First national guidelines published for the management of difficult and failed tracheal intubation in obstetrics

Anaesthetists have made a major contribution to improving safety in childbirth by developing new guidelines. Published in the October edition of the journal *Anaesthesia*, these national guidelines for managing the difficult airway in obstetrics have been jointly developed by the Obstetric Anaesthetists’ Association (OAA) and the Difficult Airway Society (DAS) to provide an important tool for improving safety in obstetric anaesthesia.

Tracheal intubation is a procedure in which a tube is placed into the patient’s windpipe to maintain an open airway and protect the lungs, and is crucial for safe general anaesthesia in obstetrics. Difficulty placing this tube is more likely in pregnant than non-pregnant women and in approximately one in 300 obstetric cases, it is totally impossible, which can be very dangerous for both mother and baby and may even result in death; this rate has remained unchanged over the past four decades.

The new guidelines include clear algorithms that address the management of unanticipated difficult and failed tracheal intubation, including life-saving measures to maintain delivery of oxygen such as surgical access to the airway at the front of the neck.

Although guidelines already exist for difficult and failed tracheal intubation in non-obstetric anaesthesia, there are particular concerns in obstetrics such as the physiological changes of pregnancy, the need to consider two patients instead of one, and the extreme urgency with which caesarean section may sometimes need to be performed. The guidelines emphasise the importance of multidisciplinary communication and teamwork in such cases, and clarify the potentially conflicting priorities of the mother and the fetus.

In addition to delivering a strong clinical tool, the guidelines provide a powerful focus for case-based teaching and aim to facilitate discussion and learning regarding the complex nature of decision-making when faced with a failed intubation. Their publication in *Anaesthesia*, one of the leading anaesthetic journals, guarantees widespread circulation amongst anaesthetists and others worldwide.

The guidelines are accompanied by an editorial that discusses the guidelines’ importance, specifically in terms of decision-making in a crisis and the importance and influence of human factors, something often lacking in previous guidelines.

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Notes to editors

About Anaesthesia

Anaesthesia is the official journal of the Association of Anaesthetists of Great Britain and Ireland and is international in scope and comprehensive in coverage. It publishes original, peer-reviewed articles on all aspects of general and regional anaesthesia, intensive care and pain therapy. Its Impact Factor for 2014 is 3.382 and it is 6th out of 30 (Anesthesiology) in the ISI Journal Citation Reports© Ranking.

About the Obstetric Anaesthetists’ Association (OAA)

The Obstetric Anaesthetists’ Association (OAA) is a Registered Charity, formed in 1969 with the aim of promoting the highest standards of anaesthetic practice in the care of mother and baby. The OAA have over 2500 members, of whom about 80% are in the UK, with the rest spread around the five continents. The core activities of the OAA are: educating and training anaesthetists and other health professionals, and the provision of accurate information to the public about obstetric anaesthesia and pain relief.

About the Difficult Airway Society (DAS)

The Difficult Airway Society (DAS) is a UK-based medical specialist society formed to further the management of the airway of patients by anaesthetists and other critical care practitioners.