# Obstetric Anaesthesia Special Interest Group

Annual General Meeting
Sydney Convention and Exhibition Centre
Friday September 9, 2011 at 4.30pm
Bayside, Auditorium A

**Minutes**

**1. Attendance and Apologies**

Attendee's:
Dr Alicia Dennis
Dr Jack Hill
Dr Jane Brown
Dr Allan Cyna
A/Prof Scott Simmons
Dr Nick Jegathesan
Dr Victoria Eley
Dr Ian Maddox
Dr Anna McDonald
Dr Andrew Ottaway
Dr Peter Harms
Dr Ioana Arhanghelschi
Dr Deborah Bell
Dr Peter Effeney
Dr Tim Porter
Dr James Griffiths

Apologies:
Dr Poleon Yee
Dr Matthew Howes
Dr Rhonda Boyle
Dr Elizabeth Maycock
Professor Michael Paech
Dr Andrew Ross
Dr Kym Osborn

**2. Confirmation of Previous Minutes**

The Minutes were confirmed and seconded as a true and accurate record of the meeting.



ANZCA HOUSE 630 ST KILDA ROAD MELBOURNE VIC 3004
Telephone: (03) 9510 6299 Facsimile: (03) 9510 6786

**3. SIG Status**

3.1 Current Executive Committee

Assoc Prof Alicia Dennis (VIC) **CHAIR**
Assoc Prof Stephen Gatt (NSW)
Dr Genevieve Goulding (QLD)
Assoc Prof Steven Katz (NSW)
Dr Jane Brown (NSW)
Prof Michael Paech (WA)
Dr Victoria Eley (QLD)
Dr Kym Osborn (SA)
Dr Nolan McDonnell (WA)

Co-Opted:
Dr Jack Hill (NZ)
Dr Peter Smith (NSW)

3.2 Membership

The SIG currently has 925 Members including 1 Associate Member. Currently no

3.3 Financial Report

Income to 31/12/2010

| | |
|---|---|
| Projected allocation | $8603.55 |
| Projected income | $200.00 |
| Actual expenses | $9481.00 |
| Actual income | $40.00 |
| | _______ |
| Balance 31/12/2010 | (-$717.45) |

**4. Structure, function and administration of the SIG**

The Chair, Associate Professor Alicia Dennis gave a brief summary of the structure. The Obstetric Anaesthesia Special Interest Group, are part of a tripartite group which is responsible to and managed by the 3 parent organisations of ANZCA, the ASA and NZSA. It is governed by a constitution which is currently available on the ANZCA website. All SIG's are co-ordinated through a committee called ACECC, this committee operates under a charter. Each of the 17 SIG's historically have chosen a secretarial support organisation and for the Obstetric Anaesthesia SIG, it is ANZCA. This means that ANZCA allocates an amount of money per year to administer the SIG and all expenses and income generated during that calendar year are charged or distributed in a ratio of 50% to ANZCA, 40% to the ASA and 10% to NZSA.

The Obstetric Anaesthesia SIG in itself does not actually incur any expenses and also doesn't have the ability to independently generate an income which is then re-directed to it. The advantage of the current situation is that we don't assume any legal liability within this group, it is covered by our current secretariat, ANZCA.

The purpose of an SIG is to promote science and education and the executive is elected by the members and the Chair is elected by the executive.

5. **Safe administration of neuraxial analgesia and anaesthesia in pregnant women**
The Chair reported that this was included on the agenda because of the critical incident and tragic case which occurred in NSW last year due to the administration of clear antiseptic solution into a women's back during an insertion of an epidural. From this, there was a NSW Department of Health safety alert notice 10.10. The Chair announced that it is important to reiterate the recommendations so the OA SIG members can continue to look at their own department and ensure that there are safety and appropriate mechanisms to minimise the risk of this type of event happening again.

The Chair reported that the NSW Department of Health and issued the correct identification of medication solutions for epidural, analgesia and anaesthesia. The recommendations are; medication safety practices in epidural, analgesia and anaesthesia include preparation of the patients skin with appropriate skin preparation solution, this step must precede a preparation of any medication for injection; removal of the antiseptic solution container and associated swabs from the sterile set up; preparation of the medication for epidural injection using aseptic techniques and in particular the prescriber must select each medication, prepare the medication for administration, administer the medication and sequentially record its administration. When a nurse or midwife is required to prepare the medication dose for administration by the prescriber, the prescriber must act as a second person and check the medications before he or she administers it to the patient. Insert the epidural catheter, insert the epidural medication and record the administration.

The Chair also reported that a positional statement by ANZCA in August 2010, states that drugs used for epidural, analgesia and anaesthesia must be handled in a manner that avoids an aversion to administer the wrong drug. During the initiation of epidural, analgesia and anaesthesia, the same person must select each medication, prepare the medication administration, administer the medication and record its administration.

It was commented that it was almost at the level of digression with the national labelling system that has come in as well. Subsequently to this, there are some moves afoot that all syringes, all burets, all lines, all prescriptions are to be labelled in a particular way. It was further commented that perhaps one of the hidden agenda items is that all sterile procedures including anything surgeons give must have labels on them. One of the implications potentially of that is if you have more than one drug in an area there is potential for it being mixed up.

**6. Thiopentone availability for general anaesthesia in pregnant women**

The Chair stated that most OA SIG members are aware of the deficiency of availability, the absence of thiopentone, particularly last year. There has been a lot of discussions with the TGA and raising awareness of this issue because the availability of thiopentone for pregnant women is important. The Chair reported that thiopentone is now available by a section 19 which is a provision in the TGA structure to enable a couple of pharmaceutical companies to supply thiopentone without us having to go through special access scheme.

The Chair reported that the ASA announced in June 2011 alerting the ASA members to the now availability of thiopentone. If your hospital doesn't have thiopentone available it is suggested that you contact your pharmacy to get them on the case to obtain it for your use with pregnant women.

**7. Scientific Evidence Project**

The Chair reported that the OA SIG members would have received an email from herself on behalf of the Obstetric Anaesthesia Executive and the authors of the 5 scientific evidence documents announcing closure of this project. The Chair commented that it would have come as a surprise and perhaps the SIG members may have been a little confused about the reasons behind the closure of the project.

The Chair commented, firstly on behalf the Obstetric Anaesthesia SIG Executive and the Authors, that they did not make this decision lightly. They have been in discussions with the 3 parent organisations in order to try and establish a sustainable framework for the continuation of this project.

The Chair reported that it became clear very soon after the project was initially conceived and then launched, that there was a requirement for the group to satisfy the legal, financial, governance, intellectual property and privacy issues of the 3 organisations that the SIG is part of (ANZCA, ASA, NZSA).

The Chair explained that after discussions, face to face meetings and emails, the executive and authors made an executive decision to close the project in order to minimise these very significant complexities and to think about a simpler way forward with this project under a possible different structure.

The Chair commented that ANZCA, ASA and NZSA are all really important organisations and they all have different objectives, goals and visions but all are very important within our region.

The Chair explained that they do not hold any of the organisations responsible; however it became clear over the months and years that there were very significant problems related to the structural element of having to deal with 3 significant organisations and their requirements in order to create sustainability for this project.

The Chair asked, on behalf of the Obstetric Anaesthesia SIG Executive and the Authors to trust the Committee and have patience as they work through where possibly they might go with

redevelopment or modification of projects of this nature. It may take some time, however the Executive Committee are all very committed to the freely available high quality information that is available to everyone. The Scientific Evidence Project was trying to be a sustainable project that enabled people to obtain high quality information, for the promotion of and benefit of women, their families and us as clinicians as well as other colleagues, midwives, obstetricians and other allied health professionals.

It was commented that the project was approached with the idea of seeing if the concept would work. The feedback was that it was a very valuable resource, trainees were using it, and people from all over the country were using it. It was suggested whether it was appropriate to canvas the membership directly and whether the membership thinks it's a good thing. It was also commented that it was worth pursuing trying to get it going again.

It was questioned as to what the issues were and how to resolve them if a future project was going to be developed.

**8. Future Meetings**

8.1 2012 ANZCA ASM, Perth
May 12-16, 2012 at Perth Convention and Exhibition Centre

8.2 2012 Obstetric Anaesthesia SIG Satellite Meeting, Bunker Bay
May 16-19, 2012 in Bunker Bay

8.3 ASA Congress, Hobart 2012
September 28 – October 2, 2012 at the Grand Chancellor Hotel in Hobart

**9. Date of the next meeting – September 2012**
Saturday September 29, 2012 in Hobart