Burton Hospitals
NHS Foundation Trust

Title: Management of Obstetric Anaesthetic Clinic		**Policy No: WC/OG/53A** **Version No: 5**
Document Type:	**Clinical / Non Clinical:**	**Effective from:**
Operational Procedure	Clinical	27th September 2016
Responsibility:	**Essential Reading for:**	**Information for:**
Department of Anaesthetics	All Anaesthetists All Midwives	All Obstetric Medical Staff
Original Issue Date:	**Date of Last Review:**	**Next Review Date:**
July 2006	December 2023	December 2026
Linked Trust Policies:	**Consulted:**	**Stored:**
	All Anaesthetists All Obstetric Medical Staff All Midwives All Senior Nursing/Midwifery Managers	Division of Women & Children's Guideline Intranet Server
Approved by: **Clinical Director for Women and Children's Services**	…… **Clinical Director** **Date:** 27th September 2016	

Version	Type of change	Date	Author
5	Routine review and amendment	12/9/16	Dr L Baxendale **Consultant Obstetric Anaesthetist**
6	Routine review and amendment	12/12/23	Dr L Baxendale **Consultant Obstetric Anaesthetist**

Burton Hospitals NHS Foundation Trust
Directorate of Surgery
Division of Anaesthetics

Management of Obstetric Anaesthetic Clinic

1.0 Introduction

The obstetric anaesthetic clinic takes place weekly on a Wednesday or Thursday morning in the antenatal clinic. The clinic is run by Consultant Obstetric Anaesthetists in rotation and is managed by Dr Louise Baxendale, with administrative support from Sarah Bridges and Julie Ashfield (Anaesthetic department secretaries). Whilst there is no funded midwifery support for the clinic, the midwives in antenatal clinic are available for help where necessary. Patients seen in the clinic include antenatal patients requiring anaesthetic review and postnatal patients requiring anaesthetic follow up.

Occasionally patients will be seen elsewhere if appropriate and where possible patient requests to combine the anaesthetic appointment with other hospital attendance will be accommodated. However, this cannot be offered routinely. Dr Baxendale may ask other anaesthetists to review patients if appropriate. The purpose of this document is to provide information regarding the organisation of the clinic and, as an attached appendix, a list of clinical conditions for which antenatal referral is recommended.

2.0 Antenatal Obstetric Patients

2.1 Objectives

To produce a suggested plan for the peripartum anaesthetic management of women who may have specific anaesthetic problems. The advantages of seeing women in an antenatal clinic include clinical assessment of, and discussion with, the woman in an environment where there is adequate time.

2.2 Referral

Women can be referred by midwives, obstetricians or anaesthetists. Antenatal referrals from midwives and obstetricians should be sent to the dedicated email address uhdb.obstetricanaestheticclinicburton@nhs.net. Minimum dataset is patient name, hospital number, estimated date of delivery and the reason(s) for referral. If the reason is elevated BMI, please state the BMI. Please do not ask the antenatal receptionists to book the patients into this clinic.

Refer each woman as soon as possible during the pregnancy and inform her that she has been referred and the reason for the referral. A list of clinical conditions requiring referral is available in antenatal clinic (see Page 4 of 5, appendix 1). If in doubt, please refer.

2.3 Management

Dr Baxendale will triage each referral and assess whether the woman requires an appointment. The majority of patients will be sent an appointment to be seen in the clinic. If the

patient does not require an appointment, based upon the information received in the referral, then the patient will be sent a letter to explain this. Timing of any appointment will depend on number of factors including gestation, the nature of the clinical problem and whether further information needs to be obtained but is rarely needed prior to 23/40 weeks.

Once a woman has been seen in the clinic, an Obstetric Anaesthetic Note will be completed on Meditech. A consultant specific alert will appear on the patient's Meditech summary page and a summary will be entered into the anaesthetic assessment section of the handheld notes. Discussion with anaesthetists, obstetricians and other healthcare professionals will take place as appropriate. Information about specific high risk women will be emailed to anaesthetists if appropriate.

2.4 Administration

Administration support for this service is provided by Sarah Bridges and Julie Ashfield, secretaries to the anaesthetic department (6396).

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3.0 Postnatal obstetric patients

3.1 Objectives

Women who have had an anaesthetic problem in the peripartum period will be reviewed postnatally in order to assess them clinically, discuss what happened and discuss implications for future pregnancies.

3.2 Referral

Referral is by email to uhdb.obstetricanaestheticclinicburton@nhs.net. Most referrals will be from anaesthetists. GPs are welcome to refer directly. Women should be referred if they have had an anaesthetic complication and require follow up review. This includes all women with a suspected accidental dural puncture.

3.3 Management

As with antenatal women appointments will be sent out by the anaesthetic department. Assessment and management of the women will be documented in the woman's Meditech notes and letters sent as appropriate.

3.4 Administration

As above for antenatal women

4.0 Criteria for antenatal referral to the obstetric anaesthetic clinic

- Previous anaesthetic problem e.g. suxamethonium (scoline) apnoea,
- Malignant hyperpyrexia, allergy, previous difficult intubation, previous traumatic obstetric anaesthetic experience, including reactions to local anaesthetics
- Jaw or neck problems
- Respiratory disease e.g. severe asthma

- Cardiac disease (any)
- Neurological disease e.g. multiple sclerosis, raised intracranial pressure
- Epilepsy if fits brought on by pain, stress or tiredness or poorly controlled
- Renal disease
- Liver disease
- Haematological problems e.g. low platelets, women receiving enoxaparin or other anticoagulants
- Back problems - refer previous back surgery, severe intervertebral disc disease, scoliosis, or maternal request for referral
- Connective tissue disorders
- Arthritis
- BMI >40
- I.V. drug abuse current and previous
- Needle phobia severe i.e. unable to obtain blood samples
- HIV positive women
- Women refusing blood products

Any other women who you have concerns about or if they request to see an anaesthetist

(See also Appendix G in ***Antenatal Care - Clinical Guideline (UHDB/MAT/09:22/A5)***