

Presidents Message

Changes are afoot at the YSOA! At this April's annual scientific meeting our President Dr Makani Purva announced that she had stepped down as President of the YSOA almost 10 years after establishing our regional society.

If you weren't aware, the YSoA initially started out as the Hull York Obstetric Anaesthesia Study Day, which Dr Purva founded, attracting anaesthetists, ODPs, midwives and obstetricians from around East Yorkshire.

The YSoA as it is now was created in September 2012 with a group of committed Obstetric Anaesthetists from around the region and because of Dr Purva's endless enthusiasm, energy and vision, it has since delivered two outstanding educational meetings every year since then. The Annual Scientific Meeting in April is extremely popular and now attracts over 100 delegates from around and beyond Yorkshire. The ASM is hosted by a different part of Yorkshire each year to allow all departments the privilege of being host. Dr Purva also established the September Anniversary Meeting, a more relaxed evening meeting, which has recently been held in Headingley.

During this time, Dr Purva has not only been the vision and force behind the success of the YSOA she also was elected as an OAA executive committee member, Chair of the Information for Mothers (IFM) sub-committee and rejuvenated the National Obstetric Anaesthetic Database (We still collect this data use as a means of auditing our practices and outcomes at Midyorks, even though the OAA data collection has been disbanded, such is the power of Dr Purva!). She also has the honour of being President of the Association of Simulated Practice in Healthcare and most recently has been appointed to the role of Chief Medical Officer at Hull University Teaching Hospitals NHS Trust.

So Dr Purva- thank you for tireless energy and drive in creating and nurturing the YSoA. How fortunate Yorkshire is to have had such an incredible individual create and lead this fantastic society. It is an absolute honour and privilege to have the opportunity as the YSoA's second president to continue to build on your creation, with the expert help of the YSoA committee, and deliver the aims of the society-to promote communication, partnerships and educational opportunities to help deliver the highest standard of Obstetric care within the Yorkshire region. Thank you and we all wish you continued successes in the next chapter of your incredibly busy life!

A little bit about who I am for those of you who don't know me; after becoming a Consultant Anaesthetist at Mid Yorkshire Hospitals in 2009 and then the Lead for Obstetric Anaesthesia in 2011, I joined the YSOA committee in 2014 and soon found myself organising the 2015 YSOA ASM at Thorpe Park, which I did again this year- both times being extremely rewarding and immense fun. This summer we have also welcomed with delight two new committee members to the YSOA; Dr Suzanne Taylor Consultant Anaesthetist from Mid Yorkshire Hospitals and Dr Sarah Cooper Consultant Anaesthetist at Bradford Royal Infirmary – welcome aboard!



We are on with the preparations already for our next anniversary meeting which is on Friday 27th September 2019, at Hinsley Hall, Headingley, Leeds – so please get the date marked in your diary!

Thoughts from a departing President

I will always have very fond thoughts of YSoA- the Yorkshire Society of Obstetric Anaesthetists and while I know I am departing, I will remain a loyal member until I retire. I was asked to capture some final thoughts as a departing President.

The foremost thought that comes to my mind is the sense of satisfaction that I had while leading the society. Every year when the Society ran a successful meeting and the numbers improved year after year, you felt that sense of achievement. Each of our regional organisers took pride in ensuring that their meeting was the best-the ownership that one saw in colleagues was wonderful.

The best part of the job is that you are meeting new people, forming new partnerships and friendships –and I think over the years I have made some very good friends. In the early days, we used to meet other members of the committee that ran YSOA in an Italian restaurant off the M62-it was so noisy that one had to shout to be heard. But we had fun! More recently, we have started meeting in quieter surroundings, perhaps in keeping with the “advancing age” of the members on the committee! We debated in these face to face meetings and later over emails on the content of the conference and evening meeting programme. The topic for the debate was always our most debated discussion item! Getting a consensus on what would be a good debating statement was always an issue and perhaps this is something we may have to ask our membership to contribute to, going forward. But that is an idea for Sarah to take forward if she so wishes....

Over the last few years we have started donating to charities linked to women and pregnant women from the conference returns –this wonderful idea came from one of the committee members and this gesture has given me immense satisfaction. YSOA is not only influencing the life of women through the work we do through pregnant mothers but we are helping the lives of women as a whole. I believe that we could more in terms of financial support and hopefully as YSOA grows, this will be possible.

YSOA needs to participate in activities beyond running conferences and evening meetings-we need be involved conducting surveys, multicentre research and quality improvement projects, tackling and learning from each other's serious incidents, strengthening programmes for our trainees in the region, pooling funds to support worthy trainee project that can work across organisations etc. etc. The list goes on. The potential to do all of this is there, we just need to find a way to make it happen. No pressure Sarah Radbourne....!

I leave YSoA in the capable hands of our new President-a talented and wonderful human being; who I know will take this Society to even greater heights. I will still be attending the conferences and helping out as much as I can because I know that this Society is making a difference-a difference that is felt not only by the pregnant mothers in my organisation in Hull but across Yorkshire. Here is wishing the Society a great future and thank you for the opportunity to be part of it and leading it for a few years.

Makani Purva

Departing President ,Yorkshire Society of Obstetric Anaesthetists



Dr Makani Purva—Departing President of YSOA

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Hinsley Hall, Anniversary Meeting Venue 27 September 2019

Dates for your diary

YSOA Anniversary Meeting

Friday September 27th 2019

Free (small refundable deposit £25)

Our yearly exclusive meeting is a great time to network,

listen to interesting talks with audience interaction, often with a patient experience session.

Dinner included

Contact: w.sheedy@hull.ac.uk

YSOA Annual Scientific Meeting 2020

The Principal Hotel, York , 28th April 2020

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:

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@\$)



Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility	Wed 20 th November 2019
York	Wed 4 th Dec 2019
Bradford	tbc

For more information please go to the Yorkshire and Humber-side Deanery Website

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility 14th October 2019

Contact Daniel.websdale@hey.nhs.uk

Yorkshire Difficult Airway Course

4th October 2019 <http://midyorksmesh.co.uk/courses/detail.php?s=yorkshire-difficult-airway-workshop>



Annual Scientific Meeting, Thorpe Park Hotel & Spa, Leeds, 2019

Annual Scientific Meeting 2019 Report

Thorpe Park Hotel & Spa, Leeds

Tuesday 30th April 2019

By Dr Sarah Radbourne

Another packed programme and an equally packed conference room! The great thing about annual scientific conference besides the fantastic speakers, great programme content and a delicious lunch of course is that there is a generous amount of break time to catch up with old friends and colleagues from around the region. It is a great obs' anaesthetic social occasion and it was brilliant to see everyone enjoying the day and reconnecting.

The first session commenced with Dr Marc Randall, Consultant Neurologist from Leeds General Infirmary leading us through common and some not-so common pre-existing neurological disorders that could trouble the obstetric anaesthetist. We were given understanding that a woman with a history of epilepsy carries her highest risk of seizure at delivery, migraine symptoms change significantly in pregnancy and 25% of pregnant women will experience migraine, often as new onset of migraine. PRES Idiopathic Intracranial Hypertension –the ICP can rise as much as 30cm of H₂O during pushing thus symptomatic women are at risk of optic nerve injury. AVMs- we were warned that 30% will bleed if not corrected before a pregnancy and they carried a 35% mortality rate if they did rupture and were given advice for patients with MS, Chiari formations. Dr Randall told the story of a patient who blacked out with every contraction due to her underlying syring. The advice for repeated scans at 25 weeks to monitor the progression of the syring during pregnancy, with neurosurgical input was emphasised!

Dr Konda Kondav, Consultant Anaesthetist from Leicester gave us an insightful talk about causes of low pressure headache as well as PDPH. He pointed out that the CSF leak may result from a tear rather than a puncture hole, depending on the angle of the epidural needle and that CSF can leak anteriorly and laterally as well as posteriorly which could explain why some blood patches fail. His experiences in managing patients with low pressure headaches and post-dural puncture headaches lead him to suggest that maybe we as anaesthetists should be warning our patients that the chronic headache arising from a low pressure headache could be more debilitating than any nerve damage, and we should be mindful not just about the headache but of the disability the headache causes for the new mother.

There followed a busy coffee break, visiting the generous array of sponsors at their stands who had come in support of our meeting, as well as viewing the high quality posters presented by our regional anaesthetic trainees. We commenced the second session with an enlightening talk by Dr Andrew Fletcher Consultant Haematologist from Hull who managed to make the clotting cascade actually look quite fun! He took us through a series of patient cases he had supported his local maternity team with, covering common and not so common haematological challenges.

The consequences of poor diet and inadequate Vitamin B12, folate and iron intake were highlighted – severe B12 and folate deficiency causing profound cytopenias (not as uncommon as you'd think). With iron deficiency anaemia, a ferritin less than 50 and Hb less than 100 will cause the mother to experience fatigue. Dr Fletcher suggested that maybe we should be giving iron to all pregnant women, just as folate is an accepted part of pre-pregnancy preparation, as it is such a common issue, which would have a positive effect on the national maternal transfusion rate. He also advised that women taking DOACs should be switched to warfarin from 6 weeks of pregnancy, because of the difficulty in reversing DOACs. There would be a 19% reduction in mortality if switched, if the woman experienced a PPH. As Factor IX does not increase in pregnancy, we were advised it does need correcting. As Dr Fletcher summarised; If it's low or absent – replace it, If it's high - reduce it, If it's cancer – give chemo and only 16 things can go wrong in haematology! Now if we applied the same to obstetric anaesthesia..?!

Moving from physiology to psychology, our fourth speaker Sue Ranger, Clinical Psychologist from Leeds Mental Health Service gave us a thought provoking talk on the effect of the mother's mental health and stress levels during pregnancy on the foetus, chronically high levels of cortisol were described as "Toxic" to the foetus' future mental health. She discussed the first 1001 days being pivotal for the normal development of a young child. She also discussed the pre-existing emotional and mental stresses, also history of abuse and neglect that can affect a woman's ability to cope with an emergency surgical intervention and their risk of developing post-traumatic stress. We were given examples of what we could do as obstetric anaesthetists present with the mother in the operating room to help support her and the importance of debriefing her after a stressful situation, to help her process what happened and why, to reduce the risks of PTSD.

Lunch was a very tasty and generous affair in the hotel's elegant restaurant followed by more tea, coffee and browsing the stands and posters. There were 9 poster submissions from trainees across the region, all very informative and two YSOA committee members had the challenging task of picking out the best for the poster prize!

A big bouquet of flowers and gifts were presented to Dr Purva, the first President of the YSOA by Dr Amanda Vipond from York along with a little speech to recognise and applaud Dr Purva's hardwork and commitment in establishing and nurturing the Society since 2012 as Dr Purva announced her step-down as president and handover at the ASM.

Sarah Winfield, Consultant Obstetrician who leads the West Yorkshire Maternity Critical Care Network and Dr Debbie Horner, Consultant Anaesthetist Chair of the Maternal Enhanced and Critical Care (MEaCC) Group did a marvellous job keeping our attention sharp during their presentation updating us on the behind-the-scenes activity of the Maternity Network.

Sarah summarised the 2011 Equity of Care document, Comprehensive Critical Care "Without Walls" document, MBRRACE, UKOSS documents which had brought into focus the importance of quality critical care for the maternity population. Sarah highlighted that 50% of maternity units that report they provide Maternal Critical Care within their unit had no formal MCC training, <7% assess MCC competencies and only 6% have Service Level Agreements for MCC. Following their benchmarking exercise in 2017, Yorkshire and Humber Maternal Critical Care Network produced several documents for MEaCC. Enhanced Maternal Care could be defined as level 1+care- management of arterial and central lines, the use of a HDU chart and where enhanced knowledge of maternal critical illness and the ability to recognise the need to escalate care is required.

The MEaCC Steering group gave recommendations on training packages for midwives for standard and enhanced competency training and competency passports, transferring skills between units. Maternal AIMS, ABC approach to critical care and the extension to PROMPT CIPP (critical ill pregnant patient) courses were discussed.

Some delegates requested links to the publications they discussed – these are below.

Dr Chloe Fairbairns (against the motion) and Dr Oliver Martin (for) took up their laser pointers, for the challenging debate on whether “all high-risk women should have their back scanned ante-natally”. As one delegate fed back- both speakers tended to drift to the same conclusion but spoke with passion!

After another social coffee break Professor Mary Mushambi kept us all captivated, if not a little out of our comfort zone, in asking ourselves what we would have done when applying the Obstetric difficult airway society guidelines to actual case histories. She reinforced to us that the obstetric airway is different to the non-obstetric airway, the incidence of Failed Intubation being around 1:400 vs 1:2000 for the non-obstetric population and mortality from FI being 1:43000 in the obstetric population vs 1:180000 for the non-obstetric population. She reminded us of the importance of pre-planning for FI, discussing this at the team brief and using table 1 to plan for an “awake or proceed” approach if a FI did occur. She stressed that table 1 was a dynamic table and the decision making could change with the same patient during their procedure. “Top Tips” from the guidelines were pointed out such as at FI if a SAD is successfully used – USS the neck for FON access would be prudent to pre-empt a potential loss of airway. Avoid/reduce fundal pressure at delivery with a SAD as at this point there is a very high risk of regurgitation of stomach contents. If intubating through a SAD, care must be taken to avoid leaving the SAD in situ afterwards for too long as pressure from the SAD could cause nerve palsies in the more oedematous obstetric airway. Cricoid is still recommended if it does not impede ventilation. Awake FOI can be done in the obstetric population but requires a little more ante-natal preparation and forethought. If FI occurs thought should also be made to involving the neonatal team for delivery as although mortality was the same as for non-FI, morbidity of the neonate is increase in FI where there were low maternal oxygen saturation during the woman’s anaesthetic management.

Dr Helen Buglass gave us a comprehensive review of the evidence of use and benefits of THRIVE (Trans-nasal humidified High-flow nasal oxygen) in the non-obstetric setting as well as recent publications of its use and benefits in Obstetrics for pre-oxygenation in general anaesthesia as well as respiratory support during regional obstetric anaesthesia. She presented a case history where THRIVE had successfully supported a woman needing an elective caesarean section who had a subglottic stenosis which affected her respiratory reserve. We were also cautioned about choosing the right technique for the right patient- THRIVE would not have been beneficial for a different patient whose length and degree of subglottis stenosis required a surgical tracheostomy as THRIVE would not have been able to overcome the long tight narrowing. THRIVE is quick and easy to set up and is likely to become as common place as video laryngoscopy in obstetric anaesthesia in the near future.

A Prize of £100 was awarded to Dr Olivia Jackson for her oral presentation titled “Abdominal pain at 22 weeks gestation” and £50 to Dr B P Janardhana for best poster presentation- her poster was “Management of broken epidural catheter – a rare complication during labour analgesia”

We received over 75% delegate feedback on the day which was absolutely fantastic, thank you.

Podcasts of all the presentations are now available of the YSOA website for anyone who would like to view the lecture slides.

The details of the difficult airway course Dr Buglass described are:

Yorkshire Difficult Airway Course, 4th October 2019 - <http://midyorksmesh.co.uk/courses/detail.php?s=yorkshire-difficult-airway-workshop>

The documents referred to in Sarah Winfield and Debbie Horner's presentation are:

Providing equity of critical and maternity care for critically ill pregnant or recently pregnant women, July 2011

Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16, MBRRACE-UK

Maternal Enhanced and Critical Care Recommendations, Yorkshire and the Humber, April 2018

Maternal Enhanced and Critical Care Competency and Training Framework, Yorkshire and the Humber, April 2018 "Aim Course"

Maternal Acute Illness Management

Contact Us

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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.

Kay Robins, Editor
(York)