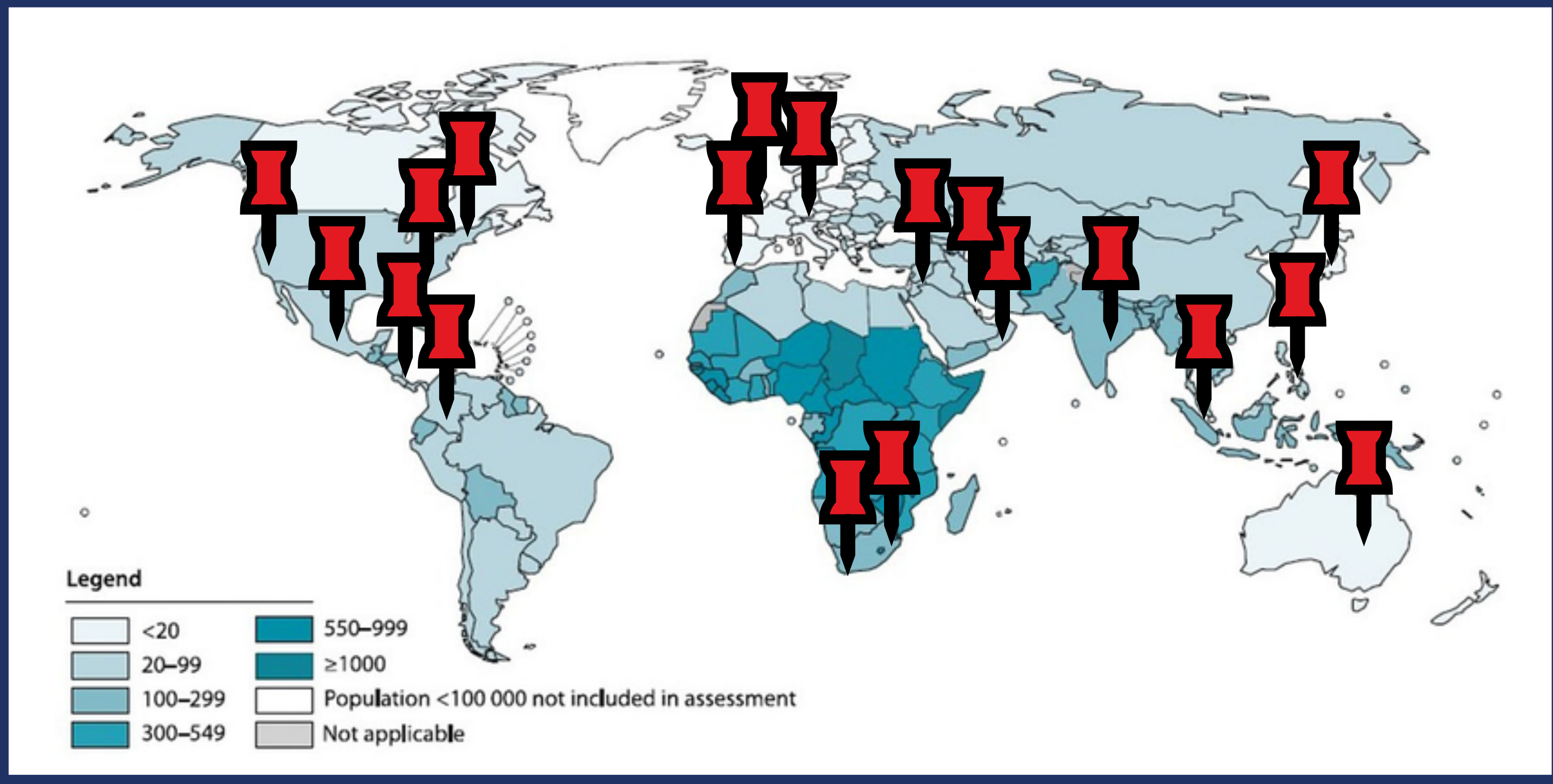


Expert Consensus on Minimum Anesthesia Requirements for Cesarean (MARC)

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- 1 in every 14 operations worldwide are a Cesarean delivery
- Access to safe anesthesia for essential surgery is a basic **human right**
- WHO Level 2 - District/Provincial hospital - Cesarean **capable**
- 2018 WHO-WFSA International Standards for a Safe Practice of Anesthesia
- If **HIGHLY RECOMMENDED** standards are not met anesthesia should be restricted to procedures that are absolutely essential for the immediate saving of mother or fetus



Medications

Patient Monitoring

Airway Mgmt

Institutional Requirements

Anesthesia Personnel

Induction Agents Vasopressor Agents Vasopressor Agents (Epinephrine) Anticholinergics	Muscle Relaxants Local anesthetics (spinal) Uterotonics Antihypertensives	Muscle Relaxant Reversal Agents Tranexamic Acid Magnesium Sulfate	Volatile Anesthetic Agents Opioids
Continuous pulse oximetry Apparatus to measure blood pressure		Electrocardiography ETCO2 monitoring (Capnography)	
Laryngoscope handles & blades Endotracheal tubes Supraglottic airway device Supraglottic airway device with gastric drain	Oropharyngeal airways Secure oxygen supply Suction source available Appropriately sized facemask	Equipment suitable for surgical airway Bougie	
O negative blood Spinal needle Pencil-point spinal needles	Monitored PACU bed Manual ventilation bag / Ambu bag	Warming device Anesthetic Gas Machine	

Spinal anesthesia should only be provided when their are anesthesia providers with competency in GA-ET immediately available

Any competant Anesthesia Provider (Physician, non-specialist Physician or non Physician) can be solely responsible for anesthesia care

IF primary Anesthesia Provider is NOT deemed competent, an Anesthesia Provider who is competent must be immediately available