Reducing Practice Variability in Obstetric Anesthesia

A structured, team-based implementation of SOAP Centers of Excellence recommendations in a private hospital

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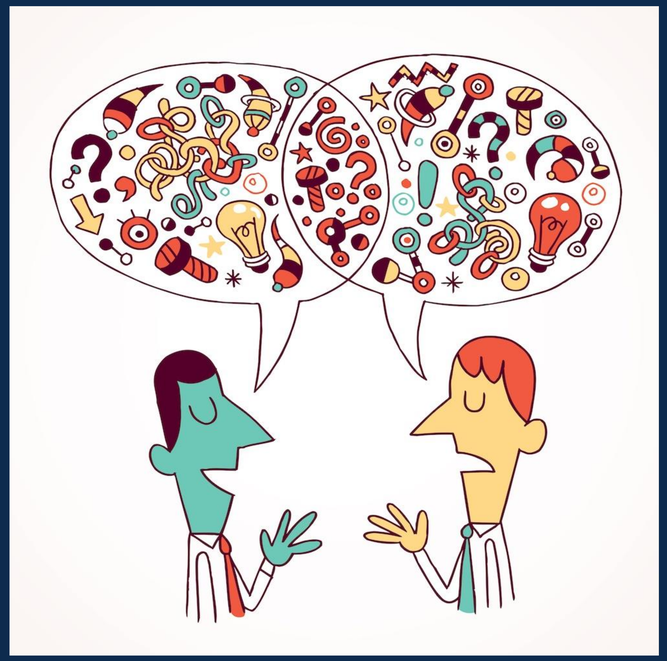
Background & Hypothesis

* Belo Horizonte



SOCIETY FOR OBSTETRIC ANESTHESIA AND PERINATOLOGY
CENTER of EXCELLENCE

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Study Design and Methods

HOW WE DID IT

- 30-min weekly online meetings (Feb to Dec 2025)
- SOAPCOE recommendations
  Team members led each topic
- Open debate → Consensus → Pocket guide
- In situ training + Obstetric team meeting
  Coffee break discussions + Active feedback
- Anonymous electronic survey after 11 months

1. **What did you use to do? (Jan 2025)**
2. **What was the meeting decision?**
3. **What do you do now? (Dec 2025)**

MaterDei
Rede de Saúde

WHO ARE WE

L&D Unit – September 2024

21 anesthesiologists • 11 men, 10 women

Mean age 39.8y (26–73y)

Mean 9.6y anesthesia practice (3 – 45y)

Mean 8.5y in OB anesthesia

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Results – Practice Changes After 11 Months

76.2% completed the survey
All correctly identified the agreed recommendations

27G PENCIL POINT SPINAL NEEDLE

BEFORE **87.5%** → AFTER **100%**

Quincke needles eliminated

C-SECTION ADJUVANTS

BEFORE **Variable** → AFTER **100%**

Intrathecal morphine + Fentanyl/Sufentanyl

LABOR ANALGESIA

BEFORE **6.7%** → AFTER **93.8%**

PIEB + PCEA

Ropivacaine 0.1% + Fentanyl universally adopted

Not using the PIEB due to lack of confidence
Occasional resistance from obstetricians

VASOPRESSOR STRATEGY

BEFORE **Bolus PRN** → AFTER **81.3%**

Ephedrine – Metaraminol
Phenylephrine

Prophylactic norepinephrine infusion
Selected to avoid maternal bradycardia

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Discussion & Conclusions

KEY FINDINGS

- SOAPCOE framework provided scientific credibility and facilitated consensus
- Agreed pocket guide reduced inter-individual variability across all topics
- Behavioral change reinforced by ongoing informal discussions and feedback between meetings

NEXT STEPS & CONTEXT

Audit medical records

Continue same structured process for remaining SOAPCOE topics

Team-based structured meetings and SOAPCOE framework successfully standardized obstetric anesthesia practice in a private Brazilian hospital

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