YSOA NEWSLETTER

EDITOR: Dr James Wright

YORKSHIRE SOCIETY OBSTETRIC ANAESTHETISTS

Issue 26/ January 2026

Presidents Message

Happy New Year, everyone! I am thrilled to be back with our winter edition of the newsletter. First and foremost, I want to extend my heartfelt gratitude to the YSOA faculty and members. Your unwavering support, whether as members or through your enthusiastic participation in our key meetings, has been invaluable. I must say, without your collective dedication and encouragement, the success of these gatherings would not have been possible.

Following our triumphant Annual Scientific Meeting in Sheffield last April, we were thrilled to host yet another successful anniversary gathering last October at Hinsley Hall in Leeds. The evening was filled with outstanding case presentations from trainees throughout the region, each sparking intriguing discussions. The atmosphere was vibrant, and there were ample opportunities for everyone to engage and ask questions, making it a truly enriching experience

These meetings are valuable for sharing knowledge and a great platform for networking. I would like to extend my gratitude and thanks to our YSOA trainee representatives, Edward, James and Gillian, for providing the minutes of the meetings for our newsletter thus keeping everyone updated.

It feels like just yesterday we were discussing the 2025 Sheffield ASM, and now, here we are, eagerly preparing for the 2026 Annual Scientific meeting! I am thrilled to announce that our next ASM will take place on 28th April at the beautiful Hospitium in York. We have an exciting programme in store, filled with engaging sessions and a captivating debate that promises to both engaging and thought-provoking. Please help us spread the word about the meeting so we can make this Yorkshire ASM another resounding success. Let's come together and make this event memorable!

I extend my sincere gratitude to our YSOA administrator, Wayne, for his excellent support in making these meetings a success.

Dr Anju Raina—President of YSOA

Thank you all! I look forward to seeing everyone on 28th April 2026

Best wishes
Anju Raina
Consultant Anaesthetist
President Yorkshire Society of Obstetric Anaesthesia

Hospitium, York, Annual Scientific Meeting, Tuesday 28th April 2026

Dates for your diary

YSOA Annual Scientific Meeting 2026

Venue Hospitium, York

Tuesday 28th April 2026

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or
wayne.sheedy@talktalk.net

YSOA Anniversary Meeting

Friday 30th October 2026

Fee £25, includes Dinner

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk or
wayne.sheedy@talktalk.net

Membership details

Membership is free to all trainees and consultants in the Yorkshire and Humber region. Membership ensures you receive information regarding upcoming events and this amazing newsletter!

If you wish to become a member please forward the following information to:

obstetricday@hotmail.co.uk

Name:

Grade:

Employing Trust:

Locality if in a training post (East/South/West)

A reliable contact email address:

Yorkshire Society of Obstetric Anaesthetists

Yorkshire Society of Obstetric Anaesthetists Annual Scientific Meeting
Hospitium, York, 28th April 2026

Time	Session
0830 – 0900	Registration
0900 – 0910	Welcome / Introduction Dr Anju Raina, Consultant Anaesthetist, HUTH, President YSOA Dr Kay Robins & Dr James Wright, Consultant, York & Scarborough Teaching Hospitals NHS Trust
Session 1 – Chair: TBC	
0910 – 0950	Chronic Pain Management in Pregnancy *Dr Phillipa Armstrong Lead Consultant in Pain Management York and Scarborough Hospitals*
0950 – 1030	An Overview of perinatal mental health and different pathways of care across sectors *Nikki Wilson, Chief Executive of Maternal Mental Health Alliances/MMHA*
1030 – 1100	Tea / Coffee
Session 2 – Chair: TBC	
1100-1140	The ins and outs of a CQC inspection… *Victoria Head – CQC, Senior Specialist -Hospitals*
1140 – 1210	*Prehospital care of the pregnant lady+/-perimortem LSCS refresher* *Dr Alex Bell, Consultant in Anaesthesia and Pre-Hospital Medicine, Northern General Sheffield*
1210-1300	**LUNCH** Poster presentations will be on display on main screen
Session 3 – Chair: TBC	
1300 – 1340	Trainee Presentations
1340– 1420	Pro-Con Debate: "Ultrasound should be used as standard when performing a neuraxialprocedure in patients with a BMI >40" *Pro-side: Dr Yousseff Mahmoud ST6* York and Scarborough Hospitals NHS Trust *Con-side: Dr Simon Old Consultant anaesthetist* York and Scarborough Hospitals NHS
1420 – 1440	Tea / Coffee
Session 4 – Chair: TBC	
1440 – 1520	Regional Maternal Medicine Educational Update *Dr Bex Lathey Consultant intensivist and anaesthetist Leeds NHS Trust* *Dr Rhona Martin ST8 Anaesthesia and ICM, Pinderfield NHS Hospital*
1520 – 1550	TBC *TBC*
1550 – 1610	Remifentanil PCA and RESPITE *Dr James Nicholas, Jessops Hospital Sheffield*
1610 – 1630	Prizes and Close


Hospitium, York

Essential Information

- 5 CPD points applied for from the Royal College of Anaesthetists

Meeting Fee (members):

- Consultants £130 (£120)
- SAS/Trainee £80 (£75)
- ODPs/midwives £25 (£25)

Payment by BACS to following Account (Yorkshire Society of Obstetric Anaesthetists Ltd):

Acc No:60660963

Sort Code:30-98-97

Bank: Lloyds TSB

Email remittance: wayne.sheedy@talktalk.net

Abstract Prizes

- Oral Presentation £100
- Poster £50

For full programme, bookings, abstract submission guidelines and further details see meeting website:

http://ysoa.org.uk

YSOA YORKSHIRE SOCIETY OBSTETRIC ANAESTHETISTS

YSOA website and Podcasts

Podcasts from the ASM 19 are available to download from our website www.ysoa.org.uk

Username:

ysoa@gmail.com

Password:

%$*ysoahull@$)

2025 Podcasts:

https://vimeo.com/user/123179933/folder/25139790

Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility	01 April 2026
Bradford	TBC

For more information please go to the Yorkshire and Humberside Deanery Website (hyp-tr.clinical.courses@nhs,net)

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility	19 October 2026

Contact: anju.raina@nhs.net or Emily.clappison@nhs.net

Yorkshire Difficult Airway Course

Hull Clinical Skills Facility	TBC

Contact: Emily.clappison@nhs.net

YSOA 2025 Anniversary Meeting Review

Hinsley Hall, Leeds, 3rd October 2025

The evening started with a case report on the care of a patient with Anderson Tawil syndrome.

A rare genetic disorder associated with cardiac arrhythmias, episodes of muscle weakness and periodic paralysis. Giant U waves on ECG are a classical finding. The patient delivered at a tertiary centre with input from a large multi-disciplinary team (MDT) including a cardiologist. Following advice from a specialist, spinal anaesthesia was performed for a caesarean section (C-section) with no complications. This case report highlighted that thorough cardiac work-up is required for this patient group.

The next case discussed, concerned maternal cardiac arrest and peri-mortem C-section.

Shortly after receiving an epidural and standard test dose the patient became unresponsive with complete cardiovascular collapse. Cardiopulmonary resuscitation was swiftly undertaken with a quick decision to perform a peri-mortem C-section. Return of spontaneous circulation was established and the patient was subsequently transferred to theatre to achieve haemostasis.

Differential diagnoses included amniotic fluid embolism, local anaesthetic toxicity and high/total spinal.

The patient was transferred to ICU and both mother and baby have since made good recoveries.

An incredibly challenging case which highlighted the importance of excellent teamwork and rapid recognition and initiation of high quality CPR.

The next presentation focused on anaesthetic management of placenta accreta spectrum.

Placenta accreta spectrum covers a range of presentations where the placenta adheres or grows through the uterine wall, predisposing to major obstetric haemorrhage (MOH).

Data collected over 14 years was shared from the Jessops database which included information on: caseload, surgical/anaesthetic management, blood loss/blood product management, post-op care and neonatal outcomes. MDT planning is crucial and often involves interventional radiology and critical care post-operatively. Planning for MOH is vital and includes- invasive arterial monitoring, wide bore access, cell salvage, rapid transfusers and blood products immediately available. The majority of patients from this data set received general anaesthesia, alongside a neuraxial technique. Whilst these patients are worked up and planned to deliver at a tertiary centre it is important to recognise that placenta accreta spectrum patients can present acutely at any hospital.

Contact Us

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Mr Wayne Sheedy

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wayne.sheedy@talktalk.net

Visit us on the web at www.ysoa.org.uk

Please email any comments or feedback regarding this newsletter to W Sheedy as above.

Please forward this newsletter to your obstetric anaesthetic colleagues and trainees to let them all know all the news – thank you.

James Wright , Editor (York)

The following presentation discussed a patient with Wolf-Parkinson White (WPW) syndrome.

On delivery suite the patient presented at 27 weeks with abdominal pain and went on to have a syncopal episode with associated apnoea. A category 2 C-section was called shortly after the patient recovered, for an abnormal CTG.

The patient received spinal anaesthesia and following delivery of her baby developed another 5 minute loss of consciousness with apnoea. The patient required assistance with bag and mask ventilation due to a drop in oxygen saturations. Cardiovascular parameters remained normal with no evidence of dysrhythmia. A 12 lead ECG had been performed which indicated a short PR interval and delta wave.

In the post-operative course the patient was reviewed by a cardiologist and a provisional diagnosis of WPW was made. The patient was also referred to a neurologist to investigate the possibility of partial seizures with associated apnoea.

The case highlighted that pregnancy is a pro-arrythmogenic state and provided information on management of WPW during anaesthesia.

The final presentation of the evening discussed management of the critically unwell patient in the postpartum period. The patient presented following delivery of a concealed pregnancy outside the hospital. The patient was breathless, tachycardic, normotensive with signs of volume overload. The uterus was well contracted with no signs of active bleeding. A blood gas was performed which showed a profound metabolic acidosis with a haemoglobin (Hb) of 24 and lactate of 12.

The patient was transferred to ICU for ongoing management. Further investigations revealed critically low levels of B12, folate and iron. A CT scan identified a non occlusive thrombus in the inferior vena cava. Cautious blood transfusion, platelets, vitamin K and pabrinex was administered. A thorough history was taken which revealed the patient had been struggling at home, losing weight and eating a poor diet.

A working diagnosis was formulated that chronic malnutrition had led to placental dysfunction and preeclampsia culminating into disseminated intravascular coagulation.

The key takeaway messages from the presentation were to avoid diagnostic anchoring- not all low Hb levels on delivery suite mean active bleeding. The importance of managing both the room as well as the patient and not to underestimate extremes of diet.

A big thank you to all the presenters who provided excellent and informative cases. The evening was a great chance to catch up with colleagues and share knowledge on the management of challenging cases.

Ed Knight