University Hospitals Plymouth NHS Trust

MATERNITY GUIDELINES

Anaesthetic Service Provision

Guidance document – in the contents page the Press Ctrl on your keyboard and click on a heading to navigate to that section in this document.

1. Introduction

All obstetric patients requiring anaesthesia should be considered as “high risk”.
Good communication and co-operation should exist between Anaesthetists, Obstetricians and Midwives, so that a good outcome may be achieved.

2. Antenatal referral to the Obstetric Anaesthesia Clinic

The Obstetric Anaesthetic clinic is held every 2 weeks in the Antenatal clinic area of Derriford hospital. Any healthcare professional involved in antenatal care of a woman may refer her to the Obstetric Anaesthetic clinic. The specific referral form (HRSG Form Number 0296/2) sets out guidelines for conditions that may trigger a referral. All referrals will be reviewed by an obstetric anaesthetist and the patient sent an appointment directly to be seen at an appropriate time later in the antenatal period. Patients referred who do not need to be seen will be informed, as will the referrer.
Women with a BMI >45, with no other referral indications, should be offered the opportunity to see an obstetric anaesthetist by their antenatal healthcare professional. If they do not want an appointment, the referral should be sent stating the patient has declined to be seen in the obstetric anaesthetic clinic.

3. Obstetric Anaesthetic Escalation Policy

Information for 0399, 0196 and 0770 bleep holders

Duty Obstetric Anaesthetist – Bleep 0399

- You should act as ***FIRST*** point of contact for all situations where an additional obstetric anaesthetist is needed.
- Good communication and a proactive approach may allow you to anticipate and avoid a certain number of situations where additional staff may be required.
- You should be aware ***AT ALL TIMES*** of who is your next port of call. During the day there may well already be two anaesthetists in maternity, or it may be the level 4 theatres Black Triangle anaesthetic consultant (they carry 0196 in the day).
- If you are unable to attend a potentially ***LIFE*** threatening event it is vitally important to be very clear to the staff member asking for your assistance as to who they should be contacting and how. Confusion will cause unhelpful delays.
- It will depend on the clinical situation and will need to be a matter of professional judgement as to whether you *personally* coordinate the call-out or not.
- The Duty Floor Anaesthetist (phone 37158) will be best able to free up suitable staff during the day if they receive accurate information as to what and who is required.

Anaesthetic Senior Specialist Trainee – Bleep 0196

- You provide first line out of hour's backup to the 0399 bleep holder.
- If the 0399 bleep holder is unable to help with a request for additional obstetric anaesthetic staff you should, clinical priorities allowing, attend to that request.
- You should coordinate the response to all non-urgent requests for additional anaesthetic assistance, this may involve contacting the On-Call Consultant
- **IF** you are unable to attend a potentially life threatening event it is vital that you are clear to the staff member asking for your assistance as to who they should now be calling on and how. You may well be the ***SECOND*** person they have contacted.
- The 0770 bleep holder should be contacted to attend all ***IMMEDIATE*** requests for assistance where you are unable to attend.

Cardiac Anaesthetic Trainee – Bleep 0770

- You provide the last resident backup to the 0399 & 0196 bleep holders out of hours.
- If the 0399 or 0196 bleep holders are unable to help with an ***IMMEDIATE*** request for additional obstetric anaesthetic staff you should attend to that request if it is ***AT ALL POSSIBLE*** for you to do so.
- If attending maternity will interfere with your ability to manage your clinical workload on the cardiac unit, then the On-Call General Anaesthetic Consultant should be contacted. This should not distract from the necessity to provide prompt and timely assistance for ***LIFE*** threatening obstetric scenarios.
- The 0196 bleep holder should coordinate non-urgent requests for additional staff.

In an extreme emergency if the obstetric and general anaesthetists are unable to attend and the cardiac ICU is not competent in obstetric anaesthesia then call the ICU trainee for assistance. (Pager 0110) This additional help is **NOT FOR NON** urgent work e.g. patient reviews or analgesia for labour.

See flow chart in appendix 1

4. When to call the consultant?

Most clinical issues can be resolved with the attendance of an additional trainee or by discussion with the DFA or senior registrar. The consultant on call must be notified when:

- BMI >50 on CDS
- Massive Obstetric Haemorrhage Protocol activated
- Predicted difficult airway

5. Role of the anaesthetist in obstetrics

- Emergency obstetric anaesthesia
- Analgesia (not just epidurals)
- Anaesthesia for retained products of conception
- First point of contact for critically unwell patients
- Cardiac Arrest Responder

6. Handover

Location: Central Delivery Suite (CDS)
Times: 08:00, 13.00, 17:30 and 19:30
Attended by: Obstetricians, Anaesthetists, Senior Midwife
Purpose:

- Identify any potentially complex patients for the shift on antenatal/CDS/postnatal
- Receive handover for anaesthetic specific issues
- Sign-in to handover book/Follow handover template at front of folder

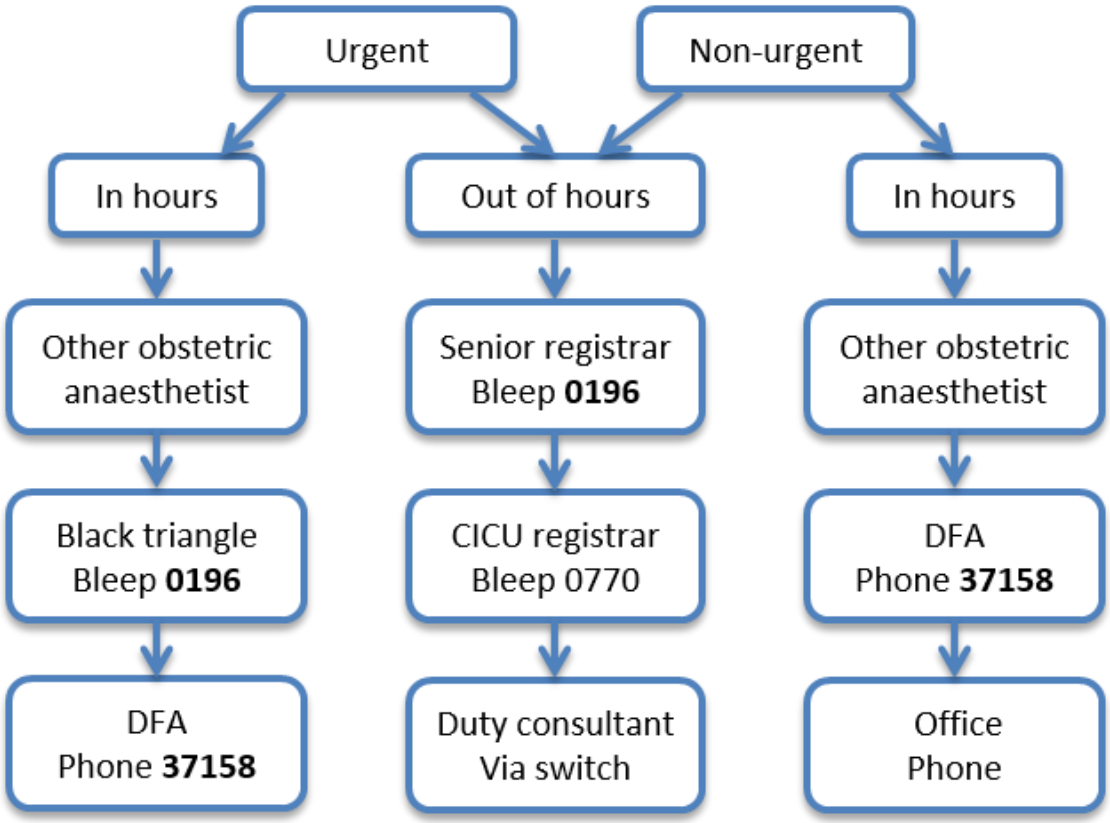
7. Post Handover Checks

- Pick up bleep 0399
- Check BOTH anaesthetic machines
- Prepare emergency drug trays in theatre fridges - Renewed every morning or when used
    - Suxamethonium 100mg (2 prefilled syringes/ second dose immediately available for high BMI patients)
    - Metaraminol 10mg in 20mls
    - Thiopentone pre-filled syringe
    - Propofol - DO NOT draw up in advance (risk of bacterial contamination)
- Check difficult airway trolley
- Blood fridge
- Identify ODP for the shift

8. Record Keeping

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.
All entries must have the **date and time** together with **signature and printed name.**

9. Appendix 1. Obstetric Anaesthetic Escalation Policy



Training requirements

Audit of training needs compliance – please refer to TNA policy

Training needs analysis:
Please refer to 'Training Needs Analysis' guideline together with training attendance database for all staff

Cross references

Antenatal Guideline 31 - Maternity Hand Held Notes, Hospital Records and Record Keeping
Antenatal Guideline 44 – Guideline Development within the Maternity Services
Intrapartum Guideline – Obstetric Analgesia

References

MBRRACE-UK - Saving Lives, Improving Mothers' Care 2017

Author	Susanne Edie, Daryl Thorp-Jones		
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