

Intrauterine fetal resuscitation and the role of the anaesthetist

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Introduction

Fetal distress refers to progressive fetal asphyxia, which can lead to permanent neurological damage or death (1). When fetal distress is detected, conservative interventions can be considered to reduce fetal hypoxia. While these measures are typically associated with obstetricians and midwives, anaesthetists also play an important role. Early intervention may improve fetal condition, potentially avoiding operative delivery or allowing for alternative anaesthetic techniques. This project aims to explore anaesthetic trainees' responses to fetal distress and develop a practical learning tool to guide anaesthetists in remembering key interventions for intrauterine resuscitation.

Methods

Anaesthetic trainees were surveyed on their responses to fetal distress in theatre. The voluntary survey included questions on the frequency of intervention and the specific actions taken. A literature review was conducted to assess guidelines on intrauterine resuscitation and evaluate existing aide-memoires, which informed the creation of a focused aide-memoire for obstetric anaesthetists.

Results

Six anaesthetic trainees responded to the voluntary survey. 66.7% reported taking measures only sometimes to improve fetal distress. The most commonly described interventions were changing maternal position and improving blood pressure. Thurlow & Kinsella proposed the SPOILT mnemonic for intrauterine fetal resuscitation, which stands for: Syntocinon off; Position the mother; Oxygen; IV Fluid; Low BP; and Tocolysis. (1) Although these measures remain relevant, recent NICE guidelines emphasise conservative management tailored to the cause of distress and notably, state that oxygen should only be given if the mother is hypoxic. (2) Based on this updated guidance, we developed a mnemonic: "Fetal distress? Give the baby a REST." REST stands for: Reposition mother; Evaluate observations; Stop Syntocinon; Think about tocolysis. This mnemonic is designed to prompt immediate, actionable responses, focusing on dynamically assessing maternal indicators and treating as appropriate.

Conclusion

This project highlights the need for an updated, memorable mnemonic to guide anaesthetists in managing fetal distress. The "REST" mnemonic, informed by recent guidelines, provides anaesthetists with a simple tool to improve patient care. Future research could assess anaesthetists' perspectives on this learning aid and sharing it with the wider perinatal team may enhance collaborative care.

