WOMEN'S HEALTH & PAEDIATRICS DIVISION
MATERNITY UNIT

ANAESTHETIC HIGH-RISK CLINIC REFERRAL CRITERIA

Amendments			
Date	Page(s)	Comments	Approved by
January 2022 March 2018 April 2014		Whole document review No changes Whole document review	Women's Health Guideline Group

Complied by: Dr. Mark Sapsford, Consultant Anaesthetist

Ratified by: Women's Health Guideline Group- chairs action

Date: January 2022

Review Date: January 2025

Comments to: Dr. Mark Sapsford, Consultant Anaesthetist

Target Audience: Staff working within Maternity Services

Impact Assessment By: Dr. Mark Sapsford

BACKGROUND

In 2020 a new Anaesthetic High-Risk Clinic launched allowing for a dedicated time to be allocated to high-risk referrals. The clinic takes place on a Tuesday morning and is run by consultant obstetric anaesthetists.

The launch of the clinic has necessitated a full review of the criteria for referral. It is anticipated that there will be regular amendments to these criteria as more patients are seen in clinic and these will be made as and when needed.

REFERRAL PROCESS

All referrals are made through the Badgernet application to a dedicated email address: asp-tr.labour.wardreferrals@nhs.net.

Referrals can be made by anyone who identifies a potentially high-risk parturient. Most referrals come via midwives seeing parturients at booking, but a number also come via the Obstetricians and the Complex Care Team.

The referrals are reviewed by the anaesthetic consultants running the clinic and risk stratified to either a phone call or clinic appointment. On occasion the referrals will be too late for a clinic appointment, and in these cases the team will ask that the parturients are reviewed by the Labour Ward or Elective LSCS anaesthetic team on the day of admission. This will be done via an email to the original referrer and documented on Badgernet.

Please note that referrals with an EDD within 3 weeks or less of referral date are very unlikely to be able to be seen in clinic.

All women are told at clinic to alert their midwife to their anaesthetic referral, but it is fully expected that this may not happen in all cases. As a result, when women are admitted onto LW or into triage midwives should check for any anaesthetic clinic reviews and alert the anaesthetic team as soon as possible.

It is hoped that the criteria in this document will help facilitate early and appropriate referral which will ensure that there is sufficient time to make an appointment in the Anaesthetic High-Risk Clinic.

INDICATIONS FOR ANTENATAL REFERRAL TO THE ANAESTHETIC HIGH-RISK CLINIC

System	Criteria
Cardiac	Previous heart surgery Congenital heart disease (corrected/uncorrected) including coarctation of the aorta correction Valvular heart disease (especially aortic stenosis, mitral regurgitation) Ischaemic heart disease Pulmonary hypertension Any cardiomyopathy Arrhythmias (including persistent sinus tachycardia) Long QT syndrome Presence of a permanent pacemaker (PPM) or implantable cardioverter/defibrillator (ICD)
Respiratory	Asthma (ONLY brittle/severe/previous ITU admission NOT well controlled or asthma as a child) Cystic fibrosis Previous lung surgery Respiratory condition requiring specialised care during pregnancy or delivery Any other lung condition significantly affecting daily function
Haematological	Von Willebrand's disease Haemophilia Sickle cell disease (NOT trait/carrier) Thalassaemias Therapeutic anticoagulation (not prophylactic) including use of anti-platelet medication (clopidogrel/ticagrelor but not aspirin) Current DVT/PE Thrombocytopaenia with platelet count less than 100 on any previous blood test (see also ITP in Auto-immune) Refusal to receive blood products for any reason (e.g. Jehovah's Witness) Any disorder that prolongs bleeding (NOT Factor V Leiden)
Kidney	Any chronic kidney disease (chronically raised creatinine/reduced eGFR) Nephrotic/nephritic syndrome Auto-immune kidney disease

Liver	Auto-immune liver disease Cirrhosis Infective (Hepatitis B/C) Known liver dysfunction (especially synthetic/clotting) NOT obstetric cholestasis
Malignancy	Active cancer
Auto-immune	SLE (Lupus) Myasthenia Gravis ITP (Immune/Idiopathic thrombocytopaenia purpura) Rheumatoid arthritis affecting the neck/spine Marfan's syndrome Ehlers-Danlos syndrome
Pregnancy/uterus/abdomen related	Multiple pregnancy – NOT twins Abnormal placentation or placental location likely to cause significant blood loss Previous uterine surgery increasing risk of blood loss or extended surgical time Previous major abdominal surgery (e.g. laparotomy) or multiple endoscopic procedures (e.g. endometriosis) Severe tocophobia or previous traumatic delivery/PTSD
Neurological	Multiple sclerosis Myasthenia gravis Nocturnal epilepsy or very poorly controlled epilepsy (NOT well controlled epilepsy) Muscular dystrophy Spinal cord injury Previous stroke Previous intracranial bleed Previous brain injury Known raised ICP (including benign intracranial hypertension) AV malformations Chiari/Arnold-Chiari malformation
Endocrine/BMI	Poorly controlled diabetes mellitis (HbA1c > 48) PLUS evidence of end organ damage (esp. renal/peripheral neuropathy) Thyroid disease if: goitre present and/or cardiac symptoms (brady/tachycardia/palpitations) NOT well controlled hypo/hyperthyroidism Adrenal insufficiency (including Addison's Disease) Cushing's syndrome Pituitary insufficiency Hyperparathyroidism

	BMI>44.9 BMI >39.9 with comorbidities (e.g. chronic respiratory disease, diabetes, hypertension)
Anaesthetic specific	History of difficult/failed intubation and/or has a DAS airway alert card Previous airway surgery NOT tonsils/adenoids Malignant Hyperthermia/Hyperpyrexia in either parturient or family Porphyria Suxamethonium ("scoline") apnoea Anaphylaxis, anaphylactic shock, complex drug allergies Previously failed/difficult spinal/epidural insertion Complications following anaesthesia Requesting General Anaesthetic for delivery Severe needle phobia Previous use of central line because of difficult venous access (usually in current/prv IVDU patients)
Spine/mobility	Spina bifida Ankylosing spondylitis Scoliosis (ONLY if has had referral to spinal surgeon, even if they elected not to operate) Previous back surgery Previous back trauma Pre-pregnancy neurological deficit (regular pins and needles/weakness in the legs) Any parturient with limited mobility or flexibility because of pre-existing condition
Transplant	Any organ transplant
Other	Any other condition with significant impact on maternal health

EQUALITY IMPACT ASSESSMENT TOOL

Ashford and St. Peter's Hospitals NHS
NHS Trust

Name: ANAESTHETIC ANTENATAL REFERRAL

Policy/Service: maternity services

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
Provides evidence based guidance enabling staff to deliver consistent care with maternity services
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
Unlikely to have any negative impact as no procedure is carried out with full consent of the women involved and is based on clinical need
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No impact identified
Conclusion • Provide a summary of the overall conclusions
No impact identified
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
Reconsider at next guidance review

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

If further assessment is required please see the Integrated Single Equality Scheme.

For advice in respect of answering the above questions, please contact HR Manager, on extension 2552.

PROFORMA FOR RATIFICATION OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

Policy/Guidelines Name: **ANAESTHETIC ANTENATAL REFERRAL**

Name of Person completing form:

Date: January 2022

Author(s) *(Principle contact)*	Mark Sapsford/Tauqeer Husain
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	MS
Date of final draft	January 2022
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?	Yes
By whom:	Mark Sapsford
Is this a new or revised policy/guideline?	Revised

Describe the development process used to generate this policy/guideline. *Who was involved, which groups met, how often etc.?*
Women's Health Guidelines Group, Labour Ward Forum, Obstetric and Anaesthetic Consultants
Who is the policy/guideline primarily for?
Health Professionals working within the maternity service
Is this policy/guideline relevant across the Trust or in limited areas?
Maternity Services
How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?
Intranet, newsletters, educational half day, training sessions
Describe the process by which adherence to this policy/guideline will be monitored. *(This needs to be explicit and documented for example audit, survey, questionnaire)*
See *monitoring section of policy*
Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?
See *reference section of policy*
What (other) information sources have been used to produce this policy/guideline?
See *reference section of policy*
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?
No impact
Other than the authors, which other groups or individuals have been given a draft for comment?*(e.g. staff, unions, human resources, finance dept., external stakeholders and service users)*
Anaesthetic and Obstetric Consultants, Women's Health Guidelines Group, Labour Ward Forum
Which groups or individuals submitted written or verbal comments on earlier drafts?
Richard George, Lead for Obstetric Anaesthesia

Who considered those comments and to what extent have they been incorporated into the final draft?
All comments considered
Have financial implications been considered?
Yes