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LETTER TO THE EDITOR

Caesarean section and mortality

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Letter to the Editor

I am responding to a recent article in your journal (S Afr J Anaesh Analg. 2015:21(3);17–23) titled, *The development of a scoring tool for the measurement of performance in managing hypotension and intraoperative cardiac arrest during spinal anaesthesia for Caesarean section.*

I was extremely saddened and shocked by the situation described at your level one and two hospitals. I do not know the ground realities at these hospitals, but is very sad that mothers should die during spinal anaesthesia due to hypotension, which is a completely treatable or preventable situation. Ignorance with respect to the fundamentals of obstetric anaesthesia, such as preloading, administering a reduced dose of the spinal drug, the correct position of the table after administration of the drug and correct wedge placement, is adding to maternal and infant mortality rates.

The idea of posting interns with two months experience in anaesthesia is inadvisable. How can they be expected to manage general anaesthesia when airway management is more difficult in obstetric patients? In fact, airway problems are by far the most common cause of anaesthesia-related deaths all over the world.[1] There is a seven times greater chance of encountering a failed intubation when providing general anaesthesia to an obstetric patient.

Interns do not have theoretical knowledge because anaesthesia is not a subject that is offered in the undergraduate curriculum. Without sound knowledge of theory, which is the base upon which practical knowledge is built, they are reduced to the status of anaesthesia technicians.

If anaesthetists are not available or are unwilling to work at level one and two hospitals, local nurses should undergo proper training and be permitted to carry out anaesthesia work. I hope that your government and health department will urgently reconsider their approach as the statistics in the article are not fitting for a civilized society.

Anaesthesia is only in sixth position as the cause of maternal mortality in the USA. There were 1.1 deaths per a million live births in the USA, and 0.5 deaths in the UK from 1994–1996 in this regard. It was found after a survey was conducted from 1979–1996, that the number of deaths from general anaesthesia had remained stable, while those from regional anaesthesia had markedly declined, despite the fact that regional anaesthesia was being used more often than general anaesthesia in every hospital.[2]

In India, the Diploma in Anaesthesiology is a two-year programme. Students are only permitted to observe anaesthesia procedures being carried out in the first month. Afterwards, they are allowed to perform them. It is surprising that at your level one hospital, interns with two weeks of exposure to anaesthesia were allowed to perform anaesthesia duties without the supervision of a senior faculty. I must add that this suggests scant respect for precious human life.

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