

**WOMEN'S HEALTH & PAEDIATRICS DIVISION
 MATERNITY UNIT**

ANAESTHETIC ANTENATAL REFERRAL

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

Complied by: James Margary Consultant Anaesthetist
Ratified by: Women's Health Guideline Group- chairs action
Date: September 2014
Review Date: September 2021
Comments on this document to: Dr J Margary, Consultant Anaesthetist

Target Audience: Staff working within Maternity Services

Impact Assessment Carried

Out By: Dr Margary

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INDICATIONS FOR ANTENATAL REFERRAL FOR ANAESTHETIC ASSESSMENT

From the second trimester, women should be referred for antenatal assessment by an anaesthetist if they are likely to pose anaesthetic problems.

For example:

- Past serious anaesthetic problem or drug allergy
- Neurological disease
- (Significant) Musculoskeletal disease affecting the spine or airway
- Cardiac disease (a cardiological diagnosis should have been made before referral)
- Obesity BMI over 39

Send a letter of referral to the Anaesthetic Department secretary who will arrange an appointment for the patient to be seen by a consultant anaesthetist on the labour ward.

If you are not sure whether a referral is necessary, please discuss with the duty anaesthetist on the labour ward (pager 5011).

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Anaesthetic Office

Main Theatre
St Peter's Hospital

Tel: ext 2153

Re: Ante Natal Anaesthetic Referral

Address Label

E.D.D Midwife

Reason for Referral

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Anaesthetic referrals for raised BMI – please only refer women who have a BMI >40

Many Thanks

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Name: ANAESTHETIC ANTENATAL REFERRAL

Policy/Service: maternity services

<p>Background</p> <ul style="list-style-type: none"> • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
<p>Provides evidence based guidance enabling staff to deliver consistent care with maternity services</p>
<p>Methodology</p> <ul style="list-style-type: none"> • 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?)
<p>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</p>
<p>Key Findings</p> <ul style="list-style-type: none"> • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>No impact identified</p>
<p>Conclusion</p> <ul style="list-style-type: none"> • Provide a summary of the overall conclusions
<p>No impact identified</p>
<p>Recommendations</p> <ul style="list-style-type: none"> • 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
<p>Reconsider at next guidance review</p>

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: Dianne Casey

Date: April 2014

Author(s) <i>(Principle contact)</i>	James Margary
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	JM
Date of final draft	April 2014
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?	Yes
By whom:	James Margary
Is this a new or revised policy/guideline?	revised
Describe the development process used to generate this policy/guideline. <i>Who was involved, which groups met, how often etc.?</i>	
Women's Health Guidelines Group, Labour Ward Forum, Obs 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. <i>(This needs to be explicit and documented for example audit, survey, questionnaire)</i>	
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? <i>(e.g. staff, unions, human resources, finance dept., external stakeholders and service users)</i>	
Anaesthetic and Obstetric Consultants, Women's Health Guidelines Group, Labour Ward Forum,	
Which groups or individuals submitted written or verbal comments on earlier drafts?	
Any comments received considered by Women's Health Guidelines Group	
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

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