

# Anaesthesia1ST

## 1st Class Anaesthesia for All Patients

### SUMMARY: CAESAREAN SECTIONS PART 3

### Selection of premedication protocols

#### DRUG SELECTION

- Select drugs with a **short duration of action**
- Choose drugs with **minimal physiological effects**
- Use drugs that are **antagonisable** wherever possible
- **Reduce doses** of anaesthetic related drugs by 25-40%
- Use the **lowest possible dose**
- **Administer to effect**

#### CONSIDERATIONS

- **Most CNS depressant anaesthetic drugs cross the placenta** to the neonates
- **Most premedicants/analgesics are not specifically licenced** for use in pregnant animals
- **Some drugs are specifically contraindicated** for use during pregnancy e.g. buprenorphine
- **Read SPCs carefully**
- Pregnancy results in **physiological changes to respiratory function**
- **Hypoxia in the dam will result in neonatal hypoxia**
- **Full mu opioids** produce minimal cardiovascular depression in the healthy, non-gravid patient
- Opioid administration may necessitate IPPV

#### NO PREMEDICATION

- No premedication = **no maternal analgesia**
- No premedication = **no placental transfer** of drugs
- No premedication = **no drug-induced neonatal depression**
- Most premedicants/analgesics **not licenced** for use during pregnancy
- **Some drugs specifically contraindicated** during pregnancy e.g. buprenorphine
- Administer **full mu opioid following delivery of last neonate**
- Post-delivery opioids provide maternal analgesia & some sedation during recovery

#### FULL MU OPIOID

- Provides pre-anaesthetic **analgesia & some sedation** for dam
- **Dose sparing** for other CNS depressant drugs
- **Respiratory depression** of dam & offspring is possible
- **Foetal hypoxia** is possible
- Antagonise with **naloxone**

#### BUPRENORPHINE

- **Contraindicated** in pregnant animals prior to delivery of offspring
- For **mild to moderate pain**