



# OBSTETRIC ANAESTHESIA UPDATE

## Association of Obstetric Anaesthesiologists News Letter

Certificate of Registration of Societies ACT 12 of 1983, No. E.16/4 of 2007/288, 5th Sept 2007 at Shillong

### President

**Sunanda Gupta** MD, PhD, FAMS  
RNTMC, Udaipur  
☎ +91 9829041152  
sunandagupta@hotmail.com

### Secretary

**Prithwis Bhattacharya** MD  
NEIGRIHMS, Shillong  
☎ +91 9436335209  
prithwisbhat123@yahoo.co.in

### Treasurer

**Lalit Kumar Raiger** MD  
RNTMC, Udaipur  
☎ +91 9414352823  
drlalitkumar@hotmail.com

### Executive Members

**Anjan Trikha** MD  
Editor,  
AIIMS, Delhi  
☎ +91 9810977901  
anjantrikha@hotmail.com

**Manjushree Ray** MD  
NRS MC, Kolkata  
☎ +91 9830080096  
manjushriray@hotmail.com

**Naveen Malhotra** MD  
PGIMS, Rohtak  
☎ +91 9812091051  
drnaveenmalhotra@yahoo.co.in

**Anju Grewal** MD  
DMC, Ludhiana  
☎ +91 9815482626  
dr\_anjugrewal@sify.com

**L. Parthasarthy** MD  
MMC, Chennai  
☎ +91 9840049531  
dr\_lpsarathyanaes@yahoo.co.in

### Special representative

**Col CVR Mohan** MD  
AFMC, Pune  
☎ +91 9822098904  
severemohan@rediffmail.com



## A Baby is Born

The Association of Obstetrics Anesthesiologists is the brain child of Dr Sunanda Gupta and it took her about a year to get some like minded people together, form an executive body, take the necessary ISA approvals and get the association registered as a non profitable organization.

The executive board has decided to bring out this newsletter on a quarterly basis and hopes to increase its content and bulk as the membership of our association increases. The present issue carries a welcome note by her and another by Prithwis Bhattacharyya dealing with the legalities of the association and about the details of the first national update held at Udaipur on March 8<sup>th</sup> 2007.

It is a Herculean task to set up and register such an organization in our country; however it is much more difficult to sustain such an effort over the initial four-five years. I on the behalf of the executive can assure each one of our members that we are committed to nurture this association not only in its infancy but for many more years to come.

This newsletter would try to publish interesting news items, abstracts case reports and evidence based practice guidelines which would be of interest to anesthesiologists with interest in obstetrical anesthesia and analgesia. Such articles from readers are also welcome.

The aim would be to bring out issues that would improve anesthesia related peri-operative care of the pregnant patients, so that a drop in national maternal mortality rate can be achieved and sustained the "correct" way and not by creating 'barefoot' anesthesiologists as the government and the bureaucracy wants. I am sure all of you are aware that we already have medical graduates who are now trained to administer anesthesia after undergoing a few weeks training in anesthesia. We as anesthesiologists have to get together and impress upon the government organizations that a medical graduate can not be trained to be an anesthesiologists after undergoing training for three months only. In case we are unable to do so we should all get together and start a public awareness campaign and pressurize the people in power to stop this ridiculous exercise.

The present issue carries some excerpts from the recent guidelines for practice of obstetric anesthesia issued by the American Society of Anesthesiologists in 2007. These guidelines are important to all of us and the executive is gradually moving towards formulating similar guidelines for our country taking into consideration that the Indian medical scenario is totally different and the fact that majority of our population still lives in the rural areas and therefore all the guidelines can not be extrapolated to an average nursing home or a rural hospital in our country.

Lastly, a healthy, term fully mature baby has been born and I hope that in the years to come it would grow into a smart, handsome, beautiful (depending on the sex you choose) young adult.

**ANJAN TRIKHA** MD  
Professor, Department of Anaesthesiology  
Room no. 5020, Academic Block,  
All India Institute of Medical Sciences  
New Delhi-110029

## President's Message

Dear Colleagues,

It is my esteemed privilege to welcome you all, along with the executive committee of Association of Obstetric Anaesthesiologists ; a platform for a profound scholastic exercise towards modern concept and better understanding of obstetric anaesthesia as a subspeciality of anaesthesiology, with a theme : **"Save and Secure the Mother and Child's Precious Life"**.

Like most women related issues, obstetric anaesthesia has been a neglected speciality in our country. However, the role of anaesthesiologist in the care of the parturient has expanded, with their regular involvement in labor rooms, obstetric theatre and in high dependency and intensive care units that care for the critically ill parturients. Thus, it is imperative that anaesthesiologists, with special interest in obstetric anaesthesia, work towards the advancement of this speciality and promote the highest standards of anaesthetic practice in the care of the mother and baby.

The Association of Obstetric Anaesthesiologists was thus founded in Dec. 2005 at the Annual Conference of Indian Society of Anaesthesiologists, Kolkata, to provide a forum for anaesthesiologists to share ideas, techniques and experiences in the care of the parturient. It is heartening to note that through the persistent and sincere efforts of the Secretary AOA, Dr Prithwis Bhattacharyya, we were able to register the association in 2007 from Meghalaya. A dedicated website for AOA is also in the offing, which will be ready within a couple of months.

The intention of forming specifically an Indian society was to highlight needs and issues that are peculiar to the Asian subcontinent. In future we hope to be able to form a network involving the SAARC countries in order to expand the AOA as a platform for interaction between Asian countries with different healthcare needs and capabilities.

I take this opportunity to thank my friends, Dr. Garima Mehta, Dr. Avinash Sharma & Dr. Kanika Sharma whose valuable suggestions & inputs went a long way in shaping this association.

Looking forward to your cooperation in making AOA achieve its goals.

*"You don't have to be great to get started but you have to get started to be great".*

Sunanda Gupta MD, PhD, FAMS  
President AOA

Professor, Anaesthesiology  
RNT Medical College  
Udaipur, Rajasthan

*The hatching of a Nile  
crocodile, Botswana.*

## Secretary's Message

Dear Colleagues,

AOA was born at ISACON Kolkata in 2005 under the leadership of Dr Sunanda Gupta, Professor, RNT Medical College, Udaipur. The members present included Dr Neerja Bharadwaj and Dr Indu Sen, Chandigarh, Dr Sheetal Jagtap, Mumbai, Dr Ambu Chelvam, Dindigul, Dr Lalit Raiger, Udaipur, Dr Radha Raman, Lucknow and Dr Gautam Dhar, Bhilai. An executive body was later formed from among anaesthesiologists interested in the upliftment of this speciality.

Dr. Gupta organized the first CME "FNUOA-2007" at Udaipur on 11<sup>th</sup> March 2007. It was brilliantly organized and was literally "House Full" with 180 delegates from all over the country. Dr B Radhakrishnan, Past President ISA was the Chief Guest; and Speakers at the update included renowned faculty from India & Pakistan.

A panel discussion on "Windows into world obstetric anaesthesia" was well conducted by Dr Anjan Trikha, Delhi, with active participation from the panelists and the "packed house".

During the executive committee meeting, it was decided to host the first National Conference of AOA at Chennai (we had also received requests from New Delhi, Hyderabad & Jaipur) from 5th-7th September 2008 with Dr. L Parthasarathy as Organizing Secretary. In the meantime, we went ahead with registering the society and we are happy to inform you that the Association of Obstetric Anaesthesiologists is now registered as a Society at Shillong with 60 life members.

At the meeting in Udaipur, it was decided that one of the methods of spreading the message of painless labour would be by organizing frequent workshops and TV / Radio interviews in different parts of India by the members besides bringing out an electronic newsletter. This issue of the News Letter is the first step in that direction. We hope that we shall proceed with firm steps in this direction in all earnest and not only help bring down maternal and child mortality, we shall also give the mother the choice of painless labour at every opportunity.

Looking forward to meeting you all at chennai in Sept'. 08 ....

**Prithwis Bhattacharyya MD**  
**Secretary, AOA**  
Professor & Head, NEIGRIHMS  
Mawdiangdiang, Shillong, Meghalaya.

## ASA revised practice guidelines for obstetric anesthesia.

The revised practice guidelines for obstetric anesthesia were published in 2007 which were followed by an article in the ASA newsletter.<sup>1</sup> The excerpts of the same are being published for information to all readers so that they can be aware of the latest guidelines.

ASA first developed and approved the "Practice Guidelines for Obstetrical Anesthesia" in October 1998.<sup>1</sup> An updated document was approved in October 2006. So what's new since 1998?

The guidelines now recommend examination of the airway, heart and lungs, consistent with the ASA "Practice Advisory on Preanesthesia Evaluation." The Task Force<sup>4</sup> on Practice Guidelines for Obstetric Anesthesia concluded that **if we want to be recognized as physicians rather than technicians, obstetric patients should not receive a different standard of care than those in the main operating room.** During forums an anesthesiologist who frequently serves as an expert witness in medical liability cases noted that family members often comment in depositions that the anesthesiologist never examined their loved one prior to block placement. Such observations may be detrimental to the defendant's case. Another addition to the guidelines is a stronger statement reinforcing communication between anesthesiology and obstetric services. Specifically the document states: "Recognition of significant anesthetic or obstetric risk factors should encourage consultation between the obstetrician and the anesthesiologist. A communication system should be in place to encourage early and ongoing contact between obstetric providers, anesthesiologists, and other members of the multidisciplinary team." This statement supports the team training approach being studied in several medical venues.

Nothing-by-mouth (NPO) guidelines in the section on "Aspiration Prevention" are largely unchanged. The ASA "Practice Guidelines for Preoperative Fasting," however, is now referenced repeatedly to explain the six- to eight-hour range of NPO times for solids. The longer time interval applies to fatty foods that do not empty as quickly. Instead of specifying six or eight hours, task force members and consultants chose to keep the range for flexibility. A section on pharmacologic agents for aspiration prophylaxis was added to encourage practitioners to consider their use, although the literature could only support decreasing gastric acidity, not a reduction in maternal complications.



### The new recommendations for neuraxial analgesia are -

"Neuraxial analgesia should not be withheld on the basis of achieving an arbitrary cervical dilation, and should be offered on an individualized basis. Patients should be reassured that the use of neuraxial analgesia does not increase the incidence of cesarean delivery."<sup>2</sup>

Early placement of neuraxial catheters for high-risk patients (e.g., twin gestation, difficult airway or obesity) also is encouraged, even prior to a request for labor analgesia. Neuraxial techniques without

motor block are emphasized as well as availability of treatments for complications. A new recommendation on patient-controlled epidural analgesia states that it is effective, flexible and may be preferable to infusion techniques, reducing anesthetic interventions and dosages of local anesthetics with or without a basal infusion rate.

The task force added an important statement about the priority of care for parturients, stating: "Equipment, facilities, and support personnel available in the labor and delivery operating suite should be comparable to those available in the main operating suite."

In addition to a comparison of anesthetic techniques for cesarean delivery, the new document also contains recommendations on fluid preloading (beneficial but not mandatory), use of phenylephrine as an alternative for treating hypotension and a preference for neuraxial opioid administration for postoperative analgesia, when possible. Recommendations for postpartum tubal ligation emphasize compliance with oral intake guidelines and consideration of aspiration prophylaxis. Neuraxial techniques are preferred, noting higher failure rates of epidural catheters used for labor. Timing of the procedure should not compromise other aspects of patient care for labor and delivery.

ASA has also recommended the use of pencil-point spinal needles instead of cutting-bevel needles to reduce the frequency of postdural puncture headache in obstetric patients.

There are new recommendations for "Management of Obstetric and Anesthetic Emergencies" that include consideration of cell salvage in cases of intractable hemorrhage. Consistent with the ASA "Practice Guidelines for Management of the Difficult Airway,"<sup>3</sup> a qualitative carbon dioxide detector should be readily available (e.g., outside the operating rooms). Laryngeal or supraglottic airway devices may be used when intubation and ventilation are difficult. A surgical airway should be performed when a patient cannot be ventilated or awakened. The 2005 American Heart Association guidelines for cardiac arrest in pregnancy are referenced, with a reminder that the obstetrics team should perform a hysterotomy and delivery within four minutes of cardiac arrest to improve maternal resuscitation.



## References:

1. Revised Practice Guidelines for Obstetric Anesthesia. Hawkins JL. ASA newsletter February 2007.
2. ASA Task Force on Practice Guidelines for Obstetrical Anesthesia. Practice Guidelines for Obstetrical Anesthesia. *Anesthesiology*. 1999; 90:600-611.
3. American College of Obstetricians and Gynecologists Committee on Obstetric Practice. Analgesia and cesarean delivery rates. *Obstet Gynecol*. 2006; 107:1487-1488.
4. ASA Task Force on Practice Guidelines for Management of the Difficult Airway. Practice Guidelines for Management of the Difficult Airway. *Anesthesiology*. 2003; 98:1269-1277.

## LIFE MEMBERSHIP FORM

Form for membership of Association of Obstetric anaesthesiologists (AOA)

Surname

First name

Qualification

Designation

Date of Birth

PHOTO

Place of work address : Institution

Hospital

Year of passing : MBBS ..... Diploma ..... MD ..... / DNB..... Fellowship/Other .....

Home Address :

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Email ID :

ISA membership no.

Tel no. : (Res)

(Off)

(Mobile)

**Life membership:** Rs 3000/- DD in favour of "Association of Obstetric anaesthesiologists" payable at Udaipur.  
(Send it to the add below with two passport size photos, copy of degree & medical council registration)

Type of Hospital: Women's/General/District/Nursing home. Total beds:

Workload per month: Estimated no of deliveries.....

Major operations.....

Minor operations.....

Are you interested in joining multicentric clinical trials? Yes/No

(Signature)\_\_\_\_\_

### Office:

**Dr Sunanda Gupta,**

"Dilshad Bhawan", 69 - Chetak circle,  
Udaipur-313001 (Rajasthan) India.

Email id : sunandagupta@hotmail.com

☎ (R) 0294-2429158, (H) 0294-2528811 Ext. 308

(M) +91 9829041152

# "FNUOA - 2007" Udaipur



(L - R) Drs. S. Gupta, B. Radhakrishnan (Chief Guest), A. K. Gupta (Principle), P. Bajaj (Editor IJA), P. Bhattacharyya, L. K. Raiger



Secy. AOA



On the previous day, an executive committee meeting took place to discuss important issues.



On this occasion Souvenir of "FNUOA - 2007" was released by the Chief Guest & the Special Guest Dr. A. K. Gupta, Principal RNT Medical College, Udaipur

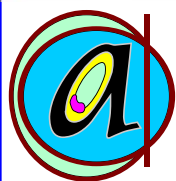


Panel Discussion on "Windows into World Obstetric Anaesthesia" was moderated by Dr. Anjan Trikha.  
(L - R) Drs. S. Jagtap, R. Kamal (Pakistan), A. Gupta, K. Iyengar, F. Khan (Pakistan), Sandhya. Y.



Members of the Executive Committee and Delegates





# FNCOA - 2008



1<sup>st</sup> National Conference on OBSTETRIC ANAESTHESIA  
(ASSOCIATION OF OBSTETRIC ANAESTHESIOLOGIST)

**Organising Chairman**

**Dr. Rajendran** (Mob: 098400 36675)

**Co-Chairman**

**Dr. Nellai Kumar** (Mob: 09444406746)

**Organising Secretary**

**Dr. Parthasarathy** (Mob: 098400 49531)

## FIRST MEGA EVENT AT CHENNAI

**Venue:** Le ROYAL MERIDIEN, Chennai

**Date:** 5th, 6th and 7th September 2008

1<sup>st</sup> National Conference & 1<sup>st</sup> International Pre-conference Workshop  
on

## OBSTETRIC ANAESTHESIA (FNCOA 2008)

25 INTERNATIONAL FACULTIES WITH ATTRACTIVE CONFERENCE TOPICS  
4 WORKSHOPS RUN BY OVERSEAS FACULTY

**For Registration details contact:**

Conference Secretariat Dr. L. Parthasarathy, Organizing Secretary,  
-Conference Management Group  
1<sup>st</sup> Floor, Sri Kalyan Square, #83, Pantheon Road,  
Egmore, Chennai – 600 008, India  
Tel: +91 44 421 48011-12-13, Fax : +91 44 421 48014  
Email: [chennai@hi-tours.com](mailto:chennai@hi-tours.com), [drlpsarathyanaes@yahoo.co.in](mailto:drlpsarathyanaes@yahoo.co.in)  
Website : [www.fncoa2008chennai.com](http://www.fncoa2008chennai.com)

### Registration Details

Category	Early Bird	1st Jan - 31st May, 2008	After May 31st, 2008	Spot
Delegate	Rs. 1500/ -	Rs. 1750/ -	Rs. 2000/ -	Rs. 2500/ -
Overseas Delegate	100 US \$	125 US \$	150 US \$	200 US \$
PG Student	Rs. 750/ -	Rs. 1000/ -	Rs. 1250/ -	Rs. 1500/ -
Accompanying Person	Rs. 350/ -	Rs. 500/ -	Rs. 600/ -	Rs. 700/ -

Pre - conference workshop - Rs 300/ - each Restricted to two workshop per delegate

*Dear Colleagues,*

*We invite Scientific articles, Review articles, Special articles, Research papers, RCT trials, Case reports, practical guidelines on various issues of obstetrical analgesia and anaesthesia, anaesthetic procedures pertaining to the field of Obstetric anaesthesiology.*

*We also invite comments on the 18 weeks training programme instituted by the Govt of India for MBBS doctors to give Obstetric anaesthesia in rural setups.*

*Other contributions can be in the form of interesting anecdotes, my experiences, vivid cases etc. all highlighting the importance of this specialty and news of activities related to Obstetric from across the country.*

*We hope to get an overwhelming response from all, as without the support of eminent anaesthesiologists we cannot surge forward in this venture.*

*Thanks and Regards*

**Anjan Trikha**  
Editor