Incidence and safety of general anaesthetics on a high-risk labour ward

S. Wang, S. Kirby
Department of Anaesthetics, Queen Charlotte's and Chelsea Hospital, Du Crane Road, London, UK

Introduction

There is overwhelming evidence that regional anaesthesia (RA) is safer than general anaesthesia (GA) for a caesarean section (CS) with the added advantage that the mother can be awake for the birth of her child. RA delivered either by a spinal or top-up epidural technique has significant failure rates leading to conversion to a GA before surgery or during the surgery.

This audit attempts to determine the incidences of GA procedures performed on labour ward, particularly CS, and how safe they are for the mother.

Methods

All procedures requiring a GA on labour ward at Queen Charlotte's and Chelsea hospital (Du Crane Road, London, UK), a specialist high risk maternity hospital, were audited over a 2 year period (1st December 2015 to 1st December 2017) using a proforma completed by the anaesthetic staff retrospectively. Time/ date; grade of most senior obstetrician/anaesthetist present; indication for the procedure; whether RA had been attempted; whether it was a primary GA or a RA to GA conversion; reason for GA conversion; whether there were any critical incidences (CI) were collected for each GA procedure.

Results and Conclusions

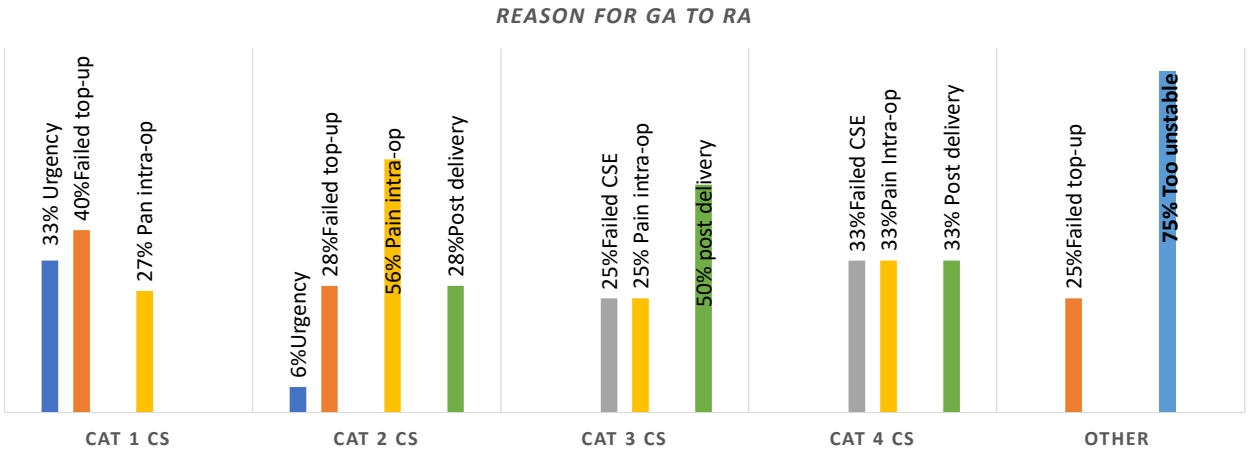
110 GA procedures were performed during this time frame. 86% (n=95) were CS. Mean incidence of GA elective CS was 2% per month and 5% per month for all emergency CS (category 1/2) which meets the Royal College of Anaesthetists (RCOA) guidelines (target incidence <5%)[1].

Timing and presence of seniors

54% (n=60) of procedures were performed out of hours (0800-1700). 40% (n=44) of cases had both consultant anaesthetist and obstetrician presence.

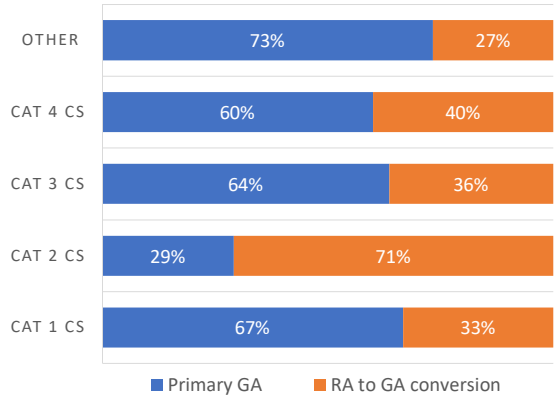
RA to GA conversions

58% (n=64) were primary GA with the rest being RA to GA conversions meeting the requirement set by the RCOA[1] and is reassuring of best practice carried out. Intraoperative pain was most common reason requiring GA conversion (57%, n=26) and this will need further investigating to highlight any areas of practice can improve on to lower the number.



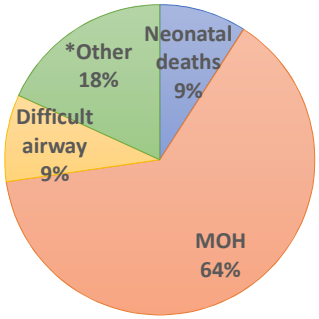
Category 1 C Sections

41% (n=45) category 1 CS was performed with 67% (n=30) being primary GA. 90% (n = 26) of primary RA category 1 CS achieved <30 minutes DDI compared to 57% (n =8) for RA conversions.



Critical Incidents

CI occurred in 21% (n=22) of cases, with a large majority occurring during category 1 CS, 71% (n=17) of these cases had consultant anaesthetist present. There were 2 cases of stillbirths and no maternal deaths. CI far less common in elective CS and reassuringly high consultant presence for those that occurred.



1. Royal College of Anaesthetists. Raising the Standard: a Compendium of Audit Recipes. 3rd Edition 2012. London: RCoA, 2012.