Bradford Teaching Hospitals NHS
NHS Foundation Trust

Title:
Referral to the High Risk Obstetric Anaesthesia Clinic

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Approved by:
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Antenatal anaesthetic clinic permits early identification and detailed assessment of high-risk mothers. These guidelines form part of a formal system to ensure that these women are seen and assessed by a senior anaesthetist within a suitable time frame, preferably in early pregnancy.

Purpose

- To provide the safest and highest quality analgesia and anaesthesia to mothers before, during and after the delivery of their baby.
- To allow a detailed antenatal anaesthetic assessment of the high risk mother and to identify the need for any additional services they may require.
- To prepare and communicate an individualised peri-partum multi-disciplinary care plan for these women. This should help to avoid unanticipated difficulties in case of emergency presentation and facilitate effective teamwork on the labour ward.
- The clinic provides an opportunity for women to discuss methods of labour analgesia and the appropriate anaesthetic technique in case of operative delivery.

Method of Referral

Referral to the anaesthetic clinic should be made **as soon as a high-risk pregnancy has been identified.** Referral can be made by the Midwife or the Obstetrician (see last page from referral form)

Email:

obstetric.AnaestheticClinic@bthft.nhs.uk

Include the following details:

- Name
- Date of birth
- Hospital or NHS number
- Estimated due date
- Name of referring clinician or midwife
- Responsible Consultant Obstetrician
- Clinical Indication for referral with relevant background information
- Any additional requirements i.e need for an interpreter
- Whether there are relevant investigations pending

The patient must be informed that she has been referred for anaesthetic assessment and the reason for this referral in view of her higher risk pregnancy.

The above email address should also be used to communicate relevant test results or updated multi-disciplinary management plans for high risk mothers.

Criteria for Referral

This is by no means a comprehensive list. For any advice regarding referral, please contact Dr Cooper on #6674. If urgent advice is required and Dr Cooper is not contactable, please contact the on duty Consultant Obstetric Anaesthetist.

Women with complex medical conditions should be seen by the specialist physician and a joint multi-disciplinary care plan agreed.

It is the responsibility of the referring clinician to coordinate the multi-disciplinary care of the patient and make arrangements for appropriate investigations (ECG, echocardiogram, blood tests etc) that may be required.

The following patients should always be referred:

All ASA III patients (patients with severe systemic disease and significant functional limitation)
All patients with the potential to deteriorate during or immediately after labour or Caesarean section

Respiratory Disease

- Pulmonary hypertension
- Cystic fibrosis
- Bronchiectasis
- Severe asthma
- Restrictive lung disease

Cardiac Disease

- All cardiac conditions except murmurs associated with a completely normal echocardiogram
- **Patients with complex cardiac disease should be managed in a tertiary centre**

Neurological disease

- Multiple sclerosis
- Myasthenia gravis
- Spinal cord injury
- Arteriovenous malformation
- Raised intracranial pressure

Haematological disease

- Bleeding abnormalities
- Von Willebrands disease, haemophilia or other coagulation disorders
- Thrombocytopenia or platelet dysfunction
- Therapeutic anticoagulation
- Sickle cell anaemia

Mothers with haematological disease will usually be seen in the joint obstetric/haematology clinic. Please send the MDT management plan to the obstetric.AnaestheticClinic@bthft.nhs.uk . If needed, these patients can then also be seen in the obstetric anaesthetic clinic.

Auto immune

- Systemic lupus erythematosus
- Rheumatoid arthritis

Metabolic and endocrine

- Conditions with the potential for deterioration at or around the time of labour or surgery

Lumbosacral spine problems

- Previous back surgery e.g Harrington rods, discectomy, decompressive laminectomy
- Congenital abnormalities e.g kyphoscoliosis, myelomeningocele
- Worries about back pain: Please not that regional anaesthesia will not worsen musculoskeletal back pain per se. It is not necessary to refer all women with simple back pain unless they specifically wish to see an anaesthetist.

Obstetric conditions

- Placenta accreta, increta or percreta
- More than 3 previous caesarean sections
- Gestational diabetes - poorly controlled (please send MDT plan made with diabetes team via obstetric.AnaestheticClinic@bthft.nhs.uk to enable us to decide whether a separate appointment at the anaesthetic clinic is necessary).

Other

- All women with a BMI $\geq$ 45 Kgm^{-2} should be referred. Not all will be seen. Please give details of obstetric history and details of any comorbidity in the referral to enable us to appropriately select who needs to be seen.
- Jehovah's witnesses
- Needle phobia
- Transplant recipients
- Substance abuse

Past history of, or potential for, problems with anaesthesia

- Difficult, or failed intubation
- Anaphylaxis
- Suxamethonium apnoea
- Malignant hyperthermia
- Porphyria
- Complications following previous central neuraxial block
- Previous bad anaesthetic experience
- Problems or complaints after anaesthesia

Referral Pathway

Referral emails will be reviewed by a Consultant Obstetric Anaesthetist. We will allocate appointments, depending on clinical priority, for the high risk clinic, which is held twice per month. If we feel that a patient who has been referred does not need to be seen by the anaesthetist, we will contact the referring clinician or midwife to explain the decision. Ideally, we aim to see patients in a timely fashion before their third

trimester. This allows enough time to organise any further investigations, specialist medical review or referral to a tertiary centre if needed.

In exceptional circumstances, patients may present late in their pregnancy. We will endeavour to facilitate anaesthetic review at short notice, however, due to the limited number of appointments available in clinic, this may require that patients are given an appointment to see the duty anaesthetist on the delivery suite.

The Clinic

The clinic is consultant led. Assessment will involve a detailed history and physical examination followed by discussion with patient (+/- partner) regarding her risks and medical management on the labour ward. The patient will be offered advice on labour analgesia and anaesthesia in case of operative delivery. A multidisciplinary care plan based on the best current evidence will be prepared for management in labour or in case of emergency.

This information will be documented on MEDWAY and details of the management plan will be kept in the folder on labour ward.

The Obstetrician responsible for the patient will be contacted if a specialist medical referral is required. **The obstetric team remains responsible for referral as well as transfer of care to a specialist centre.**

If the woman fails to attend an appointment, the referring clinician or midwife will be informed by email. If necessary, a further appointment can then be arranged.

Missed Opportunities

Clinicians who see a patient on labour ward who has not been seen in the high-risk clinic, but who fulfils any of the above criteria, should please inform Dr Sarah Cooper and complete an incident form.

Authors: Dr Louise Jobling July 2016 (version 1)
Dr Sarah Cooper December 2017 (version 2).

OBSTETRIC ANAESTHETIC REFERRAL

Consultant

Date of referral

EDD

Hospital Number

Needs interpreter?

Name

Tests already requested?

Address

Referrer name and contact:

Telephone Number

Reason for Referral

Previous anaesthetic or epidural problems	
Cardiovascular problems	
Respiratory problems	
Neurological problems	
Significant back problems	
Congenital disease	
Haematological problems	
Other medical problems	

Details