MATURETY UNIT

GUIDELINE:

ANAESTHETIC CONSULTATION IN PREGNANCY

SCOPE:
All midwives, obstetricians and anaesthetists working in Hauora Tairawhiti

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PURPOSE:
To give guidance on when and how to make consultations to an Anaesthetist during pregnancy to enhance anaesthetic safe practice.

DEFINITIONS:
Anaesthesia
The condition of having the feeling of pain and other sensations blocked. This allows patients to undergo surgery and other procedures without the distress and pain they would otherwise experience.

Another definition is a "reversible lack of awareness", whether this is a total lack of awareness (e.g. a general anaesthetic) or a lack of awareness of a part of the body such as a spinal anaesthetic or another nerve block would cause.

GUIDELINE:
Women with anaesthetic risk factors outlined in this guideline should be referred, using a written referral, to the Obstetric Antenatal Clinic (ANC) at Hauora Tairawhiti by the Lead Maternity Carer (LMC). This referral should be made before the third trimester whenever possible/practical.

All of the woman's previous medical records should be made available to the Obstetrician for the appointment.

The Obstetrician will then decide on an individual basis if an anaesthetic referral is required and if so, will then send a referral to the Pre-admit clinic or discuss the case with the anaesthetist if urgent and record this in a management plan in the woman’s Maternity Clinical information system (MCIS) records.
Criteria for anaesthetic consult

- All women with unstable medical conditions who may require an epidural or caesarean section (c/s).
- History of previous anaesthetic difficulty or complication with anaesthesia:
  - Difficult intubation;
  - Failed epidural or spinal (not able to site needle, block failure);
  - Anaesthetic drug related issues, allergies/ sensitivities.
- ANY family history of:
  - Malignant hyperthermia;
  - Scoline apnoea (anti-cholinesterase deficiency);
  - Drug related complications.

The Anaesthetist may wish to see the following patients and the Obstetrician should write a referral to the Anaesthetist with a view to being booked for an anaesthetic consult if appropriate:

- Obese women with a booking BMI >35 with an increased risk of requiring a LSCS
- Morbidly obese women with a booking BMI > 40
- Significant cardiovascular disease (particularly valvulopathy);
- Coagulation disorders, thrombophilia, bleeding diathesis (these would have to be fully investigated before referral);
- Significant metabolic or endocrine disorders such as diabetes;
- Chest disease, asthma causing dyspnoea;
- Renal, liver diseases;
- Any neurological disorders, previous stroke, myasthenia gravis.
- History of failed epidural or spinal (not able to site needle, block failure)
- Other conditions that may be considered for referral are 1. Cervical or lumbar spine e.g. previous spinal surgery or 2. Any condition causing limited mouth opening.

ASSOCIATED DOCUMENTS:

- Management of Pregnancy and Birth of Women with a BMI above 35

REFERENCES:

- Maternity Services – Notice Pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000. 1 July 2007

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