

Greater Glasgow and Clyde

METHODS

An online qualitative survey was developed to examine variations in current practice and explore opinion regarding airway assessment in the obstetric population. All anaesthetists in our institution were invited to participate over a 90 day period in 2024. The project was registered with the local quality improvement directory.

57 anaesthetists responded (21 Consultants, 36 Anaesthetic Residents).



Figure 2. Aspects reportedly routinely included in airway assessment

The commonest features reported routinely assessed were mouth opening, Mallampati score, neck movement, dentition and jaw movement. This was consistent with what was considered an 'appropriate assessment' in previous audit (two of Mallampati score, neck movement and jaw movement). All assessments were reportedly routinely practiced at a higher rate than documented.

Our survey suggests compliance with airway assessment in obstetrics should be high, with opinion widely supportive of early review. However recent audit demonstrated that documentation is poor. The audit view of 'appropriate airway assessment' aligns with department opinion. Several barriers to practice and documentation of airway assessment were highlighted, with further work required to mitigate these and improve patient safety in this area.

1. Kinsella SM, Winton AL, Mushambi MC et al. Failed tracheal intubation during obstetric general anaesthesia: a literature review. *International Journal of Obstetric Anaesthesia*. 2015 Nov;24(4):356-74. 2. Mushambi MC, Kinsella SM, Poppet M et al. Obstetric Anaesthetists' Association and Difficult Airway Society guidelines for the management of difficult and failed tracheal intubation in obstetrics. *Anaesthesia*. 2015 Nov;70(11):1286-306

