YSOA NEWSLETTER

EDITOR: Dr Kay Robins

Issue 19/ June 2021

Presidents Message

So, we are embarking on our second summer during the COVID pandemic and hopefully we are beginning to see a return to some type of normality. In the UK we have seen yet again how incredible our healthcare system is in responding to great challenges, with, at the time of writing, almost 65% of the population having had at least one COVID vaccine within 6 months of commencing the programme; 32 million (48%) people fully vaccinated.

Our hospitals are trying to get our services back to more normal activity, but we all continue to be under significant pressure, especially our GP and A+E colleagues. We now also have a lot of research data coming out from the pandemic guiding us on how best to help our patients still affected by this pandemic- such is the power of collaborative working.

Our maternity units are also feeling the effect of lockdown – more deliveries, more surgical interventions but thankfully very few maternal deaths attributable to COVID infections. The YSOA's commitment to supporting charities associated with women's health continues and this year we were able to donate to Refuge, a charity which provides support for women and their children affected by domestic abuse and the Birth Trauma Association. COVID has had an impact on the demand for both of these services.

The YSOA was immensely proud to host our April 2021 ASM as a webinar with almost 100 delegates tuned in, regionally, nationally and even internationally! I was also delighted that so many of our region's anaesthetic trainees were able to prepare posters for our ASM, despite their ongoing demands at work. It was a pleasure to be able to showcase their work to our members and award trainee prizes.

Although we have learnt that planning ahead is unpredictable with COVID, the YSOA has started making preparations for our Anniversary Meeting at Hinsley Hall on the 29th September 2021. We also have our fingers crossed that at long last we will be able to enjoy the facilities of The Principal Hotel in York for our 2022 ASM on the 26th April. Keep an eye on our website for details of both events.

I wish you all a lovely summer and I do hope you get the opportunity to have a holiday- wherever you are able to get to!

Dr Sarah Radbourne: YSOA President

Dr Sarah Radbourne—President of YSOA

Hinsley Hall, Leeds, Anniversary Meeting Venus 24 September 2021

Dates for your diary

YSOA Anniversary Meeting

Friday September 24th 2021

Fee £25 refundable deposit includes Dinner

Contact: Wayne Sheedy at

obstetricday@hotmail.co.uk

YSOA Annual Scientific Meeting 2022

The Principal Hotel, York , Tuesday 26th April 2022

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:

Admin

ysoa@gmail.com

Password:
Green42Carwash
%$*ysoahull@$)

Dates of courses

Obstetric Anaesthetic Emergency Course for CT2s

Hull Clinical Skills Facility	tbc
York	8th December 2021
Bradford	tbc

For more information please go to the Yorkshire and Humberside Deanery Website

TOAASTY Advanced Obstetric Course

for senior trainees and consultants

Hull Clinical Skills Facility	22 November 2021

Contact Daniel.websdale@hey.nhs.uk

Yorkshire Difficult Airway Course

tbc

Research Opportunities

Quality of Recovery from Obstetric Anaesthesia (ObsQOR):

The aim of this NIHR portfolio study is to examine the quality of recovery from obstetric anaesthesia using the Obstetric Quality of Recovery (ObsQoR) score across multiple centres.

Primary Outcomes

- Correlation of ObsQoR with length of hospital stay (LOS) in hours following delivery across multiple centres, particularly ObsQoR score and prediction of prolonged LOS (>1.5 SD) and readmission to hospital.
- The relationship between ObsQoR and patient-reported ready for discharge will concurrently be determined to account for institutional, non-medical maternal factors neonatal factors that may delay discharge and impact LOS.

Secondary Outcomes

- Comparing ObsQoR profiles with differing types of obstetric anaesthesia and delivery method.
- Variations in ObsQoR scores across differing centres.
- Impact of patient, obstetric and neonatal factors on ObsQoR score.
- Impact of institutional factors on ObsQoR score.
- Impact of time of day and anaesthesia provider factors on ObsQoR score.
- Prediction of patients who are likely to have an ongoing requirement for analgesia.
- Prediction of patients who are likely to require further follow up in the community or investigation.
- Prediction of patients' ability to return to normal activities of daily living.
- Prediction of patients' who are unable to achieve adequate activity levels as determined by number of steps on mobile phone / activity tracker.

The study involves conducting a patient survey at follow-up after an obstetric anaesthetic intervention. It is due to be conducted in September 2021 over a 2 week period.

For further information or if you are interested in taking part please contact Dr James O'Carroll, Guys and St Thomas's London. James.ocarroll@nhs.net

YSOA 2021 Annual Scientific Meeting Zoom Webinar - Review

27th April 2021

On the 27th April 84 delegates tuned in via ZOOM media for the second ever YSOA webinair. Harnessing the power of social media, delegates were able to join from all over the UK and even a few from overseas. The organising team lead by Dr Kay Robins of York hospital quickly adapted to Boris' new regulations and delivered a very successful and thought provoking conference. The YSOA committee has subsequently received many positive feedback comments from delegates and wish to extend our sincere thanks to all of the speakers involved on the day.

A brief synopsis of each session is now detailed…….

Session 1

Dr Peter Odor - Consultant Anaesthetist at University College London

Awareness during General Anaesthesia in Obstetrics; DREAMY study

Obstetric general anaesthesia has always been deemed high risk. It is an intractable requirement of all labour wards throughout the world. As anaesthetists there seems to be a historic and present day resistance to performing a GA; they can be unpleasant and undesirable to perform due to the multiple potential problems associated with this high risk cohort, one of which being awareness.

Dr Odor and his team have conducted the DREAMY study (Direct reporting of Awareness in maternity patients) reviewing over 3000 obstetric patients and evaluating cases of explicit awareness. He states that General Anaesthesia serves to disassemble the functional architecture of the brain and that explicit awareness occurs with a triad:

Deficiency in delivery of effective dose of anaesthesia
Unintended and undetected return of consciousness
Memory encoded and able to be retrieved.

DREAMY recorded 12 instances of accidental awareness in GA (AAGA) (1 in 256 patients).

10/12 of these were during night shifts and 75% during the dynamic induction or emergence phases of anaesthesia. Thiopentone administration had a higher representation of cases than propofol.

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)

They also identified that there is an associated risk of longstanding PTSD (months to years) related to explicit awareness. Anecdotally the most distressing aspect of this was not being able to communicate the awareness.

Topical discussion highlighted a recent regional move away from using thiopentone and instead championing propfol. Propofol at 2mg/kg dosage is proven to provide deeper anaesthesia than 5mg/kg thiopentone does.

Dr Odor concludes that; propofol, videolaryngoscopes and nerve stimulators should all be regularly used to minimise the risk of awareness. Awareness should be a key discussion point when obtaining consent. The OAA should be reviewing and developing national guidelines for the care of an obstetric patient undergoing general anaesthesia

Mr Kevin Phillips - Consultant Obstetrician at Hull Royal Infirmary

The Okenden report.

The Ockenden report presents the initial findings on an inquiry into maternity care at Shrewsbury and Telford NHS Trust following a letter from families raising concerns about significant harm and deaths of neonates and mothers. The initial review was of 23 families, this rapidly increased to 1,862 cases between 2000 and 2019. The report reviews the first 250 cases.

The report allows concerns to be heard, practice to be reviewed and for lessons to be learnt and immediate and essential actions to be implemented.

Key findings:

- Failure to recognise deviation from the norm
- Poor consultant involvement/ supervision
- Escalation of care poorly undertaken - and senior support failing to attend in timely manner
- Inadequate and infrequent use of CTG monitoring
- Alarmingly low LSCS rate of 11% vs national ~20% - resulting in traumatic births
- Poor levels of compassion and kindness and no co-ordinated bereavement care
- Risk assessments not carried out at each visit.

Essential actions for all maternity services:

- Enhanced safety: increasing partnerships between Trusts and within local networks.

Maternity services must ensure that women and their families are listened to

Trusts must ensure that MDT training and working occurs and provide evidence.

There must be robust pathways in place for managing women with complex pregnancies

Women must undergo a risk assessment at each contact throughout the pregnancy pathway

All maternity services must appoint a Lead Midwife and Lead Obstetrician with demonstrated expertise and best practice in fetal monitoring.

Women require access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

Session 2

The second session for the day was chaired by Dr Anju Raina Consultant obstetric anaesthetist from Hull University Teaching Hospitals and Dr Vishal Pai one of the trainee representatives for YSOA was the questions moderator. The first speaker in this session was Dr Charlie Millson clinical lead in hepatology at York Teaching Hospitals. He spoke about acquired liver diseases in pregnancy where he gave an overview about managing pregnant women with obstetric cholestasis and fatty liver disease. He discussed the impact of obesity, alcohol and viral hepatitis as common causes for liver derangement in these patients. He emphasised the importance of identifying at risk patients early in pregnancy to pick up pre-existing chronic liver disease and to prevent acute conditions occurring. The overlap between liver disease and pregnancy specific acquired disease such as HELLP and pre-eclampsia was highlighted and explains why a specific diagnosis can be challenging.

The second speaker in this session was Dr Mathew Ballerdi Consultant cardiologist at Hull University Teaching Hospitals and he spoke about management of cardiac diseases in pregnancy in units without specialist obstetric cardiac services. He started his talk discussing key findings from the MBRRACE UK reports with cardiovascular disease being the most common cause of death in the UK currently due to older age and higher BMI patients than previously. He discussed some cases he had been involved with as an illustration of the morbidity caused by cardiac disease in pregnancy. Identification is challenging as some of the symptoms of cardiac disease may be mistaken for symptoms of pregnancy but breathlessness at rest and when lying flat

are not normal in pregnancy and may indicate heart symptoms. He stressed upon the need for counselling and MDT approach in managing these patients and summarised his talk stating that most common cardiac conditions can be managed well in any centre if methods to recognise early deterioration are in place.

Both these topics attracted questions from the audience and the insights and personal experience of the speakers in this field was well received by all. Dr Anju Raina rounded up the session by thanking the speakers and this brought us on to the lunch session where posters submitted by trainees and participants were displayed.

Session 3

Session 3, chaired by Dr Vipond was kicked off by a superb talk by Dr Palanisamy, Associate Professor in St Louis, USA, 3 time winner of Best Scientific Paper- SOAP. He gave us a comprehensive summary of research data published so far on COVID-19 and pregnancy. Looking at was unique about COVID-19 in pregnancy we learnt that compared to previous viral pandemics, COVID-19 has little effect on the mortality rate in pregnant women compared to non-pregnant women overall (1.5% mortality in both groups) which is in stark contrast to H1N1 2009 (5x mortality rate), SARS and MERS (av. 26% mortality). He explained that there is a high rate of asymptomatic infection when pregnant (45-88%), and of those symptomatic 90-95% had mild symptoms only. However, if the pregnant patient was symptomatic, they had a 3-5 fold increased risk of ICU admission and ventilation, but the risk of mortality was the same as for the non-pregnant age matched population. Pregnant women admitted to ICU were more likely to have the known risk factors of diabetes, hypertension or pre-eclampsia.

What does COVID-19 do to pregnancy? We were advised that there is an increased risk of caesarean section (2-3 fold), pre-term birth, NICU admission and still birth, but no increase in miscarriages. There is also a low risk of vertical transmission (3%) and of foetal abnormality. On examining immunity, Dr Palanisamy explained that there is placental transfer of maternal IgG and vaccine data suggests safety and efficacy for pregnant women.

Dr Horner Consultant Intensivist and Obstetric Anaesthetist from Bradford concluded our day with an excellent round-up on current recommendations for the clinical management of the COVID positive pregnant woman. We were shown that the vaccination programme was having a positive impact on overall hospital admissions with COVID, but ICNARC data showed that there was a rise in pregnant positive cases in the more latter months of the pandemic, possibly related to

the re-opening of schools etc. Data from ISARIC/UKOSS/MBRRACE also noted that there had been an increased rate of concealed pregnancy and late attending to hospital in pregnancy which had been linked to an increased risk of death from COVID.

Dr Horner then summarised the current RCOG recommendations for management of the pregnant COVID positive patient, emphasising the use of LMWH and steroids for all in-patients as well as the use of Tocilizimab for pregnant women admitted to ICU. She also noted that if it was proving difficult to maintain oxygen targets of 94-98% saturation on oxygen, delivery should be considered before commencing non-invasive ventilation, because of the challenges of anaesthetising these women for delivery once on non-invasive ventilation (risks of requiring intubation for delivery).

We were then updated on current COVID trials that we could enrol positive pregnant patients into RECOVERY and REMAP-CAP.

Lastly, Dr Horner discussed “Where to care”, noting the challenges of caring for symptomatic women on labour ward versus wanting to keep women off ICU due to infrastructure and bed pressures, and gave us all a plea to revisit the MEaCC recommendations and training framework to incorporate into our units operation, and submit our data to the regional data bank for future mutual benefit.

The day was then closed by awarding the poster and oral presentation prizes and president closing remarks.

Thank you to all the delegates who attended the ASM. Please be aware of our up-coming meetings:

Hinsley Hall 24th September 2021 - Anniversary Evening meeting

Principal Hotel, York 26th April 2022- Annual Scientific meeting.

Regards

Drs Sarah Radbourne, James Wright, Vishal Pai

YSOA President and trainee representatives