



ASPIRE Obstetric Anesthesia Subcommittee Meeting

February 2, 2022



Agenda

- Announcements
- November 2021 Meeting recap
- PONV 05: Obstetric Considerations
- Unblinded data review: PONV Measures
- 2021 Recap and 2022 Planning



Announcements

- OB Subcommittee Virtual Meetings
 - August 3rd, 1pm EST
 - December 7th, 1pm EST
- MPOG Retreat in New Orleans, LA
 - October 21, 2022



November Meeting Recap

- Reviewed unblinded site performance for ‘general anesthesia in cesarean delivery’ measures (GA 01/02)
 - Subcommittee expressed interest in separating elective vs. non-elective cesarean cases
 - MPOG can separate ASA ‘E’ cases but not necessarily indicative of elective vs. non-elective
 - Many non-elective c-sections do not have an ‘E’ assigned
 - SOAP Centers of Excellence recommends reviewing cases that converted to general anesthesia at an institutional level
 - **Follow-up question:** Would there be interest in developing a list of considerations for reviewing these cases at your sites?



November 2021 Meeting Recap

Subcommittee discussed the applicability of existing ASPIRE glycemic management measures for the obstetric population

- Subcommittee recommended excluding cesarean deliveries from all glucose measures (GLU 01-05)
- After reviewing cases, Coordinating Center proceeded with excluding cesarean deliveries from hyperglycemia measures (GLU 01/03/05) as this is typically managed outside of the OR by obstetrician and nursing
- However, we opted to continue to include cesarean deliveries for hypoglycemia measures (GLU 02/04) at this time due to potential opportunity to improve health system processes (outside of OB).
- Plan to revisit with Quality Committee & see if attribution might be removed for obstetric anesthesiologists in the future



Postoperative Nausea and Vomiting (PONV) ASPIRE Measures



New Prophylaxis Measure: PONV 05*

- 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:
 - At least two prophylactic pharmacologic antiemetic agents of different classes administered preoperatively or intraoperatively for patients with one or two risk factors
 - At least three or more prophylactic pharmacologic antiemetic agents from different classes preoperatively or intraoperatively for patients with three or more risk factors
 - For cesarean delivery cases only: 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: Cesarean delivery start for conversion cases, preop start for scheduled c-sections



*Replaces PONV 01 measure



Society for Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Cesarean

Laurent Bollag, MD,* Grace Lim, MD, MS,† Pervez Sultan, MBChB, FRCA,‡
Ashraf S. Habib, MBBCh, MSc, MHSc, FRCA,§ Ruth Landau, MD,|| Mark Zakowski, MD,¶
Mohamed Tiouririne, MD,# Sumita Bhambhani, MD,** and Brendan Carvalho, MBBCh, FRCA‡

(5) IONV/PONV prophylaxis



<ul style="list-style-type: none"> • Prophylactic vasopressor infusion (see above) to decrease hypotension-associated IONV • Address uterine exteriorization and abdominal saline irrigation with surgeon • Combination of at least 2 prophylactic IV antiemetics with different mechanisms of action. Examples: <ul style="list-style-type: none"> ◦ 5HT₃ antagonist (eg, ondansetron 4 mg) ◦ Glucocorticoid (eg, dexamethasone 4 mg) ◦ D2 receptors antagonist (eg, metoclopramide 10 mg) 	<ul style="list-style-type: none"> • IONV/PONV is a major stressor for the mother and should be avoided, bearing in mind the different etiologies • Limiting/avoid uterine exteriorization which is associated with IONV and delayed bowel function recovery • Abdominal saline irrigation may worsen IONV and PONV • Dexamethasone is effective for PONV and not IONV due to delayed onset of action • Metoclopramide is effective for IONV but not PONV 	<p style="text-align: center;">Class I IONV/PONV prophylaxis</p> <p style="text-align: center;">Class IIa uterine exteriorization</p>	<p style="text-align: center;">Level B Level C-LD</p>
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Postoperative Nausea and Vomiting Measures

IJOA International Journal of
Obstetric Anesthesia

SHORT REPORT | VOLUME 44, P126-130, NOVEMBER 01, 2020

A risk score for postoperative nausea and/or vomiting in women undergoing cesarean delivery with intrathecal morphine

H.S. Tan • M. Cooter • R.B. George • A.S. Habib  

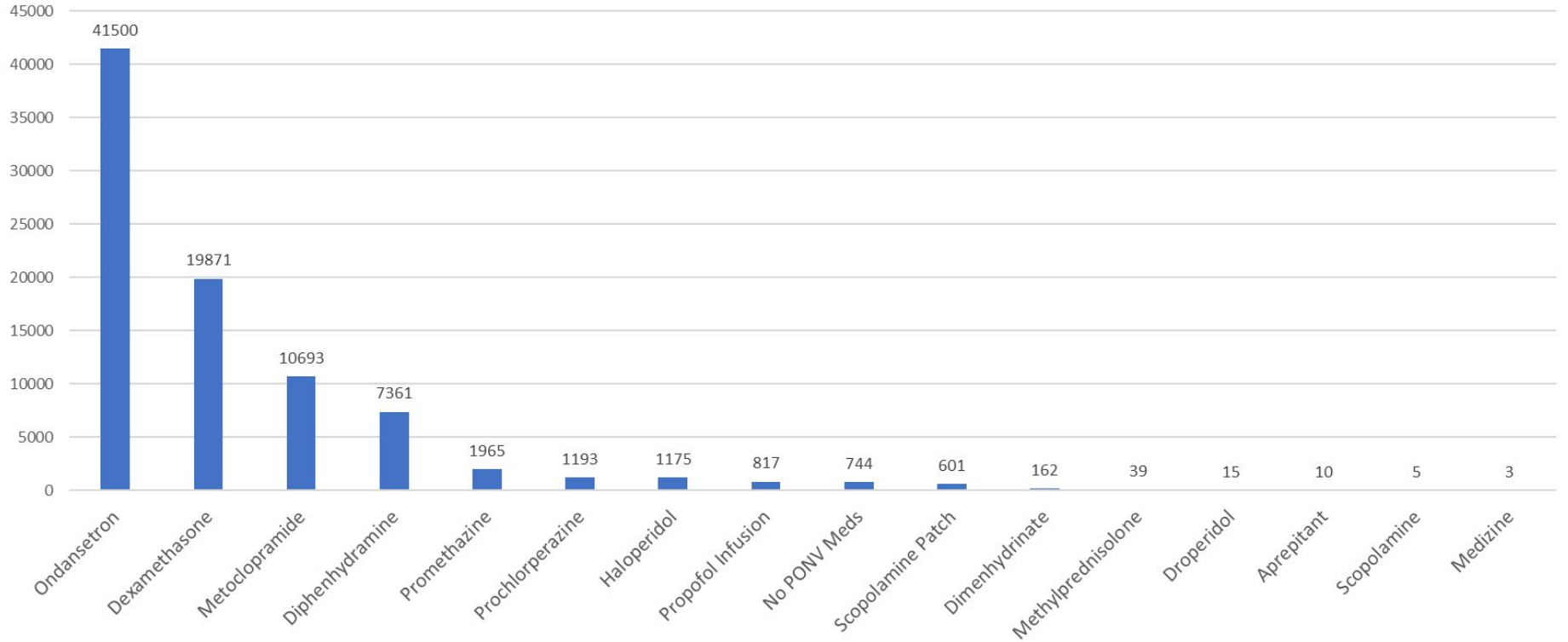
Published: August 20, 2020 • DOI: <https://doi.org/10.1016/j.ijoa.2020.08.008> •



- There is no risk score for postoperative nausea and/or vomiting (PONV) in parturients.
- Assessed potential parturient and peri-operative risk factors for PONV.
- Non-smoking, history of PONV after cesarean and/or morning sickness increase risk
- All factors were included in an obstetric-specific risk score (Duke score)
- Both Duke and Apfel risk scores performed poorly in prediction of PONV.



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

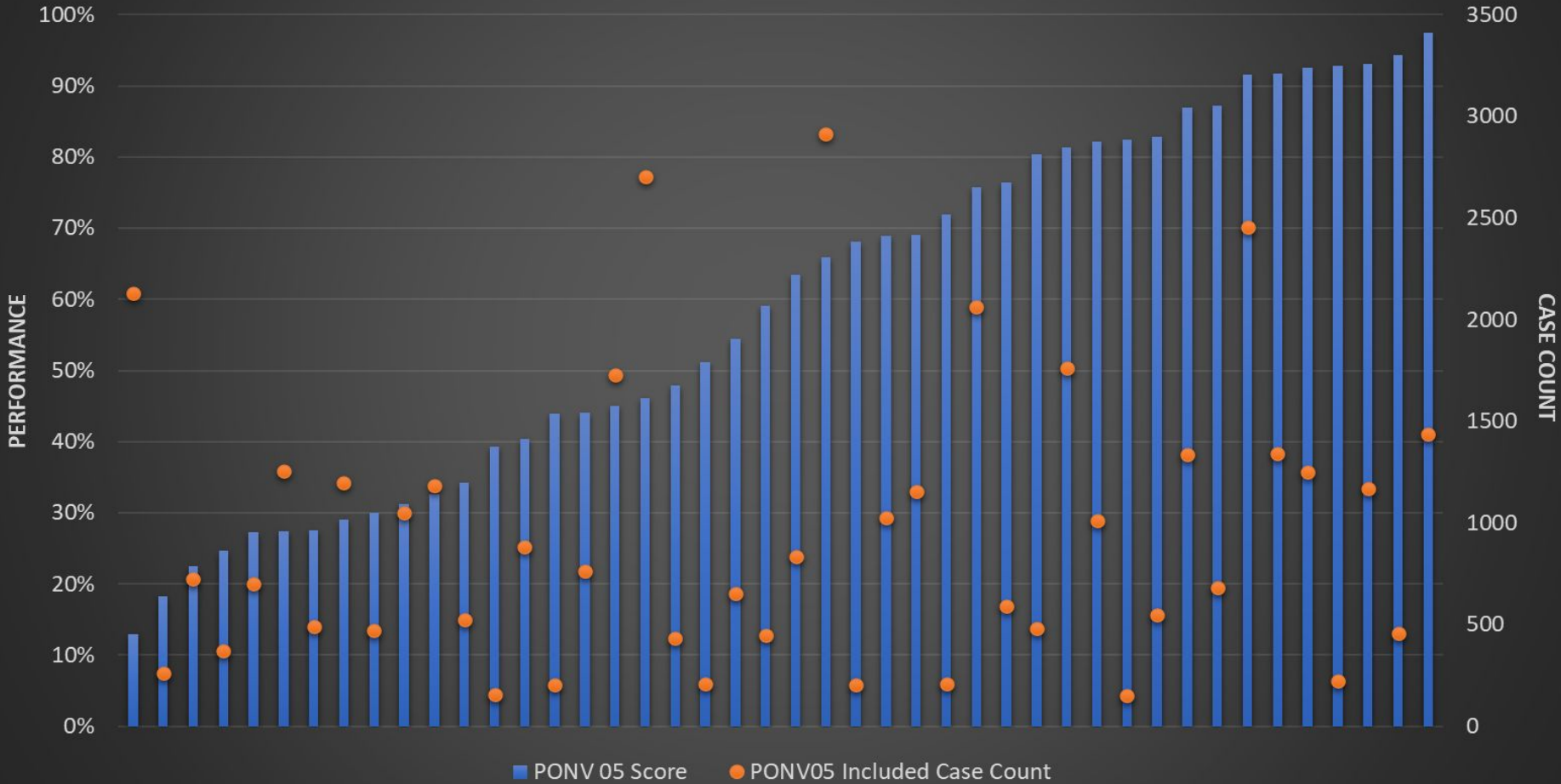


PONV 05 Considerations for Cesarean Deliveries

- Agree on the inclusion criteria for cesarean delivery patients
- Agree with measure time period for administration: Preop start - PACU Start?
- Agree on administering 2 anti-emetics, regardless of number of risk factors?
- Agree with giving any 2 antiemetics from separate classes? Specify which classes must be given (or not given)?
 - For example, propofol infusion is currently included as an acceptable antiemetic
- Do current exclusions apply?
 - ASA 5 or 6
 - Patients <18 years old (a separate pediatric measure is available)
 - Patients transferred directly to the ICU



PONV 05 Performance by Site Cesarean Delivery Cases Only



Unblinded Data Review



Reminders

- Per the terms and conditions outlined during the registration process:
 - A culture of openness and trust are critical to the development of such a collaborative effort to improve quality; and **a commitment for confidentiality is required to further the goals of ASPIRE.**
 - The following examples are to be considered privileged and confidential information and should be discussed only within the confines of the OB Subcommittee Meeting.
 - Any and all patient information.
 - Any and all patient identifiers/information which are considered privileged and protected health information as defined by current HIPAA laws.
 - Any specific MPOG QI registry case information.
 - Any information discussed regarding a specific site outcome.
 - Any reference to a specific MPOG site result or analysis.
 - All anesthesiology data presented including but not limited to outcome reports.
 - **Taking screenshots, pictures or videos of data slides is prohibited.**



Site Participation

- All sites that perform cesarean deliveries are presented on the slides to follow (sites without PACU data excluded)
- Only those sites who have a participant registered for today's meeting are unblinded
- Quality and OB Champions were notified that unblinded data would be shared and were given the opportunity to opt out
- No sites emailed us to express a desire to be excluded from this review



Current Outcome PONV Measure: PONV 03

- Percentage of patients, regardless of age, who undergo a procedure and have a documented nausea/emesis occurrence OR receive a rescue antiemetic in the immediate postoperative period
- Time period: Recovery room in through 6 hours after Anesthesia End
- Inclusion: Cesarean Deliveries
- Exclusion: Labor Epidurals
- Success: Patient does not report nausea, have an emesis event or receive an antiemetic during the immediate postoperative period.
- Displayed as an inverse measure: lower is better



Note: Performance for PONV 03/03b was shared with the subcommittee- this was a confidential session; unblinded data was removed from the presentation before posting.

General discussion topics are noted in the minutes - any comments specific to a site's performance were omitted from the minutes.



Current Measure: PONV 03b

- Percentage of patients, regardless of age who undergo a procedure **and have a documented nausea/emesis occurrence** with or without receiving an antiemetic in the immediate postoperative period.
- Time period: Recovery room in through 6 hours after Anesthesia End
- Inclusion: Cesarean Deliveries
- Exclusions: Vaginal Delivery Cases & Patients transferred to ICU
- Success: Patient does not report nausea or have an emesis event during the immediate postoperative period.
- Displayed as an inverse measure: lower is better



PONV 03 and PONV 03b

- Both are already available on the OB Dashboard displayed as filtered to OB
- Recommended modifications for OB?



2022 Planning



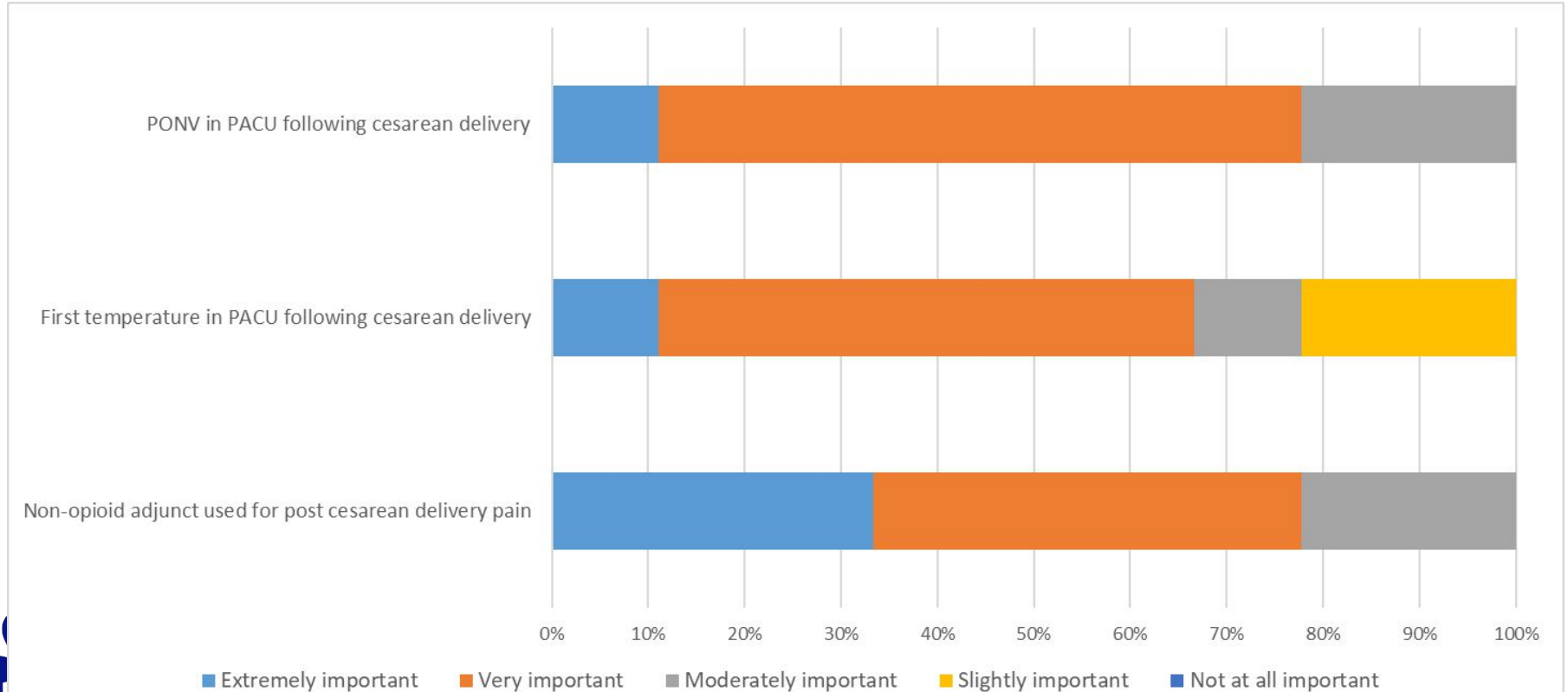
Progress in 2021

- Created new postop temperature measure for cesarean deliveries: [TEMP-05-OB](#)
- Created measures focused on general anesthesia rates for cesarean deliveries
 - [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
- Added specific criteria for cesarean deliveries in new PONV prophylaxis measure: [PONV 05](#)



Recap of 2021 Plans

- Sent out survey in late 2020: 9 responses



2021 Planning Survey 'Write-In' Measure Suggestions

Rating: 'Extremely Important'

Topic	MPOG Data Availability
Appropriate addition of azithromycin for cesarean sections	Yes
Regular patient checks for parturients with labor epidurals	Maybe - Pain scores from some sites; need more info
GA for elective and urgent/emergency cases	Emergency cases - Yes Elective - No
Pain \geq 3 during labor with epidural (within 60 minutes of initiation)	Maybe - Pain scores from some sites
Incidence of dural puncture with epidural	No
Accidental Dural Puncture / PDPH	No
Incidence of blood patch	No



2021 Planning Survey 'Write-In' Measure Suggestions

Rating: 'Very Important'

Topic	MPOG Data Availability
Need for blood product transfusion if intra-procedure PPH	Yes
Failed extension of epidural for Cesarean Delivery	Yes - Subset of GA 02
Antiemetics administered preop/intraop	Yes - PONV 05
Phenylephrine infusions and regulatory requirements	Presence of Infusion - Yes Regulatory requirements?
Adherence to ERAS/ERAS milestones	Maybe - Need more info
Rate of epidural replacement in labor	No



Next Steps

- Modifications to PONV outcome measure for obstetric population?
- New Measure Options:
 - Multimodal analgesia for cesarean deliveries
 - Azithromycin use
 - Phenylephrine infusion use
 - ERAS area of focus?
- MPOG Coordinating Center to send out new survey to assess and prioritize topics of interest for OB Subcommittee next steps



THANK YOU!

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