Audit Proposal: Elective Caesarean Section Management

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Background:

* There are several national and international guidelines for anaesthesia for elective caesarean
* We plan to review their recommendations and
* **OAA / AAGBI Guidelines for Obstetric Anaesthetic Services 2013**

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Recommend local guideline for:

• Regional anaesthesia including:

o Hypotension during regional block  
o Management of failed or inadequate regional block  
o Management of high regional block  
o Management of accidental dural puncture  
o Management of epidural haematoma  
o Management of post-dural puncture headache  
o Management of regional techniques in patients receiving thromboprophylaxis o Regional blocks for labour analgesia  
o Regional blocks for surgery

Anaesthesia for caesarean birth

1. 1.4.10  Provide pregnant women having a caesarean birth with information on the different types of post-caesarean birth analgesia, so that they can make an informed choice (see recommendation 1.6.9). [2004]
2. 1.4.11  Offer women who are having a caesarean birth regional anaesthesia in preference to general anaesthesia, including women who have a diagnosis of placenta praevia. [2004, amended 2021]
3. 1.4.12  Carry out induction of anaesthesia, including regional anaesthesia, for caesarean birth in theatre. [2004, amended 2021]
4. 1.4.13  Apply a left lateral tilt of up to 15 degrees or appropriate uterine displacement once the woman is in a supine position on the operating table to reduce maternal hypotension. [2004, amended 2021]
5. 1.4.14  Offer women who are having a caesarean birth under spinal anaesthesia a prophylactic intravenous infusion of phenylephrine, started immediately after the spinal injection. Adjust the rate of infusion to keep maternal blood pressure at 90% or more of baseline value and avoid decreases to less than 80% of baseline. [2004, amended 2021]
6. 1.4.15  When using phenylephrine infusion, give intravenous ephedrine boluses to manage hypotension during caesarean birth, for example if the heart rate is low and blood pressure is less than 90% of baseline. [2004, amended 2021]
7. 1.4.16  Use intravenous crystalloid co-loading in addition to vasopressors to reduce the risk of hypotension occurring during caesarean birth. [2004, amended 2021]
8. 1.4.17  Ensure each maternity unit has a set of procedures for failed intubation during obstetric anaesthesia. [2004]
9. 1.4.18  Offer women antacids and drugs (such as H2-receptor antagonists or proton pump inhibitors) to reduce gastric volumes and acidity before caesarean birth.

In March 2021, this was an off-label use of proton pump inhibitors. See NICE's information on prescribing medicines. [2004, amended 2021]

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Caesarean birth (NG192)

1. 1.4.19  Offer women having a caesarean birth anti-emetics (either pharmacological or acupressure) to reduce nausea and vomiting during caesarean birth. [2004]
2. 1.4.20  Include pre-oxygenation, cricoid pressure and rapid sequence induction in general anaesthesia for caesarean birth to reduce the risk of aspiration. [2004, amended 2011]

Prevention and management of hypothermia and shivering

1. 1.4.21  Warm IV fluids (500 ml or more) and blood products used during caesarean birth to 37 degrees Celsius using a fluid warming device. [2021]
2. 1.4.22  Warm all irrigation fluids used during caesarean birth to 38 to 40 degrees Celsius in a thermostatically controlled cabinet. [2021]
3. 1.4.23  Consider forced air warming for women who shiver, feel cold, or have a temperature of less than 36 degrees Celsius during caesarean birth. [2021]