

Referrals to High Risk Obstetric Anaesthetic Guideline	1 of 3	Date of Approval: 18/9/24
UHBOBS164		Date of Publication: 24/9/24
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Version Number: 1	Previous Trust/LHB Reference Number: <i>n/a</i>
Referrals to High Risk Obstetric Anaesthetic Clinic	
Introduction and Aim	
To clarify the criteria for referring women to the High Risk Obstetric Anaesthesia Clinic	
Objectives	
<ul style="list-style-type: none"> To provide midwifery staff with a guideline to inform their clinical decision making. 	
Scope	
Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Obstetric Anaesthesia Guideline 2024</i>
Approved by	<i>Maternity Professional Forum O&G Quality & Safety Group</i>

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	03/11/2017	08/11/2017	New Document
2	18/09/24	23/9/27	

Referrals to High Risk Obstetric Anaesthetic Guideline	2 of 3	Date of Approval: 18/9/24
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**Referrals to High Risk Obstetric Anaesthetic Clinic
(Tuesday afternoon OBST32 and Wednesday morning OBST20 clinic sessions)**

Antenatal Patients

All patients to be booked an appointment at 32 – 34 weeks gestation, however earlier is helpful if preterm delivery anticipated.

Haematological

- All patients on heparin or low molecular weight heparins in pregnancy
- Any patient being seen regularly in the Haematology Clinic e.g. ITP, TTP, antithrombin III deficiency, Von Willebrands disease
- All patients with platelet count below 100 on 28 week bloods
- Sickle cell disease

Respiratory

- Severe asthma
- Significant history of respiratory disease e.g. cystic fibrosis, restrictive lung disease sarcoidosis, fibrosing alveolitis, pneumothorax

Neurological

- Any patient with a history or current intra-cranial pathology, including patients with VP or LP shunts.
- Any patient with a history of neuro-inflammatory disease e.g. MS

Spine

- All patients with any degree of spina bifida
- Any patient with a history of back surgery

However, we are happy to see any patient with back problems if they have specific concerns.

GIT/Liver

- Any patient with a history of major abdominal surgery
- Chronic liver disease of any cause

Renal

- Any patient with chronic renal failure
- All renal transplant recipients

Miscellaneous

- **Morbid obesity i.e. Booking BMI greater than 45**
All mothers with a BMI 35-45 will be seen in the Healthy Pregnancy clinic at 28 weeks & screened for anaesthesia related

Referrals to High Risk Obstetric Anaesthetic Guideline	3 of 3	Date of Approval: 18/9/24
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problems. A referral to anaesthetic clinic will be made by the BMI clinic staff only if specific concerns

- Previous history of specific anaesthetic-related problems e.g. suxamethonium apnoea, malignant hyperthermia
- Substance abusers
- Severe drug allergy
- Patients who refuse blood transfusion e.g. Jehovah's Witness
- Any patient who is experiencing severe anxiety related to their delivery and pain relief

Please note ALL cardiac patients will be seen through the dedicated multi-disciplinary Cardiac Obstetric Clinic on Tuesday afternoon by Dr de Lloyd, Consultant Anaesthetist following the revised cardiac care pathway.

Cardiac – follow new cardiac obstetric care pathway as above

- Complex congenital heart disease/surgery OR aortic disease/surgery
- Moderate OR severe valvular heart disease
- Significant history of dysrhythmias
- Any patient under regular cardiology review, including multiples who may have been seen in previous pregnancies