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TITLE: Obstetric Referral Criteria to Anaesthetic Pre-Assessment Clinic

1. Statement/Purpose/Description

To ensure that a plan of care is in place for women who are at an increased risk of complications during labour or anaesthesia.

2. Scope

Lakes DHB midwives, Lead Maternity Carers, Clinical Midwife Educator, Midwifery Manager, Consultant Obstetricians and Consultant Anaesthetists.

3. Definitions

LSCS	Lower Segment Caesarean Section
AV	Arterio-venous
CVA	Cerebro-vascular accident
TIA	Transient ischaemic attack
IDDM	Insulin dependent diabetes mellitus
BMI	Body mass index
SLE	Systemic lupus erythematosus

4. Procedure/Management

If a woman meets any of the following criteria there should be an initial referral to a Consultant Obstetrician.

4.1 Patient request: to discuss labour analgesia or anaesthesia for LSCS

4.2 Elective LSCS

4.3 Problems with Anaesthesia;

- a) Failed Spinal/Epidural
- b) Difficult Intubation
- c) Malignant Hyperthermia
- d) Anaphylaxis (anaesthetic drugs + others)
- e) Suxamethonium apnoea
- f) Needle phobia/severe anxiety
- g) Porphyria

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- h) Complications with central neuraxial block (eg nerve injury, epidural haematoma)

4.4 Cardiovascular (most will be referred to tertiary centre)

- a) Valvular heart disease/valve replacement
- b) Cardiomyopathy
- c) Congenital Heart Disease
- d) Pre-existing Hypertension
- e) Pulmonary Hypertension
- f) Ischaemic heart disease

4.5 Respiratory

- a) Severe poorly controlled asthma
- b) Bronchiectasis
- c) Cystic Fibrosis

4.6 Neurological

- a) Poorly controlled epilepsy
- b) AV malformation, CVA, TIAs
- c) Multiple Sclerosis
- d) Myasthenia gravis
- e) Spina bifida, Spinal cord injury
- f) Muscular Dystrophy or Myotonic Dystrophy

4.7 Musculoskeletal

- a) Previous back surgery with metal rods/trauma
- b) Congenital abnormalities, eg kyphoskoliosis, myelomeningocele
- c) Severe neck, joint problems

4.8 Haematological

- a) Von Willebrands Disease, Haemophilia
- b) Thrombocytopenia
- c) Therapeutic anticoagulation
- d) Protein S deficiency
- e) Factor V Leiden mutation
- f) Sickle cell anaemia

4.9 Medical

- a) Endocrine disease, e.g. IDDM, hyperthyroidism, phaeochromocytoma
- b) Obesity: BMI >45 or BMI >40 with co-morbidities
- c) Autoimmune disease, e.g. SLE, Rheumatoid arthritis, Antiphospholipid syndrome
- d) Past/current drug alcohol addiction

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4.10 Obstetric

- a) Hypertensive Disorder of Pregnancy
- b) Previous eclampsia
- c) Embolism (pulmonary/amniotic)
- d) Placenta praevia, Placenta accreta or percreta
- e) Multiple pregnancy
- f) Acute fatty liver of pregnancy

- Following referral to the Obstetrician the midwife or obstetrician will complete an Anaesthetic referral form stating the reason for referral.
- This referral to the anaesthetist will be discussed and agreed by the woman.
- An appointment will be arranged for the woman to see a Consultant Anaesthetist at the appropriate gestation. This will be dependent on the reason for referral.
- Following consultation with the anaesthetist the following will be documented on the anaesthetic chart: relevant parturient (anaesthetic, medical and obstetric) history, identified and anticipated issues and a proposed plan of care, including informed consent for regional analgesia/anaesthesia.
- The proposed plan of care is also documented on the referral form and filed in the maternal notes.

5. Points to Note

These Guidelines cannot anticipate all possible circumstances and exist only to provide general guidance on clinical management to clinicians.

6. Related Documentation

Anaesthetic referral form.
Anaesthetic chart.

7. References

- Royal College of Anaesthetists: Guidelines for the Provision of Anaesthetic Services, Chapter 10, Obstetric Services, revised 2009
- Guidelines for Obstetric Anaesthetic Services, Revised Edition, OOA/AAGBI, London May 2005 (www.oaa-anaes.ac.uk/pdfs/obstetric-guidelines.pdf)
- LM Garrity, R O'Connor, S Young. A national survey of obstetric anaesthesia guidelines in the UK. Int J Obstet Anaesth 2008; 17:322-328

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