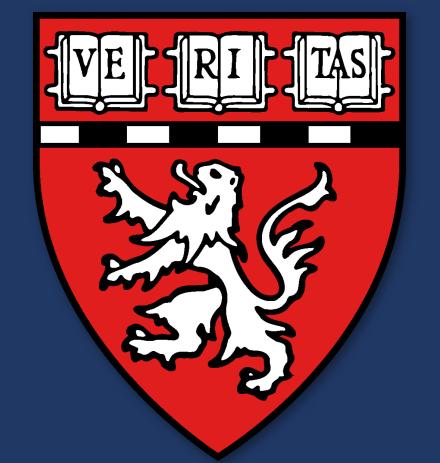


Automating Anesthesiology Antenatal Consultation Notes for Postpartum Hemorrhage Risk: A Feasibility Study Using Large Language Models



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Antenatal Anesthesiology Consultations for Postpartum Hemorrhage (PPH):

- Can improve care coordination, patient experience, and outcomes for patients with high risk
- PPH remains a leading cause of morbidity and mortality

Large Language Models (LLMs):

- Useful in automation of clinical workflows
- Recent studies suggest LLMs can produce high-quality handoff notes



Generated Using GPT

Question:

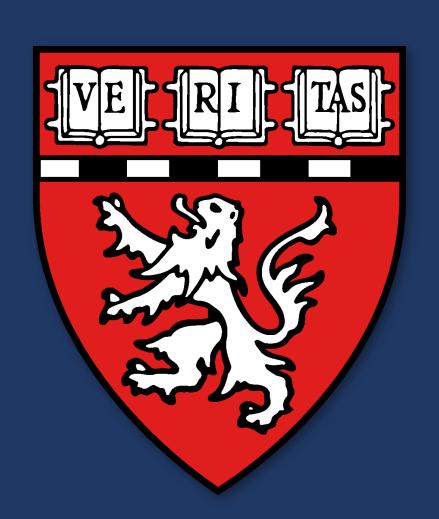
- Can LLMs be used to generate consistent, high-quality antenatal anesthesiology consultation notes for patients with elevated risk of PPH?

Hypothesis:

- LLMs will successfully generate accurate, standardized antenatal anesthesiology consultation notes



Methods



Mock Patient Scenario

- Based on known risk factors for PPH
- Designed by OB anesthesiologist or fellow



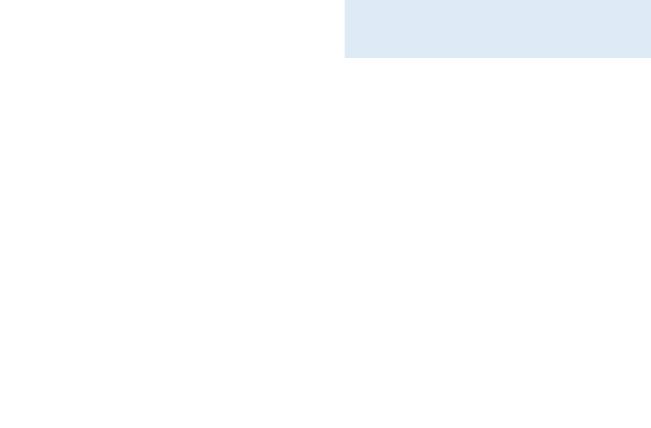
Mock Consultation Conducted

- Simulated patient/physician conversation with each role performed by anesthesiologist
- Recorded and Transcribed using Whisper large-v3
 1550M



Mock OB Note

- Written by OB anesthesiologist or fellow
- Based on real OB prenatal visit notes



Sample Antenatal Anesthesiology Consult Note

- Written by OB anesthesiologist or fellow
- Framework for all other notes



LLM- Generated Note

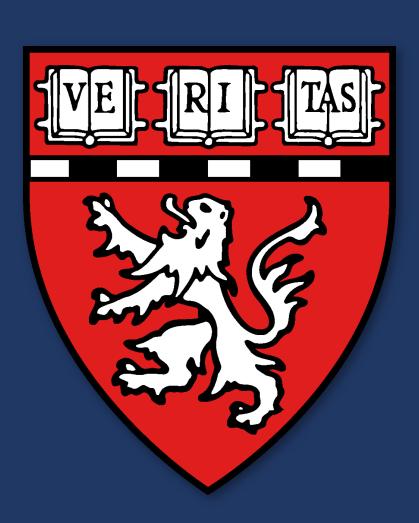
- GPT4 (Open AI) utilized
- Prompted with chain-of-thought technique
- Evaluated using qualitative framework (Likert scale 1-5)

Criteria	Description	
Readability	Well-written with use of professional medical language	
Completeness	Overall key information from transcription and OB note are included in the consult note	
Curation	Exclusion of irrelevant information	
Correctness: Hallucination	Invention of sentences with no context in the source documents	
Correctness: Knowledge Gap	Generation of sentences that are inconsistent with knowledge from source documents	
Correctness: Faulty Logic	Inferring logically incorrect sentences based on information from source documents	
Correctness: Bias	Demonstrates biases toward or against the patient	
Correctness: Overall	Aggregate of individual correctness scores	
Patient Safety Risk	Physician rating of overall safety risk based on errors or incomplete information in the consult note	
Usefulness	Degree to which consult note require minimal corrections or adjustments by a physician before being entered into the medical record	

Adapted from Hartman et al., 2024



Results



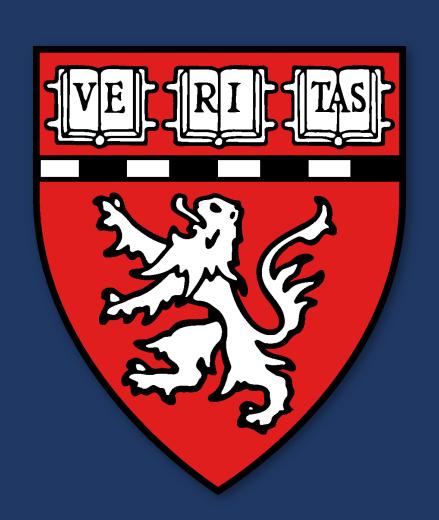
Interim Analysis:

- Mean Quality Score: 5 (4-5 IQR) out of 5
- 60% Sufficient quality and accuracy to be directly included in medical record
- 1 note with inadequate quality (inaccurate OB history, incomplete plan)

Patient Scenario	Correctness (Overall)	Patient Safety Risk	Usefulness
1	5	5	5
2	5	5	5
3	5	5	5
4	5	5	4
5	5	5	4
6	4	5	4
7	4	4	3
8	5	5	5
9	5	5	5
10	5	5	5



Conclusions



LLM-Generated Anesthesiology Consultation Notes:

- High quality and accuracy scores
- May improve standardization and note quality
- Combine with checklist for common HROAC indications

Next Steps:

- Apply same protocol to 10 additional mock patient scenarios
- Develop objective, automated evaluation framework
- Develop concurrent PPH risk checklist
- Conduct follow up study utilizing LLM for real patient scenarios



References

1- Uwubamwen, Verma. *Anaest Intens Care M.* 2019.

2- Corbetta-Rastelli et al. *Obstet Gynecol.* 2023.

3- Williams et al. *MedRXIV.* 2024.

4- Hartman et al. *JAMA Netw Open*. 2024.