



Guideline for High Risk Women Needing Anaesthetic Review in Pregnancy.

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Section Headings

1.0 Introduction

It is important that women who have complex medical conditions are appropriately referred for review by an anaesthetist in the antenatal period to ensure a plan of care can be put in place if required, and to allow discussions to occur with the obstetric team when necessary.

2.0 Objective

To ensure women with risk factors or conditions which may impact upon anaesthesia, both regional or general in pregnancy and labour are reviewed in a timely fashion in the antenatal period and a management plan developed

To ensure that women who are booked for an Elective Lower Segment Caesarean Section (LSCS) receive an anaesthetic pre-operative assessment at the appropriate time

3.0 Scope

This guideline applies to the obstetricians who will be responsible for ensuring that an appropriate referral is made, and the obstetric anaesthetists who will be required to see the patients either in the formal clinic or on the Antenatal Day Unit (ANDU) if pre-operative assessment is required.

4.0 Background information

The Obstetric Anaesthetics Association/Association of Anaesthetists of Great Britain and Ireland Guideline for Obstetric Anaesthetic Services (2013) recognizes the increasing numbers of obstetric patients requiring advanced levels of care due to increasing maternal age, co-morbidities and levels of obesity. There is therefore a need for anaesthetic input in the management of high-risk women in the antenatal period to mitigate risks to the woman and her unborn child

The guidelines recommend the timely anaesthetic assessment of women with risk factors in the antenatal period and suggests multi-disciplinary working between obstetricians and the anaesthetic team

Referral for Anaesthetic review in the Antenatal period

Women undergo a risk assessment at booking where potential anaesthetic and complex medical problems are identified. The women will be booked for shared care if problems requiring anaesthetic review are present

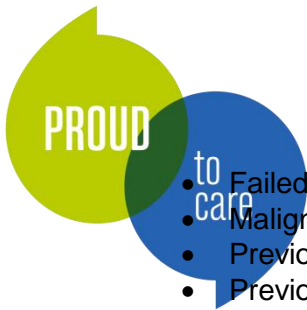
Anaesthetic review is advised in the following cases:

Raised Body Mass Index (BMI)

As described in the raised BMI pathway, all women with a BMI >45 must be referred for review

Women with a BMI between 40 and 45 are **offered** referral for anaesthetic review and should be referred if they have other health issues

Known history of anaesthetic problems such as:



- Failed or difficult intubation
- Malignant hyperpyrexia (including family history of malignant hyperpyrexia)
- Previous traumatic anaesthetic experience
- Previous complications of a neuroaxial blockade
- Known allergy to any anaesthetic drugs

Spinal problems such as:

- Congenital abnormalities,
- Spinal surgery
- Trauma
- Known disc problems
- Neurological problems
- Severe chronic back pain (**not** mild scoliosis or occasional back pain)

Complex medical conditions

Please ensure that patients are referred to the appropriate medical teams if required as their input may be needed in the management of the patient's condition.

Known history of cardiovascular disease such as:

- Congenital heart disease
- Acquired heart disease such as valvular lesions, ischaemic heart disease
- Arrhythmias
- Diseases of the aorta
- Women with a pacemaker in situ

Respiratory problems such as:

- Brittle asthma
- Shortness of breath on minimal exertion

Neurological disorders such as:

- Multiple sclerosis
- Syringomyelia
- Arnold-Chiari malformation

Haematological disease such as bleeding disorders

NB this is list is not exhaustive

If there are any doubts as to whether a woman requires referral, please contact the Anaesthetist on call for the Birthing Centre for advice (bleep 366)

Process for referral

Women are reviewed at a monthly Anaesthetic clinic which is held on the Antenatal Day Unit on the last Thursday of the month.

The clinic is run by a designated Consultant Anaesthetist who will be identified on the anaesthetic rota. The clinic is an appointment only clinic.

Referrals are made by the obstetric team following risk assessment in antenatal clinic. A referral letter is completed and forwarded to the Consultant Obstetric Anaesthetist via Anaesthetic secretaries. Please include the woman's expected date of delivery (EDD) when composing the letter.

An appointment is made for the Monthly Anaesthetic Clinic on the Antenatal Day Unit by the anaesthetic secretaries.

The woman is informed of this appointment by an appointment notification letter (this may be in electronic or paper format).



If the woman fails to attend her appointment, the anaesthetist will inform the anaesthetic secretary who will attempt to arrange another appointment.

The anaesthetist will document any discussions and/or plans in the antenatal section of the woman's maternity records. Where appropriate the anaesthetist will send a formal letter to and/or liaise with the obstetrician or any other specialty required.

If further anaesthetic follow up is required the anaesthetist will arrange this

Women with a raised BMI will have the anaesthetic section of the raised BMI pathway completed

If the woman books late or the problem has only been identified in the latter stages of pregnancy please contact the lead obstetric anaesthetist directly via email to ensure there is time to organise a review (currently Dr Ellwood email - helenellwood@nhs.net). This would apply from approximately 34 weeks.

5.0 Roles and responsibilities

Midwives

Midwives have a responsibility to work in collaboration with the Obstetric anaesthetist to provide an antenatal anaesthetic service and an antenatal preoperative service

Obstetricians

Obstetricians have a responsibility to:

Refer women with potential anaesthetic risks or complex medical issues for anaesthetic review
To collaborate with the anaesthetic team in cases where there are complex needs

Anaesthetists

Have a responsibility to:

Review women referred to them in a timely fashion

Work collaboratively with the obstetric team in cases where there are complex needs

6.0 Associated documents and references

Association of Anaesthetists of Great Britain and Ireland, Obstetric Anaesthetics Association (2013) Guidelines for Obstetric Anaesthetic services

RCOG Green-top guideline No. 7. Antenatal Corticosteroids to Reduce Neonatal Morbidity and Mortality (2010)

7.0 Training and resources

Training will be given as documented in the Maternity Training Needs Analysis. This is updated on an annual basis. Not sure that there is any specific training for this or if it is in fact documented in Maternity Training needs Analysis. Do we need to say something about it being mentioned to the obstetric doctors as part of their induction?

8.0 Monitoring and audit

Any adverse incidents relating to the guideline for Anaesthetic review on the antenatal day unit will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.



The guideline for the Management of the for Anaesthetic review on the antenatal day unit will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Obstetric Guideline Checklist

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| Guideline for Anaesthetic review on the Antenatal Day Unit | Lead Professional G Dunning/Dr Ellwood |
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Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

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|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Document type (policy, clinical guideline or procedure) | Guideline |
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| Key messages for staff (consider changes from previous versions and any impact on patient safety) | |
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FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

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