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# Editorial

## The case for an obstetric anaesthetic service at the Kandang Kerbau Hospital

The progressive decline in both the maternal mortality and maternal morbidity has been one of the most encouraging features in the practice of modern day Obstetrics. The factors which have been responsible for this happy state of affairs include the advances in modern Obstetrics, advances in chemotherapy and anti-biotics, advances in haematology and blood transfusions and also recent advances in anaesthesia.

Regrettably, however, as the composite toll of maternal lives takes a continuing tumble, there appears to be a relative increase in maternal deaths ascribed to Obstetric Anaesthesia. Thus for example, in New York City in the Bronx area, Klein et al reported that maternal deaths due to anaesthesia had increased from 2 per cent in 1940-45 to 9 per cent of the total maternal mortality in the following six year period. In an article published in this present issue of the Bulletin, Sinnathuray has shown comparative figures for Kandang Kerbau Hospital and for England and Wales. The Maternal Mortality rate from Anaesthesia in 1952 to 1960 for England and Wales was 0.017 per 1,000 or 2.7 per cent of all the maternal deaths and at the Kandang Kerbau Hospital, the rate for the years 1955 to 1962, was 0.051 per 1,000 or 6.3 per cent of all the maternal deaths that had occurred at the Institution. Related figures for foetal mortality are not available for study but it would be reasonable to say that such figures would be difficult for analytical purposes. But suffice it, to say that Anaesthesia and Operative Obstetrics play vital roles in the survival or death of the foetus.

Analysis of the above series presented showed that emphasis was to be laid on the fact that some 70 to 80 per cent of these maternal deaths in relation to Obstetric Anaesthesia had evidence of some avoidable factor. The sequelae of the Mendelsohn Syndrome *viz.:* the inhalation of vomited or regurgitated stomach contents are now very well known and appreciated. Deaths had also occurred in relation to Cardiac Arrests and to the Shock Syndrome of Spinal and allied regional anaesthesia, as well as Drug Sensitivity.

With these "writings on the wall" as it were, this is a good time to give judicious thought for the evolution of an Obstetric Anaesthetic Service for the Kandang Kerbau Hospital. The present system of Anaesthetic Service relies on the scheduled deployment of personnel from a Central pool of Anaesthetists based at the General Hospital. This pool consists of both trained and qualified Officers as well as Officers in Training, and the requirements of all the surgical services including dental surgery in the State are met from this pool. During the hours after 4.00 p.m. each day to 8.00 a.m. the next morning, a single anaesthetic Officer is on first call for all surgical emergencies in the State including Obstetric emergencies. A second Anaesthetic Officer is on second call should more than one emergency operation at any place occur at the same time; but on the whole, these officers on emergency duty are relatively junior officers in the speciality. The Kandang Kerbau Hospital at this time, handles close to 40,000 deliveries per year. Of these, some 2 per cent of the deliveries are by Caesarean Sections with an equal percentage for Forceps and Vacuum Extraction deliveries. About 0.6 per cent of the cases require Manual Removals of placentae. In addition, the Hospital deals with 200 cases of Gynaecological emergencies per year and handles about 11,000 major and minor Gynaecological operations. Limitations in resources on personnel strength and the absence of an Obstetric Anaesthetic Service precludes the initiation of a Flying Squad Service for the Institution. There, in reality, exists a wide range of indications for Obstetric Anaesthesia, but the urgency of the provision of almost immediate anaesthesia is the fact that the Obstetric treatments are nearly always urgent. The urgency is motivated not only by maternal interests but definitely also, by foetal interests or by both. As the majority of the cases are "hot" cases which are virtually unprepared for Anaesthesia, especially General Anaesthesia, it makes consideration of the necessity for an Obstetric Anaesthetist—in other words, a specialist within a speciality, more urgent. This trend is accepted in most countries, and many countries have already been practising it. For only by such a practice, can it be hoped to reduce mortality ascribed to Obstetric Anaesthesia. Further, present problems can be ironed out, and research work in Obstetric Anaesthesia can attain advances in the Speciality.

It is appreciated that personnel strength at this time will not allow immediate realisation of such an Obstetric Anaesthetic Service for the Kandang Kerbau Hospital; but it is felt that it is **not** too early to discuss energetically about it and perhaps, a pilot service evolved until a full comprehensive Obstetric Anaesthetic Service can be organised. Indeed, it has been felt that the Service should include an Intensive Therapy Service to deal with those very serious complications of Obstetric Anaesthesia. The Bulletin looks forward to the realisation of such a service for the Kandang Kerbau Hospital.