Title of Guideline	**Obstetric Anaesthesia clinic reviews**
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Division & Specialty	Surgery - Obstetrics
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Explicit definition of patient group to which it applies	Maternity patients
Consultation Process	O&G Guideline Group
Target Audience	Maternity and Anaesthetic staff
This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.	

Obstetric Anaesthesia clinic reviews

Guideline written by Ruth Mackay May 2022 (V6), updated September 2024 by same author to reflect service changes (V7)
Previous guideline "Indication for referral to obstetric anaesthetist" in place from December 2007 to March 2019

1. Antenatal Reviews

As a significant number of pregnant women have an anaesthetic procedure during labour or post-partum, either for analgesia or for operative obstetric intervention, it is important that those in whom difficulty is anticipated are referred for antenatal review by an Obstetric Anaesthetist. This allows additional anaesthetic risk to be assessed, discussed with the patient & Obstetric/Midwifery team and, where appropriate, a specific plan for peripartum management to be put in place.

Referral Criteria

Indications	Exclusions
Obesity	
BMI 45 or above	Patient with BMI 40-44.9 are no longer reviewed in clinic. These patients should be provided with the OAA information leaflet "Anaesthetics and women with a high BMI" and flagged up to the Duty Obstetric Anaesthetist on admission to Delivery Suite
Musculoskeletal/neurological disorders	
Previous spinal surgery Spina bifida Intracranial pathology e.g. tumour, aneurysm Arnold-Chiari malformation Hydrocephalus/VP shunt Myasthenia gravis Muscular dystrophies & myopathies Dwarfism	Low back pain/sciatica/disc prolapse Scoliosis not requiring surgical correction Vertebral fracture managed non-operatively Multiple sclerosis Idiopathic intracranial hypertension (IIH, also known as BPH) unless worsening symptoms or visual field deficit
Haematological conditions	
High ("full") dose anticoagulation e.g. for VTE or mechanical heart valve Thrombocytopenia if platelets <100 x 10^9/L	Low ("prophylactic") dose LMWH therapy Idiopathic thrombocytopenia (ITP) in remission with platelet count >100 x 10^9/L
Cardiovascular	
Congenital cardiac disease Previous cardiac surgery Valvular lesions Ischaemic heart disease Long QT syndrome	Palpitations if investigations reassuring
Anaesthetic	

Difficult/failed spinal or epidural insertion General anaesthesia (GA) issues: - Difficult/failed intubation - Awareness - Suxamethonium ("scoline") apnoea - Malignant hyperthermia (personal or family history) Anaphylaxis during anaesthesia (LA/regional/GA)	Previous drowsiness, PONV or hypothermia/shivering after GA - these are common side effects rather than true adverse reactions
General	
Jehovah's Witness faith or other reason for steadfast refusal of blood products Extreme difficulty with IV access, including needle phobia if this is of a severity that no blood tests have been performed during pregnancy	

The above table is a guide, not an exhaustive list, and clinicians should use their own judgement in referring other patients who they feel necessitate review by a Consultant Anaesthetist during their pregnancy.

Referral pathway

An Obstetric Anaesthesia Referral form [appendix 1] should be completed as fully as possible by the referrer and sent via email to obsanaesref@wwl.nhs.uk. Please use the patient's initials and WWL hospital number as the email subject. Referrals by letter or by personal email to individual anaesthetists are not accepted. Patients should be made aware that a referral is being made, and the reason why.

Whilst referrals are accepted from any maternity staff member involved in the patient's care, a named clinician (Consultant Obstetrician, Specialist Midwife) with continuity of responsibility for the patient during their pregnancy should be documented on the referral form to permit two-way communication regarding management plans.

Once received, referrals will be triaged by a Consultant Anaesthetist with a specialist interest in Obstetric Anaesthesia. If they feel a review is appropriate a patient will be allocated a slot in the Obstetric Anaesthesia clinic. For most patients, this review will take place in the 3rd trimester of pregnancy, ideally around 32 weeks, however referrals should be made as early as possible to allow timely allocation of an appointment and, if necessary, information gathering from other hospitals & care providers. Administrative support is provided by Andrea Fant, who can be contacted by telephone (ext 2577) or via email.

The Obstetric Anaesthesia clinic takes place at Thomas Linacre Centre fortnightly on a Tuesday morning. Appointments are predominantly face-to-face though in some circumstances a telephone call may be deemed more appropriate. Patients will be informed of the date & time of their appointment in advance by letter and may also receive an SMS reminder. Due to the high volume of referrals relative to the number of clinic slots it is not possible to offer another appointment to patients who do not attend. Following the clinic review a plan will be communicated by letter to the referring clinician, with a copy sent to the patient and their General Practice.

Occasionally patients not initially assessed as higher risk require review in the late stages of pregnancy. They should be referred by email in the usual way but flagged as urgent, which will allow the administrator to bring them to the attention of an appropriate Consultant as soon as possible. Patients who have already been admitted to the Maternity Ward or Delivery Unit should be reviewed by the Duty Obstetric Anaesthetist, bleep 5107.

2. Postnatal Reviews

Patients who have an anaesthetic procedure during labour, delivery and the immediate post-partum period are routinely reviewed 12-24 hours post-procedure by the Duty Obstetric Anaesthetist. For most patients this is sufficient, but a number will benefit from outpatient follow-up

Referral criteria

Indication	Comment
Post-dural puncture headache	Post-dural puncture headache documentation pack to be completed
Intra-operative conversion from regional to general anaesthesia	
Anaesthetic-related neurological injury	
Significant failure of labour analgesia	E.g. Not possible to achieve satisfactory epidural analgesia after multiple interventions

Referral process

Where an issue is identified during inpatient post-anaesthesia review the duty anaesthetist should make a referral via obsanaesref@wwl.nhs.uk to the Obstetric Anaesthesia inbox. There is no specific proforma, but the referral should contain as a minimum the patient’s full name, date of birth, WWL hospital number and description of the reason for referral. It is expected that the referrer should also document the review in full on the HIS electronic patient record system as an “Anaesthetic Progress Note”. Patients will be offered an appointment in the Obstetric Anaesthesia clinic, usually 3 months after delivery. This may be virtual (telephone) or face-to-face at Thomas Linacre Centre. On rare occasions a patient requiring face-to-face review may wish to avoid visiting a clinic setting with women who are currently pregnant and in this circumstance we will liaise with her to arrange review in a suitable alternative location.

3. Process for audit

There are no specific audit criteria for this guideline, but it will be audited as required dependent on clinical indications.

Any clinical incidents reported relating to failure to inform an anaesthetist about a patient with specific risk factors will be investigated and may trigger an audit.

Appendix 1

Obstetric Anaesthesia Referral Form

Name	
Date of birth	
WWL Hospital number	
Expected date of delivery (EDD)	
Planned mode of delivery if known	

Primary reason for referral (please tick)

BMI > 45	☐	Spinal/neurological	☐	Declines blood	☐
Anaesthetic issues	☐	Medical condition	☐	Other	☐

Further information
(e.g. Gravity/Parity, Previous mode of delivery, Detailed description of issues)

Responsible senior clinician	
Name & grade of referrer	
Date of Referral	