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# Anaesthetic involvement in maternity care

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| **Classification**: | Guideline |
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| **Authors Division:** | Anaesthetics |
| **Departments/Group this Document applies to:** | Maternity and Anaesthetic staff |

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| | **Review Date:** | 04/2025 |

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| **Unique Identifier:** MIDW/GL/105 | **Status:** Approved | **Version No:** 8 |

**Guideline to be followed by (target staff):** Maternity and Anaesthetic Staff

**To be read in conjunction with the following documents:** None

**Are there any eCARE implications?**

**CQC Fundamental standards:**
Regulation 9 – person centered care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 13 – Safeguarding service users from abuse and improper treatment
Regulation 14 – Meeting nutritional and hydration needs
Regulation 15 – Premises and equipment
Regulation 16 – Receiving and acting on complaints
Regulation 17 – Good governance
Regulation 18 – Staffing
Regulation 19 – Fit and proper

## 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

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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 anaesthetics and Maternity.

## Executive Summary

Obstetric anaesthetists are involved in the care of over 60% of pregnant women/birthing people. 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 8.00-17.30 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 caesarean sections and other operative deliveries and procedures. This includes spinals, epidurals and general anaesthetics.
- To provide routine follow-up of women/birthing people the day after their anaesthetic intervention and document this on eCare.
- 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/birthing people 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 haemorrhage, eclampsia, sepsis, cardiac arrest and other severe problems.
- To attend the morning team handovers on delivery suite at 0800 and 2000, unless in theatre.
- To attend the safety huddles on Teams at 1000 and 1530, if available.
- 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 Labour Ward Forum and maternity governance meetings.

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- To ensure women/birthing people referred to the anaesthetic clinic are seen if appropriate and an assessment is documented on eCare.
- To ensure women/birthing people have access to information, in appropriate languages, about all types of analgesia and anaesthesia available, including information about related complications.
- To attend PROMPT annually as a delegate, facilitators will be required to attend 2-3 times a year.
- To ensure good quality of care for women/birthing people 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 12.5 PA Consultant cover to labour ward during week-days and up to 10 PA consultant cover for elective caesareans. 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/birthing person in labour 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/birthing people with medical problems or previous anaesthetic complications to anaesthetic clinic

### 1.3 Midwives

- To inform the anaesthetist of any woman/birthing person admitted in labour or for IOL with an anaesthetic alert highlighted on eCare.
- To inform the anaesthetist of any woman/birthing person requesting epidural analgesia or needing operative procedure under anaesthesia.
- To ensure all equipment for epidural analgesia and resuscitation is available on labour ward.
- To ensure they are up-to-date with their annual training on epidurals.
- 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/birthing people with medical or pregnancy related complications.

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## 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

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/birthing people 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/birthing person by the anaesthetist. These referrals are currently still made on paper or via email to the obstetric lead anaesthetists and/or secretary.

**The request must include**

- ➢ Named obstetric consultant
- ➢ Date and time of referral
- ➢ Bleep/Contact number of the referring doctor
- ➢ Contact telephone number for the woman/birthing person
- ➢ Detailed history of reason for referral
- ➢ Estimated date of delivery
- ➢ Any interpreter requirements

**3.3 Referrals should be made for women/birthing people with the following conditions (this list is not exhaustive):**

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

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- 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/birthing people 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

- Antenatal LMWH (if this is the only indication for referral we will usually send the woman a letter about LMWH and timing of epidural/spinal)
- 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. Arnold-Chiari malformation, benign intracranial hypertension, tumours)
- 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

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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

11) Post-natal reviews
- Post-dural puncture headache
- Cases of accidental awareness
- Conversion to general anaesthesia
- Neurological injury relating to anaesthetic interventions
- Significant failure of labour analgesia

### 3.4 Anaesthetic clinic documentation
- Clinic referrals that have been declined should be documented on eCare with a reason.
- Clinic reviews will be documented on eCare as clinical notes
- The documentation should clearly state whether an epidural for labour or a spinal for a caesarean is possible for the woman/birthing person.
- If the airway is anticipated or known to be difficult, an airway alert should be done on eCare.

## 4.0 Statement of evidence/references

## References:

1. Chapter 9: Guidelines for the provision of anaesthetic services for an obstetric population services 2022, RCOA Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2022 | The Royal College of Anaesthetists (rcoa.ac.uk)
2. OAA/AAGBI Guidelines for Obstetric Anaesthetic Services 2013
3. Chapter 7 of the RCOA Raising the standards: a quality improvement compendium 2020 21075 RCoA Audit Recipe Book_16 Section B.7_p241-268_AW.pdf

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# 5.0 Governance

## 5.1 Document review history

| Version number | Review date | Reviewed by | Changes made |
|---|---|---|---|
| 7 | 09/2021 | | Reviewed and updated: Index 3.1 - Removed the section on epidurals which duplicated part of the epidural guideline References updated |
| 9 | April 2022 | Eleanor Tyagi | Included section on postnatal reviews in clinic. |

## 5.2 Consultation History

| Stakeholders Name/Board | Area of Expertise | Date Sent | Date Received | Comments | Endorsed Yes/No |
|---|---|---|---|---|---|
| Anaesthetists | Obstetric anaesthesia | 1st April 2022 | | None | |
| Maternity | | 11th April 2022 | | Add section on clinic documentation, include education on why each condition may affect anaesthesia | Yes, partially (Included section on clinic documentation) |

## 5.3 Audit and monitoring

| Audit/Monitoring Criteria | Tool | Audit Lead | Frequency of Audit | Responsible Committee/Board |
|---|---|---|---|---|
| Anaesthetic documentation audit | | Obstetric anaesthetic lead | Annual | |

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### 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 | Anaesthetics | Department | Maternity |
| Person completing the EqIA | Eleanor Tyagi | Contact No. | |
| Others involved: | | Date of assessment: | Apr 2022 |
| Existing policy/service | Yes | New policy/service | |

| | |
|---|---|
| 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 and maternity staff |

| 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? |
|---|
| Guideline group meeting |
| How are the changes/amendments to the policies/services communicated? |
| Intranet and guideline monthly memo |
| What future actions need to be taken to overcome any barriers or discrimination? |

| What? | Who will lead this? | Date of completion | Resources needed |
|---|---|---|---|
| N/A | | | |
| | | | |
| Review date of EqIA | Apr 2025 | | |