Worcestershire Acute Hospitals NHS Trust

GUIDELINES FOR REFERRAL FOR OBSTETRIC ANAESTHETIC ASSESSMENT

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline explains the process for referring women to the high-risk obstetric anaesthetic clinic. It covers indications for referral, and how referrals are processed by the anaesthetic department.

This guideline is for use by the following staff groups:

All staff referring women to the high-risk anaesthetic clinic.

Lead Clinician(s)

Dr Andrew Leatherbarrow	Consultant Anaesthetist
Approved by *Maternity Governance Meeting* on:	18th October 2024
Review Date: This is the most current document and should be used until a revised version is in place	18th October 2027

Key amendments to this guideline

Date	Amendment	Approved by:
Oct 2024	• Guideline updated to reflect introduction of the BadgerNet maternity record. • All references to paper referral forms removed. • Added instructions for completing electronic referrals. • Referral criteria refined and expanded. • Added information regarding triage of referrals • Added information regarding scheduling of clinic appointments. • Added how to find anaesthetic reviews on BadgerNet. • Updated contact details for the anaesthetic department	MGM

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Contents

Introduction

- The anaesthetic department run high risk maternity assessment clinics at both Worcester Royal Hospital and the Alexandra Hospital. Worcester Royal clinics take place in antenatal clinic every Tuesday afternoon and Alexandra Hospital clinics take place on alternate Tuesday afternoons.
- We see women during the antenatal period to plan intrapartum anaesthetic care and safe delivery.
- We also see women during the post-natal period in the event of an anaesthetic complication arising which requires further investigation, follow up and debriefing.
- To provide timely assessment and safe care, it is essential women are referred to us as early as possible during pregnancy. It is very difficult to offer appointments to women referred to us at 38 weeks and later due to the clinic workload. By this time is it also difficult to organise any investigations, seek specialist medical advice, and to optimise any medical conditions prior to delivery.

IF A REFERRAL IS MADE TO THE ANAESTHETIC CLINIC, THE WOMAN MUST BE INFORMED OF THE REFERRAL AND THE CLINICAL REASON FOR THE REFERRAL.

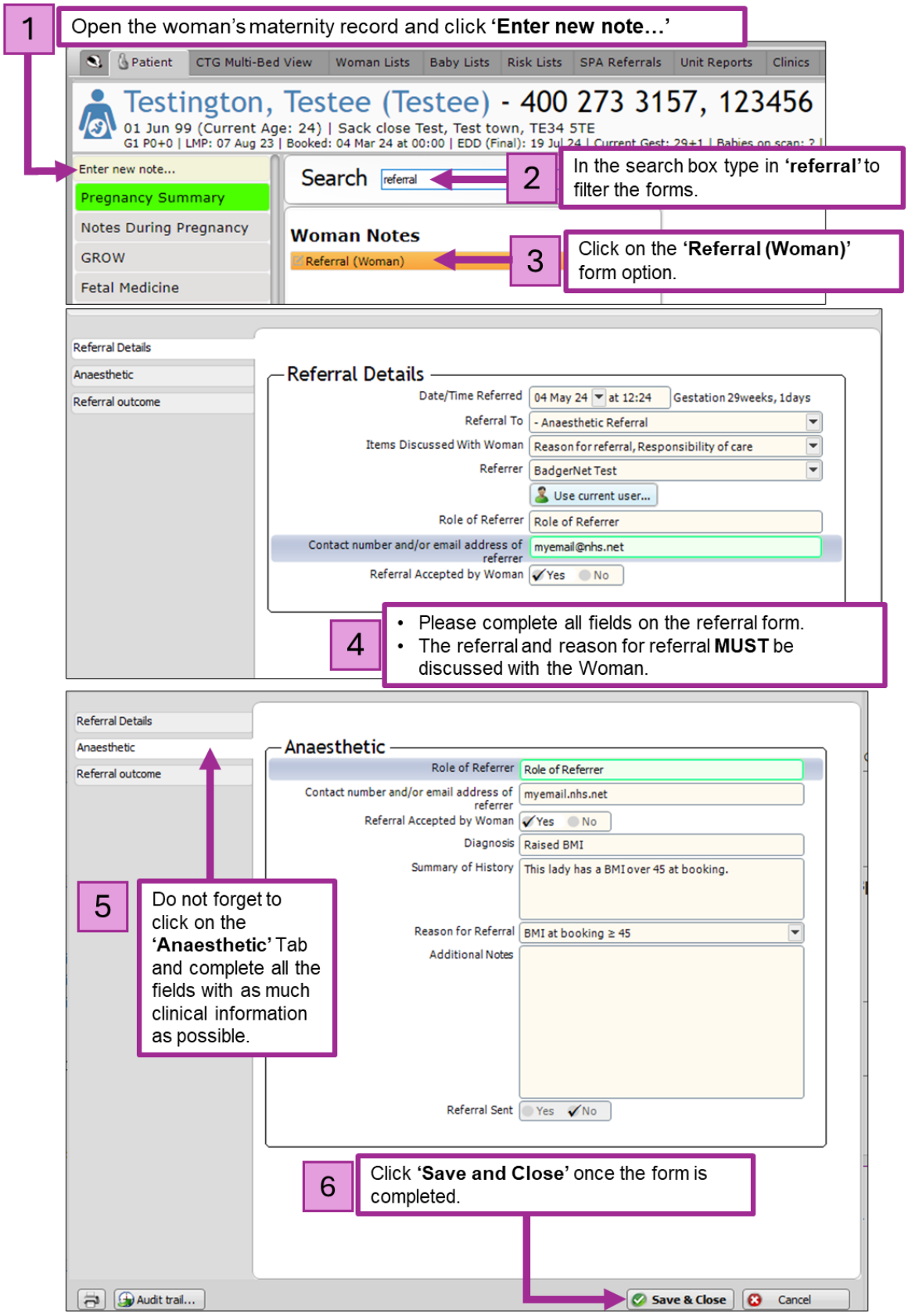
- Failure to inform women of the referral and clinical reason for the referral can lead to significant misunderstanding and considerable maternal anxiety. Without clear explanation, women can wrongly assume an anaesthetic referral indicates serious underlying issues with the pregnancy or that anaesthetic assessment precludes a normal delivery/signals they must undergo a caesarean section.

Guidance for completing the electronic referral form

- All women must be referred via the official electronic referral form on BadgerNET. This is to ensure there is a record of the referral in the maternity record. We do not accept referrals via any other route.
- Please remember you are referring for a specialist medical assessment and opinion. Such to that please provide as much clinical information as possible on the referral form.
- Poorly completed/blank forms will not be accepted, and an entry will be documented on BadgerNet requesting a repeat referral form is sent.
- Please ensure the EDD is included on the referral form. Without this is it not possible to schedule an appointment at an appropriate gestation.
- If you identify a woman in the post-natal period with symptoms suggestive of a potential anaesthetic complication, you must urgently contact the duty anaesthetist on delivery suite for advice. The duty anaesthetist will assess the symptoms and organise appropriate investigations and follow up. Please do not send an electronic referral for these women unless instructed to by the duty anaesthetist, as it could result in potential harm due to delayed assessment and treatment.

Process for completing the electronic referral form

- To make a referral, follow the steps below. Having completed the referral form, Badgernet will send the form to our official referrals email account for review and triage.



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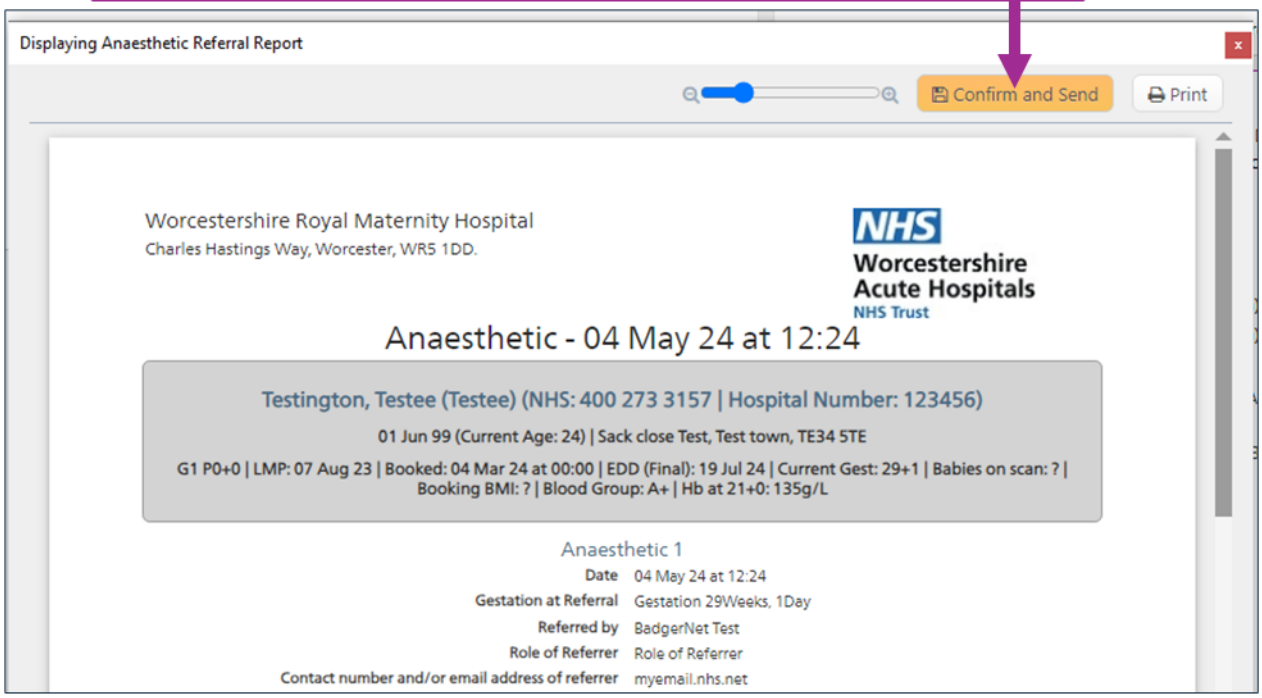
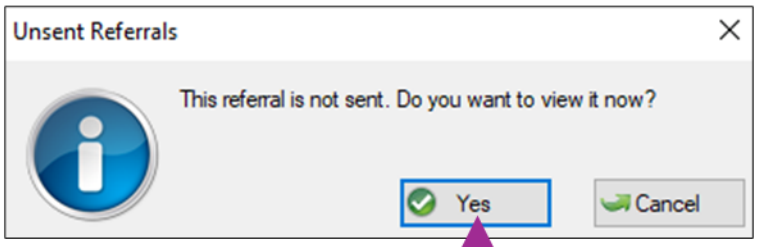
- After clicking **'Save and Close'** the referral form report will be generated as shown below.
- Please click **'Confirm and Send'.**





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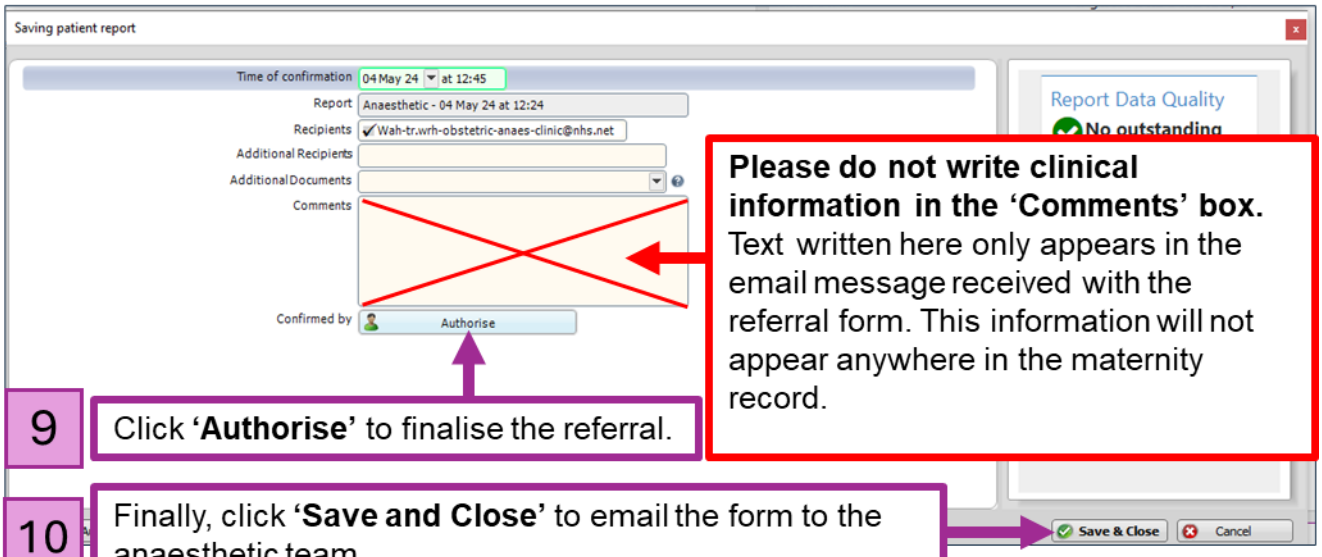
- After clicking **'Confirm and Send'** this dialog box will appear.
- Click **'Yes'** to proceed to the next step.



Please do not write clinical information in the 'Comments' box. Text written here only appears in the email message received with the referral form. This information will not appear anywhere in the maternity record.

9 Click **'Authorise'** to finalise the referral.

10 Finally, click **'Save and Close'** to email the form to the anaesthetic team.

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Indications for referral to the anaesthetic clinic (Page 1 of 1)

Any woman who has been seen in clinic in a previous pregnancy 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 woman themselves requests it.	
Indication	**Notes**
1.Women with a booking BMI >45	• **Please only refer women with a booking BMI of 45 or higher.** BadgerNet has tick box options for referring women with a BMI range of 35-40 and 40-45. Please ignore these options and follow this guideline. We do not need to see women unless the Booking BMI is 45 or higher. • Some women will have a BMI below 45 at booking but go on to exceed this at a later gestation due to the normal weight gain associated with pregnancy. Weight gain of 10-12.5kg is normal and is unlikely to lead to anaesthetic difficulties. Please refer these women once the BMI reaches 45 or higher. We will make a clinical assessment, subject to the degree of weight gain, as to whether they need to be seen in clinic.
2.Previous personal or family history of serious anaesthetic problems	• Personal and/or family history of Suxamethonium (Scoline®) Apnoea. • Personal and/or family history of Malignant Hyperthermia. • History of anaphylaxis during anaesthesia. • Complications following general, spinal or epidural anaesthesia. • Previous failure of spinal or epidural anaesthesia.
3.Allergies and adverse drug reactions	• **Please do not refer women with allergies to antibiotics, latex, and food products.** • We only need to see women who have experienced severe allergic reactions to general anaesthetic and/or local anaesthetic drugs. • Please document any allergies in the maternity record.
4.History of difficult airway or intubation	• Previous failed intubation or known difficult airway. • Severely restricted neck movement and/or severely restricted mouth opening. • Previous neck surgery or radiotherapy to the neck. • Previous tracheostomy
5.History of difficult venous access	• Any woman who has experienced significant problems with vascular access requiring insertion of a central venous cannula, Hickmann or PICC line. • Women who abuse IV drugs (e.g. Heroin) with damaged veins. • **We do not need to see women who are difficult to bleed or required a few attempts before cannulation was successful.**
6.Blood disorders	• Women taking treatment dose anticoagulants for a DVT/Pulmonary Embolism etc. • **We do not need to see women taking prophylactic/low dose anticoagulants.** • Women taking antiplatelet drugs such as Clopidogrel. • Low platelet count (below 100) • Porphyria • Sickle cell anaemia • Bleeding abnormalities and inherited coagulation disorders including Haemophilia and von Willebrand disease.
7.Cardiovascular Conditions	• Any woman with congenital or acquired cardiac disease. • Ischaemic Heart Disease / Myocardial Infarction • Cardiomyopathy • Cardiac Arrhythmia's • Valvular Heart Disease • Pulmonary Hypertension • Marfan's Syndrome Please do not refer: • Women with Supraventricular Tachycardia (SVT) or ectopic heart beats **PLEASE ENSURE AN ELECTRONIC REFERRAL IS ALSO MADE TO THE CARDIAC MDT**
8.Respiratory Conditions	• Moderate to severe asthma which is poorly controlled. • History of severe obstructive sleep apnoea requiring home CPAP • Cystic Fibrosis • Bronchiectasis • Restrictive lung diseases • Chronic lung problems following COVID-19 infection

Indications for referral to the anaesthetic clinic (Page 2 of 2)

9.Back or relevant musculoskeletal problems	• Abnormalities of the spine including spina bifida occulta, kyphoscoliosis, myelomeningocele • History of traumatic injury to the spine • Any previous spinal surgery / implanted metal work • Women with degenerative disc disease (slipped/bulging discs) who also have associated severe and persistent lower limb neurological symptoms. Please do not refer: • Women with mild, asymptomatic scoliosis with no history of spinal surgery • Women with degenerative disc disease (slipped/bulging discs) with no associated neurological symptoms or mild intermittent sciatica • Women with isolated chronic back pain
10.Neurological and Neurosurgical Conditions	• Poorly controlled/unstable Epilepsy (We do not need to see women with stable Epilepsy) • Multiple Sclerosis • Myasthenia Gravis • Muscular/Myotonic dystrophy • Idiopathic (formerly known as 'benign') intracranial hypertension. • Previous stroke or Transient Ischaemic Attacks (TIAs) • Previous neurosurgery • Presence of a Cerebrospinal Fluid Shunt • Arnold-Chiari Malformations • Benign or malignant brain tumours
11.Renal, Endocrine, Rheumatic and Autoimmune Conditions	• End stage kidney disease requiring dialysis or women with a transplanted kidney • Addisons Disease • Women who are dependent on long term steroids • Ehlers Danlos Syndrome, scleroderma, and systemic sclerosis • Rheumatoid Arthritis (only if severely restricted neck movement/mouth opening)
12.Obstetric Conditions	• Placenta Praevia / Accreta / Increta / Percreta • Other potential risk of major haemorrhage (e.g. large fibroids) • Surgery is likely to be complex or prolonged in duration
13.Women who are likely to refuse blood transfusion/blood products	• Please refer any woman who is likely to refuse a blood transfusion due to religious or cultural beliefs (for example a Jehovah's Witness). We need to discuss the woman's preferences and plan the acceptable use of blood products or substitutes should the use of these become necessary. • The advanced directive paperwork (available on the trust intranet) must be completed as early as possible in the pregnancy. This can be completed by any member of the maternity team and should not be considered the sole responsibility of the consultant anaesthetist.
14.Post-natal Follow Up and Debriefs	• Women with significant post-natal neurological signs and symptoms that could relate to potential complications from peripartum anaesthesia/analgesia who require further follow up following assessment by the duty anaesthetist on delivery suite. • Suboptimal labour epidural pain control with significant consequent distress • Anaesthetic complications such as inadequate regional block, intraoperative breakthrough pain and high spinal block where unexpected conversion to general anaesthesia became necessary. • Awareness under general anaesthesia • Women who developed a post-dural puncture headache (PDPH) with persisting symptoms • Any situations where women would benefit from a conversation and explanation regarding their anaesthetic care even when nothing has gone wrong. **Most of these women will be identified by the anaesthetic team in the immediate post-partum period and referred to the clinic. Please refer anyone who you think has been missed or you feel would benefit from a debrief**

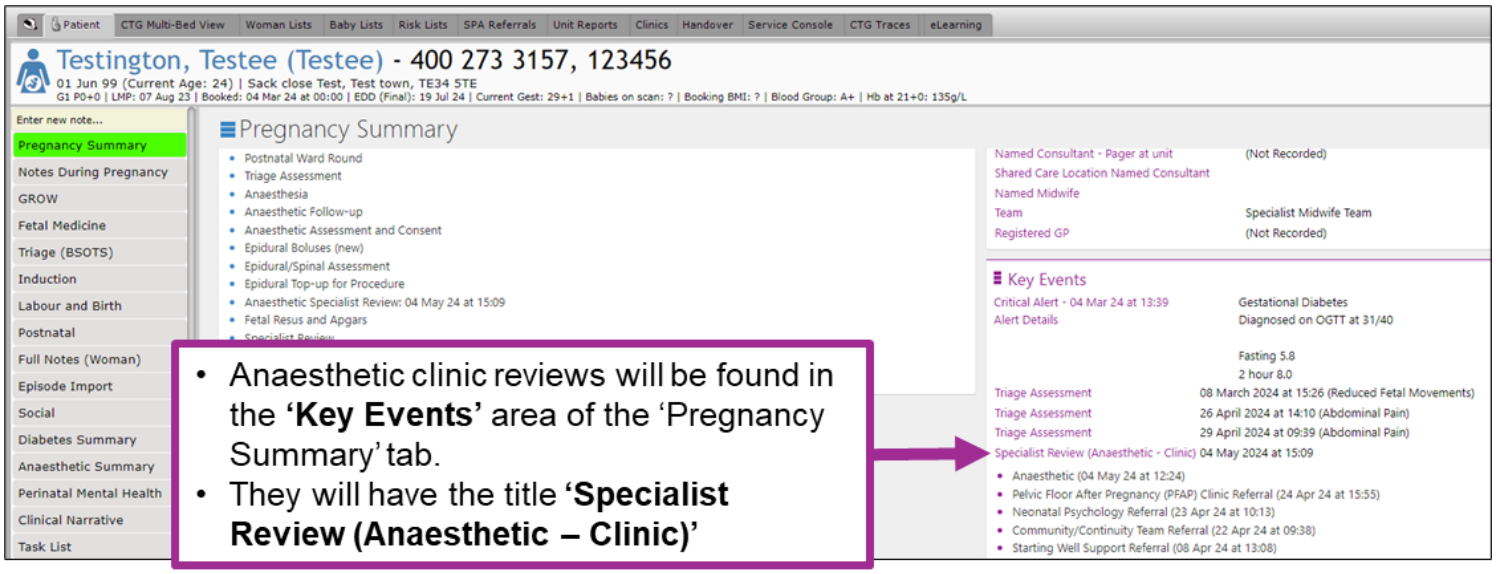
What happens after referral?

- The referral form will be reviewed and triaged by a consultant anaesthetist. If clinically indicated, a face-to-face appointment will be booked with a consultant anaesthetist. If preferred, a telephone consultation can also be arranged as an alternative if clinically appropriate.
- Not all referrals will need to be seen by us. If we feel a woman does not need to be seen by our team, we will document this in the maternity record along with any appropriate clinical advice. It is the responsibility of the referrer to feed this information back to the woman.
- All women referred to us will have a management plan recorded in a **'Specialist Review (Anaesthetic-Clinic)'** document on BadgerNET. **It is the clinical responsibility of the referrer to read the documented management plan and act upon the clinical advice provided.**
- For particularly high-risk women, for whom we have serious concerns regarding their medical condition and safety issues surrounding delivery, we will contact the named consultant obstetrician and send an email alert with a management plan to all anaesthetists who cover delivery suite.

When will women be seen in clinic?

- Subject to when the referral is received, we will schedule most women to be seen in clinic between 28-32 weeks' gestation. We try to avoid seeing women earlier than this as we need to have an idea how the pregnancy is progressing, likely mode of delivery, and allow time for other specialty reviews to have taken place.
- The gestational timing of the appointment may vary according to the individual needs of the woman and the reason for the anaesthetic assessment.
- Women with particularly complex medical issues will be seen much earlier in the pregnancy, subject to gestation at time of referral.

Where is the anaesthetic clinic review documented in the maternity record?



How do I contact the anaesthetic department to chase or rearrange an appointment?

The anaesthetic department can be contacted via telephone or via email as per below:

Please email wah-tr.anaestheticspoac@nhs.net
Telephone: 01905 733982 (Calls answered between 7.30am and 3.00pm)

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	How many referrals are received	BadgerNet reports	Yearly	Anaesthetic team	MGM	Yearly
	How many referrals require face to face clinic appointments	BadgerNet Reports and Manual Audits	Yearly	Anaesthetic Team	MGM	Yearly
	How many referrals do not meet local criteria for referral as per this guideline/how many referrals are inappropriate.	BadgerNet Reports and Manual Audits	Yearly	Anaesthetic Team	MGM	Yearly

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting