



RANZCOG/ANZCA/RACGP/ACRRM

**POSITION STATEMENT ON THE PROVISION OF
OBSTETRIC ANAESTHESIA AND ANALGESIA SERVICES**

Statement No.: WPI 14

Date of this document: March 2009

Next review due: March 2012

PREAMBLE

- The RANZCOG, the ANZCA, the RACGP and the ACRRM regard the safety and wellbeing of mother and baby as paramount during pregnancy, labour and the puerperium.
- Every woman in Australia and New Zealand should have access to a safe and appropriate level of maternity services, which should include access to anaesthesia and analgesia and essential support services.

STATEMENT

1. Training and credentialing

- 1.1 Obstetric anaesthesia and analgesia should only be administered by, or under the supervision of, medical practitioners with appropriate training, ongoing experience, and involvement in continuing professional development.

Refer to ANZCA Professional document TE3 - Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia: <http://www.anzca.edu.au/resources/professional-documents/training-educational/te3.html>

Note: Joint ANZCA/ACRRM/RACGP Consultative Committee on Anaesthesia Advanced Rural Skills Curriculum Statement in Anaesthesia (Third Edition 2003)

Refer to ANZCA Professional document PS2 -Statement on Credentialing in Anaesthesia: <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps2.html>

2. Minimum Facilities for the provision of Obstetric Anaesthesia and Analgesia services

- 2.1 Patients should be informed prospectively of the obstetric anaesthesia and analgesia services offered by an institution. Where such facilities are limited, patients should be informed and offered transfer antenatally to a centre with more comprehensive services.
Refer to Joint Consultative Committee on Obstetrics of the RANZCOG and RACGP (JCCO)

Policy Statement on shared antenatal care for low risk obstetric patients in Australia (2003) (RANZCOG statement WPI:9) <http://www.ranzcog.edu.au/publications/statements/wpi9.pdf>

- 2.2 All healthcare facilities in which anaesthesia and analgesia services are provided for women in labour should have a system that offers such services on a 24 hour basis in a safe and timely manner. This includes the provision for continuity of care by appropriately trained medical practitioners for patients having epidural analgesia.

Refer to RANZCOG statement C-Obs 14 Decision to delivery interval for Caesarean Section (2005) <http://www.ranzcog.edu.au/publications/statements/C-obs14.pdf>

- 2.3 Medical practitioners providing obstetric and anaesthesia care are responsible for developing and maintaining a professional relationship with each other in order that appropriate and timely anaesthesia and analgesia services can be provided. These services include antenatal assessment, analgesia, anaesthesia and assistance with management of high-risk patients with medical problems or requiring resuscitation. The relationship between those practitioners providing obstetric and anaesthesia care should include early referral of high-risk patients and a high level of communication.

- 2.4 Operating theatres and recovery rooms should comply with the minimum essential standards as set out by ANZCA.

Refer to ANZCA Professional Document T1 – Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites and Other Anaesthetising Locations <http://www.anzca.edu.au/resources/professional-documents/technical/t1.html> and PS4- Recommendations for the Post Anaesthesia Recovery Room <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps4.html>

- 2.5 Delivery Suites should comply with the specific recommendations as set out by ANZCA.

Refer to ANZCA Professional Documents T1-Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites and Other Anaesthetising Locations <http://www.anzca.edu.au/resources/professional-documents/technical/t1.html>

- 2.6 Maternity units must have timely access to:
- Neonatal paediatric specialist consultation
 - Operating theatres
 - Resuscitation services
 - Intensive care specialist consultation
 - Haematology and Blood Bank services including specialist haematological consultation
 - Policy documents, detailing methods of accessing emergency assistance

Where external services or transfer from the healthcare facility would be required for any service, a policy must be in place. These policies must be published and distributed, ready for emergency use.

- 2.7 All hospitals should have a quality improvement program, including audit of the time to provide emergency operative delivery.

- 2.8 A trained assistant for the anaesthetist should be present for all anaesthesia procedures.

Refer to ANZCA Professional Document PS8 - Guidelines on the Assistant for the Anaesthetist <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps8.html>

3. Professional standards

- 3.1 Hospital antenatal classes should involve input from the anaesthesia service on anaesthesia and analgesia provided at that hospital, to facilitate the provision of informed medical consent.

Refer to ANZCA Professional Document PS26 - Guidelines on Consent for Anaesthesia or Sedation <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps26.html>

- 3.2 Maternity units, whose services include regional analgesia and anaesthesia services, should provide appropriate equipment and in-service training of midwifery and nursing staff in the management of regional analgesia and anaesthesia, and of patients in the recovery room.

Refer to RANZCOG Statement C-Obs 9 Standards for epidural/spinal anaesthesia in Obstetric Practice (2006) <http://www.ranzcog.edu.au/publications/statements/C-obs9.pdf> and ANZCA Professional Document PS3 -Guidelines for the Management of Major Regional Analgesia <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps3.html>

- 3.3 A medical practitioner must be designated to be responsible for the maintenance of clinical standards in the obstetric anaesthesia and analgesia service.
- 3.4 Hospitals should be adequately staffed and resourced to allow antenatal anaesthesia assessment of women likely to require or seek anaesthesia and analgesia services.
- 3.5 The primary role of the anaesthetist is with the care of the mother. Neonatal resuscitation services should be available from other sources.

4. After-hours Provision of Obstetric Anaesthesia/Analgesia Services

- 4.1 Hospitals undertaking obstetric care with anaesthesia and analgesia are responsible for the provision of 24 hour obstetric anaesthesia and analgesia services.
- 4.2 Hospitals must have clearly documented lines of communication to ensure the availability of obstetric anaesthesia and analgesia services if needed in an emergency situation, including alternative options if a particular medical practitioner is unavailable.

- 4.3 Medical, midwifery and nursing staff of maternity units must have regard for the level of emergency of delivery as set out in RANZCOG statement C-Obs 14 Decision to delivery interval for Caesarean Section, i.e.

Category 1 - Immediate threat to the life of a woman or fetus

Category 2 - Maternal or fetal compromise but not immediately life threatening.

Category 3 -Needing early delivery but no maternal or fetal compromise.

Category 4 -At a time to suit the woman and the caesarean section team

Refer to RANZCOG statement C-Obs 14 Decision to delivery interval for Caesarean Section (2005) <http://www.ranzcog.edu.au/publications/statements/C-obs14.pdf>

- 4.4 Maternity hospitals should be aware of the risk of fatigue and provide appropriate facilities to medical practitioners providing after hours obstetric anaesthesia and analgesia services.

Refer to AMA position statement: Workplace Facilities and Accommodation for Hospital Doctors <http://www.ama.com.au/node/2260>

- 4.5 Medical practitioners should be aware of the effect of fatigue on individual performance and be prepared to modify their work practice accordingly.

Refer to AMA position statement: Workplace Facilities and Accommodation for Hospital Doctors <http://www.ama.com.au/node/2260> Refer also to ANZCA Professional Document PS43 -Statement on Fatigue and the Anaesthetist <http://www.anzca.edu.au/resources/professional-documents/professional-standards/ps43.html>

References

1. Spencer MK, MacLennan AL How long does it take to deliver a baby by emergency caesarean section? AustNZ J Obstet Gynaecol; 41:7-11
2. Lessons from the Inquiry into Obstetrics and Gynaecological Services King Edward Memorial Hospital 1990-2000, Australian Council for Safety and Quality in Health Care, July 2002
3. AMA National Code of Practice: Hours of Work, Shiftwork and Rostering for Hospital Doctors.
4. Joint ANZCA/ACRRM/RACGP Consultative Committee on Anaesthesia Advanced Rural Skills Curriculum Statement in Anaesthesia (Third Edition 2003)

Disclaimer

This College statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the Colleges endeavour to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.

Appendix

Definition of Anaesthesia

ANAESTHESIA means “absence of all sensation”.

General Anaesthesia is a state of drug-induced non-responsiveness characterized by absence of response to any stimulus, loss of protective airway reflexes, depression of respiration and disturbance of circulatory reflexes.

Regional Anaesthesia is a state of drug-induced non-responsiveness to any stimulus in a region of the body which has minimal, or no effect on consciousness, respiration or circulation (minor nerve blocks), or may affect consciousness, respiration or circulation (major nerve blocks such as spinal or epidural or caudal).

Definition of Analgesia

ANALGESIA means “absence of pain perception”.

Absence of pain sensation, or reduction in pain perception, is commonly induced by drugs which may act locally (by interfering with nerve conduction) or generally (by depressing pain perception).

Obstetric Analgesia may be achieved by regional techniques such as epidural, or by central techniques such as Entonox or an Opioid. Both techniques allow analgesia to be titrated to the effect desired. **Anaesthesia**, when necessary, may be provided by spinal or epidural, or by general anaesthesia.