

GENERAL ANAESTHESIA AT CAESAREAN SECTION – Attendance of Anaesthetic Consultant

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To optimise the safety of a woman having a caesarean section (CS) under a general anaesthesia

2. PATIENT

- Pregnant woman presenting for either elective or emergency CS

3. STAFF

- Medical, Midwifery and Nursing staff

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Notify the anaesthetic consultant, when the decision for a general anaesthesia for CS is made. This notification is to be made by the anaesthetic junior medical officer (JMO). However if the anaesthetic JMO is unable to do this, this duty is to be escalated to the most appropriate and available member of the team present – medical OR nursing
- Start the general anaesthetic, at a time determined by the anaesthetic consultant, based on clinical urgency, and skill level and experience of the anaesthetic JMO

6. DOCUMENTATION

- Operating theatre check list

7. EDUCATIONAL

- Patients undergoing general anaesthesia at CS are more likely to have problems with airway management than non-pregnant patients
- Aspiration may occur during all types of anaesthesia in non-fasted patients, because anaesthetic and sedative medications reduce or eliminate airway protective reflexes that normally prevent regurgitated gastric contents from entering the lungs
- The general anaesthesia for CS is less than 5% at the Royal Hospital for Women, (NSW average is > 8%) whereas in other tertiary referral hospitals, the rate is upwards of 18%

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Emergency caesarean section for the operating theatres
- Caesarean birth – maternal preparation and receiving the newborn by midwives and nurses guideline
- Anaesthetic role in birthing services

9. RISK RATING

- Low

10. STANDARD

- Patient Care

11. REFERENCES

- 1 NSW Perinatal Data Collection (Secure Analytics for Population Health Research and Intelligence (SAPHaRI)). Centre for Epidemiology and Evidence, NSW Ministry of Health.

REVISION & APPROVAL HISTORY

Maternity Services LOPs group 13/10/15

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