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Appraisal of clinical practice guidelines and consensus statements for cesarean section under general anesthesia: a systematic review

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 June 2023 and was last updated on 29 June 2023.

INTRODUCTION

Review question / Objective To assess the quality and consistency of the existing clinical practice guidelines and consensus statements on obstetric anesthesia.

Condition being studied Although regional anesthesia is commonly administered for cesarean section, general anesthesia is used when spinal anesthesia is contraindicated or in emergency situations. For cesarean section under general anesthesia, anesthetics are often used in reduced doses to minimize the impact on the fetus. However, this practice may exhibit a marked increase in the maternal stress response to surgical stimuli as well as an increased risk of intraoperative awareness.
Evidence-based, accurate, and timely guidance documents are important for clinical practices. However, obvious inconsistencies in the cesarean section under general anesthesia were exhibited in different international and national guidance documents.

METHODS

Search strategy The literature search will be conducted in PubMed, EMBASE, and guideline databases from January 1, 2000, to the present for guidelines pertaining to the obstetric anesthesia. We will also conduct searches on Google and on Google Scholar for potentially eligible guidelines and consensus statements that are not indexed in the aforementioned databases. For pubmed: ((((((cesarean[Title/Abstract]) OR (cesarean delivery[Title/Abstract])) OR (cesarean section[Title/Abstract])) OR (obstetric[Title/Abstract])) OR (obstetrical delivery[Title/Abstract])) OR (obstetric anesthesia[Title/Abstract])) OR (delivery[Title/

Abstract]) AND ((expert consensus[Title/Abstract]) OR (guideline[Title/Abstract])) OR (recommendation statement[Title/Abstract]) AND ("2000/01/01"[Date - Publication]: "3000"[Date - Publication]).

Participant or population We will include all the clinical practice guidelines and consensus statements pertaining to obstetric anesthesia.We will exclude primary research, study protocols, comments on existing guidelines or consensus, and conference abstracts or posters.

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included Published as a clinical practice guideline or a consensus statement.

Eligibility criteria Inclusion criteria:(1) published as a clinical practice guideline or a consensus statement;(2) providing recommendations for diagnosis and/or management for obstetric anesthesia;(3) produced by the related associations, institutes, societies, or communities for national or international use; (4) published in English or Chinese;(5) published from January 1, 2000, to present. Exclusion criteria:(1) primary research, study protocols, comments on existing guidelines or consensus, and conference abstracts or posters; (2) draft documents that are unpublished or under development; (3) previous documents replaced by updated versions from the same organization.

Information sources PubMed and EMBASE , two Chinese academic databases, guideline databases, and Google and Google scholar.

Main outcome(s) The primary outcome is the score of published clinical practice guidelines and consensus statements, which is evaluated using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool.

Additional outcome(s) A descriptive summary of guideline recommendations.

Data management Four reviewers will independently screen the titles and abstracts of all searched documents and determine the ones for full-text review. Disagreements will be resolved through discussion with consultant anesthesiology.

Quality assessment / Risk of bias analysis Eligible guidance documents will be appraised using the AGREE II instrument, which is developed for quality evaluation of health-related clinical practice guidelines and has been applied to that consensus statements.
Scores from the evaluation comprise the primary outcome. All eligible guidance documents will be included for recommendation synthesis, regardless of their scores.

Strategy of data synthesis AGREE II scores will be given by four independent reviewers to each guidance document.

Subgroup analysis None planned at current stage.

Sensitivity analysis None planned at the current stage.

Country(ies) involved China.

Keywords obstetric anesthesia; guidelines; consensus statements.

Contributions of each author
Author 1 - Dongxu Chen - conceived this study; designed the inclusion/exclusion criteria and the searching resource and strategy; designed the appraisal strategy of each included guideline and consensus; searched literature search and extracted data; assessed the quality of each document; drafted the manuscript.
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