Trigger List for calling an Anaesthetic Consultant

There is always a consultant anaesthetist responsible for labour ward. The Consultant Anaesthetist should be informed and should be expected to attend in the following situations:

- Maternal collapse
- Maternal death
- Massive obstetric haemorrhage (>1.5L) with on-going bleeding
- Eclamptic fit
- Suspected uterine scar dehiscence
- Failed intubation or anticipated difficult intubation
- Consultant Obstetrician or Labour Ward Team Leader request for Anaesthetic Consultant attendance
- Need or potential need to open a 2nd maternity theatre
- Where consultant presence recommended in anaesthetic intrapartum plan

The Consultant Anaesthetist on call should be informed in the following situations and may attend depending on their clinical discretion:

- ASA >3 patient factors
- BMI >50 requiring analgesia or operative intervention
- Massive obstetric haemorrhage (>2L) with haemostasis secured
- Severe PET (for example, patients requiring iv antihypertensives, coagulopathic, severely symptomatic etc) requiring operative intervention
- Problems with consent or patient refusal to undergo recommended treatment (e.g. Inform consultant if Jehovah's Witness patient with significant bleeding risk)
- Potential conflict between Obstetrician/Labour Ward Team Leader and Duty Anaesthetist regarding patient management
- Admission of Patient to ICU
- Patient has waited more than 30 minutes for neuraxial labour analgesia (epidural or CSE)
- Failed insertion of epidural anaesthesia