Summary of considerations for obstetric anaesthesia and COVID19

- There is no evidence of vertical transmission of coronavirus, although there may be an increased risk of foetal distress in mothers with COVID-19.
- It is likely anaesthetists will need to care for women urgently, prior to confirmation of their COVID-19 status.
- There is no contra-indication to neuraxial anaesthesia, which avoids the aerosol-generating risks associated with intubation. The presence of coagulopathy and thrombocytopenia should be considered in COVID19-suspected or COVID19-positive women prior to neuraxial anaesthesia or analgesia.
- The Royal College of Obstetricians and Gynaecologists (RCOG) support the use of nitrous oxide if used with a viral filter to reduce contamination and aerosolisation (<0.05 microns). The Society of Anesthesiologists and Perinatologists (SOAP) advises to reconsider use of nitrous oxide. We consider the use of nitrous oxide in labour may contribute to increased aerosol and droplet spread and discourage its use in COVID19-suspected or COVID19-positive women.
- Management of the baby should follow local advice. Anaesthetists should communicate with paediatric/neonatology colleagues about physical arrangements in the operating theatre should separation of mother and baby be required.
- In the case of Category 1 caesarean section, staff donning of PPE is essential and supersedes the clinical urgency of the surgery. The decision to delivery interval will be prolonged. Communication between anaesthetists and their obstetric colleagues is critical so women and their families are aware of this likely delay.
- In the case of Category 1 caesarean section, the benefits of neuraxial anaesthesia in the COVID19-suspected or COVID19-positive woman are even greater, by avoiding aerosol-generating procedures. Institutions who regularly use general anaesthesia for these cases may need to review their practice in conjunction with obstetric colleagues. Recommendations regarding the high-risk times of intubation and extubation are consistent with those of the non-obstetric patient.
- It is unknown if the treatment of postpartum pain with NSAIDs will worsen the trajectory of COVID19-positive women. NSAIDs can likely continue to be used safely in asymptomatic patients.
- This information must be considered in conjunction with local guidelines and resources. This information was compiled from the below websites which are being continually updated:
  - Society for Obstetric Anaesthesia and Perinatology
  - Royal College of Obstetricians and Gynaecologists
Disclaimer
The Obstetric Anaesthesia Special Interest Group (OA SIG) COVID-19 guidelines presented on this site are developed to assist clinicians about appropriate anaesthesia healthcare focussing on areas of obstetric anaesthesia, staff protection and pandemic planning. The materials have been collated by a group of fully qualified specialist anaesthetists who are responsible for providing anaesthesia for operations and procedures. The materials in these guidelines are provided solely for the information and education purposes of qualified anaesthetists in Australia and New Zealand.


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