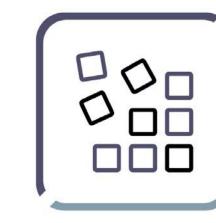
Validation and initial description of the prospective Obstetric Airway Management Registry (ObAMR)









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Introduction



ASOS showed that maternal mortality after caesarean delivery is 50 times greater in Africa. In South Africa, more than 50% of obstetric perioperative mortality is attributed to hypoxic and respiratory events. We sought to identify trends and problems within our context, and test an online data collection tool.

Methods

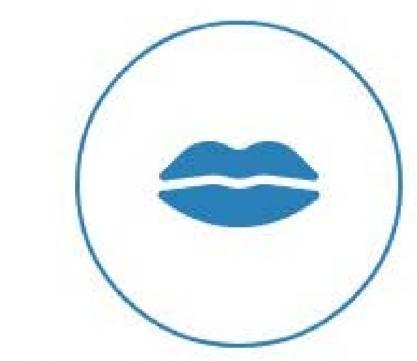


- 1 Demographics
- Obstetric history
- **3** Indications
- 4 Preoperative assessment
- 5 Airway management

To quantify the reliability of captured cases, we compared the registry to theatre logbooks. Furthermore, we used summary statistics to describe our obstetric anaesthesia population.

Results & Discussion

The first **200 records** were submitted between September 2018 and January 2019. Compared to theatre logbooks, **80%** of cases were captured. Major indications for GA included severe foetal distress/bradycardia (21%), failed spinal (19%), and coagulopathy (17%). Neuraxial anaesthesia was the original strategy in 24%. A third of patients (33%) had developed hypertensive disease in pregnancy, with **6% suffering** from imminent/confirmed eclampsia and **40% in labour** at time of operation.

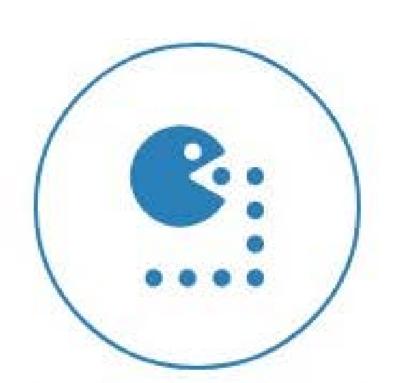


High incidence of predicted difficulty



Low VL usage rate (30%), despite availability

Overall rate of desaturation below 90%



Only 2 failed airways, rescued with SGA



No front of neck access required

On airway assessment, Mallampati grade was 3 or 4 in 29%, and mouth opening, thyromental distance and mandibular protrusion limited in 10%, 8% and 8% respectively. First-pass **intubation success was 87%**. Cormack-Lehane grade IIb and III views were encountered in 6% and 2% respectively, with **no grade IV views**. Videolaryngoscopes were available in 98%, but **only used in 28%**. There were **two cases (1%) of failed intubation** with **supraglottic airway rescue**, and **no emergency surgical airways**. Range (median; IQR) of saturation nadir was 15 to 100% (98; 95-99), **with 12% of patients** experiencing **desaturation below 90%**.

80%

Conclusion

Obstetric GA's captured

Staff recorded **80**% of obstetric GAs in the **registry**. **Conversion to GA** from failed or prolonged spinal anaesthesia was rife, with a high incidence **difficult intubation predictors** and **concomitant desaturation**.

Additional content



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https://openairway.org/wamm2019-obamr-valid/

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