



ASPIRE Obstetric Anesthesia Subcommittee Meeting

July 20, 2022



Agenda

- Announcements
- February 2022 Meeting recap
- Review Measure Survey Results
 - Preliminary Data Review to Inform Future Plans
- Finalize 2022-2023 Plans



Announcements



- Next OB Subcommittee Virtual Meeting:
December 7th, 1pm EST
- MPOG Retreat in New Orleans:
October 21, 2022





February Meeting Recap

- Reviewed unblinded site performance for PONV measures
 - Subcommittee recommended changes to PONV 05 (prophylaxis measure)
- Subcommittee seeking further clarification on the timeframe for MPOG data before and after cesarean delivery cases
- Survey distributed after the meeting to all subcommittee members to assess measure focus areas for 2022





PONV 05 Updates since February

- Percentage of patients, ~~aged 18 years and older~~ undergoing a procedure requiring anesthesia and administered appropriate prophylaxis for postoperative nausea and vomiting, as defined by:
 - For cesarean delivery cases only (any age): At least two prophylactic pharmacologic antiemetic agents from different classes preoperatively or intraoperatively. (per SOAP ERAS 2021 guidelines)
- Excludes: Labor epidurals
- Risk factors not considered for cesarean delivery patients
- Measure time period update:
 - Was: Cesarean delivery start time for conversion cases & preop start for scheduled c-sections
 - Now: 2 hours before cesarean delivery for conversions & preop start for scheduled c-sections



MPOG PONV Toolkit Released!

- Obstetric considerations minimally addressed
- Any interest in a PONV Prevention/Treatment Toolkit for Cesarean Delivery?

Introduction

The PONV Toolkit provides additional information and materials to inform providers of the incidence, impact, pathophysiology, risk factors of postoperative nausea and vomiting. Some quality champions may wish to feature the Overview presentation at the department meeting to provide some context for PONV and then share prophylaxis or treatment recommendations at a second meeting. Other site champions may take portions of each of the three presentations to create a comprehensive overview of the topic. All presentations are downloadable as Power Point presentations and can be modified to meet your site educational needs.

The PONV reference guide is a one-page tool to either be disseminated as a summary of the literature in an email attachment or printed and posted in a breakroom.

The PONV toolkit focuses on the surgical adult population at this time. Supplemental materials will be added over time to address the pediatric and obstetric populations.

Toolkit

- [PONV Overview: Impact, Pathophysiology, and Risk Factors](#)
- [PONV Recommendations for Prophylaxis](#)
- [PONV Recommendations for Treatment](#)
- [PONV Reference Guide](#)

Acute Kidney Injury (AKI)
[Click Here](#)

Acute Respiratory Complications
[Click Here](#)

Perioperative Transfusion Stewardship
[Click Here](#)

Postoperative Nausea and Vomiting (PONV)
[Click Here](#)

Surgical Site Infection
[Click Here](#)

<https://mpog.org/toolkits/>

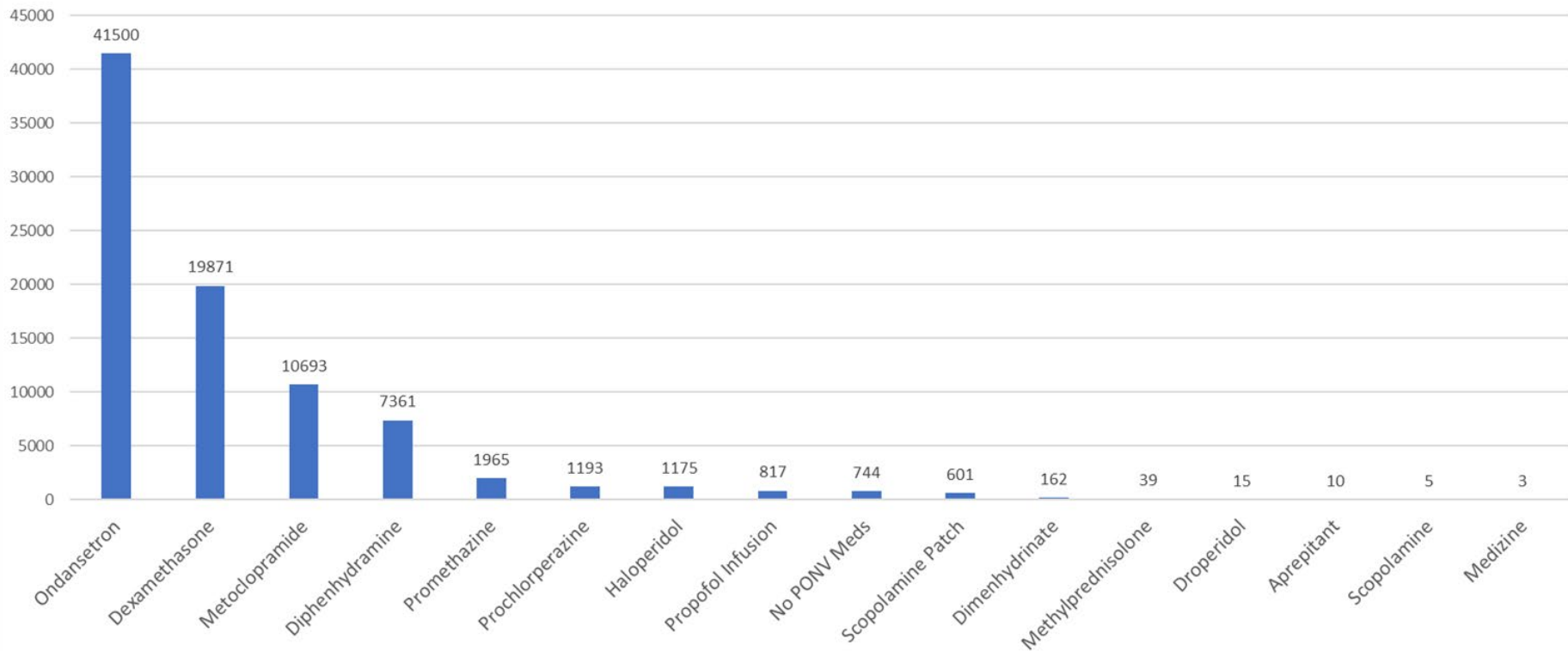
MPOG Obstetric Data Capture before Surgery

Medication Documentation populated in the MPOG database (data capture rate)*				
	% of cases with meds 0-1 hours before c-section start	% of cases with meds 1-2 hours before c-section start	% of cases with meds 2-3 hours before c-section start	% of cases with meds 3-4 hours before c-section start
Conversions	44%	44%	42%	39%
Cesarean Delivery	70%	20%	14%	12%




*Average across all MPOG sites - some sites have more, some less

Antiemetic Administration (by medication) - Cesarean Delivery Cases
December 2020-November 2021
Total Cases: 46,580



Future Planning





Survey Results are in!

- 10 Total Respondents
- Questions: Submit your level of interest for each of the proposed measure topics:
 - **% of patients with pain ≥ 3 during labor with epidural (within 60 minutes of initiation)**
 - Low interest: 2 respondents
 - **Moderate interest: 6 respondents**
 - High interest: 2 respondents
 - **% of patients with intraoperative blood product administration**
 - Low interest: 0
 - **Moderate interest: 7**
 - High interest: 3



Survey Results

Submit your level of interest for each of the proposed measure topics:

- **Failed extension of epidural for cesarean delivery**

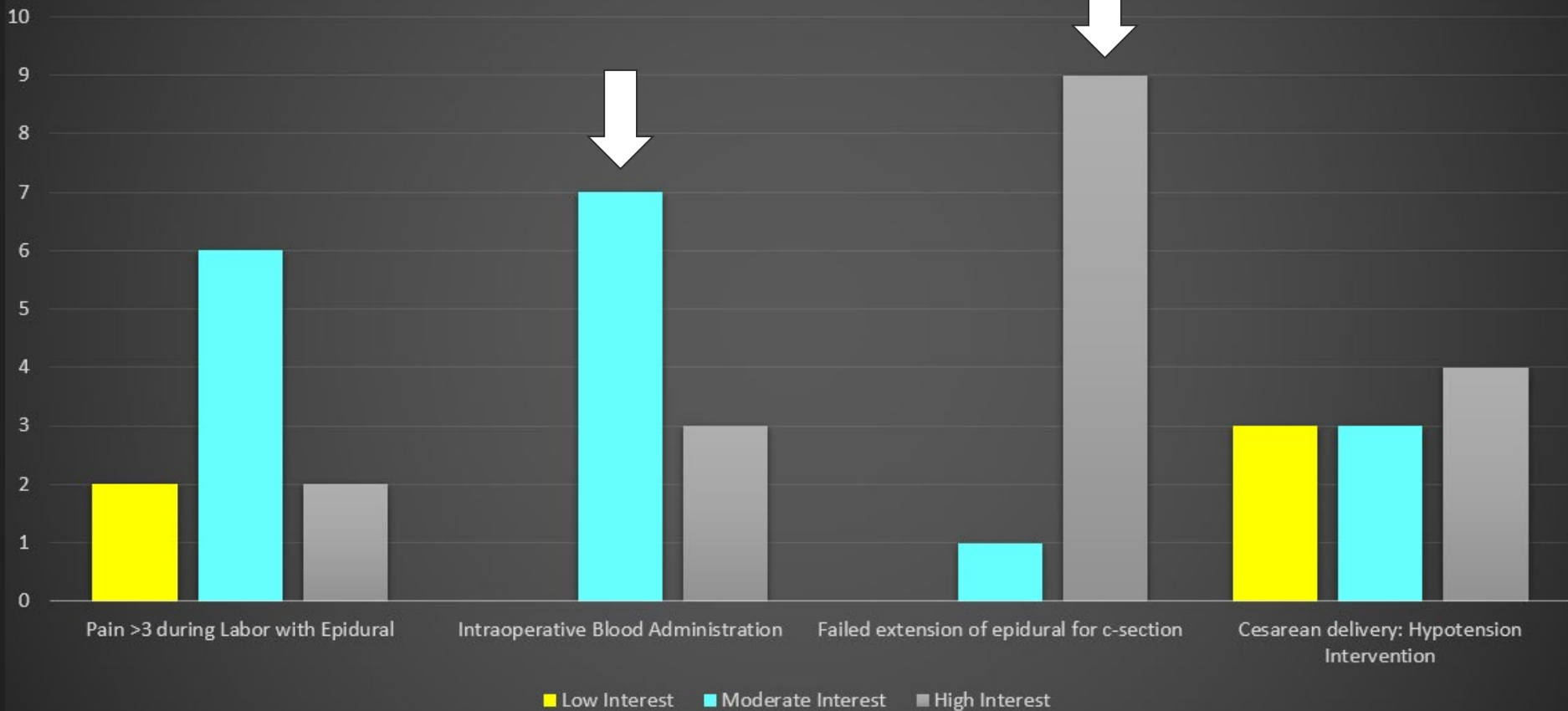
- Low interest: 0 respondents
- Moderate interest: 1 respondents
- High interest: 9 respondents

- **% of cesarean delivery cases with hypotension intervention**

- Low interest: 3
- Moderate interest: 3
- High interest: 4



OB Subcommittee Survey Results 2022



Survey Results: Write-in topics

- In room to induction complete, time from induction to incision, incision to baby delivered (*limited data in MPOG*)
- Epidural catheter replacement during labor (*data not available in MPOG*)
- Labor epidural catheter replacement for cesarean delivery (*data not available in MPOG*)
- Appropriate dosing of duramorph Available - prelim data later in presentation



Preliminary Performance Data

1. This data has been minimally validated
2. Blinded - no site names included
3. Sites with less than 75 cesarean sections in 2021: not represented
4. Topics highlighted:
 - a. Epidural->General anesthesia
 - b. Hypotension & treatment of, in cesarean delivery
 - c. Blood product administration and EBL in cesarean delivery
 - d. Morphine dosing for spinals/epidurals

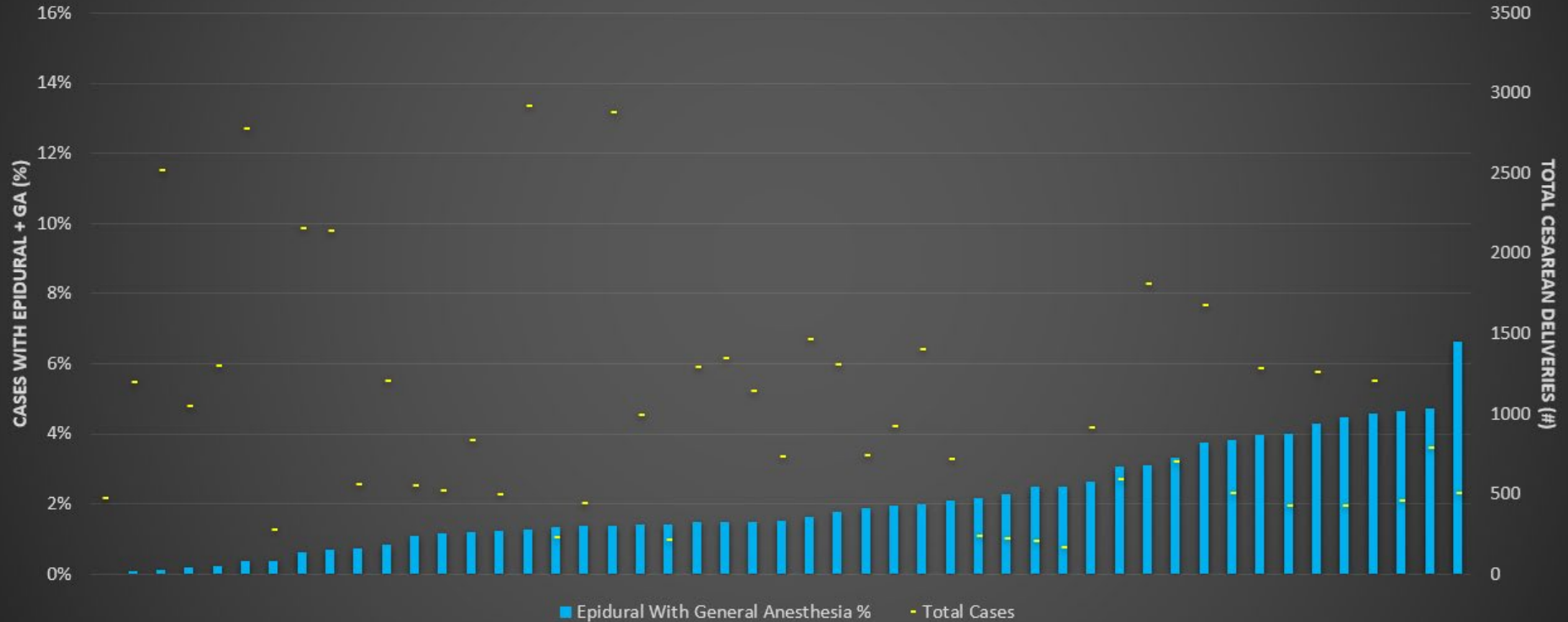
Goal - Provide some *preliminary* results for the measure topics proposed in order to guide the subcommittee to:

- a) Select topics for the next 1-3 obstetric measures
- b) Facilitate future measure specification discussions for selected topics



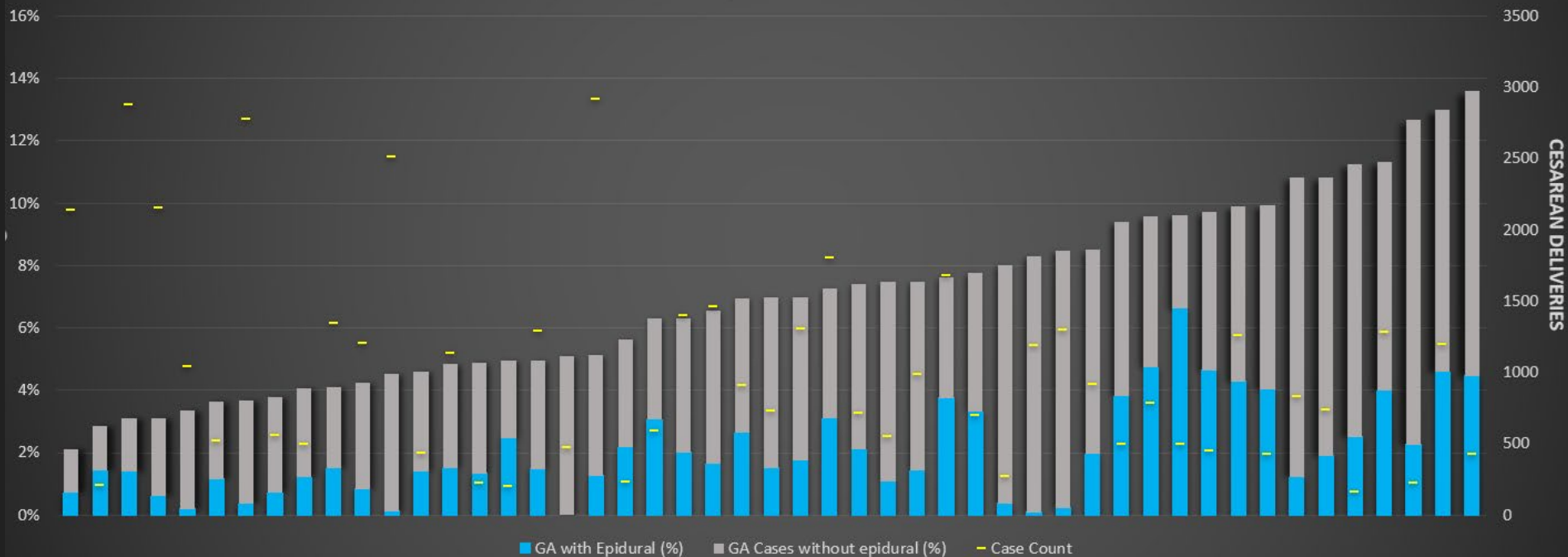
Epidural converted to General Anesthesia

Cesarean Delivery:
Epidurals with General Anesthesia
January - December 2021



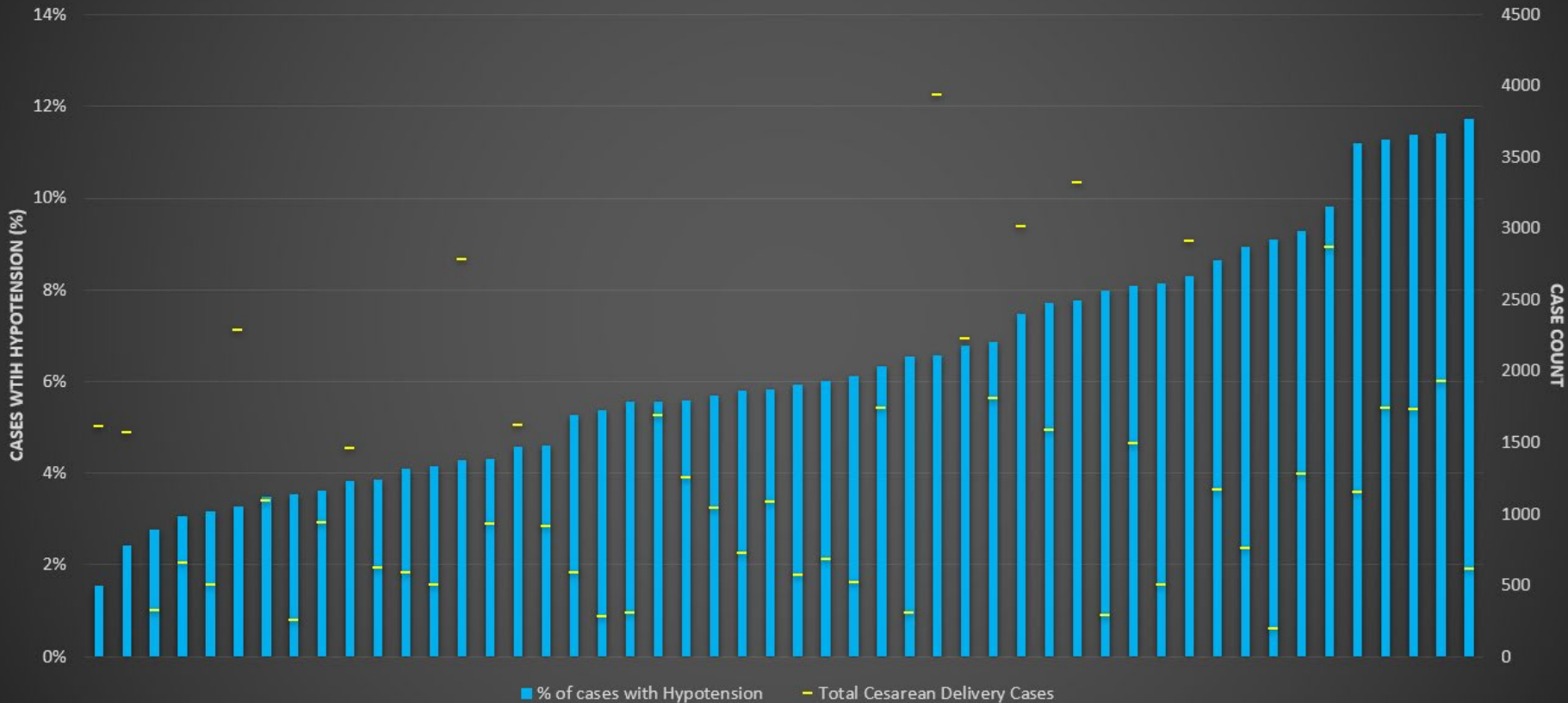
All General Anesthesia Cesarean Delivery Cases

Cesarean Delivery:
General Anesthesia Cases with and without Epidural
January - December 2021



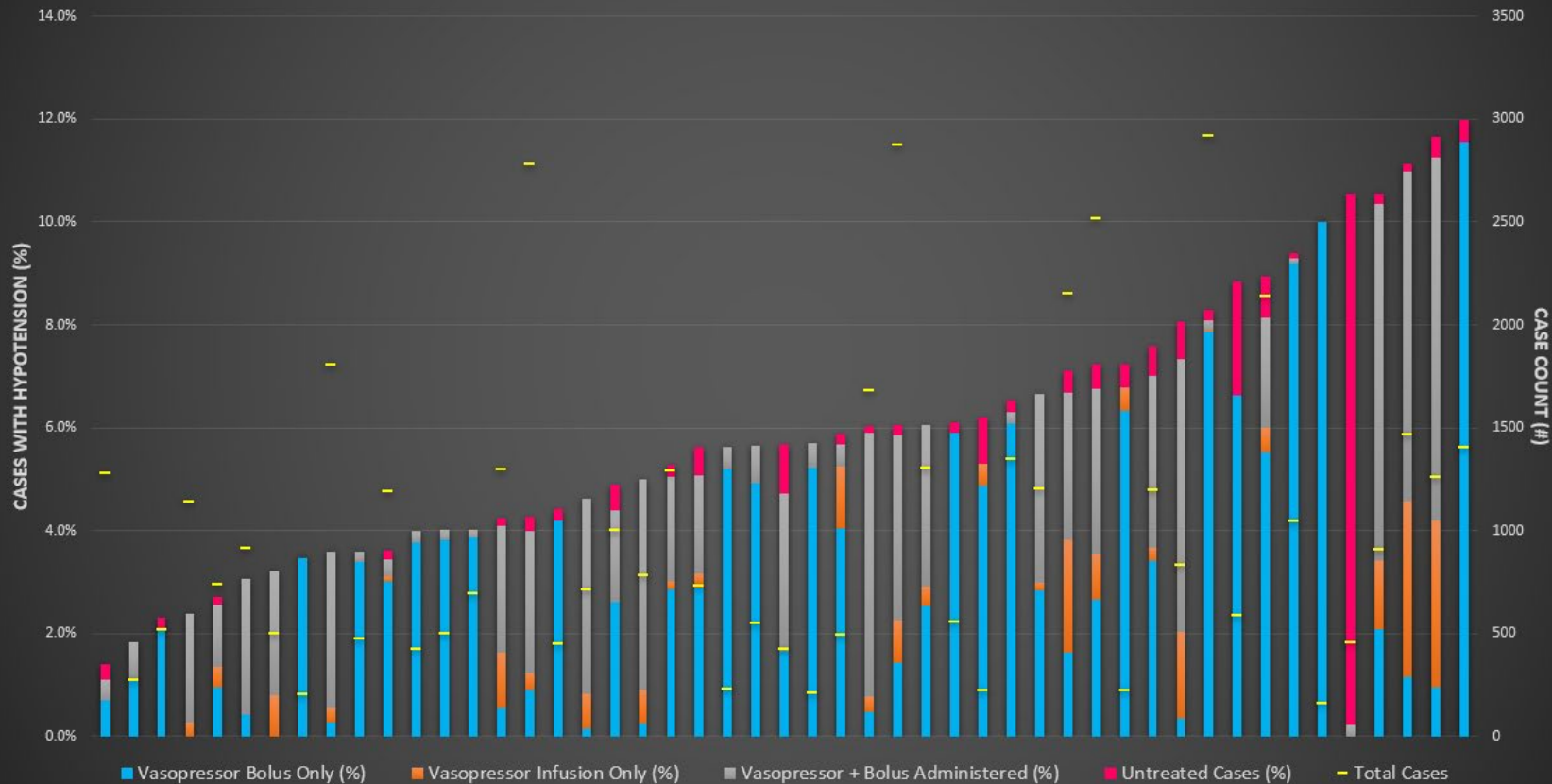
Cesarean delivery with hypotension (SBP<90 for ≥ 5)

Cesarean Delivery Cases with Hypotension
January - December 2021

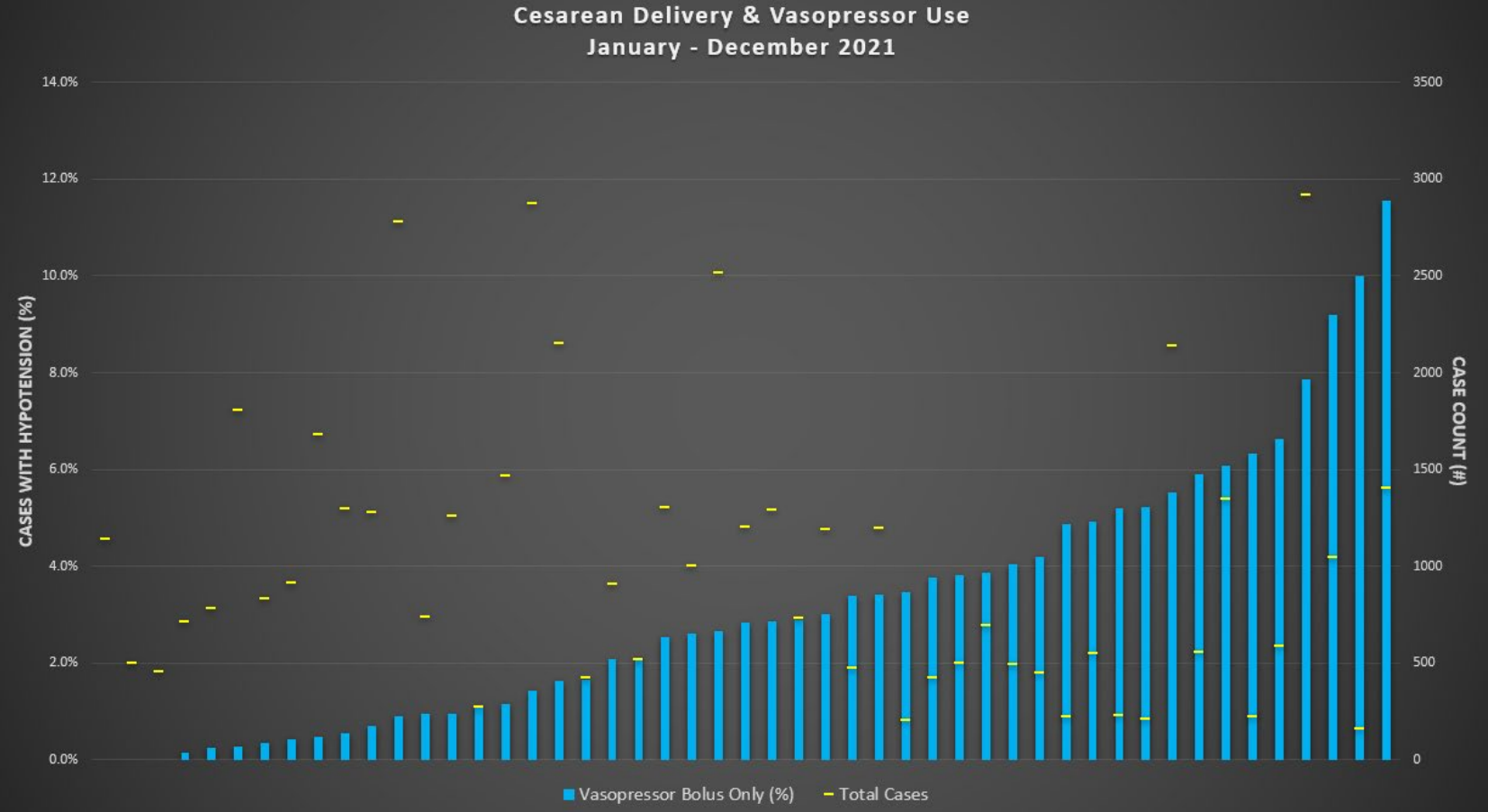


Cesarean Delivery and Vasopressor Use

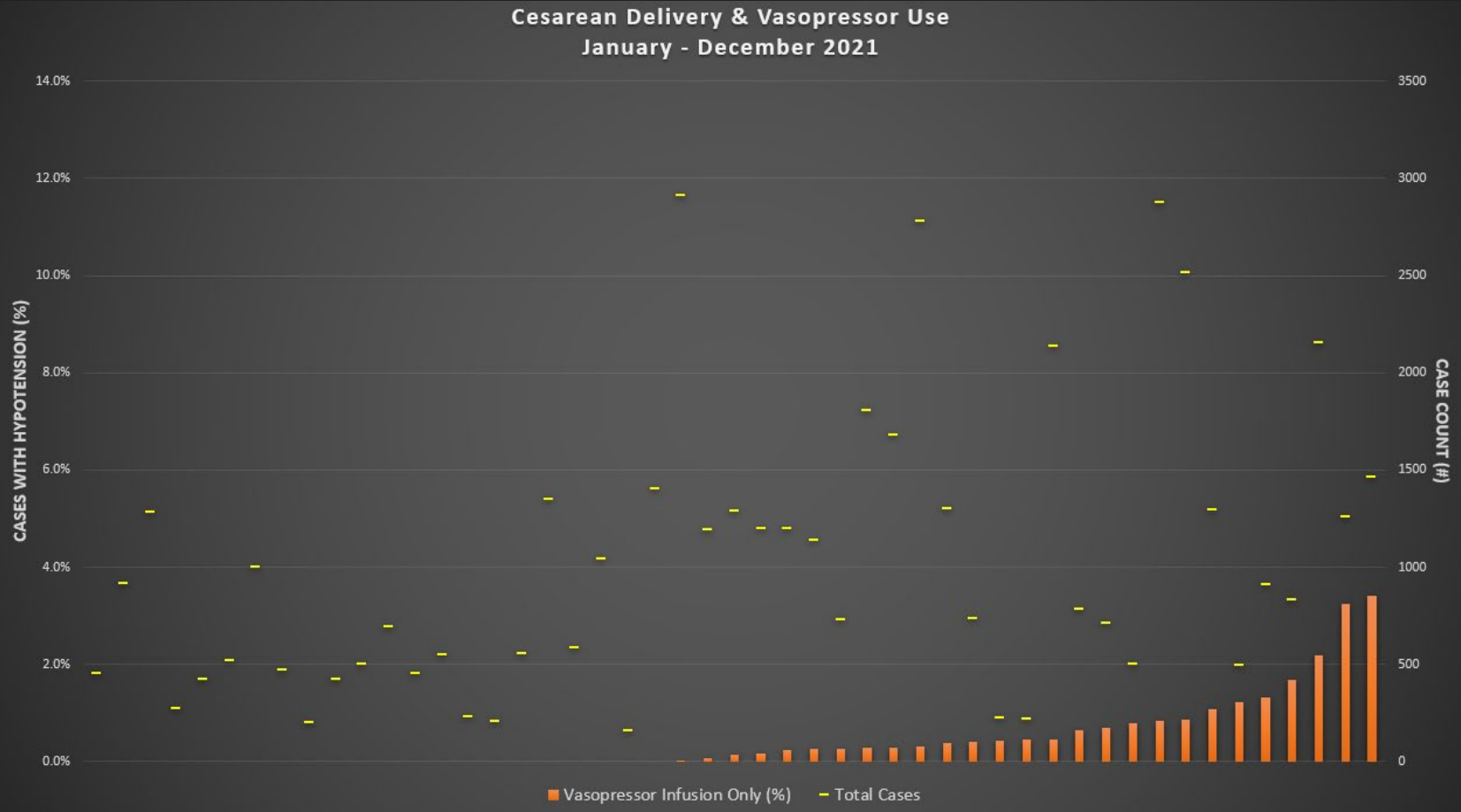
Cesarean Delivery & Vasopressor Use
January - December 2021



Cesarean Delivery: Vasopressor Bolus Only

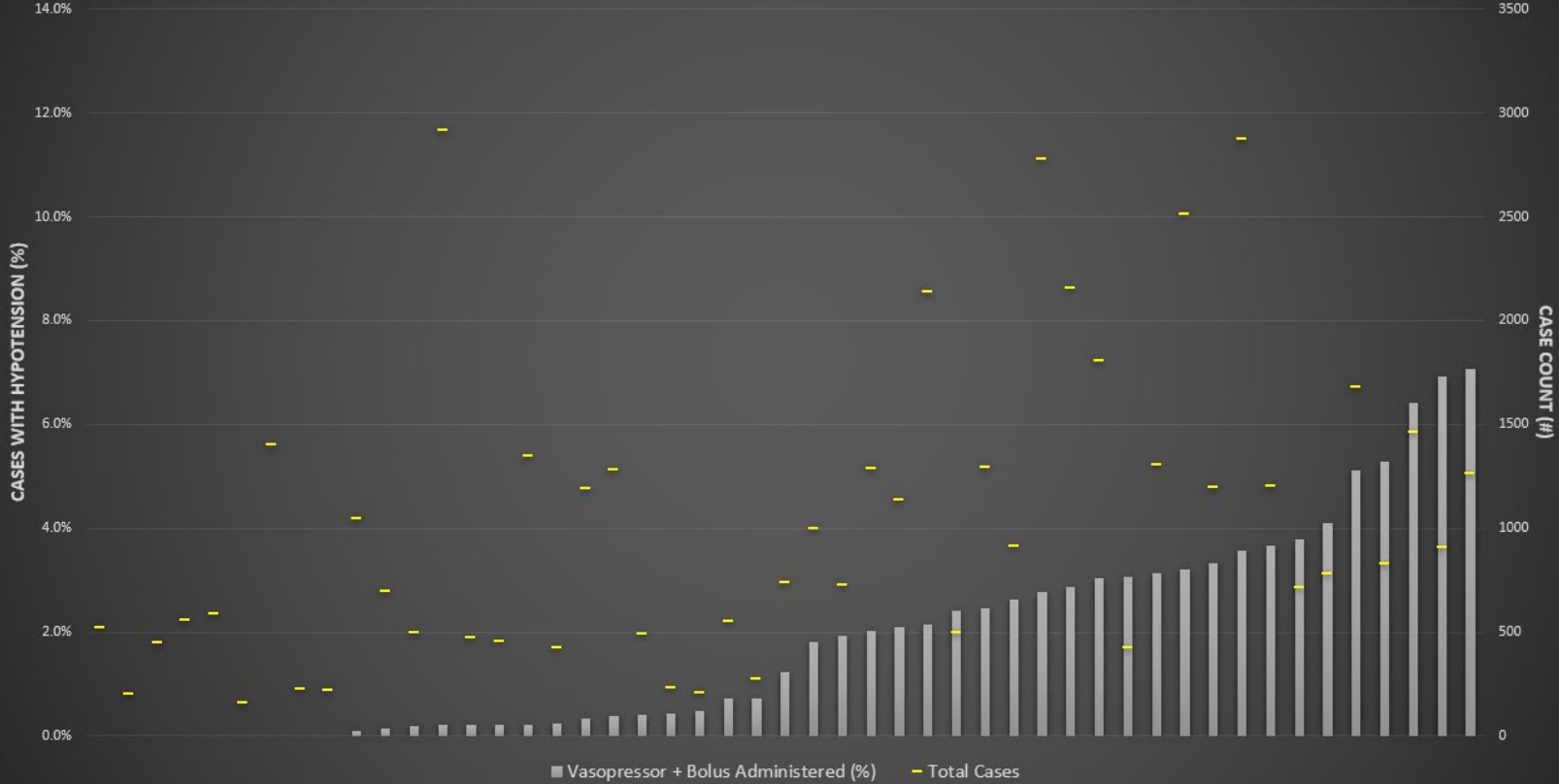


Cesarean Delivery: Vasopressor Infusion Only



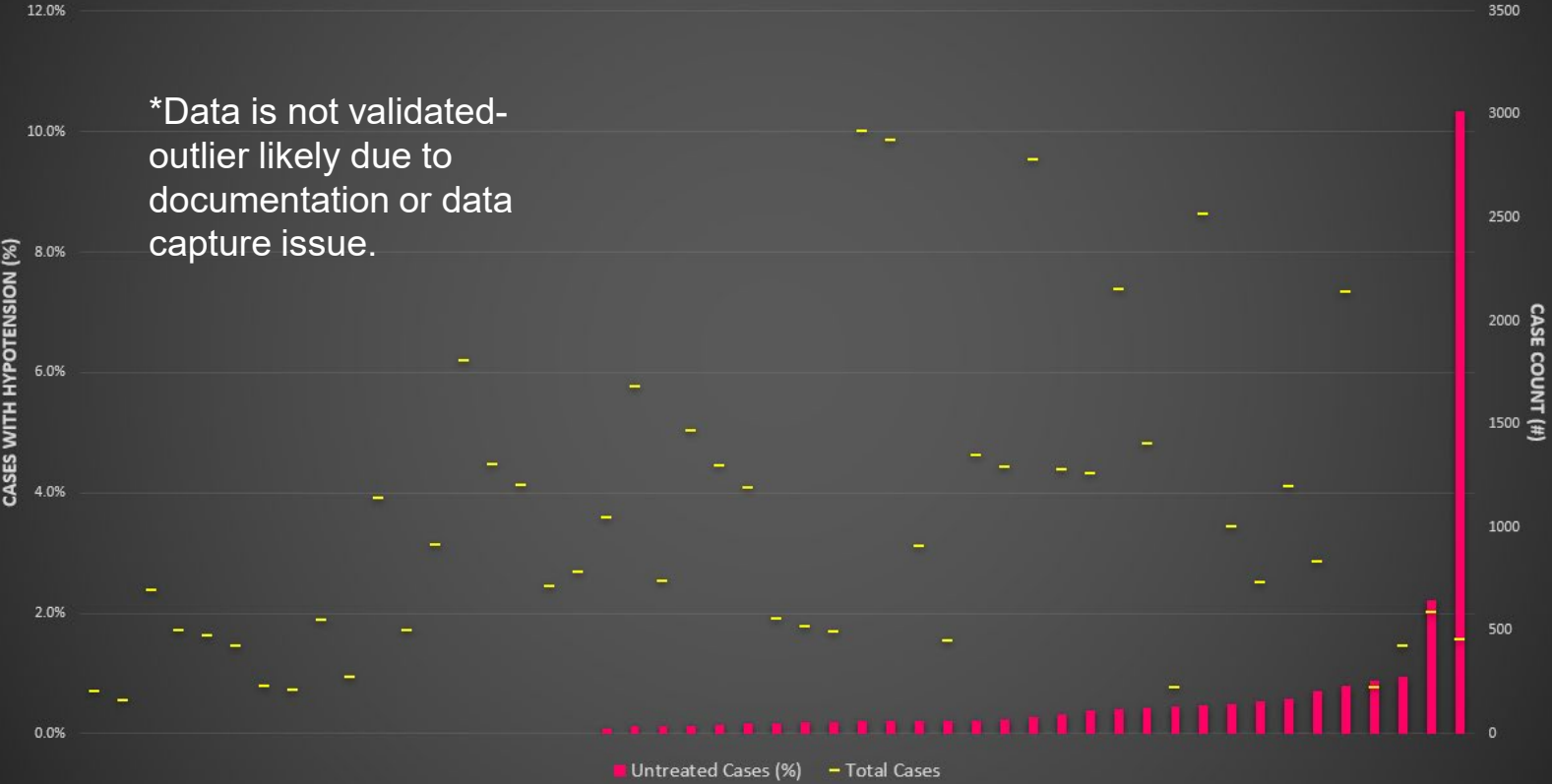
Cesarean Delivery: Vasopressor Bolus + Infusion

Cesarean Delivery & Vasopressor Use
January - December 2021



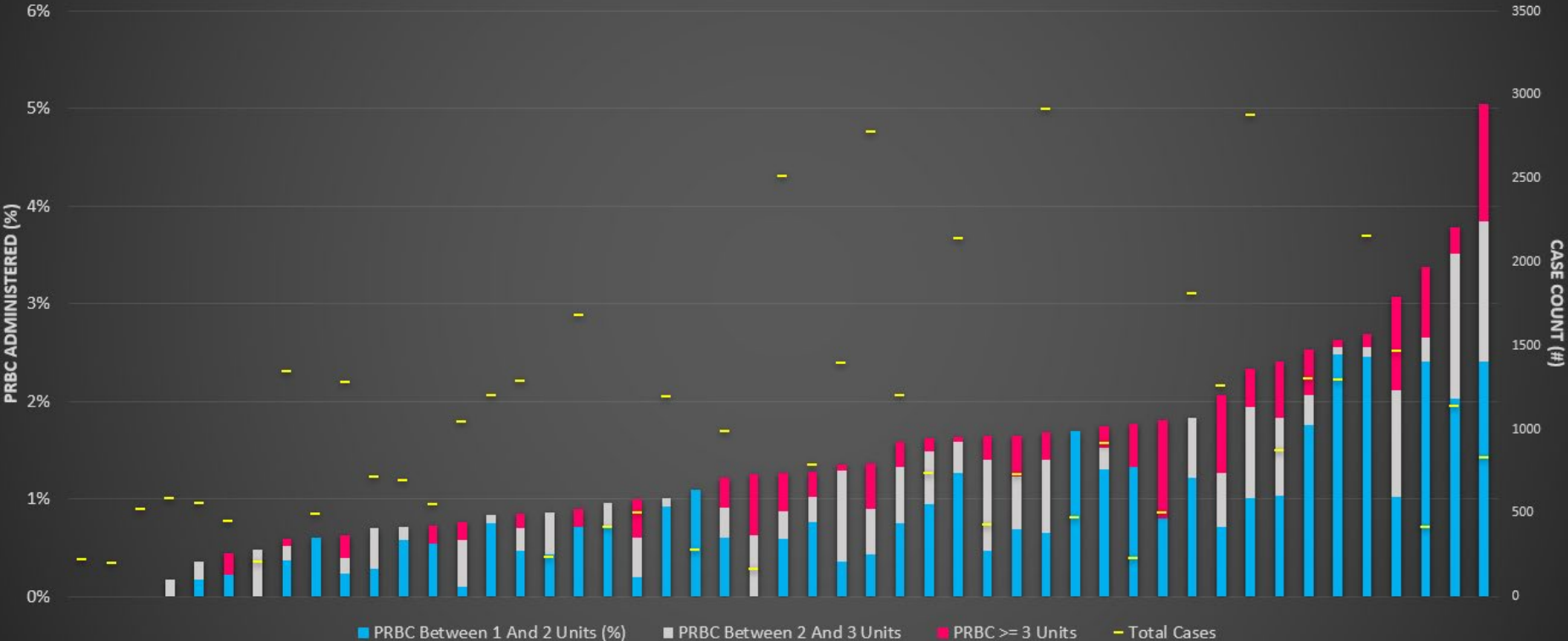
Cesarean Delivery: Untreated hypotension

Cesarean Delivery & Vasopressor Use
January - December 2021



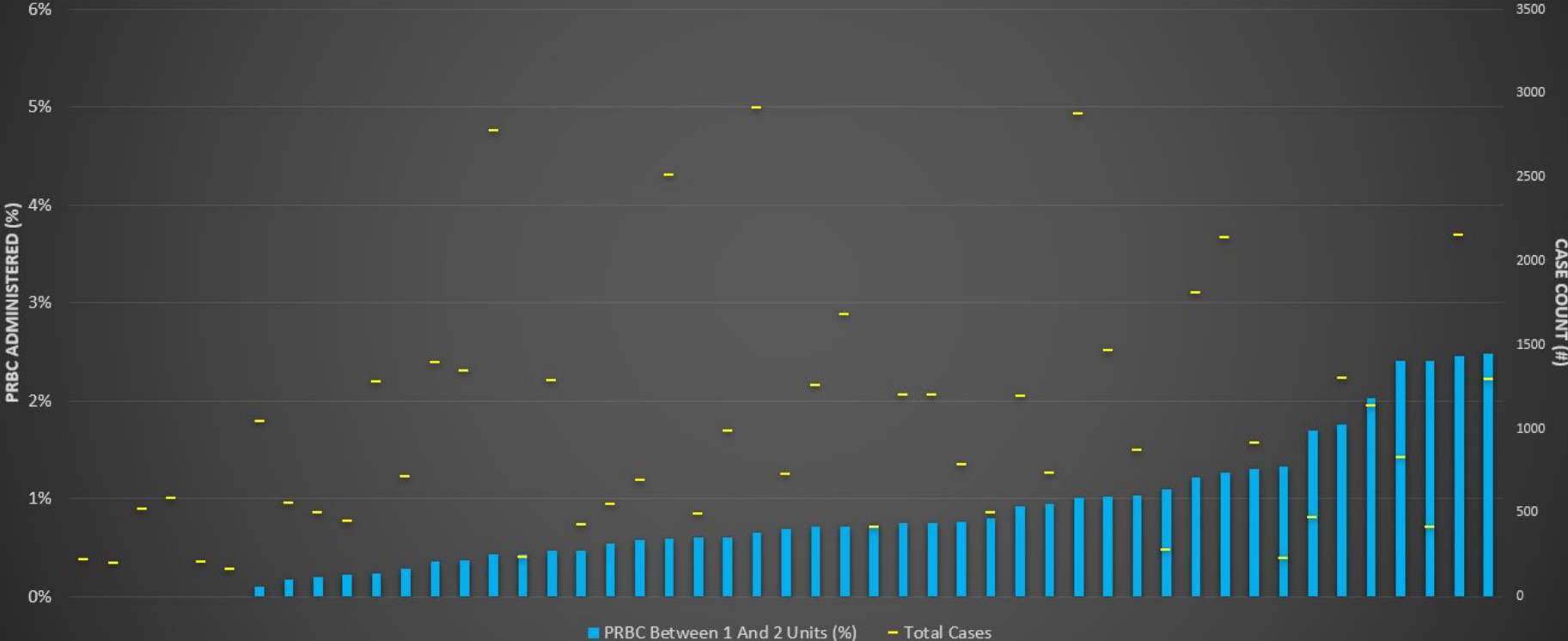
Cesarean deliveries with PRBCs administered

Cesarean Delivery Cases (all) with PRBC Administered (%)
January - December 2021



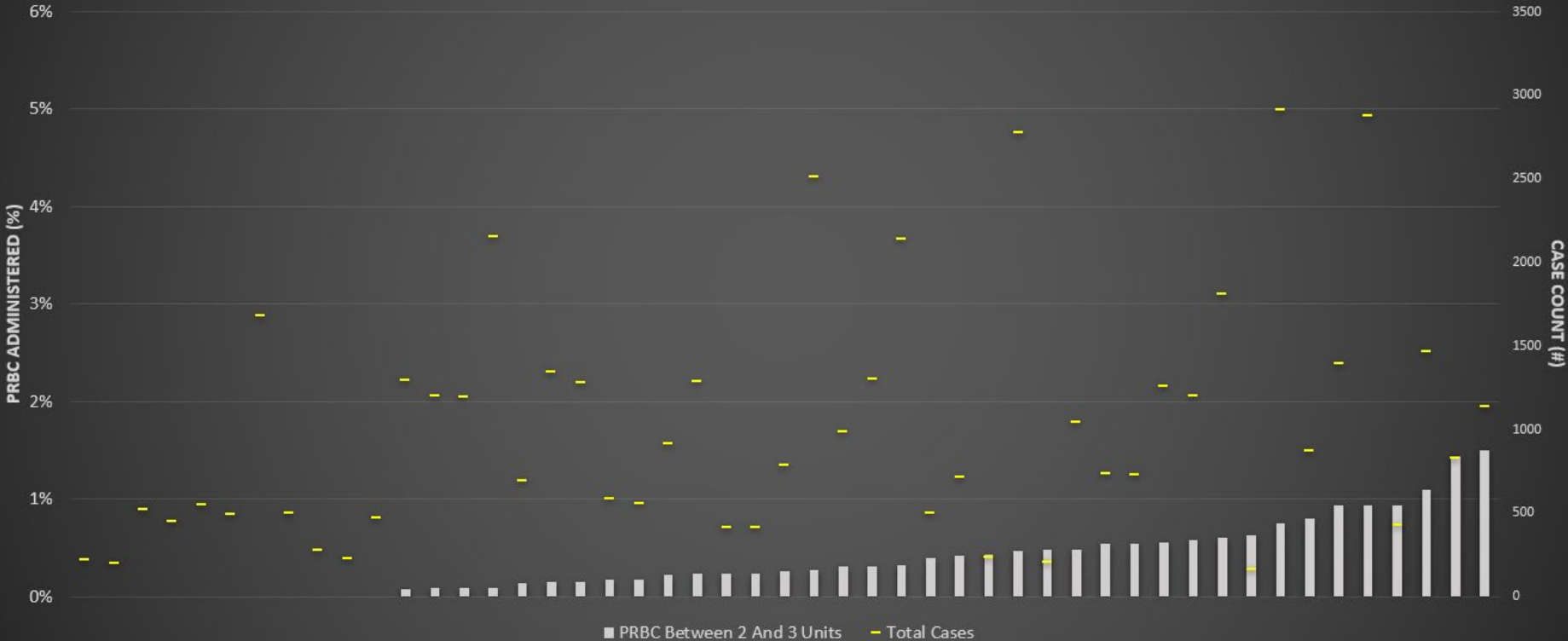
Cesarean deliveries with 1-2U PRBCs administered

Cesarean Delivery Cases (all) with PRBC Administered (%)
January - December 2021



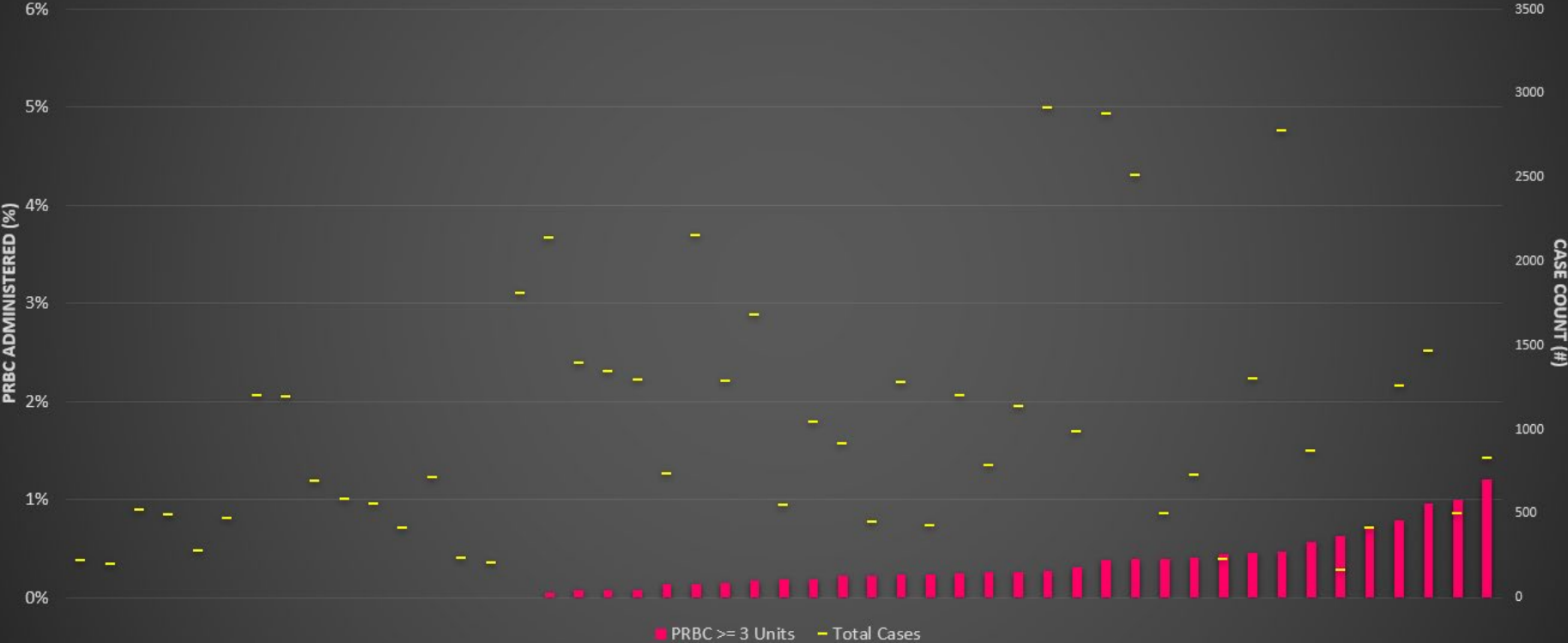
Cesarean deliveries with 2-3U PRBCs administered

Cesarean Delivery Cases (all) with PRBC Administered (%)
January - December 2021



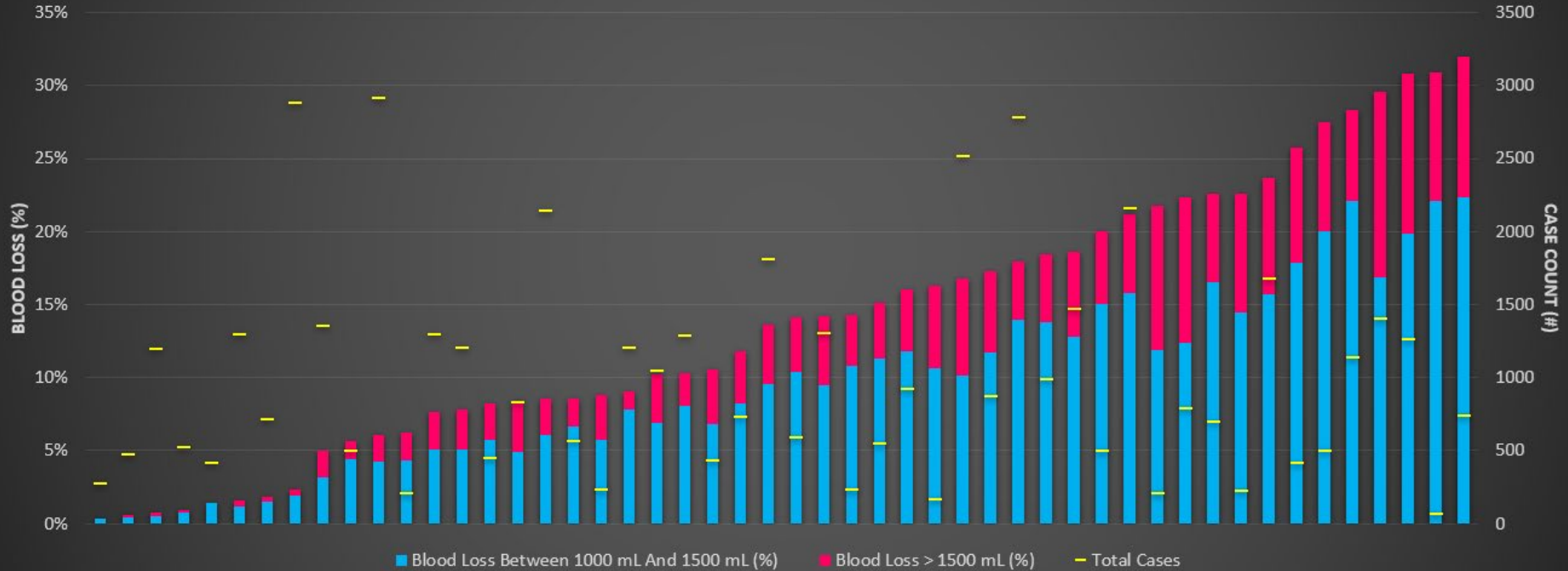
Cesarean deliveries with ≥ 3 U PRBCs administered

Cesarean Delivery Cases (all) with PRBC Administered (%)
January - December 2021

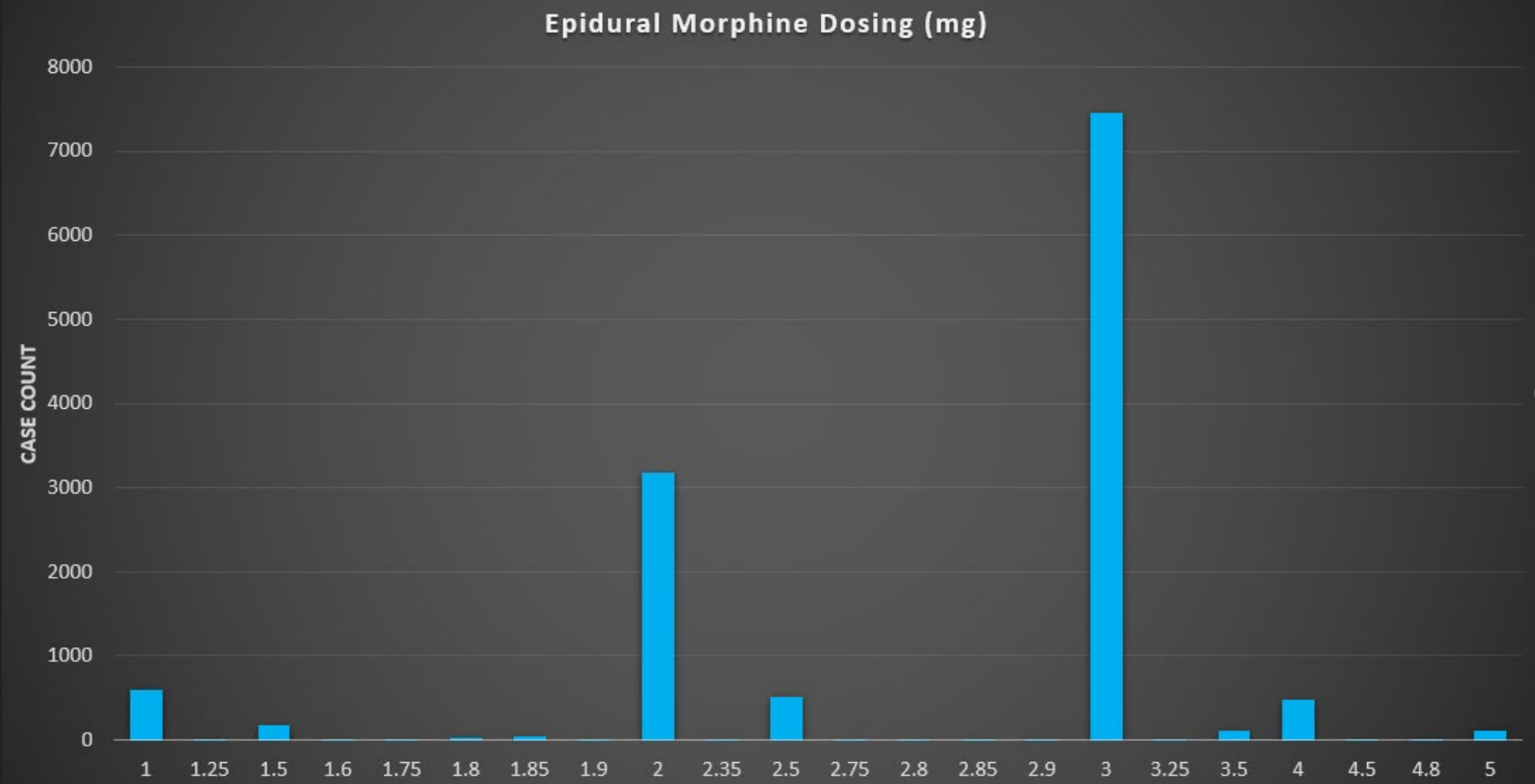


Blood Loss in Cesarean Delivery (all)

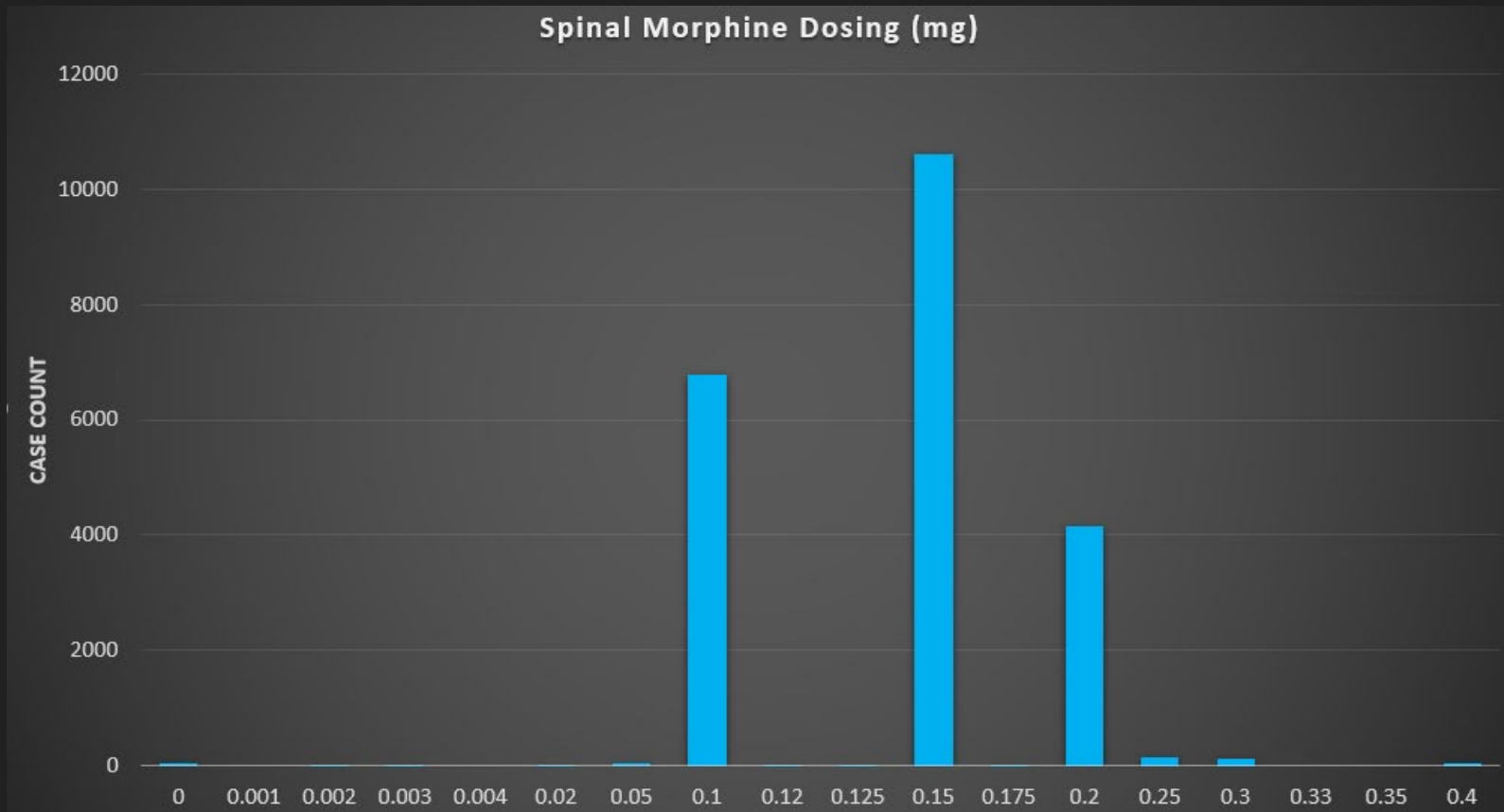
Cesarean Delivery Blood Loss
January - December 2021



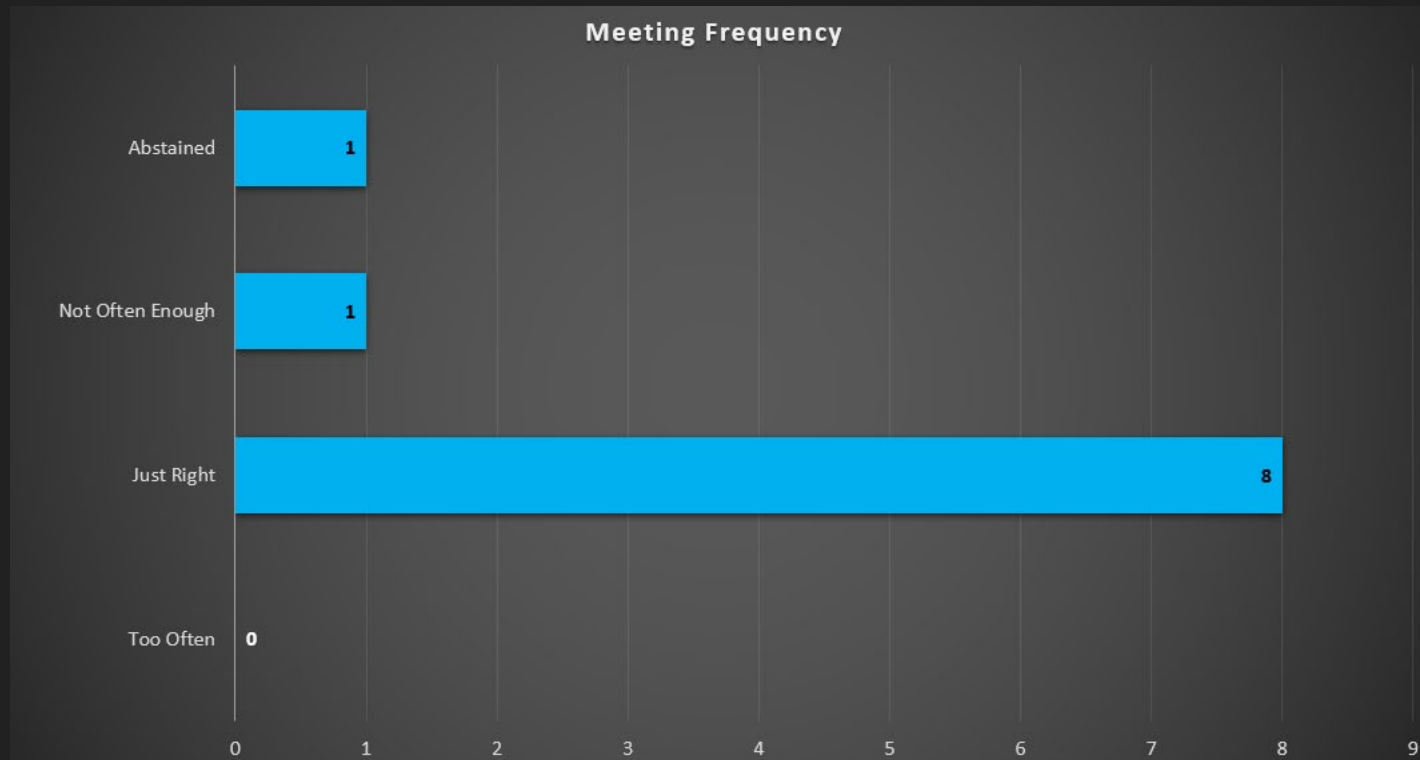
Epidural Morphine Dosing



Spinal Morphine Dosing



Survey Results



Next Steps

- Vote on measure topics (via Zoom poll)
- Coordinating Center will draft measure specification(s) for selected topics
- Measure specification(s) will be posted via Basecamp for subcommittee to provide feedback
- **Goal:**
 - Build one additional obstetric-specific measure by end of 2022
 - Build 1-2 obstetric-specific measures in 2023



Launch Poll



Threshold for Inclusion Reporting

- We propose not reporting performance of obstetric measures for institutions with less than a certain # of cesarean deliveries/year
 - Threshold?
 - Would only apply to bar graph comparisons for Obstetric Subcommittee meetings
 - Individual and departmental dashboards would still display any included cases for obstetric measure performance
- Typically low case volume reflects poor cesarean delivery data capture in MPOG, not necessarily that the site doesn't perform c-sections



THANK YOU!

Monica Servin, MD
MPOG Obstetric Anesthesia
Subcommittee Chair
monicar@med.umich.edu



Kate Buehler MS, RN
MPOG Obstetric Subcommittee Lead
MPOG Clinical Program Manager
kjbucrek@med.umich.edu

