A survey of healthcare professionals' understanding of obstetric failed intubation guidelines

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Introduction

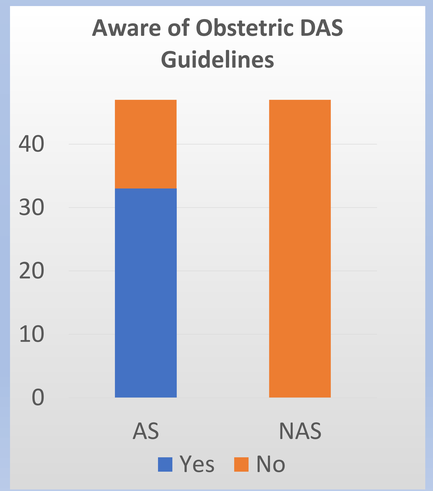
Failed intubation during general anaesthesia for obstetric surgery is an emergency that requires unique considerations. Teamwork in this situation is essential for a positive outcome. National recommendations are that all obstetric theatre personnel should be aware of the difficultly in these cases. [1] The obstetric anaesthetists association (OAA) and difficult airway society (DAS) guidelines [2] provide the most accepted strategy to follow in this setting. We aimed to understand the baseline knowledge of these guidelines amongst obstetric theatre personnel.

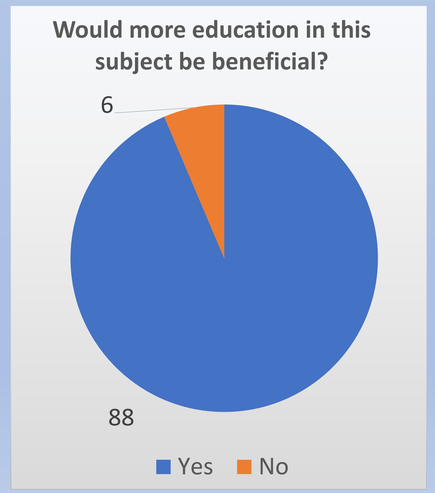
Methods

An 8-question survey was distributed to mixed discipline qualified healthcare professionals who work in obstetric theatres. Data was collected between November 2021 to January 2022 via a mixture of electronic and paper modalities at a single UK obstetric unit with approximately 5,000 births per annum. [3] Respondents were classified as Anaesthesia staff (AS) if they were an anaesthetist (all grades), ODP or anaesthetic nurse. All other staff were classified as non-anaesthesia staff (NAS).

Results

There were 94 respondents: 47 AS and 47 NAS. 87% (AS: 100%, NAS: 74%) were able to correctly define failed intubation. 35% (AS: 70%, NAS: 0%) were able to name specific DAS guidelines for obstetric difficult intubation. 59% (AS: 81%, NAS: 36%) were aware that waking a patient could considered following a failed intubation. Recognition that high BMI, known 'difficult' airway and emergency surgery increase the predicted difficultly of intubation was >90% in both groups. 93% of respondents felt that more education in this subject would be beneficial.





Discussion

There is a disparity in knowledge between anaesthesia personnel and those from other professional backgrounds when considering failed intubation management; this could compromise effective team decision making in this scenario. Knowledge of the DAS guidelines and options for subsequent airway management following failed intubation could be improved, especially among non-anaesthesia staff.

Feedback from our survey suggests obstetric theatre personnel would value teaching in this area. We suggest adding a component on the management of failed intubation during multi-disciplinary obstetric education sessions to improve confidence among staff.

References

1. Cook TM, Woodall N, Frerk C. Major complications of airway management in the UK: results of the 4th National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. Anaesthesia. Br J Anaesth. 2011: 106: 617-642
2. M. C. Mushambi, S. M. Kinsella, M. Popat, H. Swales, K. K. Ramaswamy, A. L. Winton, A. C. Quinn. Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics. Anaesthesia. 2015; 70, 11: 1286-1306
3. Bedfordshire Hospitals NHS Foundation Trust (2020) 2019 Birth Statistics. Retrieved on 2nd April 2022, from https://www.bedfordshirehospitals.nhs.uk/wp-content/uploads/2020/09/2019-Birth-Statistics-033.pdf