH
- Congenital coagulopathies (e.g. von Willebrand disease)
- Thrombocytopenic coagulopathies
- Haemoglobinopathy (e.g./ Thalassemia, Sickle-Cell disease)

5) Neurological Disease

- Conditions which may interfere with neuroaxial anaesthesia and analgesia
- Neuromuscular disease which may affect breathing (e.g. Myasthenia gravis, Muscular dystrophy)
- Other intracranial pathologies (e.g. malformations, BIH, Neoplasm)
- Previous history of stroke or intracranial bleeding

6) Respiratory Disease

- Severe obstructive/restrictive lung disease (e.g. asthma, pulmonary fibrosis) which require special care during pregnancy and childbirth

7) Renal Disease

- Impaired renal function/regular dialysis
- Renal transplant

8) Endocrine Disorders

- Acromegaly, Addison's and similar disorders
- Poorly controlled or uncontrolled diabetes mellitus
- Pheochromocytoma

9) Autoimmune Disorders

- Systemic Lupus Erythematosus
- Systemic Sclerosis (Scleroderma)

- Antiphospholipid Syndrome

10) Other

- Obesity (e.g. BMI>40 with significant comorbidity or BMI over 45 if no other co-morbidities)
- Any other condition associated with significant pathophysiology

4.0 Statement of evidence/references

References

1. "Guidelines for the provision of anaesthetic services", Chapter 9 "Obstetric anaesthesia services 2015"- Dr M C Mushambi, Dr F S Plaat
2. OAA/AAGBI Guidelines for Obstetric Anaesthetic Services 2013
3. Section 8 of Royal College of Anaesthetists Raising the standard: a compendium of audit recipes 3rd edition 2012 https://www.rcoa.ac.uk/system/files/CSQ-ARB2012-SEC8.pdf

5.0 Governance

5.1 Record of changes to document

Version number: 6		**Date:** 02/2019		
Section Number	**Amendment**	**Deletion**	**Addition**	**Reason**
	Reviewed and updated			Update
Title Executive Summary 1.0 3.1 3.2	Changed from 'Anaesthetic Team Structure' Re-written to read better but content the same Roles and Responsibilities updated Contraindications – section A updated Referral reasons updated			to better reflect the content of the guideline Update To reflect current practice

5.2 Consultation History

Stakeholders Name/Board	**Area of Expertise**	**Date Sent**	**Date Received**	**Comments**	**Endorsed Yes/No**
Obstetric Anaesthetists	Obstetric Anaesthesia	February 2019		To swap 'therapeutic' and 'prophylactic'in Contraindications – section A	Yes
G Massolini	CSU Lead				
Ed Neale	Divisional Director Women Health				
Hamid Manji	Divisional Director Surgery				
Anne Thysse	Head of Midwifery				
Julie Cooper	Head of midwifery	January 2019	31/01/2019	Many constructive comments	Yes
O&G Consultants	Obstetrics	January 2019		Nil comments received	
Midwifery staff	Midwifery	January 2019		Nil comments received	

5.3 Audit and monitoring

This Guideline outlines the process for document development will be monitored on an ongoing basis. The centralisation of the process for development of documents will enable the Trust to audit more effectively. The centralisation in recording documents onto a Quality Management database will ensure the process is robust.

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Timely anaesthetic involvement in the care of high risk and critically ill women	Audit 8.3 in the RCOA audit compendium (see reference 3)	Eleanor Tyagi	Biannual	
Multidisciplinary case review	Documentation		Annual	

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Surgical	Department	Anaesthetics
Person completing the EqIA	Eleanor Tyagi	Contact No.	Bleep 1285
Others involved:		Date of assessment:	04/03/2019
Existing policy/service	Yes	New policy/service	No

Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be affected?	Anaesthetists, midwives, obstetricians

Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?
Email
How are the changes/amendments to the policies/services communicated?
Email
What future actions need to be taken to overcome any barriers or discrimination?

What?	Who will lead this?	Date of completion	Resources needed
None			

Review date of EqIA	04/03/2022