

Introduction	 Word cloud illustrating the patients emotional experience during her previous delivery and her goals to be awake, present, and connected at the birth in this pregnancy.
Case Presentation	Discussion

- 34-year-old para 2 with Chiari I malformation and associated syringomyelia.
- Previous planned caesarean changed last minute to general anaesthesia → negative birth experience.
- Initial neurosurgical advice against neuraxial technique.
- Later recognised as assumption equating spinal anaesthesia with familiar CSF drainage procedures.
- Consultant-to-consultant discussion between anaesthetist and neurosurgeon clarified plan: single-shot spinal using 25G pencil-point needle. Standard obstetric technique with minimal CSF flow.
- Neurosurgeon acknowledged misunderstanding of spinal anaesthesia.
- Discussion included benefits: improved maternal pain relief and benefits for baby.
- Outcome: clearer, collaborative, patient-centred delivery plan.

- Increasing subspecialisation may create unrecognised gaps in shared procedural knowledge.
- Common terminology can lead to assumptions and overly cautious recommendations.
- Explicit clarification of technique, sharing of literature, and open consultant-level dialogue were central to achieving MDT consensus.
- Regional may also confer advantages for baby².
- This case illustrated not only the clinical implications, but also the potential psychological and relational consequence for patient.

References:
1. Simpson, A. and Ferguson, C. (2024) ‘Anaesthetic management of obstetric patients with Chiari Type I malformation: A retrospective case series and literature review’, *International Journal of Obstetric Anaesthesia*, 60, p. 104232. doi:10.1016/j.ijoa.2024.104232.
2. Kearns RJ, Shaw M, Gromski PS, Ilidromiti S, Pell JP, Lawlor DA, Nelson SM. Neonatal and early childhood outcomes following maternal anesthesia for cesarean section: a population-based cohort study. *Regional Anesthesia and Pain Medicine*. 2021 Jun;46(6):482-489. doi: 10.1136/rapm-2020-102441.