PRACTICE GUIDELINES AND PREVENTION OF OBSTETRIC ANESTHESIA-RELATED MATERNAL MORTALITY

KRZYSZTOF M. KUCZKOWSKI*

In the United States obstetric anesthesia has been a major subspecialty of anesthesiology for a long time and is now an integral part of practice of most anesthesiologists. An obstetric anesthesiologist has become an essential member of the obstetric care team, who closely works with the obstetrician, family practitioner, midwife, neonatologist and Labor and Delivery nurse to ensure the highest quality care for the pregnant woman and her baby. The anesthesiologist’s (obstetric anesthesiologist’s) unique skills in acute resuscitation combined with experience in critical care, make members of our specialty (subspecialty) particularly valuable in the peripartum care of the high risk patients, extending our role well beyond the routine provision of intrapartum anesthesia or analgesia.

It is with interest that I read the recent, and timely article by Siddik-Sayyid and Zbeidy discussing the practice guidelines for obstetric anesthesia. I wish to express my great appreciation to the authors for their thoughtful and valuable comments, recommendations, and conclusions. I also wish to add the following (brief) comments on this important subject.

1. Anesthesia-related complications are the sixth leading cause of pregnancy-related maternal mortality in the United States. Difficult or failed intubation following induction of general anesthesia for Cesarean delivery remains the major contributory factor to anesthesia-related maternal complications. Although the use of general anesthesia has been declining in obstetric patients, it may still be required in selected cases. Since difficult intubation in obstetric anesthesia practice is frequently unexpected, careful and timely preanesthetic evaluation of all pregnant women should identify the majority of patients with difficult airway and avoid unexpected difficult airway management.

From Departments of Anesthesiology and Obstetrics and Gynecology, Texas Tech University Health Sciences Center at El Paso, El Paso, Texas, United States of America.

* Krzysztof M Kuczkowski, MD, Associate Professor of Anesthesiology and Obstetrics and Gynecology, Vice-Chair for Academic Affairs, Department of Anesthesiology, Chief, Obstetric Anesthesia Services, Director, Fellowship in Obstetric Anesthesia.

Corresponding author: Krzysztof M. Kuczkowski, MD, Department of Anesthesiology, Texas Tech University Health Sciences Center at El Paso, Paul L Foster School of Medicine, 4800 Alberta Avenue, El Paso, Texas, United States of America. Phone: (858) 638-8168, Fax: (858) 638-8168. E-mail kmkuczkowski@gmail.com
2. The American College of Obstetricians and Gynecologists (ACOG) recognizes hazards of general anesthesia (particularly if administered in emergency situation), and recommends early consultation with an obstetric anesthesiologist in all high-risk parturients. Such early communication should encourage timely decision-making and improve the cooperation between the obstetricians and obstetric anesthesiologists. ACOG also advocates early administration of epidural analgesia in all high-risk parturients, particularly the morbidly obese and those with a potentially difficult airway.

**Keywords:** Obstetric anesthesia, complications, difficult airway, pregnancy, labor analgesia, complications, maternal mortality, maternal morbidity.

References