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# An audit of workload and changes to anaesthetic practice during the initial wave of the COVID-19 pandemic

N Ledlie, S Dondapati, R Akhtar
**Royal Stoke University Hospital, UK**

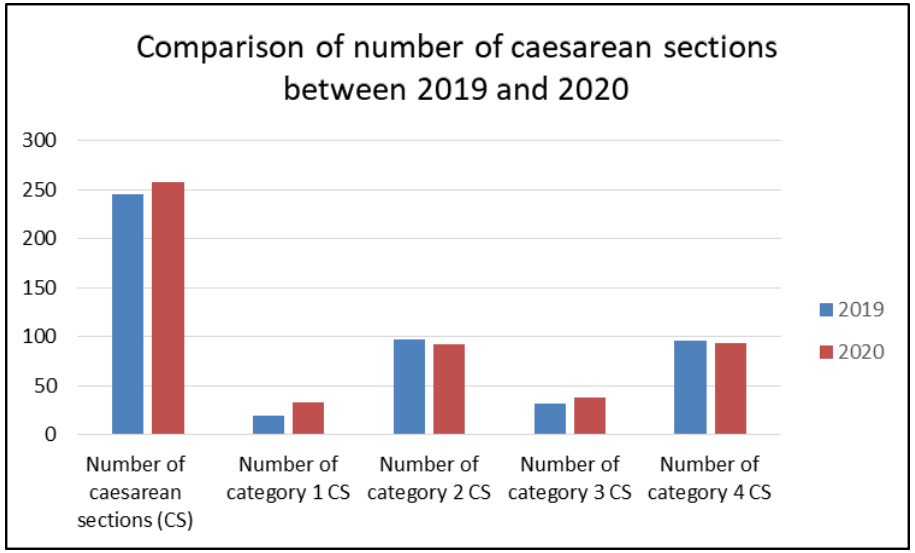
## Introduction

The COVID-19 pandemic caused a number of significant changes in obstetric practice due to the risks of COVID-19 and its potential transmission. To aid clinicians, joint guidance[1.] was issued which suggested the use of epidurals in suspected or confirmed COVID-19 cases to reduce the need for general anaesthesia. We wanted to investigate the workload of our obstetric anaesthetic department during this time and compare with the same time period from a previous year.

## Methods

We looked at the anaesthetic workload over the time period 1st April to 15th May 2020 and compared it to the same time period from 2019. This was the time when the anaesthetic department was moved to a temporary rota to manage the demands on our service. We investigated the workload based on the records kept in the maternity anaesthetic office and the electronic patient record.

## Results




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The total number of procedures performed was 449 in 2020 compared to 472 in 2019. 127 epidurals were performed in 2020 with an average time to attend of 24.8 minutes. In 2019, 139 epidurals were done with an average time to attend of 21.7 minutes. For category 1 caesarean sections: in 2020 64% were performed with spinal anaesthesia, 24% with epidural top ups and 12% with general anaesthesia. In 2019 45% were performed with spinal anaesthesia, 5% with epidural top ups and 50% with general anaesthesia.

## Discussion

The total number of anaesthetic procedures performed was similar but slightly less in 2020 (449) compared to 2019 (472). This may be due to issues with recording of the cases – during the COVID-19 period with the associated changes in working patterns staff may have been more likely to forget to record the cases in the anaesthetic office. A similar number and proportion of epidurals was seen: 28% of all procedures in 2020 compared to 29% in 2019. The time to attend epidurals was longer in 2020 (24.8 minutes) compared to 2019 (21.7 minutes). This is likely to be related to changes in working practices (increased use of PPE) meaning procedures take longer and changes to staffing levels with on average fewer staff available at any given time (due to rota changes and increased numbers of anaesthetic staff being needed for management of ITU patients). When looking at category 1 caesarean sections, there was a significant move away from general anaesthesia. In 2020 only 12% were performed with general anaesthesia compared to 50% in 2019 with an associated rise in epidural top-ups and spinals. This audit highlights the flexibility of our service in adapting to meet the needs of patients under rapidly changing circumstances. Despite increased pressures on our service we were able to provide an efficient epidural service and change our practice in terms of mode of anaesthesia for caesarean sections.

## Reference

1. Management of pregnant women with known or suspected COVID-19, Obstetric Anaesthetists ' Association (OAA), the Faculty of Intensive Care Medicine, the Intensive Care Society, the Association of Anaesthetists and the Royal College of Anaesthetists, published 16th March 2020, accessed from https://icmanaesthesiacovid-19.org/management-of-pregnantwomen-with-known-or-suspected-covid-19