

Promoting Maternal safety : Anaesthetists' and Midwives' perspectives on oral intake in labour and its impact on general anaesthesia for delivery.

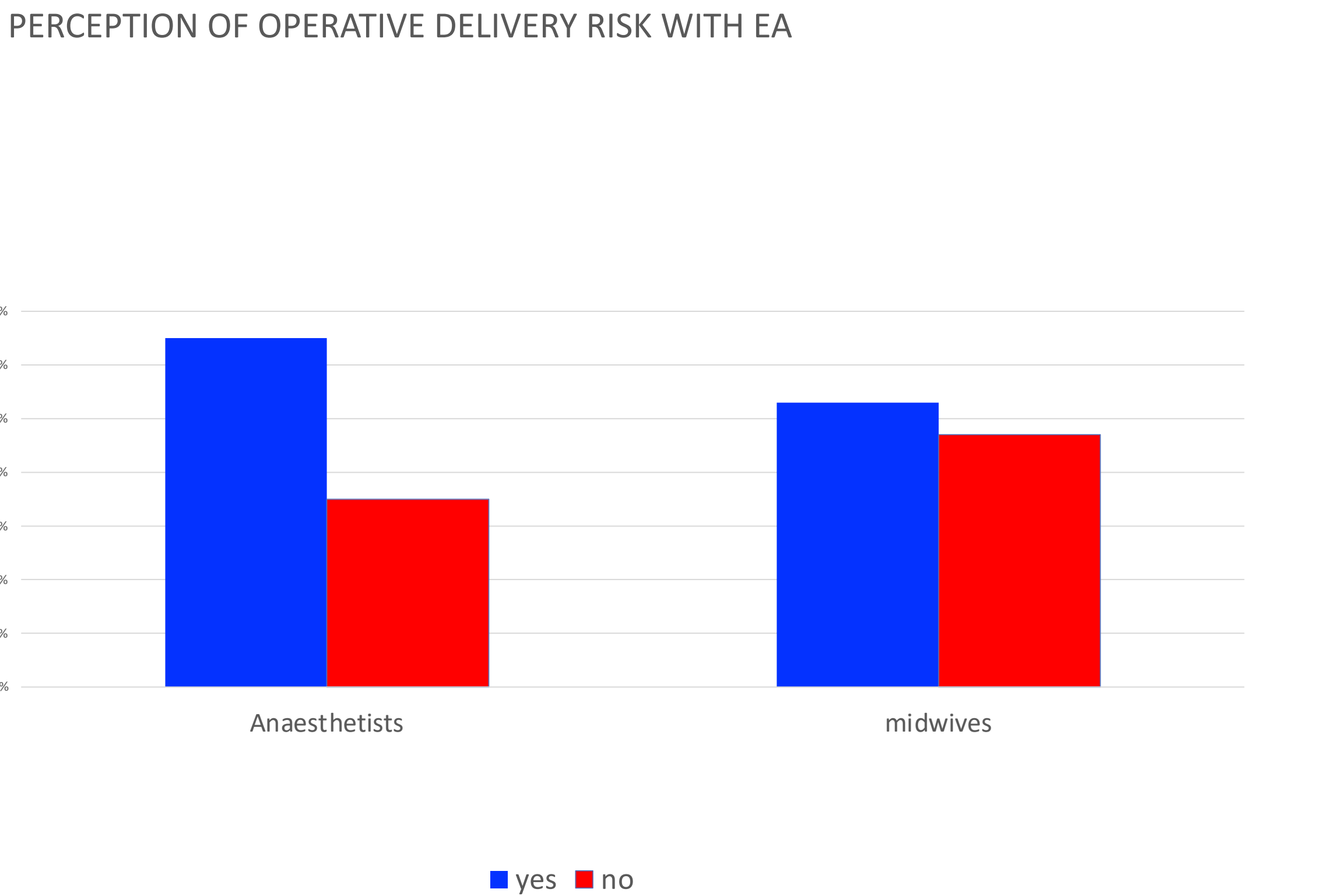
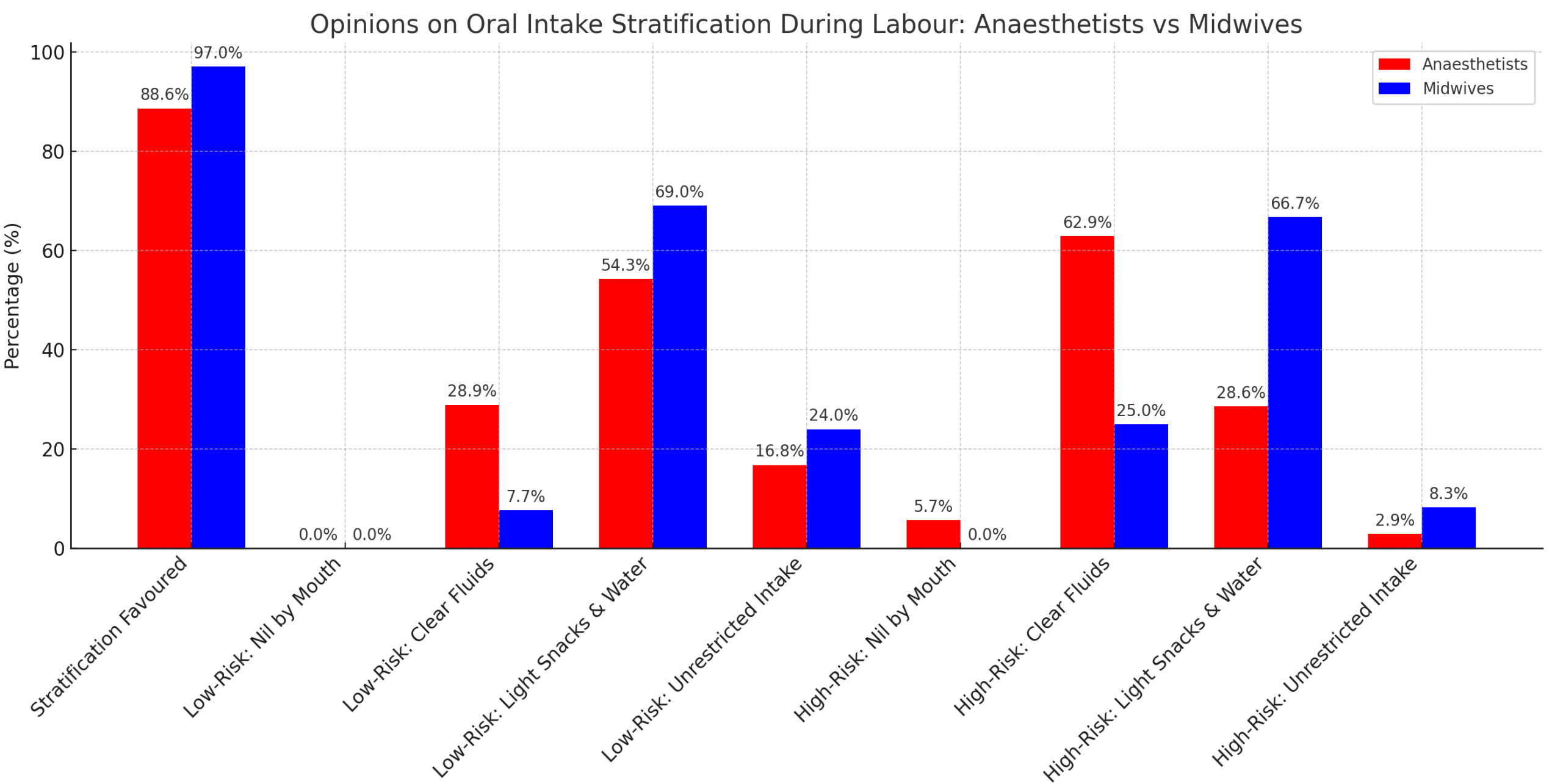
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Introduction:
Labouring women face an increased risk of pulmonary aspiration under general anaesthesia for several reasons, necessitating measures to minimize this risk, including careful regulation of oral intake during labour[1]. In recognition of this, the Royal college of Anaesthetits recommend that maternity units establish a clear policy on oral intake during labour[2]. To address this recommendation, we conducted a review and a survey to analyse midwives’ and anaesthetists’ perspectives on oral intake during labour in our hospital unit to identify areas for standardisation and improvement

Methods:

- Review of RCOA GPAS in Obstetrics, NICE, and OAA and DAS joint guidelines.
- Identified several key standards for compliance:
 - Stratification of women into risk categories for operative delivery
 - Appropriate oral intake advice based on the risk category.
 - Written oral intake policy during labour.
- Designed a structured survey questionnaire that explored how anaesthetists’ and midwives’ current practices and opinions on appropriate oral intake in labouring women aligned with the identified standards.

Results:
The graphs illustrate the compliance with identified standards for this QIP.

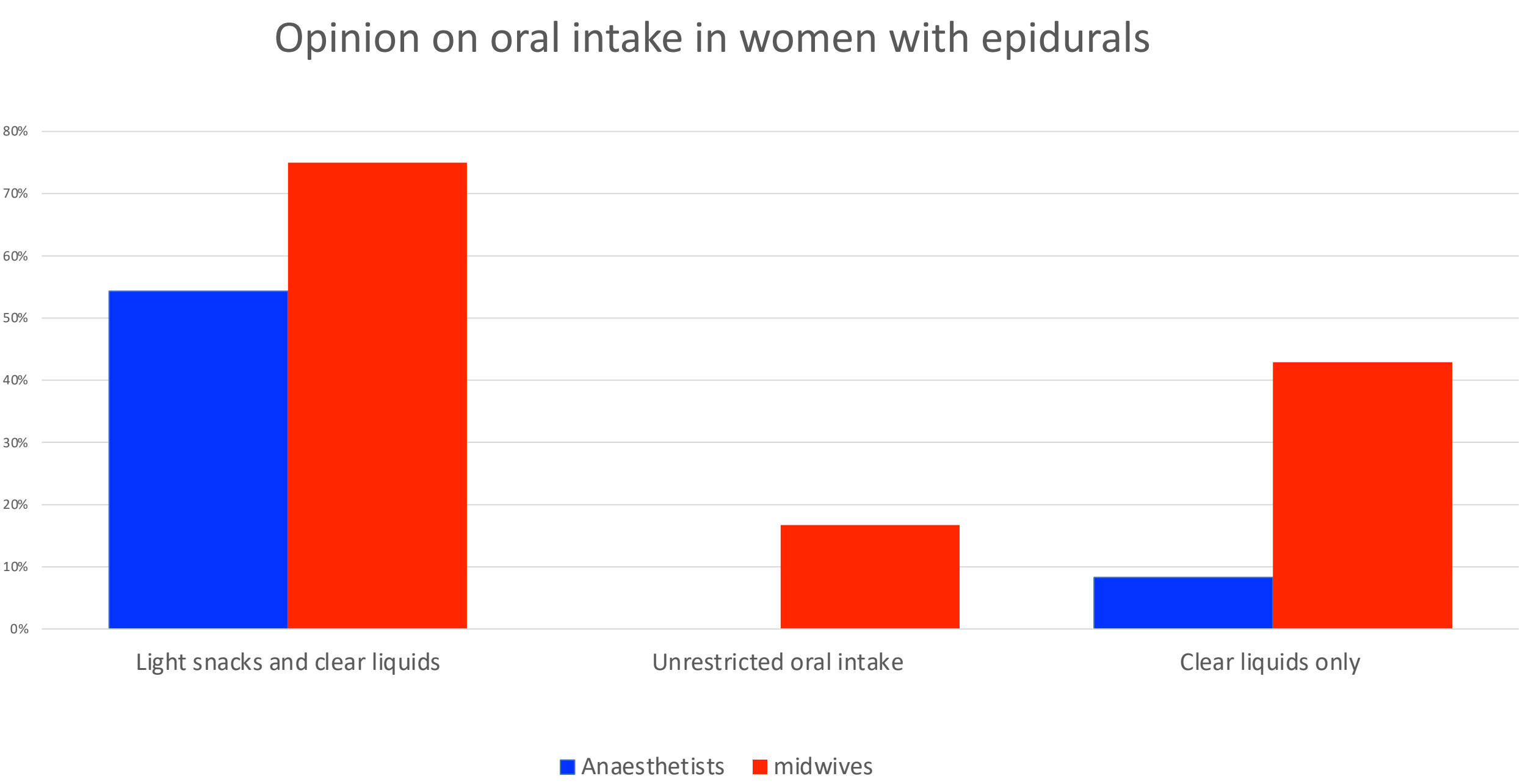


Consensus and positive findings:

- Agreement on stratifying labouring women into low and high-risk groups for operative delivery before advising on oral intake during labour..
- Support for written oral intake policy during labour.

Challenges and variability:

- Inconsistent advice within same risk group.
- Differing recommendations on allowable oral intake despite similar perceptions of aspiration risk.



Proposed actions

- Develop a **local policy on oral intake in labour** to provide **uniform, consistent advice** to all labouring women.
- Re-audit** to assess compliance, staff understanding and patient satisfaction.

References:

1) Obstetric Anaesthetists Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics. *Anaesthesia* 2015;70:1286-1306

2) RCOA GPAS Chapter 9: Guidelines for the provision of Anaesthesia services for an obstetric population 2024.

3) Intrapartum care: NICE guideline (NG235): 29 September 2023.