



Obstetric Anesthesia Subcommittee Minutes

September 25th, 2024

1:00-2:00 pm EST - Zoom

Sharon Abramovitz, Weill Cornell	Christine McKenzie, UNC
Henrietta Addo, MPOG	Mary McKinney, Corewell Health
Dieter Adelman, UCSF	Graciela Mentz, MPOG
Nicole Barrios, MPOG	Chris Milliken, Sparrow Health
Kate Buehler, MPOG	Preet Mohinder, WUSTL
Ruth Cassidy, MPOG	Katie O'Connor, Johns Hopkins
Johanna Cobb, Dartmouth	Diana O'Dell, MPOG
Laura Cohen, UMass	Jack Peace, Temple University
Charity Corpus, Corewell Health	Sharon Reale, Brigham & Women's
Carlos Delgado Upegui, Washington	Sandy Rozek, MPOG
Kim Finch, Henry Ford	Denise Schwerin, Bronson Battle Creek
Jackie Goatley, Michigan	Nirav Shah, MPOG
Josh Goldblatt, Henry Ford	Shashank Shettar, Oklahoma
Ashraf Habib, Duke	Frances Guida Smiatacz, MPOG
Jerri Heiter, Trinity Health	Mellany Stanislaus, Johns Hopkins
Wandana Joshi, Dartmouth	Rachel Stumpf, MPOG
Jeremy Juang, UCSF	Alexander Taylor, Trinity Health
Tom Klumpner, Michigan	Brandon Togioka, OHSU
Ruthi Landau, Columbia	Pam Tyler, Corewell Health
Heather LaLonde, Trinity Health	Meridith Wade, MPOG

Allison Lee, Pennsylvania	Jennifer Woodbury, UCSF
Kristyn Lewandowski, Corewell Health	Andrew Zittleman, MPOG
Tiffany Malenfant, MPOG	

A. Agenda:

- Announcements
- Azithromycin Measure Discussion and Vote
- SOAP Centers of Excellence – Opportunity for alignment with MPOG

B. Announcements:

- New OB Subcommittee Vice-chair
 - Congratulations to Wanda Joshi, DO and thank you for accepting this position!
- Welcome New Members
 - Tariq Esmail, MD - University Health Network
 - Justyna Batroszko, MD - University Health Network
 - David He, MD - Mt Sinai Toronto
 - Josh Gleicher, MD - Mt Sinai Toronto
 - Allison Lee, MD - University of Pennsylvania
 - MPOG Obstetric Anesthesia Subcommittee is open to all individuals interested in improving obstetric care. Please reach out to [Nicole](#) if interested in joining.
- Future Meeting Dates
 - December 4, 2024 at 1pm EST
 - February 26, 2025 at 1pm EST
- MPOG Retreat
 - October 18th in Philadelphia, PA
 - [Registration](#) is now open

C. May 2024 Meeting Recap

- OB Subcommittee will now meet four times each year
- [BP-04](#): Subcommittee recommended holding off on adding provider attribution- can revisit in future if provider would like to discuss.
- [TEMP-05](#): Hypothermia after Cesarean Delivery measure review
 - Voted to add 15 minutes to the measure end time
- [GA-03-OB](#): General Anesthesia for Cesarean Delivery after Epidural
 - Voted to exclude standalone cesarean deliveries (OBAT = 2)

D. In the News

- Prophylactic Methylergonovine and Oxytocin Compared with Oxytocin Alone in Patients Undergoing Intrapartum Cesarean Birth: A Randomized Control Trial
 - Objective: To determine if prophylactic methylergonovine in addition to oxytocin reduces the need for additional uterotonics
 - Design: Single Center, placebo-controlled, RCT of patients undergoing intrapartum cesarean birth
 - Trial Treatment: Oxytocin 300 mL/min plus methylergonovine 0.2 mg (80 patients) vs. saline placebo (80 patients)

- Primary Outcome: Requirement of administration of additional uterotonic agents
- Secondary Outcome: Surgeon assessment of uterine tone, incidence of postpartum hemorrhage, quantitative blood loss, and blood transfusion
- Results: Participants receiving methylergonovine were 35% less likely to require additional uterotonics
 - 39% more likely to have satisfactory uterine tone, 24% less likely to experience postpartum hemorrhage, 18% decreased frequency of blood transfusion

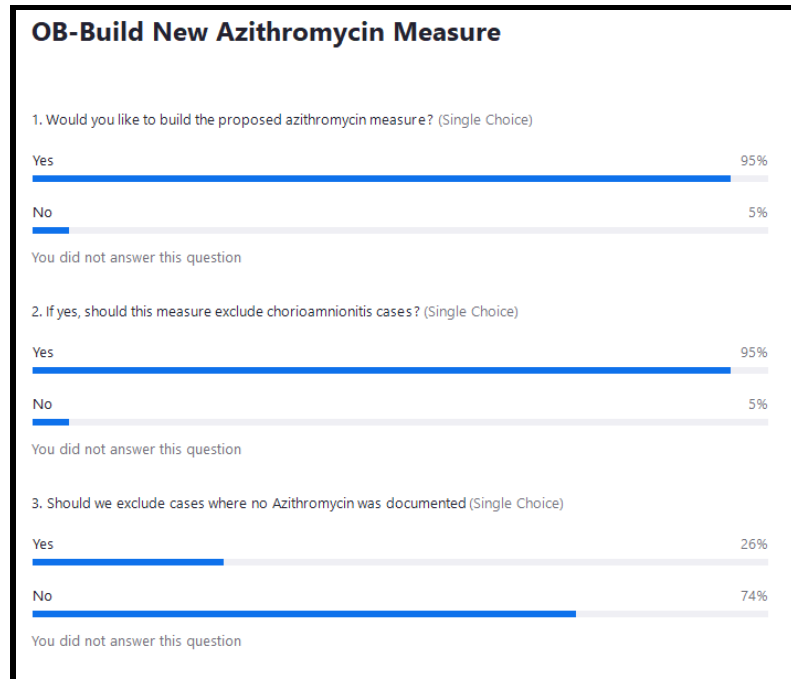
E. Antibiotic Measure: Azithromycin Data

- Background: New Azithromycin Measure
 - Inclusion criteria: Singleton Pregnancy of gestation
 - > 24 weeks undergoing intrapartum CD or CD > 4 hrs after ROM.
 - Design: multicenter (14 sites), DB, pragmatic, RCT - Pfizer donated study drug
 - Trial Treatment: 500 mg azithromycin vs saline placebo
 - Primary Outcome: composite of endometritis, wound infection, or other infection within 6 weeks of delivery
 - Results:
 - Primary outcome prevalence 6.1% in azithromycin arm vs. 12% placebo arm.
 - No difference in neonatal outcomes
- Azithromycin Study - 2023
 - Inclusion criteria: Women of 28-week gestational age or more planning SVD (2020-2022)
 - Design: Multicentered, multicounty, placebo controlled RCT conducted in low - and middle-income countries
 - Trial treatment: 2 g oral azithromycin or placebo 14, 590 women receive azithromycin and 14, 688.
 - Chorioamnionitis diagnosis in MPOG

Azithromycin MPOG Measure Proposed: *Percentage of unscheduled cesarean deliveries in which azithromycin was administered in the time 60 minutes before incision through anesthesia end.*

- **Measure description:** ABX-06-OB Percentage of unscheduled cesarean deliveries in which azithromycin was administered in the time 60 minutes before surgical incision through anesthesia end.
- **Measure Time Period:** 120 minutes before surgical incision to Anes End (will flag if given too early)
- **Inclusions:**
 - Cesarean delivery patients as determined by [Obstetric Anesthesia Type Phenotype](#)
 - 1 - Conversion (Labor epidural and cesarean delivery charted under one case ID)
 - 7 - Conversion (Cesarean delivery portion, epidural documented on another case ID)
- **Exclusions:**
 - [Obstetric Anesthesia Type Phenotype](#)
 - 0 - No,
 - 2- Cesarean delivery without a preceding labor epidural
 - 3- Labor Epidural,
 - 4- Cesarean Hysterectomy
 - 5- Obstetric Case Unable to Determine,

- 6- Conversion (labor epidural portion)
- 8- Conversion (cesarean hysterectomy portion)
- **Success Criteria:** Non-elective cesarean patients who received azithromycin within the measure time period.
- **Vote:** Build Azithromycin measure?
 - a. If Yes, exclude Chorioamnionitis cases?
 - b. Should we exclude cases where no azithromycin is documented?



- **Next Steps:**
 1. MPOG Coordinating Center will reach out to sites that have no azithromycin documented to determine if there is a variable that needs to be mapped or if azithromycin is not used in practice.
 2. Move forward with ABX-06-OB measure build
 - Exclude chorioamnionitis cases
 - Include cases without azithromycin administered

F. SOAP Centers of Excellence Measure Opportunities

- Questions MPOG can currently address:
 - What is the institution's overall general anesthesia rate (percentage) for cesarean delivery excluding complicated surgical cases with cesarean-hysterectomies for PAS?
 - GA-01, already excludes cesarean hysterectomy procedures and PAS
 - currently informational only, we could align with SOAP, set threshold at $\leq 5\%$.
 - What is the general anesthesia rate (percentage) for scheduled (e.g. planned/elective) cesarean delivery?
 - GA-01-OBAT enumeration 2
 - Is there a quality assurance review of all cases requiring general anesthesia (irrespective of your institution's general anesthesia rate)?
 - GA-01 would identify cases for quality review.

- What is the portion of patients undergoing cesarean delivery that receive active warming?
 - TEMP-01 would identify these
- SOAP Center of Excellence Measures
 - Questions MPOG could potentially build future measures to address:
 - Identify for QA Review all “severe” hemorrhage cases.
 - The OB Subcommittee would need to agree on the definition of “severe hemorrhage.”
 - SOAP suggests ≥ 4 units transfused
 - Block pauses/timeouts documentation.
 - Multimodal analgesia during cesarean deliveries.
 - Redosing of antibiotics in cesarean deliveries

Next Steps:

1. Plan to send out a survey to prioritize the measures for the coming year.
 2. Dr. Togioka, Dr. Joshi and Dr. Landau will meet to discuss in October. We provide an update at the December OB Subcommittee meeting.
- G. **Phenotype Discussion:** An update of pregnancy phenotype was discussed. Request for volunteers to review cases- if interested in helping, please email [Nicole Barrios](#)

Meeting Concluded: 2:04pm