



GUIDELINES FOR REFERRAL FOR OBSTETRIC ANAESTHETIC ASSESSMENT

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and/or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

The aim is to facilitate the timely planning of appropriate care during the antenatal, intrapartum and postnatal period. It is expected that most of the referrals will be with regard to planning intrapartum care and will therefore take place in the antenatal period. It is good practice to endeavour to reduce avoidable queries with forward planning.

The patients covered by this guideline are antenatal or postnatal women who would benefit from the advice of an anaesthetist.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Senior anaesthetist regularly involved in obstetric anaesthesia.

Lead Clinician(s)

Dr J Greenwood

Consultant Anaesthetist

Jasmin Farmer

Antenatal Clinic Manager

Approved at Clinical Effectiveness Committee:

12th July 2005

Approved by Anaesthetic Clinical Governance Committee on:

11th September 2012

Approved by Obstetric Governance Committee on:

21st September 2012

This guideline should not be used after end of:

22nd April 2013

Key amendments to this guideline

Date	Amendment	By:
April 2007	Reviewed by clinical lead and agreed to continue for a further period without amendment	R Alexander
July 2009	Reviewed by Clinical lead and agreed to continue for a further period without amendment	R Alexander
September 2012	Reviewed by Clinical lead and on discussion with Drs Alexander and Gopal have agreed changes to the 'Indications for referral' sections 1, 4, 10 & 12 of the guideline	J Greenwood
April 2013	Reviewed with Minor Amendments Approval of Re-publication given by email – 22/04/13	J Greenwood Rabia Imtiaz

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INTRODUCTION

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GUIDELINE

Referral method

It is essential that an appointment is booked. The gestational timing of the appointment will vary according to the individual needs of the woman and the reason for the assessment.

Worcestershire Royal Hospital - contact Antenatal Clinic Reception.
Alexandra Hospital - contact Antenatal Clinic.
Kidderminster Hospital - refer to WRH or Alexandra hospital.

Notes and any relevant medical imaging should be requested and available at the consultation.

Indications for referral

1. Previous personal or family history of serious anaesthetic problems (especially scoliosis, apnoea or malignant hyperpyrexia) or previous problems or issues with epidurals or spinals.
2. Previous adverse drug reactions (excluding common allergies).
3. History of difficult airway or intubation.
4. Blood disorders especially low platelet count (below 100)
5. Cardiovascular disease (including heart murmurs).
6. Respiratory disease that limits activity (including breathlessness at rest).
7. Back or relevant musculo-skeletal problems (including spina bifida).
8. Previous spinal surgery.
9. Any woman who is likely to refuse a blood transfusion due to religious or cultural beliefs for example a Jehovah Witness. This should not be taken to imply that this woman is necessarily high risk obstetrically.

However it is good practice to discuss her preferences and plan the acceptable use of blood products or substitutes should the use of these become necessary. It is helpful to

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advise her to get a copy of the Healthcare Directive from her church to bring to the appointment

10. Any coexisting medical disease especially Neurological e.g. multiple sclerosis.
11. Any woman with a BMI of more than 40.
12. At the Worcester site all postnatal women with significant neurological signs and symptoms that could relate to peripartum anaesthesia/analgesia, e.g. dural tap, or women wishing to discuss any relevant peripartum experiences. (At the Redditch site all referrals should pass to Dr Gopal directly or via the Anaesthetic dept. at the Alexandra Hospital)
13. Requested by the woman herself.
14. Any woman who has had **significant** previous problems with vascular access or documented problems during the current pregnancy, who wishes to discuss potential problems with an anaesthetist (eg. IV drug user or patient who has required central vascular access in previous deliveries due to difficulty)

It is expected that the anaesthetist who sees the woman will action any follow up required him/herself, particularly with regard to communicating with other members of the multidisciplinary care team.

The consultation should be clearly recorded in the medical and patient held records. The anaesthetic department may also wish to keep a record the plan of care agreed with the woman available in their department.

MONITORING TOOL

How will monitoring be carried out?

Review of notes

Who will monitor compliance with the guideline?

Anaesthetic Department

STANDARDS	%	Clinical Exceptions
All women described above should be offered an appointment	100%	None
The conclusions of the consultation will be clearly documented in the notes.	100%	None

REFERENCES

Schwalbe S. S. (1990) Preanaesthetic Assessment of the Obstetric Patient. Anaesthesiology Clinics, p 741-748

Obstetric Anaesthetists Handbook, 3rd Edition (Aug 2003), Mark Porter University Hospital, Coventry and Warwick NHS Trust.

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CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Dr Jaime Greenwood	Anaesthetic lead for obstetric anaesthetic clinic
Dr Ratan Alexander	Consultant Anaesthetist
Dr Karen Kerr	Consultant Anaesthetist
Jasmin Farmer	Antenatal Clinic Manager

Circulated to the following individuals for comments

Name	Designation
Mr S Agwu	Consultant Obstetrician/Gynaecologist
Mrs P Arya	Consultant Obstetrician/Gynaecologist
Mrs A Blackwell	Consultant Obstetrician/Gynaecologist
Miss R Duckett	Consultant Obstetrician/Gynaecologist
Mrs S Ghosh	Consultant Obstetrician/Gynaecologist
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Mr J F Watts	Consultant Obstetrician-Gynaecologist
Dr Sally Millett	Consultant Anaesthetist
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Patti Paine	Head of Midwifery
Karen Kokoska	Maternity Services Risk Manager
Rachel Carter	Matron IP WRH
Margaret Stewart	Matron OP-Community
Alison Talbot	Matron IP Alexandra Hospital
Fiona Pagan	Delivery Suite Manager, Alexandra Hospital
Josette Jones / Sally Talbot	Delivery Suite Deputy Managers, Alexandra Hospital
Pamela Jones	Delivery Suite Manager, WRH
User representatives	LW Forum
Midwife members of MGDG (For consultation with their peers)	
J A Barratt	Clinical Midwife Specialist
M Byrne	Midwife, Alexandra Hospital
H Doherty/J McGivney	Community Midwife, Bromsgrove-Redditch Team
J S Farmer	Midwife, Antenatal Clinic, WRH
C Parry	Community Midwife, Evesham Team
J Martin	Midwife, Alexandra Hospital
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G Robinson	Community Midwife, Worcester Team
H Walker	Community Midwife, Kidderminster
V Tristram	Midwife, Kidderminster Hospital/Supervisor of Midwives
J Voyce	Community Midwife, Malvern Team
B Wilkes	Midwife, Alexandra Hospital
R Williams	Midwife, WRH
Circulated to the chair of the following committee's / groups for comments	
Name	Committee / group
Dr Julian Berlet	Anaesthetic Clinical Governance Committee

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Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Guideline
2	Title of document	Guidelines for referral for obstetric anaesthetic assessment
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-OBS-067
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Anaesthetics
6	Clinical lead/s	Jaime Greenwood
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Please describe the consultation that has been carried out for this document	Consultation with Anaesthetists/Clinicians to discuss re-wording Circulated to members of the Anaesthetic and Obstetric Governance Committees
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Guidelines for referral for obstetric anaesthetic assessment

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

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Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Revised version shared with Anaesthetists working with obstetrics by anaesthetic lead for obstetric anaesthetic clinic	Jaime Greenwood	August-September 2012
Shared with Antenatal Clinic Managers	Judi Barratt Jaime Greenwood	September-October 2012

Plan for dissemination

Disseminated to	Date
Members of the Anaesthetic Clinical Governance Committee	11 September 2012
Medical and Midwifery staff via Effective Handover	September-October 2012

1	Step 1 To be completed by Clinical Governance Department Is the document in the correct format? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Has all mandatory content been included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date form returned 16/04/2013	
2	Name of the approving body (person or committee/s)	Rabia Imtiaz – Accountable Director
Step 2 To be completed by Committee Chair/ Accountable Director		
3	Approved by (Name of Chair/ Accountable Director):	Rabia Imtiaz – Accountable Director
4	Approval date	22 nd April 2013

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided (or approval email from accountable director in the case of minor amendments).

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-OBS-067	16/04/2013	13/05/2013	5.1

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Supporting Document 2 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact Human Resources.

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Supporting Document 3 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval