A survey of anaesthetic management of the Category 1 caesarean section

Dear Dr……………………..

Lucas et al proposed a 4–point classification for caesarean section (CS) urgency.¹ This was supported by the RCOG and used in the national Sentinel CS Audit in 2001.² Last year the National Institute for Clinical Excellence (NICE) confirmed their support for this classification. They also published recommendations on decision-to-delivery intervals in CS of differing urgency.³ NICE have also published guidance on the use of fetal resuscitation in cases of abnormal CTG during labour.⁴

We are surveying lead obstetric anaesthetists on whether these recommendations have been implemented, as well as the anaesthetic management of the most urgent cases. This is an anonymous survey. The number on the questionnaire will be used only to track the responses. However if you have any guidelines that are relevant and which you would be prepared to let us look at, please will you either 1. enclose up to 10 paper sheets (postage limit) in the SAE 2. e-mail them to MK 3. provide your contact details (e-mail preferable) and we will get in touch with you.

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2. The national sentinel caesarean section audit report. RCOG Press, 2001
3. Caesarean section. NCC-WCH commissioned by NICE. RCOG Press, 2004
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General information about your unit

Q 1: Number of deliveries per year
Q 2: % CS rate
Q 3: Please circle one option per row:

<table>
<thead>
<tr>
<th>Main operating theatre where CS are done is on:</th>
<th>Delivery suite or very near</th>
<th>Distant but same site</th>
<th>Different site (public road journey)</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second operating theatre where CS is done on:</td>
<td>Delivery suite or very near</td>
<td>Distant but same site</td>
<td>Different site (public road journey)</td>
<td>Don’t have</td>
</tr>
</tbody>
</table>

Q 4: Do you have a 24 hrs / 7 days dedicated (immediately available) anaesthetist for the labour ward with no other commitments [e.g. for ICU / non-obstetric theatre]  Y / N

How many anaesthetists with commitment to the delivery suite are resident at night? ………

Grade(s) involved in out-of-hours resident rota – tick as many as necessary:

Consultant □ NCCG □ SpR □ SHO □

Classification of CS urgency

Q 5: Do you use the NICE four-category CS classification (see box)  Y / N

If No, what do you use *:

..........................................................................................................................................................................................
..........................................................................................................................................................................................

Do you record this classification on (please circle all that apply):
operation record / anaesthetic chart / audit data / CNST returns / clinical / other …………………

Do you know the number of Category 1 / equivalent CS as % of total CS

Decision to Delivery Interval (DDI):

Q 6: Do you have any written guidelines for recommended DDI for CS? *

– is this different for different urgency categories (complete the lines that are appropriate)

Category 1 / equivalent Y / N if yes, what: .................................................................
Category 2 / equivalent Y / N if yes, what: .................................................................
Category 3 / equivalent  Y / N if yes, what: .................................................................
All emergency CS [i.e. not split into categories as above]  Y / N if yes, what: .................................................................

Q 7: If you have these figures available - % of general anaesthesia for:

<table>
<thead>
<tr>
<th>Category</th>
<th>% of General Anaesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>All CS</td>
<td></td>
</tr>
<tr>
<td>Elective (Category 4)</td>
<td></td>
</tr>
<tr>
<td>All 'emergency' (Category 1-3)</td>
<td></td>
</tr>
<tr>
<td>Category 1 / equivalent</td>
<td></td>
</tr>
</tbody>
</table>

Anaesthesia for the most urgent CS

Q 8: Do you have written guidelines for the provision of different types of anaesthesia for your most urgent CS category, i.e. specific differences compared to CS that are less urgent? *

<table>
<thead>
<tr>
<th>Type</th>
<th>Y / N if yes, what:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA</td>
<td></td>
</tr>
<tr>
<td>Spinal</td>
<td></td>
</tr>
<tr>
<td>CSE</td>
<td></td>
</tr>
<tr>
<td>Epidural top-up</td>
<td></td>
</tr>
</tbody>
</table>

Where is the top-up usually started? .................................................................

Intrauterine fetal resuscitation

Q 9: Do you have written guidelines for intrauterine fetal resuscitation? * Y / N  [if No, go to Q 10]

When is IUR used:  before operative delivery / during labour / other...........................

Do you suggest:  Details - how & what

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position change</td>
<td></td>
</tr>
<tr>
<td>Intravenous fluid bolus</td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
</tr>
<tr>
<td>Tocolysis</td>
<td></td>
</tr>
</tbody>
</table>

Indication for tocolysis – hyperstimulation / normal contractions / other…………

Other  Y / N .................................................................

Maternal compromise

Q 10: Do you have written guidelines for maternal compromise needing most urgent delivery *

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>major haemorrhage</td>
<td></td>
</tr>
<tr>
<td>eclampsia</td>
<td></td>
</tr>
<tr>
<td>total spinal</td>
<td></td>
</tr>
<tr>
<td>LA toxicity</td>
<td></td>
</tr>
<tr>
<td>cardiac arrest</td>
<td></td>
</tr>
</tbody>
</table>

Any further comments *

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE