Assessing the Adequacy of Our Labor and Delivery Anesthesia Staffing Model

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INTRODUCTION:

- Anesthesia staffing models on labor and delivery (L&D) vary widely depending on many factors:
  - →Delivery volume
  - →Floor and nursing capacity
  - →Institutional maternal level of care classification

•Level III & IV maternal care centers require anesthesiologist available 24/7, with obstetric-trained anesthesiologist in charge of obstetric anesthesia services [1].

Our Day Team (7a-3p):

- 3 obstetric anesthesiologists
- 1 obstetric clinical fellow
- 4-6 residents
- 0-1 CRNA

Our Night Team (3p-7a):

- 1 obstetric anesthesiologist
- 1 obstetric clinical fellow
- 2 overnight residents
- 1 “late” resident until 2300

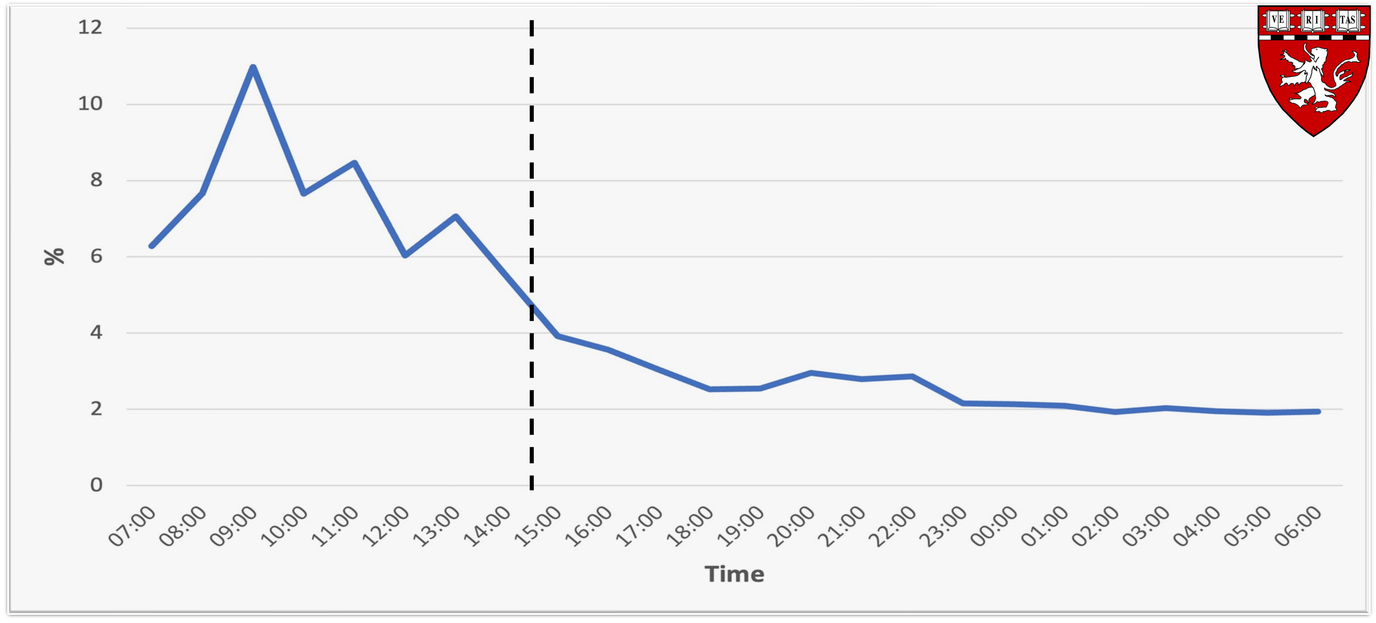
1. Am J Obstet Gynecol. 2015;212(3):259-271.`

Proportion of Total Obstetric Procedures by Shift.

Shift	N	%
07:00-15:00	8,898	59.75
15:01-06:59	5,993	40.25

Procedural Breakdown:

Shift, n (%)	Cesarean delivery	D&E and D&C	Other
07:00-15:00	7,052 (58.23)	1,615 (69.19)	231 (51.68)
15:01-06:59	5,058 (41.77)	719 (30.81)	216 (48.32)

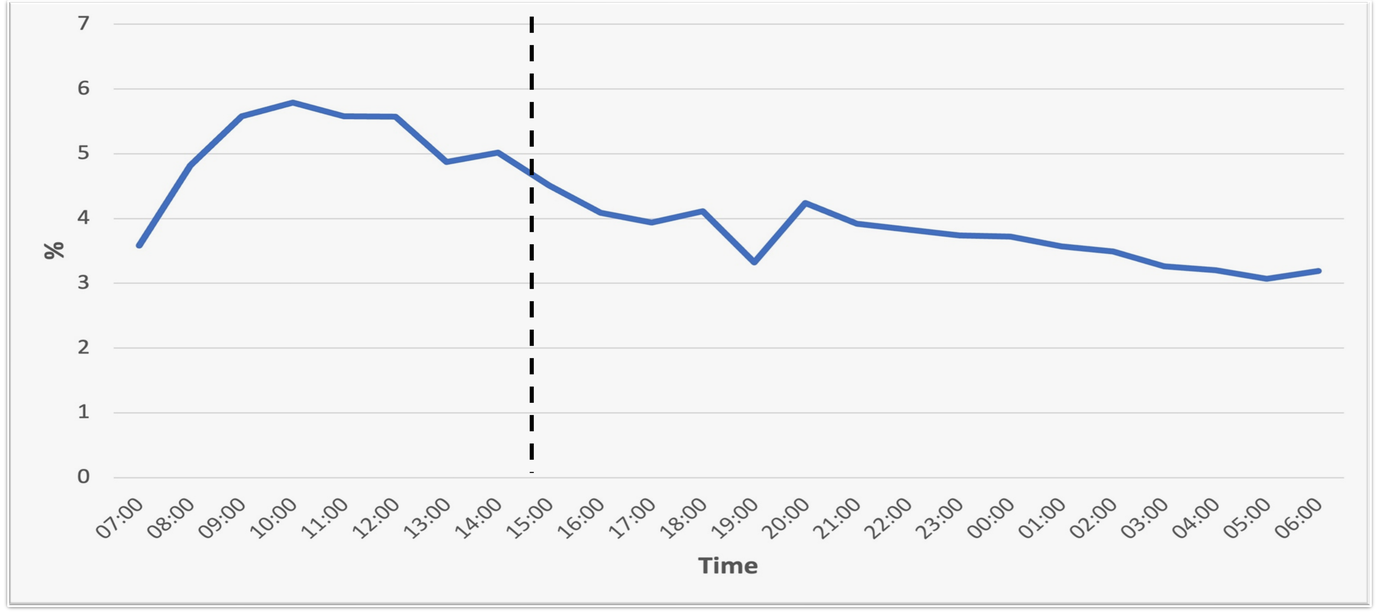


Proportion of Total Anesthetic Procedures by Shift.

Shift	N	%
07:00-15:00	14,977	40.88
15:01-06:59	21,661	59.12

Procedural Breakdown:

Shift, n (%)	Epidural	Spinal	CSE	GA
07:00-15:00	8,203 (31.49)	4,922 (69.65)	1,540 (52.81)	200 (44.15)
15:01-06:59	17,846 (68.51)	2,145 (30.35)	1,376 (47.19)	253 (55.85)



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CONCLUSION:

- **Learning neuraxial techniques is critical for trainees.**
- Majority of obstetric procedures occurred during daytime, while **majority of total anesthetics occurred during night shift.**
- Many L&D units are heavily staffed during daytime hours, ***however*:**
  →Majority of epidurals and general anesthetics occurred during the night shift.
  →42% of all cesarean deliveries occurred during the night shift.
- Considering alternative staffing models, such as a larger night team, may facilitate trainee exposure to neuraxial procedures and decrease the risk of understaffing during night-time hours.