ANAESTHETIC ROLE IN BIRTHING SERVICES

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To clarify the procedure for referral of a woman to the Obstetric Anaesthesia Clinic(OAC)
- To clarify the role of the anaesthetic medical officers (MO) in Birthing Services (BS)
- Ensure timely access to pain relief for a woman in labour

2. PATIENT

- Woman who requires anaesthetic consultation prior to birth
- Woman admitted to BS in labour

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

Obstetric Anaesthesia Clinic

- Identify woman who presents with risk factors requiring referral to the OAC as outlined below:
    - Body mass index (BMI) >40
    - Significant medical conditions e.g. pre-eclampsia, pre-existing cardiac condition
    - Previous anaesthetic complications
    - Spinal condition likely to make regional anaesthesia more complicated
    - Increased risk of bleeding e.g. thrombocytopenia (platelets <100) or anticoagulant use
    - Multiple pregnancy
    - Other concerns
- Refer to OAC, as early as possible in the pregnancy, by midwife, obstetric doctor, or obstetric physician
- Complete a referral/consult form, which must include the name of the obstetrician whom the woman is booked under
- Advise the woman to take the referral/consult form to the front desk at the antenatal clinic and book into a Friday morning OAC
- Review woman in OAC by consultant anaesthetist, who will record OAC consultation in electronic medical record (eMR). Consultation entry must also be copied to obstetric care plan in eMaternity (eMat)

Birthing Services

- Perform a risk assessment on woman admitted to BS, by the admitting midwife
- Request a review by the anaesthetic team for woman who is requesting an epidural or patient controlled analgesia (PCA) or has additional anaesthetic risk factors as outlined above
- Document this review and plan of management in the medical records and involve, where appropriate, the anaesthetic consultant-in-charge (ACIC)
- Handover complex medical woman at each anaesthetic staff shift change
- Confirm whom the ACIC is covering for BS for each 24-hour period. This is done by the midwife in charge of BS at each midwifery handover by checking the roster, contacting the front desk of operating theatre, or accessing HOSPORTAL
- Document clearly the ACIC name and contact details on the whiteboard in BS

…./2

ANAESTHETIC ROLE IN BIRTHING SERVICES cont'd

- Contact the ACIC if:
  - the anaesthetic registrar/fellow requests assistance at any stage, including opening a second operating theatre
  - the anaesthetic registrar/fellow has been unable to site an effective epidural after 30 minutes and/or three attempts
  - the anaesthetic registrar/fellow is unavailable and likely to remain so for the next 40 minutes
  - the woman is admitted under the care of a private obstetrician
  - escalation is required

6. DOCUMENTATION

- Medical record
- Referral consultation form

7. EDUCATIONAL NOTES

- OAC is usually attended by a consultant anaesthetist
- Escalation to the ACIC may be instigated by the midwife in-charge or the obstetric team

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Delivery Suite – Responsibility for Review and Management of Public Patients
- Midwifery Admission Guideline
- Escalation for Birthing Services
- Australian College of Midwives (ACM) Guidelines for Consultation and Referral
- Obesity and Weight Gain in Pregnancy, Labour and Postpartum
- Twin Pregnancy - Intrapartum Vaginal Birth
- Epidural Analgesia – Programmed Intermittent Epidural Bolus (PIEB) and Patient Controlled Epidural Analgesia (PCEA) – Delivery Suite
- Patent Controlled Analgesia (PCA) Remifentanil – in Labour

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care

11. REFERENCES

1. Joint RANZCOG/ANZCA Position statement on the provision of Obstetric Anaesthesia and Analgesia Services 2015.
2. Management of Obesity in Pregnancy – RANZCOG 2017

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 7/5/19
Approved Quality & Patient Safety Committee 21/11/13
Endorsed Obstetrics LOPs 5/11/13

FOR REVIEW : MAY 2024