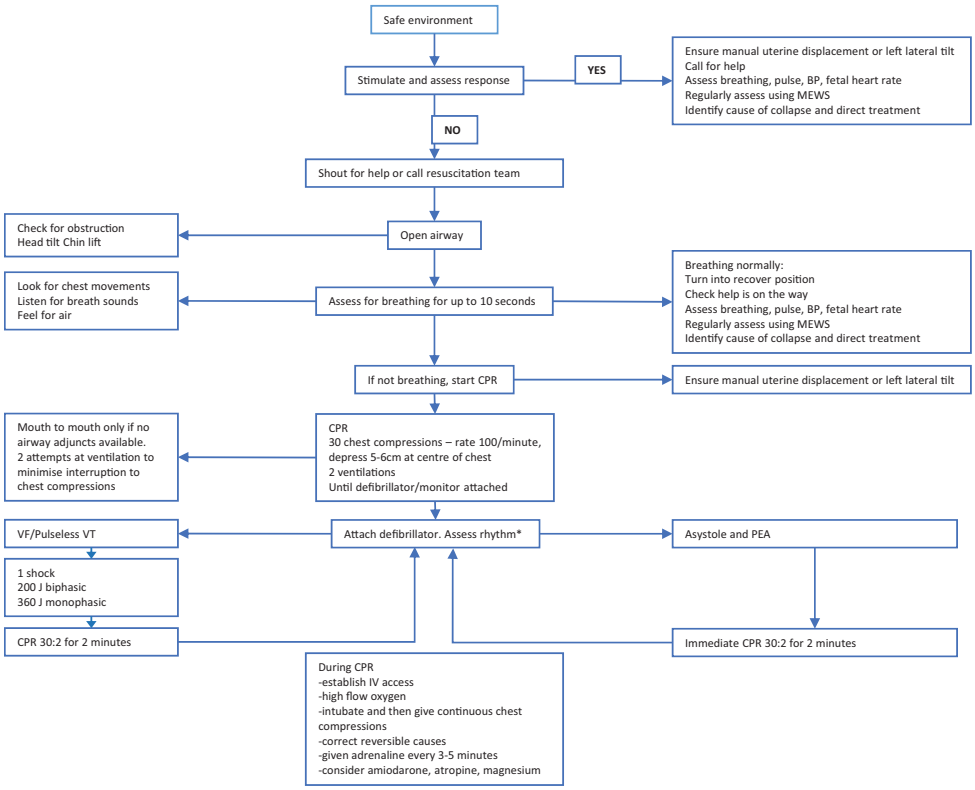
Appendix 4: Maternal collapse algorithm



Correct reversible causes (THE)		
4 Ts Thromboembolism (pulmonary and amniotic fluid Toxic and therapeutic (local anaesthetic) Cardiac tamponade Tension pneumothorax	4 Hs Hypoxia Hypovolaemia Hyper/hypokalaemia (metabolic) Hypothermia	E Eclampsia

***Could be with automated external defibrillator**
Manual uterine displacement (or left lateral tilt)
Empty the uterus if approx. 20 weeks onwards. Aim for uterine evacuation within 5 minutes

Appendix 5: Recommended airway equipment

Routine airway equipment

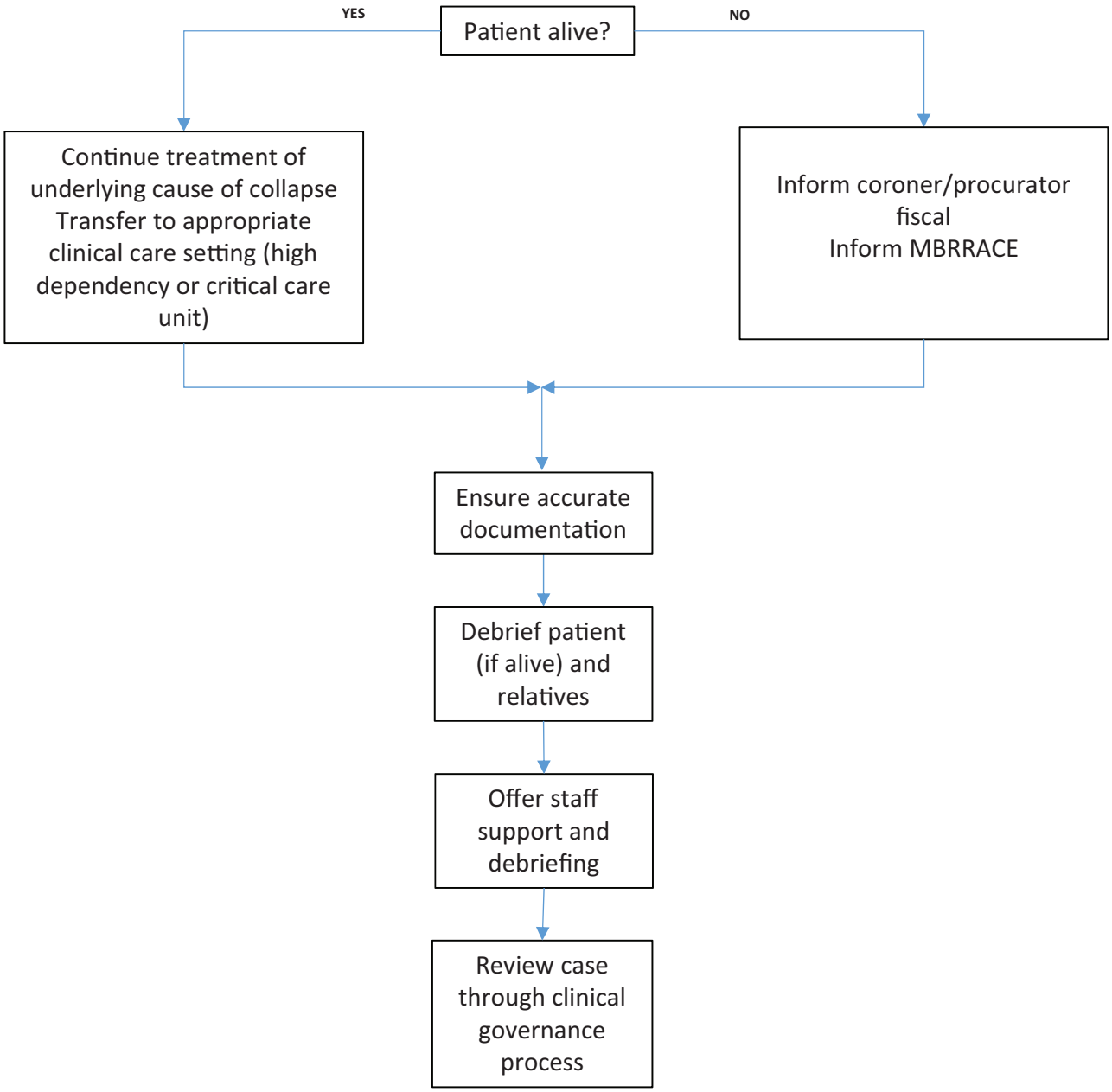
- Face masks
- Oropharyngeal airways size 2, 3 and 4
- Endotracheal tubes in a range of sizes
- Laryngoscopes – Macintosh blades (sizes 3 and 4)
  - two working short handles
  - McCoy laryngoscopes (sizes 3 and 4 blades)
  - videolaryngoscopes (at least one type)
- Tracheal tube introducer – such as a bougie
- Malleable stylet
- Magill forceps
- Nasal cannula and oxygen tubing
- Equipment for ramping/pillows
- Monitoring equipment includin g capnography (see AAGBI guidelines- Recommendations for standards of monitoring during anaesthesia and recovery. 4th edition, 2007)

Recommended equipment for the management of unanticipated difficult intubation

- Endotracheal tubes – range of reinforced tubes, microlaryngeal tubes sizes 5.0 and 6.0 mm, LMA-Fastrach™ tracheal tubes
- Supraglottic airway devices (SAD) to include cLMA, and a second generation SAD (e.g. LMA Proseal™, LMA Supreme™ or I-gel®) - sizes 3, 4 and 5
- LMA cuff pressure manometer
- Fibreoptic scope, camera and monitor
- Aintree® intubating catheter
- Surgical cricothyroidotomy equipment for the 'can't intubate can't oxygenate' situation:
  - Scalpel with No. 10 blade
  - Bougie
  - Size 6.0 endotracheal tube
  - Tracheal hook
  - Forceps or tracheal dilator
- Equipment for awake fibreoptic intubation:
  - Equipment to deliver topical atomised local anaesthetic to the upper airway such as the Mucosal Atomization Device (MAD®) or Mackenzie technique set
  - Berman airway
  - Epidural catheter
  - Local anesthetic for topical anaesthesia (4% lidocaine, Instillagel®)
  - Vasoconstrictors for the nose – phenylephrine/lidocaine (Co-phenylcaine®) or Xylometazoline

Taken from the Obstetric Anaesthetists' Association and Difficult Airway Society [http://www.oaa-anaes.ac.uk/assets/_managed/cms/files/03102015_Equipment_List%20final.docx].

Appendix 6: Post collapse management



This guideline was produced on behalf of the Royal College of Obstetricians and Gynaecologists by: **Dr J Chu PhD MRCOG, Birmingham; Dr TA Johnston MD FRCOG, Birmingham Women's and Children's NHS Foundation Trust; Dr J Geoghegan FRCA, Department of Anaesthetics, Queen Elizabeth Hospital, Birmingham**

and peer reviewed by: Royal College of Anaesthetists, London; RCOG Women's Network, London; Ms N Lucas, London; Ms C Bagness, London; Ms A Mansfield, London; Dr DA Gabbott, Gloucester; Mr P Steer FRCOG, London; Ms K Fitzpatrick, London; Ms L Vincent, Oxford; Mr D Fraser FRCOG, Norwich; Ms M Jokinen, London; Mr D Tuffnell FRCOG, Bradford; Mrs K Dent FRCOG, Derby; Dr K Calvert, Perth and Dr VA Beckett FRCOG, Bradford.

Committee lead reviewers were: Dr B Kumar FRCOG, Chester and Dr A Macleod FRCOG, Edinburgh

The chairs of the Guidelines Committee were: Dr MA Ledingham MRCOG, Glasgow[1]; Dr B Magowan FRCOG, Melrose[1]; and Dr AJ Thomson MRCOG, Paisley[2].

[1]co-chairs from June 2018 [2]until May 2018.

All RCOG guidance developers are asked to declare any conflicts of interest. A statement summarising any conflicts of interest for this guideline is available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg56.

The final version is the responsibility of the Guidelines Committee of the RCOG.

The guideline will be considered for update 3 years after publication, with an intermediate assessment of the need to update 2 years after publication.

