

Title:	Early referral of high risk patients to the Obstetric Anaesthetic Team		
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If policy type is confirmed as *Directorate Specific please list the name and date of the local Committee/Group that policy was approved			
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Key Words:	High risk obstetric anaesthetics referral		
Links to other policies			

1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background

An increasing number of patients with complex medical comorbidities are becoming pregnant. These mothers are at increased risk of peripartum morbidity and mortality. Evidence shows that mothers with an increased risk of morbidity and mortality can benefit from early consultation and assessment by a senior obstetric anaesthetist. Such mothers should be identified early in their pregnancy and referred to the dedicated consultant-led high risk anaesthetic antenatal clinic at The Royal Jubilee Maternity Hospital (RJMH).

The Royal College of Anaesthetists (RCOA) Guidance for the Provision of Anaesthesia services 2020 states, “a system should be in place to ensure that women requiring antenatal referral to an anaesthetist are seen and assessed by an anaesthetist, normally a consultant, within a suitable time frame”.¹

RCOA Raising the Standards Quality Improvement Compendium 2020 states “all women with significant medical or obstetric conditions should be seen by a senior obstetric anaesthetist antenatally to have their care planned by a multidisciplinary team”.³

1.2 Purpose of policy

- To provide safe, high quality peripartum care to mothers
- To allow detailed antenatal assessment of high risk parturient and identify any additional needs they may require during labour and delivery
- To prepare a detailed individualised multidisciplinary peripartum care plan
- To prevent unanticipated difficulties in the event of emergency presentation
- To provide an opportunity for women to discuss methods of labour analgesia and anaesthetic techniques in the event of operative delivery

2.0 SCOPE OF THE POLICY

This policy relates to all pregnant women who book in the Belfast HSCT. The policy document and accompanying guideline should be referred to by all medical, midwifery and administrative staff who provide antenatal care for pregnant women.

3.0 ROLES AND RESPONSIBILITIES

All medical/midwifery staff must refer to this guideline when involved in the management and care of pregnant women.

All pregnant women booked to deliver within Belfast HSCT should be assessed to identify high risk conditions (see appendix 2) which necessitate timely referral to antenatal anaesthetic pre-assessment clinic.

4.0 **CONSULTATION**

This guideline will be widely circulated amongst midwifery clinical leads, anaesthetists, obstetricians, standards and guidelines.

5.0 **POLICY STATEMENT/IMPLEMENTATION**

5.1 Objectives

After reading this policy, obstetric staff and midwives who care for mothers during their antenatal period within the Belfast HSCT should be aware of the following:

- 1) The availability of an antenatal anaesthetic pre-assessment clinic.
- 2) Criteria for referral of pregnant women to the high-risk antenatal clinic (see Appendix 2)
- 3) The procedure by which all high-risk mothers can be referred to the high risk obstetric anaesthetic clinic (Referral pathway- see appendix 1 & 3).
- 4) Medical conditions that do not require referral and may be seen by anaesthetist on admission to RJMH at time of delivery.

5.2 Referral Pathway

All pregnant women booked to deliver within the Belfast HSCT should be assessed to identify high risk conditions which necessitate timely referral to the antenatal anaesthetic pre-assessment clinic. (appendix 1, 2 & 3)

If anaesthetic referral is necessary, this should be done as early as possible in pregnancy by filling out the RJMH obstetric anaesthetic high risk clinic referral form (appendix 1) and emailing it to:

rmhanaesclinic@belfasttrust.hscni.net

The referral form is available on the Belfast Trust Intranet Hub > IT Systems > All IT Systems > Referral Forms and Systems > High Risk Obstetric Anaesthetic Referral

Referrals will be triaged and an outpatient appointment offered if deemed necessary. The anaesthetic team may wait until admission to RJMH at the time of delivery to review the patient.

Please inform the patient of the reason why they have been referred to the anaesthetic clinic including if it is BMI related.

Please do not send a second referral form. Contact the clinic directly by email if there is a problem with a referral that has been sent previously or a change in the patient's clinical status.

Once the letter has been received and triaged an outcome letter will be available on NIECR > Clinical Documents > Outpatient > RMH-Anaesthetic Triage Clinic Letter

5.3 Criteria for referral to the high risk antenatal anaesthetic clinic (See appendix 2 for explicit list)

- Anaesthesia related problems
- Airway anomalies
- Medical Comorbidities
 - Cardiovascular disease
 - Haematological problem
 - Neurological disorder
 - Neuromuscular disorder
 - Respiratory disease
 - Renal disorders
 - Musculoskeletal problems with positive neurology or radiology
 - Endocrine/metabolic disease
 - Liver disorders
 - Autoimmune/ Multisystem disorders
- Scoliosis/kyphosis/spinal surgery
- Body mass index
- BMI >45
- Age >45 with a comorbidity
- Obstetric related problems
- Abnormal placentation
- Blood transfusion refusal
- Jehovah's Witness
- Significant patient anxiety

5.4 Medical conditions not specified in the referral criteria

Any comorbidities/conditions not listed above (or in appendix 2) of concern, may be discussed with a senior anaesthetic trainee or consultant to decide if antenatal anaesthetic review is required.

Call extension number 51180 to reach the obstetric anaesthetic office on RJMH Labour Ward, Vocera "Delivery Suite Trainee Anaesthetist" or "Delivery Suite Consultant Anaesthetist" or bleep 2740 to contact an on-call anaesthetist to discuss the case

5.4.1 Mothers who may be seen by anaesthetist on admission to RJMH prior to imminent delivery of their baby

- Body mass index 40-44
- Back problems without positive neurology/radiology
- Mild patient anxiety/needle phobia
- Minor placenta praevia
- Latex allergy
- Reassurance/explanation regarding labour analgesia/anaesthesia

5.5 Dissemination

Following consultation with all obstetric staff, obstetric anaesthetists and midwifery Staff and once ratified by the Standards and Guidelines Committee this guideline will be published on the Belfast Trust Intranet site in the Policies and Guidelines section.

5.6 Resources

Awareness has been raised to staff via email. The new referral pathway (Appendix 3) may be displayed in prenatal assessment areas.

5.7 Exceptions

This guideline applies to all obstetric patients booked to deliver in Belfast HSCT. If concern is found too late in the patient's pregnancy to make a referral to the high risk clinic, please contact the obstetric anaesthetist on call at RJMH.

6.0 MONITORING AND REVIEW

This guideline contains the current evidenced based thinking on this topic. However, data and statistics are routinely collected and correlated and should the need arise the guideline will be updated.

7.0 EVIDENCE BASE / REFERENCES

- 1) [RCOA Guidance on the provision of anaesthesia services 2020 for an obstetric population](#)
- 2) [OAA/AAGBI Guidelines for Obstetric Anaesthetic Services 2013.](#)
- 3) [RCOA Raising the Standards Compendium 2020.](#)

8.0 APPENDICES

Appendix 1: RJMH obstetric anaesthetic high-risk clinic referral form
Appendix 2: Explicit list of medical conditions which require referral to the high-risk antenatal anaesthetic clinic
Appendix 3: RJMH anaesthetic high-risk clinic pathway

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in Early referral to the Obstetric Anaesthetic Team, where required by the student's

programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 **EQUALITY IMPACT ASSESSMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No impact	<input type="checkbox"/>

Wording within this section must not be removed

11.0 **DATA PROTECTION IMPACT ASSESSMENT**

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to mitigate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the

policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

- Not necessary – no personal data involved**
- A full data protection impact assessment is required**
- A full data protection impact assessment is not required**

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT


Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

Author 
Timothy Moore

Date 15/02/2022

 
Director

Date 07/06/2022

APPENDIX 1

RJMH anaesthetic high risk referral

Name:

EDC:

DOB:

Parity:

Hospital no/H&C no:

BMI:

Contact number:

Interpreter: Yes No

REFERRAL CRITERIA:

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Age > 45 years with a co-morbidity | <input type="checkbox"/> | Body Mass Index >45 | <input type="checkbox"/> |
| Haematological problems | <input type="checkbox"/> | Neurological/neuromuscular disorder | <input type="checkbox"/> |
| Anaesthetic complication (give details below) | <input type="checkbox"/> | Endocrine/Metabolic disease | <input type="checkbox"/> |
| Cardiovascular disease | <input type="checkbox"/> | Spinal condition | <input type="checkbox"/> |
| Respiratory disease | <input type="checkbox"/> | Airway anomaly | <input type="checkbox"/> |
| Patient anxiety (give details below) | <input type="checkbox"/> | Abnormal placentation | <input type="checkbox"/> |
| Jehovah's witness | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Further details _____

Details of previous pregnancies

Mode of delivery: _____

Complications: Yes No

Details _____

Anaesthetic clinic attendance: Yes No

Referring Consultant

Date

Please email completed form to rmhanaesclinic@belfasttrust.hscni.net

To be completed by anaesthetic staff only

Clinic appointment Review on admission No review

Other instructions: _____

APPENDIX 2

Conditions requiring antenatal referral to high risk Obstetric Anaesthetic Clinic

Anaesthesia related problems:

- History of difficult/failed intubation
- Anticipated difficult airway (poor mouth opening, poor neck mobility, receding chin, previous major airway surgery, previous tracheostomy)
- Anaphylaxis (except for allergy to antibiotic or latex)
- Malignant hyperthermia
- Suxamethonium/mivacurium apnoea
- Porphyria
- Previous traumatic anaesthetic experience
- Complications after neuraxial blockade
- Significant patient anxiety

Cardiovascular disease:

- Congenital heart disease (corrected or uncorrected)
- Cardiomyopathy (e.g. HOCM)
- Valvular heart disease (mitral/pulmonary/tricuspid/aortic stenosis or regurgitation)
- Ischaemic heart disease
- Arrhythmias (e.g. SVT, AF, long QT syndrome)
- Pulmonary hypertension
- Diseases of the aorta (e.g. Marfan's syndrome)
- Pacemaker/ICD in situ

Haematological Disease:

- Patients on therapeutic doses of LMWH in pregnancy
- History of venous thromboembolism
- Hypercoagulability (e.g. protein S, protein C and antithrombin III deficiency)
- Congenital coagulopathies (e.g. von Willebrand's disease, haemophilia)
- Platelet deficiencies (Platelet count <100) or platelet dysfunction
- Haemoglobinopathy (e.g. Thalassaemia, sickle cell disease)

Neurological Disorders:

- Epilepsy
- Sciatica
- Spina bifida
- Intracranial pathologies (e.g. AV malformation, benign intracranial hypertension, neoplasm)
- Spinal cord injury
- History of stroke or intracranial bleeding

Neuromuscular disease:

- Neuromuscular disease which may affect muscles of breathing (e.g. myasthenia gravis, muscular dystrophy)

Respiratory disease:

- Severe obstructive/restrictive lung disease (e.g. severe asthma, pulmonary fibrosis, obstructive sleep apnoea, cystic fibrosis)
- Covid-19 infection requiring admission to intensive care

Renal Disease:

- Impaired renal function/regular dialysis
- Renal transplant

Musculoskeletal disorders with positive neurology/radiology:

- Scoliosis/kyphosis
- Prolapsed vertebral disc
- Vertebral fracture
- Back surgery (e.g. Harrington rods, discectomy, decompressive laminectomy)
- Chronic back pain

Endocrine Disorders:

- Pituitary/adrenal dysfunction (e.g. Acromegaly, Cushing's disease, Addison's disease)
- Pheochromocytoma
- Poorly controlled/uncontrolled diabetes mellitus
- Newly diagnosed thyroid disease
- Rare enzyme deficiencies (e.g. Fatty acid oxidase deficiency)

Liver Conditions:

- Hepatic dysfunction
- Hepatitis

Autoimmune/Multisystem Disorders:

- Systemic Lupus Erythematosus (SLE)
- Systemic sclerosis (Scleroderma)
- Antiphospholipid antibody syndrome
- Rheumatoid arthritis

Other:

- BMI >45
- Age >45 years with additional comorbidity
- Women who refuse blood transfusions
- Abnormal placentation
- Syndromes (e.g. Klippel-Feil, Turner)
- Any other condition associated with significant pathophysiology

This list is not exhaustive. For any advice regarding referral please contact Labour ward Consultant Anaesthetist (Ext 51180/ Vocera) / On call anaesthetist(Bleep 2740)

APPENDIX 3

RJMH ANAESTHETIC HIGH RISK CLINIC PATHWAY

