ACCESS

Dear Local coordinator of the ACCESS Study,

thank you for your participation in the ACCESS project. On the following page, you will be able to introduce the patient data collected in the perioperative period of the Caesarean section.

We will need you to respond one survey per patient. All fields are mandatory.

So, let's start!

case introduction

- 1 Which country do you practice in?
- 2 What is your country international dialing code?

3 study number of your medical centre



4 number of the reported case in your center







		 70 71 72 73 74 75 76 77 78 79 80
	Patient details	
5	Age group patient undergoing the Caesarean section? (Year)	 ○ 15-20 ○ 21-25 ○ 26-30 ○ 31-34 ○ 35-39 ○ 40-44 ○ >44
6	What is the height (cm) of the patient undergoing caesarean section?	
7	What is the weight (kg) of the patient at the time of caesarean section?	
8	What is the medical status of the patient (based on American society of anesthesiologists (ASA) classification status)?	 1-2 Healthy pregnant (usually classed as ASA 2) or pregnant with mild disease 3 pregnant with moderate disease 4 pregnant with severe or life-threatening disease 5 pregnant, moribund likely to survive Other:
9	What is the level of experience/certification of the most senior anaesthesiologist present in the operating room to perform/supervise anaesthesia for this patient? (Note - the supervisor may not be present in the room but is fully available to assist). Please use closest category for your country	 Anaesthesiologist trainee < 2 years Trainee ≥ 2-5 years experience Anaesthesiologist (trainee or attending) 6-10 years experience Anaesthesiologist (trainee or attending) ≥10 years experience Obstetric Anaesthesia specialist Other:
10	Indication for caesarean section	 Malpresentation Multiple Gestation Repeat Cesarean Maternal Request Placenta previa, Placenta accreta Maternal medical condition Intrapartum Caesarean emergency (eg failed trial of delivery/prolonged/ labour/ fair operative delivery) Fetal compromise Bleeding Other:

What was the Classification of Caesarean section urgency?	 Emergency / Code Red: delivery required in less than 15 minutes Urgent / Code Orange: delivery required in less than 30 -60 minutes Expedited / Code Green: delivery as soon as possible / within > 60 mins to 24, hours Elective
Time of the day when the Caesarean section started	<pre> 00:01 - 04:00 04:01 - 08:00 08:01 - 12:00 12:01 - 16:00 16:01 - 20:00 20:01 - 00:00 </pre>
In case of unplanned Caesarean section, how long did it take from the call for Caesarean to fetal umbilical cord clamping (decision-to-delivery interval time,DDI) ? (minutes). Please be as accurate as possible.	 Not Applicable Other:
What is the initial anaesthesia plan of the first anaesthesiologist to care for the patient (even if you then used another secondary plan)	 Spinal anaesthesia Epidural anaesthesia Combined spinal epidural Labor epidural top up Continuous spinal anaesthesia General anaesthesia other
Intrapartum Caesarean section: is there a labor epidural catheter in place for labor analgesia?	 Yes No Not Applicable
Intrapartum Cesarean section: In the case the patient has a labor epidural catheter in place, did the anaesthesiologist who made the initial anaesthesia mode plan decide/think that it was providing adequate labor analgesia?	 Not Applicable Yes No
Intrapartum Cesarean section: if a labour epidural was extended to provide anaesthesia, where was the top-up started?	 Not applicable In the labor room On the way to the operating room In the operating room other:

about local anaesthetic and adjuvants administered, with doses:

- Spinal Local Anaesthetic Agent. 18 You may add drug dose/volume details to "Other".
- No spinal dose / not applicable
 Hyperbaric Bupivacaine 0.5%
 Isobaric Bupivacaine 0.5%

- Levobupivacaine 0.5%
- □ Chlorprocaine 3%
- □ Prilocaine 2%
- other: _____



19	Spinal lipophilic opioid. You may add drug dose/volume details to "Other".	 No spinal lipophilic opioid / not applicable Fentanyl Sufentanil other:
20	Spinal Long-Duration opioid. You may add drug dose/volume details to "Other".	 No spinal long-duration opioid / Not applicable Morphine Diamorphine other:
21	Spinal non opioid Adjuvants? (Various options are possible)	 No spinal non-opioid adjuvant / Not applicable Clonidine Dexmedetomidine Epinephrine other:
22	Epidural Top-Up: Local Anaesthetic You may add drug dose/volume details to "Other". Please note that adjuvants are asked in a later question.	 No epidural top up / not applicable Ropivacaine 0.75% Ropivacaine 0.5% Levobupivacaine 0.375% Bupivacaine 0.5% Bupivacaine 0.375% Lidocaine 2% Chloroprocaine 3% Other:
23	Epidural Top Up: Epidural lipophilic opioid. You may add drug dose/volume details to "Other".	 No epidural lipophilic opioid / not applicable Fentanyl Sufentanil Other:
24	Epidural Top Up: Epidural Long-duration Opioid. You may add drug dose/volume details to "Other".	 No long-acting epidural opioid / not applicable Diamorphine Morphine Other:
25	Epidural Top Up: Non Opioid adjuvants (Various options are possible).	 No epidural non-Opioid adjuvant / not applicable Epinephrine Bicarbonate other:
26	Spinal / Epidural top up: Non opioid Adjuvants, Comments:	
27	If neuraxial anaesthesia was used (spinal/ topup of labor epidural analgesia/combined spinal-epidural), how was the block tested prior to incision? Mark all applicable.	 Not tested Light touch test by the anaesthesiologist Pin-Prick test by the anaesthesiologist Cold test by the anaesthesiologist Motor Block test by the anaesthesiologist Skin test by surgeon other:



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28	If the block was tested, what was the highest tested dermatome reached? (any testing modality)	 Not Tested T1 or above T2 T3 T4 T5 T6 T7 T8 T9 T10 or below Not applicalbe
29	If neuraxial anaesthesia was used (spinal/ topup of labor epidural analgesia/combined spinal-epidural), was there a failure of the block (requirement for repeat neuraxial procedure / conversion to general anesthesia) for Caesarean section?	 ○ No ○ Yes ○ Not applicable
30	lf yes, please indicate the type of neuraxial anesthesia failure (Various types can be selected).	 No Neuraxial Anaesthesia Failure / not applicable Complete failure of the block Low Level block Lateralized block Correct level but insufficient intensity of the block Other:
31	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a first option?	 No Neuraxial Anaesthesia Failure / not applicable General Anaesthesia Spinal Anaesthesia with usual dose of local anaesthetic Spinal Anaesthesia with reduced dose of local anaesthetic compared to routine practice Repeat epidural top up Combined Spinal-Epidural Anaesthesia Intravenous / Inhalational supplementation (clarifying - NOT general anaesthesia) Other:
32	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a second option?	 No second plan used/ not applicable General Anaesthesia Spinal Anaesthesia with usual dose of local anaesthetic Spinal Anaesthesia with reduced dose of local anaesthetic compared to routine practice Repeat epidural top up Combined Spinal-Epidural Anaesthesia Intravenous / Inhalational supplementation Other:
33	If there was a failure of neuraxial anaesthesia (spinal/ topup of labor epidural analgesia/ combined spinal-epidural) which of the following "next plan" strategies was used as a third option?	 No third plan used / not applicable General Anaesthesia Spinal Anaesthesia Repeat epidural top up Combined Spinal-Epidural Anaesthesia Intravenous / Inhalational supplementation Other:



³⁴ Strategy for failed neuraxial block, comments (Optional):

35	If there was failure of neuraxial anaesthesia, when was the next plan (general anaesthesia/repeat block/intravenous/inhalational supplementation) initiated?	 No Neuraxial anaesthesia failure / not applicable Before incision After incision before delivery After incision after delivery
36	If general anaesthesia (including invasive airway support) was performed during Caesarean section at any time, what was the reason?	 Maternal contraindication for neuraxial anaesthesia Maternal request Totally failed neuraxial anaesthesia Partially failed neuraxial anaesthesia Lack of time with insufficient level in a well-functioning block Well-functioning block but patient preference to convert to GA To support clinical management of haemodynamic instability Not applicable Other:
37	If intravenous / inhalational medications were administered as a supplement to neuraxial anaesthesia, please mark all used.	 No intravenous / inhalational medications Propofol Ketamine Midazolam Etomidate Fentanyl / Alfentanil / Sufentanil / Remifentanil Morphine Nitrous Oxide Sevoflurane Other:

