Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

OB Subgroup Meeting Minutes – Nov 8, 2023

Attendance:

Abramovitz, Sharon (Weill Cornell)	O'Dell, Diana (MPOG)
Addo, Henrietta (MPOG)	Owens, Wendy (MyMichigan)
Athar, Muhammad (UAMS)	Payne, Patrick (University of Vermont)
Attali, Ami (Henry Ford)	Peace, Jack (Temple)
Barrios, Nicole (MPOG)	Rozek, Sandy (MPOG)
Biggs, Dan (Oklahoma)	Servin, Monica (Michigan)
Buehler, Kate (MPOG)	Shah, Nirav (MPOG)
Cassidy, Ruth (MPOG)	Smiatacz, Frances Guida (MPOG)
Chen, Lee-Lyn (UCSF)	Togioka, Brandon (OHSU)
Coleman, Robert (MPOG)	Vallamkonda, Sushma (MPOG)
Finch, Kim (Henry Ford)	Wade, Meridith (MPOG)
Habib, Ashraf (Duke)	Waldman, Brian (Columbia)
Heiter, Jerri (Trinity)	Zambare, Sonal (Baylor)
Joshi, Wandana (Dartmouth)	Zittleman, Andrew (MPOG)
Malenfant, Tiffany (MPOG)	
McKenzie, Christine (UNC)	
Mentz, Graciela (MPOG)	

Announcements:

1) **Welcome New Members**
   - Jonathan Paul, MD Columbia
   - Laurence Ring, MD Columbia
   - Muhammed Athar, MD University of Arkansas
   - Jack Peace, MD Temple Health

2) **Seeking OB Subcommittee Vice-Chair**
   - 3-year term
   - Help shape direction of OB Subcommittee
   - Measure performance review, new measure development, measure revision
   - Identify and participate in research opportunities
   - Work with Nicole and the MPOG team

3) **OB Subcommittee Teams Meeting Dates 2024:**
   - Feb 7, 2024 @1pm EST (Brendan Carvalho, MD - SOAP Stanford)

- May 22, 2024 @1pm EST
- Oct 2, 2024 @1pm EST
- PCRC proposals updates at future meetings:
    - PCRC 193
    - PCRC 150

May Meeting Recap

- Measure review: ABX 01-Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgery start.
- At the May subcommittee meeting, members voted to add Placenta Accreta as an exclusion for the GA measures.
    - Score change minimal < 0-3% for sites
    - GA-01- Percentage of cesarean delivery cases where general anesthesia was used.
    - GA-02- Percentage of cesarean delivery cases where general anesthesia was administered after neuraxial anesthesia.
    - GA-03- Percentage of cesarean delivery cases where general anesthesia was used after epidural.
- Azithromycin measure – Percentage of unscheduled cesarean deliveries in which azithromycin was administered within 60 minutes before incision or procedure start and anesthesia end.

Discussion:

- *Brandon Togioka (OHSU):* Too broad of an inclusion criteria. Vote to include all labor epidurals.
- *Monica Servin (MPOG Obstetric Subcommittee Chair):* If azithromycin was started on nursing documentation it might be hard to capture that since documented outside of anesthesia record
- *Ashraf Habib (Duke):* Is the time period 60 minutes before until any time throughout anesthesia care? Will it capture c-section without epidural?
    - *Nicole Barrios (MPOG Obstetric Subcommittee Lead):* Those cases should be included. Cesarean Delivery and conversions are included. Hysterectomy c-sections are excluded.
- *Dan Biggs (U. Oklahoma):* 90% of antibiotics are started by nursing, so it won't impact anesthesiologist here.
- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Can we get the data if started by nursing?
    - *Nicole Barrios (MPOG Obstetric Subcommittee Lead):* If not documented by anesthesia, we won't have the data in MPOG
- *Monica Servin (MPOG Obstetric Subcommittee Chair):* Azithromycin does have a longer half-life
- *Sonal Zambare (Baylor University):* Is this only for azithromycin?
    - *Monica Servin (MPOG Obstetric Subcommittee Chair):* Yes, this measure is currently only considering azithromycin but we could consider adding other medications. Speaking for UofM, it's based on OB preference - do other institutions give all of these antibiotics (Clindamycin and Gentamycin).
        - *Ashraf Habib (Duke):* We do give all of those
        - *Sharon Abramovitz (Weill Cornell):* All four are not administered at our institution.
        - *Brian Waldman (Columbia):* We exclude patients on antibiotics
- *Brandon Togioka (OHSU):* What about excluding patients that receive clindamycin? Thought is clindamycin might be an indicator that patient has chorioamnionitis
    - *Monica Servin (MPOG Obstetric Subcommittee Chair):* Is it possible to get these data?

        - *Nicole Barrios (MPOG Obstetric Subcommittee Lead):* Will investigate a bit more with programmer and Kate to see what data we can pull for
- *Ami Attali (Herny Ford):* Is the threshold set at 90% - is that appropriate for this measure?
    - *Monica Servin (MPOG Obstetric Subcommittee Chair):* Speaking for the University of Michigan, our practice is to give azithromycin to all patients requiring an unscheduled cesarean delivery. I believe that's what the literature supports also – not sure what other sites are doing.

Vote: Skipping poll for now to see what additional data we may have and will vote in February

In the news segment

Event - Healthy 27 y/o G2P1 laboring:

- Epidural
- Abnormal presentation: Arm above head
- Cord prolapse → taken to OR to deliver: 10 minutes
- Mom emergently intubated d/t pain. Fluid suctioned from lungs.
- Extubated without issue, lab work normal postoperatively.
- Day 10: Patient is weak, requiring increased respiratory support -> Intubated, Hypotensive, WBC count: 40
- Patient codes but is resuscitated. Codes again: resuscitation not successful.

Discussion:

- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: What could they have done differently?
- *Brandon Togioka (OHSU):* We get a push back about putting patients on NPO. Putting patients on clear is more beneficial from a nursing standpoint.
- *Ashraf Habib (Duke):* We insist on patients remaining NPO. We often get push back from midwives and nursing, but we require the patent to stay NPO.
- *Wandana Joshi (Dartmouth):* Also get push back from nursing and midwives. It will be interesting to know what we find in the future research with gastric ultrasound.
    - *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Does anyone incorporate gastric ultrasound in their practice?
    - *Wandana Joshi (Dartmouth):* it will take time, but I can see it being done in the future. it is pretty unusual that this kind of outcome occurs
    - *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Yes, it is sad and very unusual but shows anything can happen in the obstetric world

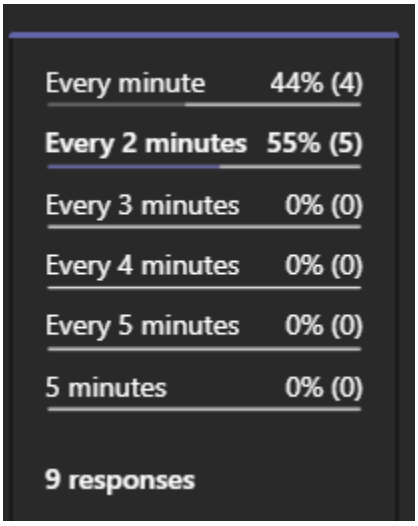
BP 04 Measure Review – Link

- Dan Biggs, MD – University of Oklahoma
- Preet Singh, MD – Washington University

Discussion:

- *Dan Biggs (U. Oklahoma):* Does everyone do BP more than 5 minutes once spinal is placed?
    - *Ashraf Habib (Duke):* I do it every minute
    - *Wandana Joshi (Dartmouth):* 2 minutes
    - *Muhammad Athar (UAMS) in chat*: Every minute till the baby is out, then every 3 minutes

Poll: How frequently do you check a blood pressure after spinal placement?



BP04 Vote Decision: Continue measure as is (100%)

Body Mass Index Stratification

- According to the CDC, in 2020 31.8% of live births with cesarean deliveries – see slide 11 for national cesarean delivery data from CDC stratified by BMI
- Slide 12: Aggregate MPOG data shared with the committee showing breakdown of patients by BMI

Discussion:

- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Do these numbers seem to reflect the patient population at your sites?
    - *Ashraf Habib (Duke)*: Is it possible to look at the super obese, BMI > 40, category?
        - *Monica Servin (MPOG Obstetric Subcommittee Chair)*: I think we can look at that
        - *Nicole Barrios (MPOG Obstetric Subcommittee Lead):* Our phenotype doesn't group beyond BMI >40 but we can probably assess how many cesarean deliveries had a BMI >40 vs. >45 vs. >50.
    - *Sharon Abramovitz (Weill Cornell):* We used to consult on patients with a BMI of 40-45 and now only consult for > Anesthesia procedure of BMI greater than 50.
        - *Ashraf Habib (Duke):* Same, we went from 40/45 at our site to consultations for BMI of 50.

- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: They present more challenges.

Uterotonic Agents – MPOG data presented:
Administration by agents (see slides 14-15)
Agents and transfusion (see slide 16)
Agents and EBL (see slide 17)
Agents and transfusion stratified by EBL (see slide 18)

Discussion:

- *Monica Servin (MPOG Obstetric Subcommittee Chair):* Does anyone not use oxytocin as a first line agent? Or is it pretty much what everyone uses?
  - *Wandana Joshi (Dartmouth):* Yes, that's our first line agent
  - *Ashraf Habib (Duke):* Agree – our first line agent is also oxytocin
  - *Sonal Zambare (Baylor University):* Yes, first line agent is oxytocin.
- *Ashraf Habib (Duke):* Unless Canadian sites, but in U.S. oxytocin is likely the first line agent for most sites
- *Brandon Togioka (OHSU)*: Not surprised that most common agent is Oxytocin. Am surprised to see Misorostol as second line agent since it's not as effective as others.
- *Kim Finch (Henry Ford Health) in chat:* Does anyone use TXA?
  - *Lee-lynn Chen (UCSF):* Yes
- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Methergine is most common second medication to add for bleeding.
- *Brian Waldman (Columbia):* We use Misoprostol as 3rd option, given PR by nursing team.
- *Wandana Joshi (Dartmouth):* We don't use carboprost so often definitely a further down the road agent.
- *Ashraf Habib (Duke):* Typically, Methergine or Carboprost as the second-line agents
- *Sharon Abramovitz (Weill-*Cornell): Agree with all that, just wondering is anybody or any of the obstetricians giving misoprostol intra myometrial during the C-section putting the tablets into the uterus?
  - *Ashraf Habib (Duke):* They do not at our hospital.
  - *Wandana Joshi (Darthmouth):* I haven't seen that done in years.
  - *Monica Servin (MPOG OB Subcommittee Chair):* Does it seem to work better?
  - *Sharon Abramovitz (Weill Cornell):* No
- *Wandana Joshi (Dartmouth):* Methergine but not prior to oxytocin. Methergine reduces rates of transfusion in a journal article I recently read. (Will post to forum when she finds article).
- *Monica Servin (MPOG Obstetric Subcommittee Chair)*: How is transfusion, not MTP, requested? OBs vs Anesthesiologists?
  - *Ashraf Habib (Duke):* Typically, the anesthesia team
- *Sharon Abramovitz (Weill-Cornell*): Phenylephrine rates? What's considered as usual when higher rates are required? Sparks transfusion conversation. When patients come to OR for spinal anesthesia, adjustments are made. With ongoing bleeding, when we have to go up on the infusion, communication to OB team is needed.
  - *Monica Servin (MPOG Obstetric Subcommittee Chair)*: Communication with OB team would be a good area for process improvement.

Meeting End Time: 1355