

# ANESTHESIA FOR MATERNAL-ASSISTED CESAREAN DELIVERY

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## BACKGROUND

- Maternal-Assisted Cesarean Delivery (MACD)
  - Modified cesarean technique
  - Birthing parent actively participates in delivery of infant
    - Increases involvement of birthing parent
    - Supports patient preferences and allows for greater patient autonomy



OB team during MACD case

## CASE

35-year-old G4P3 woman with three prior CD was scheduled for repeat CD at 40w0d, requested a MACD prior to delivery



### Preparation

- Protocol developed with team roles
- Counseled on possibility of conversion to traditional CD



### Pre-op

- Mid-antebrachial IV
- Patient assisted with sterilization, gowning and gloving



### Anesthetic Management

- ECG back pad electrode used
- Earlobe pulse oximetry probe
- Upper arm blood pressure cuff
- Combined spinal-epidural (CSE)



### Delivery

- Standard until hysterotomy
- Drapes lowered, second gown removed
- Patient's hands assisted to deliver infant onto chest
- Delayed cord clamping

# DISCUSSION

- Why MACD?
  - 1 in 3 birthing people report trauma symptoms postpartum
  - Linked to lack of choice & control
  - Loss of agency → feelings of disconnection
  - MACD may restore some autonomy through active participation, and increase empowerment for the birthing parent
- Patient-Centered Care Without Compromising Safety
  - Simple adaptations (IV placement, monitoring adjustments) allow MACD while maintaining standard surgical safety protocols.



OB team during MACD case