Document No: **EDMS # 489169**

TITLE: Obstetric Patient Referral to Anaesthetic Pre-Assessment Clinic

1. Statement/Purpose/Description

To facilitate timely anaesthesia clinic review, assessment of optimal anaesthesia care and location prior to labour and delivery. To ensure that an anaesthesia plan of care is in place for pregnant women / person at increased risk of complications during labour or operative delivery. To ensure distribution of the plan to all parties involved in care and facilitate access to critical information in the event urgent anaesthesia intervention is required.

2. Scope

Health NZ Te Whatu Ora Lakes Midwives, Lead Maternity Carers, Clinical Midwife Educator, Midwifery Manager, Consultant Obstetricians and Consultant Anaesthetists.

3. Definitions

AV	Arterio-venous
BMI	Body mass index
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebrovascular Accident
EDD	Estimated Delivery Date
HELLP	Haemolysis, Elevated Liver enzymes, Low Platelets
ICU	Intensive Care Unit
IDDM	Insulin dependent diabetes mellitus
LSCS	Lower Segment Caesarean Section
PAC	Pre-Assessment Clinic
RCP	Regional Clinical Portal
SLE	Systemic lupus erythematosus
TIA	Transient Ischemic Attack

4. Process for Referral to Anaesthesia Clinic

4.1 If a woman/person meets any of the following criteria there should be an initial referral to a consultant obstetrician.

4.2 Following obstetric review, the midwife or obstetrician completes the Lakes Obstetric Anaesthesia (PAC) Referral Form (Appendix 1). This should state the condition for referral and suggested gestation of the appointment as per the following criteria.

4.3 This referral should be **e-mailed** to the following address: PreoperativeAssessmentClinic@lakesdhb.govt.nz,

4.4 Consent for referral should be sought from the woman/person prior.

4.5 An appointment will be arranged at the appropriate gestation, or as soon as possible if referral is received beyond the suggested gestation.

5. Process for Effective Sharing of Anaesthesia Clinic Review Information

5.1 Following anaesthesia consultation, the relevant parturient anaesthetic, obstetric and medical history, anticipated anaesthetic issues and a proposed anaesthesia plan of care will be documented directly onto BadgerNet the maternity electronic record system.

5.2 The review and anaesthetic plan will be distributed as follows, to ensure all parties receive relevant information:

- Anaesthetist will now document their review directly on BadgerNet.
- There is a process in place to alert the anaesthesia secretary when a maternal patient has been seen anaesthesia PAC.
- The anaesthesia secretary will upload the BadgerNet review onto Regional Clinical Portal. So that the relevant information and plan is accessible on both digital hospital record systems.
- Anaesthetists, if you wish a copy of review to be e-mailed directly to a specific LMC, Midwife or obstetrician please let the anaesthesia secretary know.

6. Process to Facilitate Urgent Access to Anaesthesia Clinic Review Information

6.1 A copy of the anaesthesia PAC review will be available on both BadgerNet and RCP to access important information in a timely manner.

7. Criteria for referral to Anaesthesia and suggested gestation for review

This list is by no means exhaustive. If a clinician has concerns or believes an anaesthesia consult is warranted or the woman/person requests to be seen, please feel free to discuss with anaesthesia and refer.

7.1 Planned Elective LSCS - Gestation to be seen 35 weeks

7.2 High BMI – As primary reason for referral

a) Booking BMI < 45 - with significant weight gain in pregnancy that the Midwifery or Obstetric team deems to have potentially altered the patients risk profile.

b) Booking BMI >45 - with or without co-morbidities

Gestation to be seen 32-36 weeks

Please note:
BMI > 50 at booking should be considered for tertiary level care referral
BMI >55 at booking should be referred directly to tertiary level care

7.3 Problems specific to Regional or General Anaesthesia

a) Failed spinal/epidural
b) Previous complications after spinal/epidural/GA (nerve injury, epidural haematoma, aspiration etc.)
c) Difficult intubation
d) Malignant hyperthermia
e) Anaphylaxis or severe allergy to anaesthesia agents/antibiotics
f) Suxamethonium apnoea
g) Needle phobia/severe anxiety
h) Patients who may be difficult to consent in labour (Intellectual disability, strong views or concerns about anaesthesia)

Gestation to be seen 24 weeks – or after anatomy scan

7.4 Multisystem conditions with likely anaesthesia implications

a) Porphyria

b) Myasthenia gravis
c) Patients with thyroid goitre or poorly controlled thyroid disease
d) Sickle cell anaemia
e) Phaeochromocytoma
f) Rheumatoid arthritis
g) SLE
h) Marfans
i) Type 1 diabetes
j) Current drug or alcohol abuse
k) Chronic pain disorders (if using opiates in the community)
l) Immunodeficiency, congenital and acquired
m) Renal failure

Gestation to be seen 24 weeks – or after anatomy scan

7.5 **Refusal of blood products**

a) All Jehovah's Witness patients, or patients who refuse blood products

7.6 **Cardiovascular disease (some may be referred to tertiary centre)**

a) Ischaemic heart disease
b) Cardiomyopathy
c) Congenital heart disease
d) Pulmonary hypertension
e) Valvular heart disease
f) Significant rhythm disturbances (requiring cardiology input)

Gestation to be seen 28 weeks – referred as appropriate following Physician review.

7.7 **Respiratory**

Respiratory pathology that is causing functional limitation

a) Bronchiectasis/COPD/ pulmonary fibrosis
b) Severe or poorly controlled asthma -patients with frequent hospital admissions or previous ICU admissions with asthma.
c) Cystic fibrosis
d) Obstructive sleep apnoea – Those recommended CPAP

Gestation to be seen 28 weeks

7.8 **Neurological**

a) Previous back surgery with metal rods/trauma
b) Severe neck or spinal problems with or without spinal cord injury
c) Paraplegia or any significant neurological injury
d) Kyphoskoliosis,

e) Spina bifida or spinal cord injury
f) Intracranial pathology (e.g.tumour, AVM, berry aneurysm, chiari malformation, hydrocephalus)
g) Poorly controlled epilepsy
h) Cerebral palsy
i) CVA, TIA's
j) Multiple sclerosis
k) Myasthenia gravis
l) Muscular dystrophy or myotonic dystrophy
m) Any progressive neuropathy

Gestation to be seen 24 weeks – or after anatomy scan

7.9 Haematological

a) Any patient on, or expected to start anticoagulation during pregnancy (excluding aspirin) for any reason.
b) Thrombocytopenia (low platelets) – **Referral at any gestation if platelets drop below 110**
c) Coagulopathy or history of bleeding disorders
d) Extremely rare blood antibodies where transfusion may be delayed
e) Sickle cell anaemia

Gestation to be seen 24 weeks – or after anatomy scan

7.10 Obstetric Conditions

a) Severe pre-eclampsia or eclampsia or HELLP
b) Multiple pregnancy
c) Any condition with risk of massive obstetric haemorrhage

8. Points to Note

This guideline cannot anticipate all possible circumstances and exists only to provide general guidance on clinical management.

9. Related Documentation

Lakes Obstetric Anaesthesia (PAC) Referral Form. (Appendix 1)
Anaesthetic chart.

10. References

- Royal College of Anaesthetists: Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2022
- **https://www.rcoa.ac.uk/gpas/chapter-9**
- OAA / AAGBI Guidelines for Obstetric Anaesthetic Services 2013 https://www.oaaanaes.ac.uk/assets/_managed/editor/File/Guidelines/obstetric_anaesthetic_services_2013.pdf

Authorised by: **……**
Head of Department, Anaesthetics

Endorsed by: Anaesthetic Department,
Obstetrics & Gynaecology Department

Appendix 1 – Obstetric Anaesthesia (PAC) Referral Form - EDMS # 2632096

Health New Zealand
Te Whatu Ora
Lakes

Patient Label here

MATERNITY SERVICES

OBSTETRIC ANAESTHESIA (PAC) REFERRAL FORM

G:	**P:**	
EDD:		
Gestation:		
Booking BMI:		
Current Weight:		

Priority: To be completed by referrer
Urgent: (1-2) weeks
Routine: (see overleaf)
Inpatient: Call duty anaesthetist
Other:

Referrer:	
Obstetrician:	
LMC:	
Referral Date:	

REASONS FOR REFERRAL

- ☐ Booking BMI <45 with significant weight gain in pregnancy
- ☐ Booking BMI 45-49
- ☐ Booking BMI >50 - if referral to Waikato is not considered more appropriate
- ☐ Jehovah's Witness
- ☐ Previous traumatic delivery
- ☐ Previous or anticipated anaesthetic difficulty
- ☐ Requesting epidural for labour
- ☐ Other .....

PAST MEDICAL HISTORY:

- ☐ Previous Caesarean Section
- ☐ Relevant medical/mental health conditions: Please detail
- ☐ Other specialists involved in care: e.g., Obstetric physician, cardiologist

When complete email to PreoperativeAssessmentClinic@lakesdhb.govt.nz

Triage Response:

☐ **Accept** See in _____ weeks ☐ **Decline**

DO NOT WRITE IN THIS BINDING MARGIN

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Obstetric Anaesthesia (PAC) Referral Form

MATERNITY SERVICES

Obstetric Anaesthesia (PAC) Referral Form

TRIAGE REFERENCE TABLE

NB: List is not exhaustive – refer to associated guideline

Condition	Timeframe for Review
Raised BMI	
Booking BMI <45 with significant weight gain in pregnancy Booking BMI >45 with, or without, comorbidities Booking BMI >50 consider direct to tertiary referral Booking BMI >55 refer directly to tertiary centre	**32-36 week's gestation**
Cardiovascular Disease	
Cardiomyopathy Congenital Heart Disease OR Valvular Heart disease Pulmonary Hypertension Ischaemic heart disease Significant rhythm disturbances	**28 weeks, or as per physician**
Haematological	
Jehovah's Witness or blood product refusal Anticoagulation in pregnancy (excluding aspirin) Thrombocytopenia: if <110 refer urgently History of bleeding disorders Extremely rare blood antibodies	**24 weeks, or after anatomy**
Multisystem Conditions	
▪ Type 1 diabetes - Myasthenia gravis ▪ Rheumatoid arthritis/SLE - Porphyria ▪ Sickle cell anaemia - Phaeochromocytoma ▪ Marfans - Renal Failure ▪ Thyroid goiter/poorly controlled thyroid disease ▪ Chronic pain disorder using opiates ▪ Current drug or alcohol abuse ▪ Immunodeficiency	**24 weeks, or after anatomy**
Neurological	
Previous back surgery with metal rods/trauma Severe neck or spinal problems with or without spinal cord injury, Kyphoskoliosis, Spina bifida Intracranial pathology Cerebral palsy Poorly controlled epilepsy AV malformation, CVA, TIA Multiple Sclerosis, Myasthenia gravis, Muscular or Myotonic Dystrophy Any progressive neuropathy	**24 weeks, or after anatomy**
Obstetric Conditions	
Severe pre-eclampsia or eclampsia or HELLP Multiple pregnancy High risk for major PPH	**As per Obstetrician request**
Planned Caesarean Section	
Without other major co-morbidity	**35 weeks gestation**
Previous Anaesthetic Problems	
Failed, or complications from Spinal/Epidural Difficult intubation Malignant Hyperthermia Anaphylaxis or allergy to anaesthesia agents Suxamethonium apnoea Needle phobia/severe anxiety/challenging consent	**24 weeks, or after anomy**
Respiratory	
Severe or poorly controlled asthma Bronchiectasis/COPD/pulmonary fibrosis Cystic fibrosis OSA – on CPAP (or recommended to be)	**28 weeks gestation**