GUIDELINES FOR REFERRAL TO OBSTETRIC ANAESTHETIC HIGH RISK CLINIC

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GUIDELINES FOR REFERRAL TO ANAESTHETIC HIGH-RISK CLINIC

Contents

1 BACKGROUND ................................................................................................................. 3
2 PURPOSE ......................................................................................................................... 3
3 METHOD OF REFERRAL .................................................................................................... 3
4 CRITERIA FOR REFERRAL ............................................................................................. 4
5 REFERRAL TO CLINIC PATHWAY ................................................................................. 5
6 THE CLINIC .................................................................................................................... 5
7 CLINICAL EFFECTIVENESS .......................................................................................... 5
8 REFERENCES ................................................................................................................... 6
9 APPENDIX 1 ................................................................................................................... 6
GUIDELINES FOR REFERRAL TO ANAESTHETIC HIGH-RISK CLINIC

1 BACKGROUND

More and more women with co-existing medical conditions are becoming pregnant. These women are at increased risk of morbidity and mortality during delivery. The Saving Mothers’ Lives 2003-2005 document reported that a large proportion of women with medically complex pregnancies did not always have a clear management plan. Antenatal anaesthetic clinic permits early identification and detailed assessment of high-risk mothers. It is a requirement that there should be 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.

2 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 assessment of the high-risk mother and to identify the need for any additional services they may be require.
• To prepare an individualised peri partum multi disciplinary care plan for these women, with an aim to improve effective communication and facilitate teamwork on the labour ward. This should also avoid unanticipated difficulties in case of emergency presentation.
• The clinic provides an opportunity for women to discuss methods of labour analgesia and the appropriate anaesthetic technique in case of operative delivery.

3 METHOD OF REFERRAL

3.1 Referral to the anaesthetic clinic should be made as soon as a high-risk pregnancy has been identified. Referral could be done by the midwife or the obstetrician (See flowchart -Appendix 1). An anaesthetic alert card must be completed and sent to the anaesthetic department. The cards are kept in the antenatal clinic and must contain an addressograph of the patient, name of the referring clinician or midwife, responsible consultant obstetrician, expected date of delivery and clinical indication for referral. All this information must also be documented in the antenatal notes. Alternatively, a copy of the referral card could be attached. The patient must be informed that she has been referred for anaesthetic assessment and the reason for this referral in view of her high risk pregnancy.

3.2 Certain conditions could be referred to the duty anaesthetist on an ‘ad hoc’ basis from Brancaster antenatal clinic. These include BMI > 40, needle phobia, substance misuse and previous multiple caesarean deliveries. In case the duty anaesthetist is busy in theatre, the patient may be advised to wait or arrangements for a further appointment will be made. This should be done by the duty anaesthetist. Details of these referrals must also be documented in the antenatal notes. Patients seen at Wisbech clinic should be referred by the formal alert card system.
3.3 Any special requirements, i.e. need for an interpreter must be clearly addressed on the referral card. In which case, the clinic staff will be contacted by the anaesthetist to make necessary arrangements.

4 CRITERIA FOR REFERRAL

4.1 Women with pre-existing medical conditions:

- Cardiac disease including essential hypertension
- Disease affecting the respiratory system – asthma, obstructive sleep apnoea, pulmonary hypertension
- Renal disease
- CNS disorders – multiple sclerosis
- Hepatic disease
- Myopathies – myasthenia gravis, myotonia
- Diseases of endocrine system, longstanding steroid therapy
- Haematological disorders – thrombocytopaenia, anticoagulant therapy, haemoglobinopathies including sickle cell disease
- Connective tissue disorders – rheumatoid arthritis, scleroderma, systemic lupus erythematosus
- Transplant recipients

4.2 Women with above conditions should be seen by the specialist physician and a joint multi disciplinary care plan agreed. The referring clinician must take responsibility to ensure this system is followed effectively. It is also expected that arrangements for appropriate investigations like ECG, echocardiography, renal function tests etc. have been made at the time of referral. (This is the responsibility of the referring clinician, not the obstetric anaesthetist)

- Abnormalities of the spine inc. spina bifida occulta, previous spinal surgery, longstanding back pain, inter vertebral disc prolapse
- Previous head and neck, major thoraco-abdominal surgeries
- BMI > 40, BMI > 35 with other co morbidities

4.3 Obstetric conditions

- Placenta praevia, percreta
- More than 3 previous caesarean sections
- Gestational diabetes – poorly controlled

4.4 Others

- Jehovah’s witness
- Needle phobia
- Substance abuse
- Previous history of awareness under anaesthesia
- Family history of serious anaesthetic problems – suxamethonium apnoea, malignant hyperpyrexia
- Previous bad anaesthetic experience, previous history of failed intubation
5 REFERRAL TO CLINIC PATHWAY

The referral cards will be reviewed by a consultant obstetric anaesthetist and depending on clinical priority, an appointment letter will be sent to the patient via the Brancaster antenatal clinic. The high-risk clinic is held twice a month on Monday afternoons. We aim to see patients who have been alerted, 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 be given an appointment to see the duty anaesthetist. This would be to suit the social circumstances of the patient and will aim to coincide with an existing antenatal clinic appointment. Details of the appointment would be communicated with the duty anaesthetist for that specific date.

6 THE CLINIC

At present this is entirely consultant led. A maximum of 6 patients are seen per clinic. 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. This information will be documented on the notes and patients’ handheld antenatal notes. Details of the clinic review will be communicated to the referring midwife or doctor through a formal letter. A multidisciplinary care plan based on the best current evidence will be prepared promptly for management in labour or in case of emergency. A copy of this care plan will be sent to the patient for attachment to the handheld notes. A copy will be kept in the high-risk anaesthetic folder, for labour ward team. Another copy will be filed in with the patients’ hospital notes.

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

If the woman fails to attend an appointment, a further appointment will be sent and this should be documented in the notes. In case of multiple missed appointments, community midwife or the obstetrician will be notified (as per Guideline A13 – Guidelines for follow-up of women who fail to attend for antenatal care).

7 CLINICAL EFFECTIVENESS

Compliance with this guideline will be monitored by:

- Review and investigation of all incidents where care has deviated from the guideline as identified through clinical incident reporting. In situations when women who should be referred have not been, an incident form needs to be completed
- Data review through departmental statistics
- Using specified audit of documentation

Auditable standards:
- Compliance with guidelines for referral to anaesthetic clinic
- Missed referrals/appointments
- Documentation of anaesthetic ALERT card
- Clinical outcome
- Patient satisfaction
Action plans will be formulated to address shortfalls/ non-compliance and associated risks. These action plans will be monitored through the department clinical governance processes.

8  REFERENCES

CEMACH: Saving Mothers’ Lives 2003-2005
OAA/AAGBI Guidelines for Obstetric Anaesthetic Services Revised Edition May 2005

9  APPENDIX 1
Appendix 1

**OBSTETRIC ANAESTHETIC HIGH RISK CLINIC PATHWAY**

- Obstetrician – Hospital based
- Midwife – Community based
- Patient informed of referral
- Obstetric Anaesthetic ALERT card addressed to lead obstetric anaesthetist – patient details, EDD, name of person referring and reason for referral
- ALERT card reviewed by the lead obstetric anaesthetist
- Fulfils criteria for anaesthetic review (as listed in guidelines)
- YES
  - Appointment given to see Consultant Obstetric Anaesthetist in the clinic
  - Complex medical conditions – Referral/consultation with specialist services – cardiology, neurology, tertiary centre
  - Multi disciplinary meeting with relevant specialities
- NO
  - No action taken

**Individualised multi disciplinary care plan prepared** –
- one copy filed in with patients antenatal handheld notes
- one copy in hospital notes
- one copy in high risk folder kept in delivery suite

**Auditable standards:**
- Compliance with guidelines for referral to anaesthetic clinic
- Missed referrals/appointments
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