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<b>REPLACES:</b> Referral to Obstetric Anasesthetist - Previous documents archived on Orchidnet	<b>HEAD OF DEPARTMENT:</b> Sanjeev Prashar Fiona Crosfill		
<b>VALIDATED BY:</b> Women's Health Ratification Group	<b>DATE:</b> 30 May 2017		
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<b>(NOTE: Review dates may alter if any significant changes are made).</b>	<b>REVIEW DATE:</b> 30 May 2020		

<b>AMENDMENT HISTORY</b>				
<b>Version No.</b>	<b>Date of Issue</b>	<b>Page/Selection Changed</b>	<b>Description of Change</b>	<b>Review Date</b>

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes

Document for Public Display: No

Evidence reviewed by Library Services N/a

## HOW THE NHS CONSTITUTION APPLIES TO THIS DOCUMENT

<b>WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY?</b> <a href="#">Click here for guidance on Principles</a>	Tick those which apply	<b>WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY?</b> <a href="#">Click here for guidance on Pledges</a>	Tick those which apply
1. The NHS provides a comprehensive service, available to all. 2. Access to NHS services is based on clinical need, not an individual's ability to pay. 3. The NHS aspires to the highest standards of excellence and professionalism. 4. The patient will be at the heart of everything the NHS does. 5. The NHS works across organisational boundaries. 6. The NHS is committed to providing best value for taxpayers' money. 7. The NHS is accountable to the public, communities and patients that it serves.	✓ ✓ ✓ ✓ ✓ ✓ ✓	1. Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability. 2. Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities. 3. Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. 4. Provide support and opportunities for staff to maintain their health, wellbeing and safety. 5. Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. 6. To have a process for staff to raise an internal grievance. 7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	✓ ✓ ✓ ✓ ✓ ✓ ✓
<b>WHICH AIMS OF THE TRUST APPLY?</b> <a href="#">Click here for Aims</a>	Tick those which apply ✓ ✓ ✓	<b>WHICH AMBITIONS OF THE TRUST APPLY?</b> <a href="#">Click here for Ambitions</a>	Tick those which apply ✓ ✓ ✓ ✓

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## Referral to Obstetric Anaesthetist

Women with the conditions listed below should be referred to an Obstetric Anaesthetist on identification. Each woman should have a formal referral. If you are unsure whether a woman should be seen by an anaesthetist then discuss with one of the Obstetric anaesthetic consultants; contact via the Anaesthetic Department, extension 2555.

Try to choose the anaesthetist that will care for this mother, if appropriate.

An Anaesthetic referral form, available from Antenatal Clinic should be used for referrals to the Obstetric Anaesthetist out-patient clinic. Completed referrals can be placed in the anaesthetic diary in the plastic sleeve titled referrals or alternatively if an appointment has been given then in the plastic sleeve appropriate to the appointment. Alternatively a formal letter of referral can be made.

Please record the EDD on the referral letter and if an appointment has been made.

Referral should be recorded in the notes relating to the perinatal period - Pregnancy Notes (and hospital summary sheet). Anaesthetic clinic stickers (available in the Anaesthetic diary) should be used.

Please note a referral may be dealt with by letter to the woman, rather than a clinic appointment.

### Significant medical problems including:

- Cardiac (Please ensure appropriate referral has been also made to cardiology)
  - Congenital heart disease, corrected or uncorrected
  - Acquired heart disease: valvular lesions, ischaemic heart disease, cardiomyopathy
  - Arrhythmias: congenital or acquired (e.g. complete AV-block)
  - Diseases of the aorta (e.g. Marfan's Syndrome)
  - Essential hypertension requiring treatment
- Respiratory (mild, well controlled asthmatics do not need referral):
  - Severe obstructive/ restrictive lung disease (e.g. asthma, pulmonary fibrosis) which require special care during pregnancy and childbirth
- Endocrine disorders - only those who are poorly controlled
- Renal or liver disease:
  - Impaired renal function/ regular dialysis
  - Renal transplant
- Neurological Disorders
  - Neuromuscular disease which may affect breathing (e.g. Myasthenia gravis, Muscular dystrophy)
  - Other intracranial pathologies (e.g. AV-malformations, BIH, Neoplasm)
  - Previous history of stroke or intracranial bleeding
- Haematological Disease
  - Congenital Coagulopathies (e.g. von Willebrand disease, haemophilia)
  - Platelet deficiencies (thrombocytopenia with count less than 100) or platelet dysfunction.

- Therapeutic anticoagulation (not thromboprophylaxis).
- Sick cell anaemia.

Please give the information leaflet “Low Molecular Weight Heparins Information about labour and delivery” to women prescribed Low Molecular Weight Heparin. Women with Thalassaemic haemoglobinopathy

or hypercoagulability with prophylactic anticoagulation therapy during pregnancy (e.g. Protein S/C/ATIII deficiency) do not need referral unless complicated by other medical conditions.

**BMI ≥ 40**, in accordance with the [Weight management in pregnancy](#) guideline.

**Any woman who wants to discuss epidurals, spinal, general anaesthetic or pain relief in labour; including after giving birth**

**Significant pregnancy related illness:**

- Back pain needing treatment
- Symphysis Pubis Dysfunction needing treatment

**Anaesthetic related problems:**

- History of difficult / failed intubation, anticipated difficult airway
- Previous cleft lip/palate or maxillofacial surgery
- Anaphylaxis
- Suxamethonium apnoea
- Malignant Hyperthermia
- Porphyria
- Previous traumatic anaesthetic experience
- Complications after neuraxial blockade
- Spine problems, e.g. congenital abnormalities, previous operations, trauma etc. NOT minor backache).
- Severe needle phobia e.g. refusing any needle related intervention. Must be seen by consultant obstetrician prior to decision for referral.
- Refusal of blood or blood products
- Pregnancy Induced Hypertension/Pre-Eclampsia
- Placenta praevia/accrete/percreta.

There is an appendix to aid decision making for anaesthetic referral in the presence of back pain.

**References:**

- Association of Anaesthetists of Great Britain and Ireland & Obstetric Anaesthetists’ Association. (2005) *Guidelines for obstetric anaesthetic services*. London: AAGBI.
- Confidential enquires into Maternal Deaths in the United Kingdom (2011) *Saving mothers' lives Reviewing maternal deaths to make motherhood safer: 2006-2008* London:CMACE

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## Equality, Diversity & Inclusion Impact Assessment Form

<b>Department/Function</b>	Women's Health		
<b>Lead Assessor</b>	Anna Bewley		
<b>What is being assessed?</b>	Referral to Obstetric Anaesthetist		
<b>Date of assessment</b>	12/07/2018		
<b>What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.</b>	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues <input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s <input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs) <input type="checkbox"/>
	Pharmacy, Medicine, Anaesthetics, Scanning, NICE Guidelines and RCOG		

1) What is the impact on the following equality groups?		
<b>Positive:</b>	<b>Negative:</b>	<b>Neutral:</b>
<ul style="list-style-type: none"> <li>➤ Advance Equality of opportunity</li> <li>➤ Foster good relations between different groups</li> <li>➤ Address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unlawful discrimination, harassment and victimisation</li> <li>➤ Failure to address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is quite acceptable for the assessment to come out as Neutral Impact.</li> <li>➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
<b>Equality Groups</b>	<b>Impact (Positive / Negative / Neutral)</b>	<b>Comments:</b>
<b>Race</b> (All ethnic groups)	Neutral	<ul style="list-style-type: none"> <li>➤ Provide brief description of the positive / negative impact identified benefits to the equality group.</li> <li>➤ Is any impact identified intended or legal?</li> </ul>
<b>Disability</b> (Including physical and mental impairments)	Neutral	
<b>Sex</b>	Neutral	
<b>Gender reassignment</b>	Neutral	
<b>Religion or Belief (includes non-belief)</b>	Neutral	
<b>Sexual orientation</b>	Neutral	
<b>Age</b>	Neutral	
<b>Marriage and Civil Partnership</b>	Neutral	

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<b>Pregnancy and maternity</b>	<b>Neutral</b>	
<b>Other</b> (e.g. caring, human rights, social)	<b>Neutral</b>	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

<b>ACTION PLAN SUMMARY</b>		
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>

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