

Department of Anesthesia

Title:

Guidelines for Obstetrical Anesthesia

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2

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These guidelines apply to the use of anesthesia or analgesia performed for the patient during labor and delivery. These guidelines are intended to encourage high quality patient care provided by anesthesia personnel.

GUIDELINE 1

Appropriate resuscitation equipment and drugs should be immediately available to manage procedurally related problems before regional anesthesia (epidural or subarachnoid) is initiated.

GUIDELINE 2

Regional anesthesia should be initiated and maintained by or under the direction of an attending anesthesiologist. Regional anesthesia is initiated only after the patient has been examined by a registered nurse, midwife or physician. A written or verbal order by the licensed independent practitioner is required to initiate regional anesthesia.

GUIDELINE 3

Anesthetics should not be administered until a physician responsible for the patient's obstetrical care is readily available to deal with any obstetric complications that may arise.

GUIDELINE 4

An intravenous infusion should be established before the initiation of regional anesthesia and maintained throughout the duration of the regional anesthesia.

GUIDELINE 5

The parturient's vital signs and the fetal heart rate should be frequently monitored and documented by a nurse or physician during regional anesthesia.

GUIDELINE 6

Regional anesthesia for cesarean section requires that the standards for basic intraoperative monitoring (adopted by the American Society of Anesthesiologists) be applied.

GUIDELINE 7

Neonatal personnel, other than the anesthesia personnel attending the mother, should be immediately available to assume responsibility for resuscitation of the newborn.

GUIDELINE 8

Anesthesia personnel (attending anesthesiologist, resident, or student nurse anesthetist) should remain immediately available during regional anesthesia to manage anesthetic complications until the patient's post-anesthesia condition is satisfactory and stable.

GUIDELINE 9

There should be an attending anesthesiologist who is readily available to administer obstetric anesthesia and analgesia at all times including nights, weekends, and holidays.

GUIDELINE 10

Labor Epidural may be performed in the healthy parturients before platelet count is available.

GUIDELINE 11

Oral intake of modest amounts of water may be allowed for uncomplicated laboring patients. The uncomplicated patient undergoing elective cesarean section may have water up to 4 hours prior to induction of anesthesia.

Russell T. Wall, MD
Chief of Service, Anesthesia