

GUIDELINES FOR REFERRAL FOR OBSTETRIC ANAESTHETIC ASSESSMENT

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Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
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Date of review:	15 th November 2022	

Key Amendments

Date	Amendments	Approved by

INTRODUCTION

The aim is to facilitate the timely planning of appropriate care during the antenatal, intrapartum and postnatal period. It is expected that most of the referrals will be with regard to planning intrapartum care and will therefore take place in the antenatal period. It is good practice to endeavour to reduce avoidable queries with forward planning.

GUIDELINE

Referral method

It is essential that an appointment is booked. The gestational timing of the appointment will vary according to the individual needs of the woman and the reason for the assessment. Referrals can be made by completing the electronic form attached (see appendix), noting specific referral criteria (see below) and sending to the appropriate email inbox: **wah-tr.wrh-obstetric-anaes-clinic@nhs.net** There is currently one clinic per week on a Tuesday afternoon at Worcestershire Royal Hospital and one clinic every week on Tuesday morning at The Alexandra Hospital; please specify which clinic would be more convenient for your patient on the referral form.

NB . Any woman who has been seen in clinic previously for the same problem and has a clearly documented plan for pregnancy/delivery in the notes, does NOT need to be seen again unless the obstetrician feels it is appropriate, there has been a significant change or the patient themselves requests it.

Indications for referral:

1. Any **Primigravida** with a BMI over 45;

or a multiparous woman who has other co-morbidity which may complicate pregnancy or delivery

(NB. Any multip who has previously been seen in this clinic and had uncomplicated deliveries, regardless of BMI, will gain little from re-attending)

2. Previous personal or family history of serious anaesthetic problems (especially scoline apnoea or malignant hyperpyrexia) and previous problems or issues with epidurals or spinals.

3. Previous adverse drug reactions

NB: NOT common allergies such as Antibiotics or LATEX).

4. History of difficult airway or intubation.

5. Blood disorders especially low platelet count (below 100)

6. Cardiovascular disease (including heart murmurs).

7. Respiratory disease that limits activity (including breathlessness at rest).

8. Back or relevant musculo-skeletal problems (including spina bifida).

NB: Mild, asymptomatic spinal curvature/scoliosis does NOT need to be referred

9. Previous spinal surgery.

10. Any woman who is likely to refuse a blood transfusion due to religious or cultural beliefs for example a Jehovah Witness. This should not be taken to imply that this woman is necessarily high risk obstetrically.

However it is good practice to discuss her preferences and plan the acceptable use of blood products or substitutes should the use of these become necessary. It is helpful to advise her to get a copy of the Healthcare Directive from her church to bring to the appointment

11. Any coexisting medical disease especially Neurological e.g. multiple sclerosis.

12. All women with significant post-natal neurological signs and symptoms that could relate to peripartum anaesthesia/analgesia, or women wishing to discuss any relevant peripartum experiences.

13. All patients who have sustained or been treated for a Dural puncture should be offered a follow up appointment booked for 6-12 weeks. They should be told to phone the ante-natal clinic and cancel if they feel the appointment is not needed. There is separate Post Dural puncture paperwork available from WRH Maternity theatres that, when completed, needs to be submitted to Antenatal clinic reception for an appointment to be booked.

14. Requested by the woman herself.

15. Any woman who has had documented **significant previous problems with vascular access requiring use of Central venous cannulae**, who wishes to discuss potential problems with an anaesthetist.

NB: NOT necessarily previously failed cannula insertion attempts venous access.

It is expected that the anaesthetist who sees the woman will action any follow up required him/herself, particularly with regard to communicating with other members of the multidisciplinary care team.

The consultation should be clearly recorded in the medical and patient held records. One copy of the assessment form will be stapled into the patient's green antenatal notes. A second copy will be sent for scanning into EZ notes within 24hrs and so accessible to the multidisciplinary team from that point. This can either be accessed through the patients' EZ notes files under the obstetric then Anaesthetic tab, or via the Obs anaesthetic high risk worklist if access has been previously granted.

ANTENATAL REFERRAL TO
OBSTETRIC ANAESTHETIST

Name: Patient Name.

Hospital no: Patient Hosp Number

Date of Birth: Patient DOB

Referred by: Referrer name Referrer Role: Choose an item.

REFERRED FROM: Choose an item. ANAESTHETIC CLINIC TO ATTEND: Choose an item.
(whichever most convenient for patient)

Date of Referral: Click here to enter a date.

Reason for referral: Choose an item. Further details: Click here to enter text. (See page 2 for full list of indications)

EDD: Click here to enter a date. Gestation at referral: Click here to enter text./40
Most recent weight: Enter Weight Kg BMI: BMI
Parity: Choose an item. Preferred contact phone number for patient: Click here to enter text.

Clinical Details: Click here to enter text.

NB: Please send this form to: wah-tr.wrh-obstetric-anaes-clinic@nhs.net

Please inform patient that if NO response within 2 weeks then after triage by anaesthetist, NO appointment is needed. If required, the anaesthetist will either call or an appointment will be sent by post.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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