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THE URGENCY OF CAESAREAN CLASSIFICATION AND FETAL OUTCOME *Sashidharan, R. Duke, C.; Leschinskiy, D.; Philip, S.; Hallworth, S. Anaesthesiology, The Royal London Hospital, London, United Kingdom* A classification system based on clinical definition for the urgency of caesarean has recently been proposed(1). The relationship between this classification and fetal outcome has been studied with regards to APGAR scores showing no correlation(2). Our aim was to examine this relationship as determined by placental umbilical arterial H+ Ion concentration, APGAR scores and the extent of neonatal resuscitation required at birth. All grades 1 and 2 Caesarean data collected over a ten-month period in our unit was analysed prospectively. Mann Whitney Rank and Chi Squared Tests were used for analysis. $p<0.05$ was considered significant. There was no statistical difference between the placental arterial H+ Ion concentrations for the two grades of urgency ($p=0.0507$), despite the mean for Grade 1 being 82 nmol/L and Grade 2 being 67 nmol/L. Greater numbers studied may show a significance. APGAR scores at 1, 5 and 10 minutes did reach statistical significance suggesting that Grade 1 infants are more physiologically stressed than Grade 2 infants. We suggest that this is a useful classification system which can be used to expedite the delivery of the most at risk infants leading to a better outcome. *1. Lucas DN etal JRSM 2000; 93: 346-350 2. Lucas DN atal Abstract OAA Meeting May 2001*

Grade	H+ mean(nmol/L)	APGAR median 1min	APGAR median 5min	APGAR median 10min
1(n=56)	82	8	10	10
2(n=108)	67	9	10	10
p	0.0507	0.0044	0.0218	0.0264

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FIBEROPTIC ENDOTRACHEAL INTUBATION OF THE ENDOMORPH: METAMORPHOSIS IN AIRWAY MANAGEMENT *Glassenberg, R.[1] Fredericksen, M.[2]* 1. Anesthesia, Northwestern University, Chicago, IL; 2. Obstetrics and Gynecology, Northwestern University, Chicago, IL Intro: Maternal mortality due to failed intubation in the morbidly obese patient is a well-known problem. Over the past three decades, the incidence of morbid obesity in the nations' population has increased to 17%. What can be done to prevent airway catastrophe in the parturient? Methods: Following IRB approval in 1985, over the course of past sixteen years, 22/38 parturients weighing over 132 kg were intubated fiberoptically prior to the induction of general anesthesia for c-section. Sedation was with midazolam and fentanyl. The oral cavity was topicalized with lidocaine ointment 175mg, followed by transtracheal injection of 160mg of lidocaine solution. Results: [See Graph] Conclusion: While the proportion of endomorphic patients presenting for general anesthesia has increased from 0.8% to 1.8%, the percent of difficult intubation has fallen by 75%. Securing the airway awake saves lives. *Hood & Dewan, Anesthetic and Obstetric Outcome in Morbidly Obese Parturients. Anesthesiology 79:1210-18. 1993. Mokdad et al. The spread of the obesity epidemic in the United States, 1991-1998. JAMA 282:1519-22. 1999.*