

High-Risk Obstetric Anesthesiology Consultations: A Retrospective Single-Center Study at an Academic Medical Center in the United States

Laura Nerb MD, Yu-Chi Tu MD, Katherine Perryman MD, Arthur Chyan DO

Background

- Anesthesiologists are essential consultants for obstetricians
- One study found that only 38% of surveyed U.S. academic centers reported operating a high-risk obstetric anesthesiology clinic.¹

Study goal

- To determine demographics of and referral indications for the patients seen at our high-risk obstetric anesthesiology clinic

Study Design and Methods

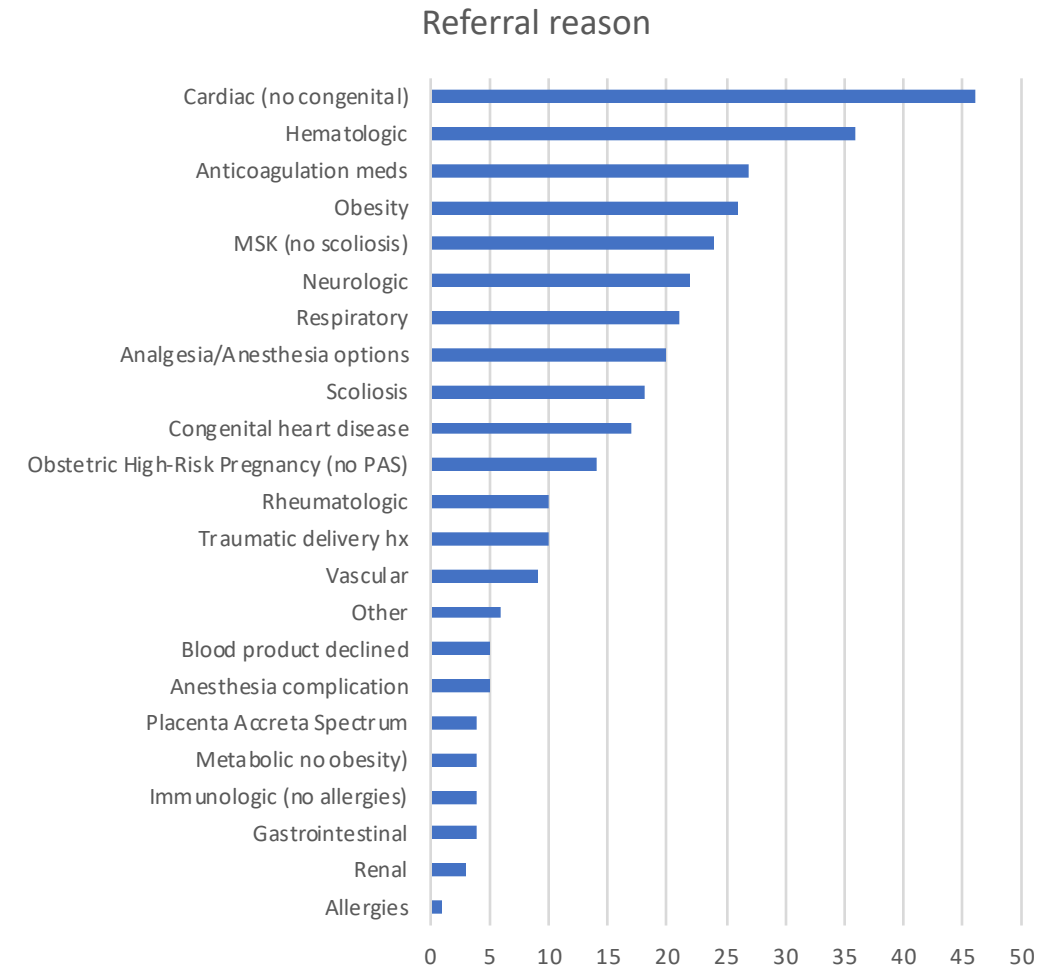
- Retrospective single center study: June 1, 2023 to July 10, 2024
- OB anesthesiology antepartum consultation notes were manually reviewed by 2 team members

Data collected:

- maternal age
- gestational age at the time of consultation
- gravida and parity
- planned mode of delivery
- primary consultation question
- referrals to other specialists
- candidacy for neuraxial analgesia and anesthesia

Results

- 215 parturients were seen for consultation
 - Average age 34 years
 - 4% were at ≤ 20 weeks at consultation time
 - 53% were nulliparous
 - 73% were planning for a vaginal delivery, 17% had an indication for a cesarean, and 10% were to be determined
- Seven patients (3%) were deemed to be poor neuraxial candidates



Conclusion and Discussion

- 97% of patients were neuraxial candidates
 - some of these were conditional (only if there had been enough time since the last dose of anticoagulation or if platelet count remained stable)
- Findings indicate which comorbidities are more prevalent in our patient population. By addressing these issues early, clinic can play a role in preventing maternal morbidity

Future goals

- Create a list of indications for referral to the anesthesia clinic
- Compile standardized recommendations for most frequent referral reasons