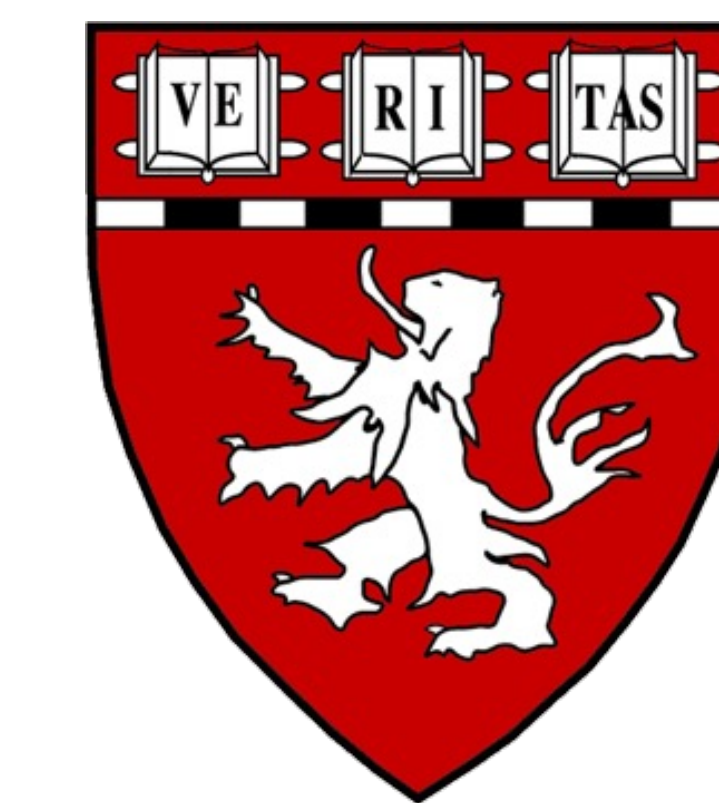




Then and Now: Assessing the Evolution of Our High-Risk Obstetric Anesthesia Clinic



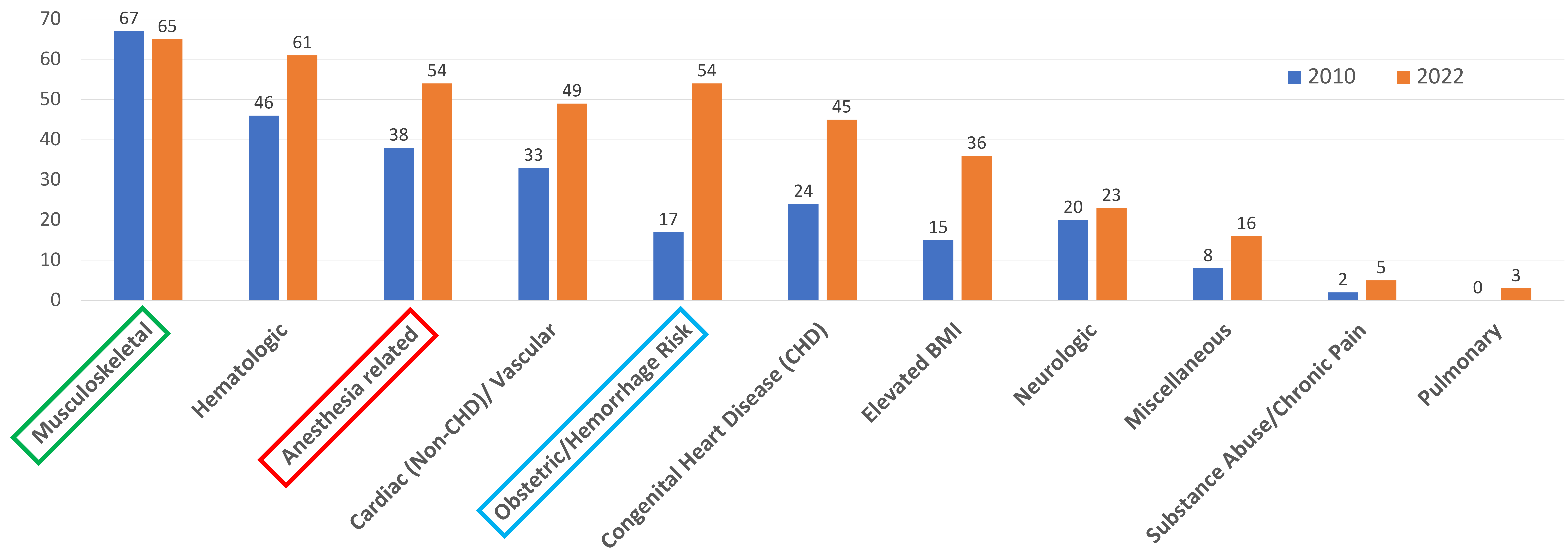
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Purpose:

- Characterize the changes in our clinic and our patient population over the past 12 years
- Investigate the impact that anesthesia consultation has on antenatal management

Obstetric Anesthesia Consultation Changes Over Time		
	<u>2010</u>	<u>2022*</u>
Total Number of Consults	270	411
Average Age (years)	31.8	33.7
In-Person Consultations	267 (98.9%)	20 (4.9%)
Phone Consultations	3 (1.1%)	391 (95.1%)
Gestational Age		
< 32 weeks	78 (28.9%)	46 (11.2%)
32- 34 weeks	64 (23.7%)	172 (41.8%)
≥ 35 weeks	128 (47.4%)	193 (47%)

Primary Referral Indication by Assigned Category



Subcategory Analysis:

Scoliosis: 2nd and 4th most common indication for consultation in 2010 and 2022

Low-risk anesthesia subcategories (Traumatic/Failed/Difficult Neuraxial Experience, Anesthesia related Anxiety/Questions/Side Effects): accounted for 9.1% and 8.5% of all consultations in 2010 and 2022

Placenta Accreta Spectrum: increased from 12 consults in 2010 to 39 consults in 2022

Anesthesia Driven Changes in Antenatal Management:

Defined as: 1. Ordering a diagnostic test or imaging 2. Requesting another subspecialty consult 3. Requesting outside records

Patients Requiring Antenatal Change in Management by Primary Category:

	2010	2022	Combined
Total # patients	17	10	27
Most common category assignments (# patients)	1 st MSK (6) 2 nd Hematologic (4)	1 st Neurologic (4) 2 nd MSK (2)	1 st MSK (8) 2 nd Neuro/Hematologic (5/5)

What We Learned

- We overutilized our obstetric anesthesia clinic for low-risk patients
- Very few patients required antenatal changes in management

Future Improvement

- Develop more stringent referral criteria and screening systems that accurately identify high-risk patients
- Create alternative solutions to address low-risk patients' needs