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CATEGORY: BEST PRACTICE STATEMENT

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 and health services. 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: November 2021
Review due: November 2026

Contents

PREAMBLE

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian and New Zealand College of Anaesthetists (ANZCA) regard the safety and wellbeing of mother and baby as paramount during pregnancy, labour and the puerperium.

- Every woman and their partner 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*

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

Refer to ANZCA professional document:
PS02 Statement on credentialling and defining the scope of clinical practice in anaesthesia

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

2.1 Women should be informed prospectively of the obstetric anaesthesia and analgesia services offered by a facility/institution. Where specific services (e.g., epidural analgesia) are unavailable, women and their partners should be informed and offered transfer antenatally to a centre with more comprehensive services.

Refer to: *RANZCOG Policy Statement on Shared Maternity Care Obstetric Patients in Australia* (WPI 9)

2.2 All healthcare facilities in which anaesthesia and analgesia services are provided for childbirth 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 Health care professionals 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 women with pregnancies of increased complexity or requiring resuscitation. The relationship between those practitioners providing obstetric and anaesthesia care should include early referral of complex 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 Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations*
- *PS04 Statement on the post-anaesthesia care unit*

2.5 Labour and Birth Suites should comply with the specific recommendations as set out by ANZCA.

Refer to ANZCA professional document: *PS55 Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations*

2.6 Maternity units either must have timely access [1] to:

- Neonatal paediatric specialist consultation
- Operating theatres
- Resuscitation services
- Intensive care specialist consultation
- Transfusion medicine 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 key outcome indicators, which may include the time to provide emergency operative delivery, requirement for external transfer for higher level care, among others.

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

Refer to: ANZCA professional document: *PS08 Statement on the assistant for the anaesthetist*

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 Statement on informed consent for anaesthesia or sedation*

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 post-anaesthesia care unit.

Refer to ANZCA professional document: *PS03 Guideline for the management of major regional analgesia*

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. Where such services are provided in an "on call" setting (i.e., where the practitioner is not located on site), the practitioner must be located such that prompt attendance on site can occur should pain relief in labour or a Category 1 Caesarean Section be required.

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 Categorisation of urgency 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*

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*
Refer also to ANZCA professional document: *PS43 Guideline on fatigue risk management in anaesthesia practice*

5. References

1. Spencer MK, MacLennan AH. How long does it take to deliver a baby by emergency Caesarean section? Aust N Z J Obstet Gynaecol. 2001;41(1):7-11.

6. 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. Available at: https://www.safetyandquality.gov.au/sites/default/files/migrated/king_edward.pdf

AMA National Code of Practice: Hours of Work, Shift work and Rostering for Hospital Doctors. Available at: https://ama.com.au/articles/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.racgp.org.au/download/documents/JCC/2011anaesthesiacurricstatement.pdf

7. Links to other College statements

(C-Obs 30) Maternal suitability for models of care, and indications for referral within and between models of care
(C-Obs 34) Obstetric and gynaecology services in rural and remote regions in Australia
(C-Gen 15) Evidence-based Medicine, Obstetrics and Gynaecology

8. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:
https://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:
https://www.anzca.edu.au/patient-information

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics and Subspecialties Representative
Dr Jared Watts	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Prof Steve Robson	Member
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Ashleigh Seiler	Trainee Representative
Dr Leigh Duncan	Maori Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

RANZCOG wishes to acknowledge the contribution of the following ANZCA representatives:

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 developed in July 2004 and subsequently a joint RANZCOG/ANZCA Working Party was established in October 2013. Further updates were made in March 2015 and March 2018. The Women's Health Committee carried out the following steps in reviewing this statement ahead of review in March 2022:

- Declarations of interest were sought from all 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.
- At the WHC September 2021 Committee meeting, the draft Statement was reviewed and approved. Approval of the ANZCA and RACGP Committees respectively was subsequently sought.

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.

iii. Grading of recommendations

The National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines is used for RANZCOG statements. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations may be considered. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

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Appendix C Full Disclaimer

Purpose

This Statement has been developed to provide general advice to practitioners about women's health issues concerning provision of obstetric anaesthesia and analgesia services 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 person. 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 person while providing obstetric anaesthesia and analgesia services and the particular circumstances of each case.

Quality of information

The information available in provision of obstetric anaesthesia and analgesia services (WPI-14) is intended as a guide and provided for information purposes only. The information is based on the Australian/New Zealand context using the best available evidence and information at the time of preparation. While the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) had endeavoured 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. The use of this information is entirely at your own risk and responsibility.

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These terms and conditions will be constructed according to and are governed by the laws of Victoria, Australia.

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1.1	Jul / 2004	RANZCOG/ ANZCA/ RACGP/ ACRRM Reps
v2.1	Mar / 2007	RANZCOG/ ANZCA/ RACGP/ ACRRM Reps
v3.1	Mar / 2009	WHC
v4.1	Mar / 2012	WHC (Council endorsed to be a stand-alone RANZCOG statement. Presidents of other bodies notified. Previously titled 'RANZCOG/ANZCA/PRCGP/ACRRM position statement on the provision of obstetric anaesthesia services.')
v5.1	Mar / 2015	Joint RANZCOG/ANZCA Working Group (Decision for statement to be joint RANZCOG/ANZCA and also endorsed by RACGP to be an 'accepted clinical resource')

Policy Version:	Version 6.1
Policy Owner:	Women's Health Committee
Policy Approved by:	RANZCOG Council/Board
Review of Policy:	Nov / 2026