



Australian
and New Zealand
College of
Anaesthetists



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Joint RANZCOG/ANZCA Position statement on the provision of Obstetric Anaesthesia and Analgesia Services

This statement has been developed and reviewed by the Women's Health Committee in conjunction with Representatives from the Australian and New Zealand College of Anaesthetists (ANZCA). The statement has been approved by the RANZCOG Board and Council, and ANZCA Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

Declarations of interest have been received from all ANZCA Representatives and Women's Health Committee Members.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: July 2004
Current: February 2015
Review due: February 2018

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PREAMBLE

- The RANZCOG and ANZCA regard the safety and wellbeing of mother and baby as paramount during pregnancy, labour and the puerperium.
- Every woman in Australia and New Zealand should have access to a safe and appropriate level of maternity services, which should include access to anaesthesia and analgesia and essential support services.

STATEMENT

1. Training and credentialing

- 1.1 Obstetric anaesthesia and analgesia should only be administered by, or under the supervision of, medical practitioners with appropriate training, ongoing experience, and involvement in continuing professional development.

Refer to ANZCA Handbook for Training and Accreditation – 19 *Supervision of clinical experience during ANZCA training*:

<http://www.anzca.edu.au/training/2013-training-program/pdfs/training-accreditation-handbook>

Note: *Joint ANZCA/ACRRM/RACGP Consultative Committee on Anaesthesia Advanced Rural Skills Curriculum Statement in Anaesthesia (Third Edition 2003)*

Refer to ANZCA professional document *PS02 Statement on Credentialing in Anaesthesia*:

<http://www.anzca.edu.au/resources/professional-documents>

2. Minimum Facilities for the provision of Obstetric Anaesthesia and Analgesia services

- 2.1 Patients should be informed prospectively of the obstetric anaesthesia and analgesia services offered by an institution. Where specific services (eg epidural analgesia) are unavailable, women and their partners should be informed and offered transfer antenatally to a centre with more comprehensive services.

Refer to *Joint Consultative Committee on Obstetrics of the RANZCOG and RACGP (JCCO) Policy Statement on Shared Maternity Care Obstetric Patients in Australia (RANZCOG statement WPI 9)*,

- 2.2 All healthcare facilities in which anaesthesia and analgesia services are provided for women in labour should have a system that offers such services on a 24 hour basis in a safe and timely manner. This includes the provision for continuity of care by trained medical practitioners working within their credentialed scope of practice.

Refer to RANZCOG statement *C-Obs 14 Categorisation of urgency for Caesarean Section*

- 2.3 Medical practitioners providing obstetric and anaesthesia care are responsible for developing and maintaining a professional relationship with each other in order that appropriate and timely anaesthesia and analgesia services can be provided. These services include antenatal assessment,

analgesia, anaesthesia and assistance with management of high-risk patients with medical problems or requiring resuscitation. The relationship between those practitioners providing obstetric and anaesthesia care should include early referral of high-risk patients and a high level of communication.

- 2.4 Operating theatres and recovery rooms should comply with the minimum essential standards as set out by ANZCA.

Refer to ANZCA professional documents

- *PS55 Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating suites and Other Anaesthetising Locations:* <http://www.anzca.edu.au/resources/professional-documents>
- *PS40 Recommendations for the Post Anaesthesia Recovery Room:* <http://www.anzca.edu.au/resources/professional-documents>

- 2.5 Delivery Suites should comply with the specific recommendations as set out by ANZCA.

Refer to ANZCA professional document *PS55 Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating suites and Other Anaesthetising Locations:* <http://www.anzca.edu.au/resources/professional-documents>

- 2.6 Maternity units either must have timely access¹ to:

- Neonatal paediatric specialist consultation
- Operating theatres
- Resuscitation services
- Intensive care specialist consultation
- Haematology and Blood Bank services including specialist haematological consultation
- Policy documents, detailing methods of accessing emergency assistance

or, where external services or transfer from the healthcare facility would be required for any service, a policy must be in place. These policies must be published and distributed, ready for emergency use.

- 2.7 All hospitals should have a quality improvement program, including audit of the time to provide emergency operative delivery.

- 2.8 A trained assistant for the anaesthetist should be present for all anaesthesia procedures.

Refer to ANZCA professional document *PS08 Recommendations on the Assistant for the Anaesthetist:* <http://www.anzca.edu.au/resources/professional-documents>

3. Professional standards

- 3.1 Hospital antenatal classes should involve input from the anaesthesia service on anaesthesia and analgesia provided at that hospital, to facilitate the provision of informed medical consent and education.

Refer to ANZCA professional document *PS26 Guidelines on Consent for Anaesthesia or Sedation:*

<http://www.anzca.edu.au/resources/professional-documents>

- 3.2 Maternity units, whose services include regional analgesia and anaesthesia services, must provide appropriate equipment and in-service training of midwifery and nursing staff in the management of regional analgesia and anaesthesia, and of patients in the recovery room.

Refer to ANZCA professional document *PS03 Guidelines for the Management of Major Regional Analgesia*: <http://www.anzca.edu.au/resources/professional-documents>

- 3.3 A medical practitioner must be designated to be responsible for the maintenance of clinical standards in the obstetric anaesthesia and analgesia service.
- 3.4 Hospitals should be adequately staffed and resourced to allow antenatal anaesthesia assessment of women likely to require or seek anaesthesia and analgesia services.
- 3.5 The primary role of the anaesthetist is with the care of the mother. Neonatal resuscitation services should be available from other sources.

4. After-hours Provision of Obstetric Anaesthesia/Analgesia Services

- 4.1 Hospitals undertaking obstetric care with anaesthesia and analgesia are responsible for the provision of 24 hour obstetric anaesthesia and analgesia services.
- 4.2 Hospitals must have clearly documented lines of communication to ensure the availability of obstetric anaesthesia and analgesia services if needed in an emergency situation, including alternative options if a particular medical practitioner is unavailable.
- 4.3 Medical, midwifery and nursing staff of maternity units must have regard for the level of emergency of delivery as set out in RANZCOG statement *C-Obs 14 Decision to delivery interval for Caesarean Section*, i.e.
Category 1 - Immediate threat to the life of a woman or fetus
Category 2 - Maternal or fetal compromise but not immediately life threatening.
Category 3 -Needing early delivery but no maternal or fetal compromise.
Category 4 -At a time to suit the woman and the caesarean section team

Refer to RANZCOG statement [*C-Obs 14 Categorisation of urgency for Caesarean Section*](#)

- 4.4 Maternity hospitals should be aware of the risk of fatigue and provide appropriate facilities to medical practitioners providing after hours obstetric anaesthesia and analgesia services.

Refer to AMA position statement: *Workplace Facilities and Accommodation for Hospital Doctors*: <http://www.ama.com.au/node/2260>

- 4.5 Medical practitioners should be aware of the effect of fatigue on individual performance and be prepared to modify their work practice accordingly.

Refer to AMA position statement: *Workplace Facilities and Accommodation for Hospital Doctors*: <http://www.ama.com.au/node/2260>. Refer also to ANZCA professional document *PS43 Statement on Fatigue and the Anaesthetist*: <http://www.anzca.edu.au/resources/professional-documents>

Other suggested reading

Lessons from the Inquiry into Obstetrics and Gynaecological Services King Edward Memorial Hospital 1990-2000, Australian Council for Safety and Quality in Health Care, July 2002.

AMA National Code of Practice: Hours of Work, Shiftwork and Rostering for Hospital Doctors. Available at: <https://ama.com.au/national-code-practice-hours-work-shiftwork-and-rostering-hospital-doctors>

Joint ANZCA/ACRRM/RACGP Consultative Committee on Anaesthesia Advanced Rural Skills Curriculum Statement in Anaesthesia (Fourth Edition 2010). Available at: https://www.acrrm.org.au/files/uploads/pdf/vocational%20training/Anaesthesia_curriculum-statement_2011_JCCA.pdf

Links to other College statements

[*\(C-Obs 41\) Standards of Maternity Care*](#)

[*\(C-Obs 34\) Maternity services in remote and rural communities in Australia*](#)

[*\(C-Gen 15\) Evidence-based Medicine, Obstetrics and Gynaecology*](#)

Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

<https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets>

Information about various forms of anaesthesia and related topics, such as preparing for anaesthesia and what to expect afterwards, is available via ANZCA's website at:

<http://www.anzca.edu.au/patients>

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Associate Professor Stephen Robson	Chair
Professor Susan Walker	Deputy Chair - Obstetrics
Dr Gino Pecoraro	Deputy Chair - Gynaecology
Professor Yee Leung	Member
Associate Professor Anuschirawan Yazdani	Member
Dr Simon Craig	Member
Associate Professor Paul Duggan	Member
Dr Vijay Roach	Member
Dr Stephen Lyons	Member
Dr Ian Page	Member
Dr Donald Clark	Member
Dr Amber Moore	Member
Dr Martin Ritossa	Member
Dr Benjamin Bopp	Member
Dr James Harvey	Member
Dr John Tait	Member
Dr Anthony Frumar	Member
Associate Professor Kirsten Black	Member
Dr Jacqueline Boyle	Chair of IWHC
Dr Louise Sterling	GPOAC representative
Ms Catherine Whitby	Council Consumer representative
Ms Susan Hughes	Consumer representative
Ms Sherryn Elworthy	Midwifery representative
Dr Scott White	Trainee representative
Dr Agnes Wilson	RANZCOG Guideline developer

ANZCA Representatives
Associate Professor Alicia Dennis, FANZCA
Associate Professor Steven Katz, FANZCA
Associate Professor Nolan McDonnell, FANZCA
Dr Peter Roessler, FANZCA

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in July 2004 and was most recently reviewed by a Joint RANZCOG/ANZCA Working Party in 2013 and 2014. The following steps were carried out in reviewing this statement:

- Declarations of interest were sought from all Women's Health Committee and Working Party members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken. The Statement was then updated electronically by members of the Joint RANZCOG/ANZCA

Working Party. The recommendations are all classed as consensus based recommendations.

- At the WHC November 2014 face-to-face committee meeting, the draft Statement was reviewed and approved.

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.