

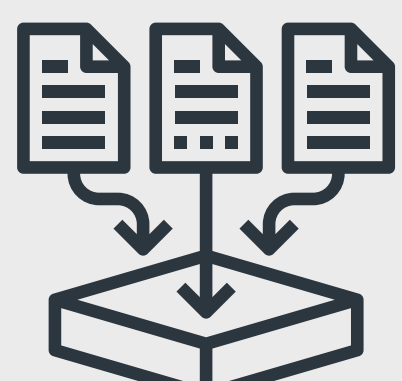
GA RATES FOR CAESAREAN DELIVERIES AND ASSOCIATION WITH ETHNICITY

BACKGROUND

At our institution we previously found there was a variation in general anaesthesia (GA) rates for caesarean deliveries (CD) depending on patient ethnicity.

We further interrogated our data to establish what the indications for GA were and if there was disparity between different ethnicity backgrounds.

METHOD



Routinely collected data from 508 GA cases examined



Exclusions:

- 1. GA for non-caesarean surgery
- 2. Incomplete or erroneous records



290 cases

Electronic record for each case assessed for indications for GA

RESULTS

Of the 290 cases 181 (62.4%) were White British, 97 (33.4%) were from ethnic minorities and 12 (4.1%) cases had no ethnicity documented. There was little difference in the urgency of CDs between White British people and people from other ethnic backgrounds.

89 (49%) White British patients had GA for category 1 CD, 41 (23%) for category 2, 11 (6%) for category 3 and 40 (22%) for category 4; while 56 (58%) patients from other ethnicities had GA for category 1 CD, 25 (26%) for category 2, 2 (2%) for category 3 and 14 (14%) for category 4.

The reasons for GA were largely similar between different ethnicities (Table 1). Women from ethnic minority backgrounds were more likely to have GA for other reasons, such as prolonged or complex surgery, PPH or maternal anxiety.

Reason for GA	White British, n (%)	Other ethnic background, n (%)	Unknown ethnicity, n (%)
Failed RA	48 (26%)	26 (27%)	0 (0%)
Contraindications to RA	47 (26%)	20 (21%)	5 (42%)
De-novo GA (urgency)	63 (35%)	34 (35%)	4 (33%)
Maternal request	18 (10%)	8 (8%)	2 (17%)
Other	5 (3%)	9 (9%)	1 (8%)

DISCUSSION

Despite previous findings that women from some ethnic minority groups were more likely to receive GA in our institution¹, we were unable to establish a clear tendency when indications for GA in individual cases were reviewed.

In this data set, we found **similar indications for GA and urgency of CD between White British and all other ethnic backgrounds.**

Our data is from a single-centre and analysed retrospectively.

Future prospective studies are required to investigate reasons for GA in patients from different ethnic backgrounds.

References

¹ Sharif B, Metodiev Y. 6288302 Associations between ethnicity and obstetric anaesthetic care in Wales. Int J Obstet Anesth 2024; 58: 104407.