
Guest Editorial

The Obstetric Anaesthesia Special Interest Society: renewed commitment to improving obstetric anaesthesia in South Africa

RA Dyer, Z Farina, D Bishop, D van Dyk

Following the example of the UK and the USA, a group of interested practitioners has initiated a special interest group for obstetric anaesthesia in South Africa. This organisation will operate under the auspices of the South African Society of Anaesthesiologists (SASA), with its own constitution and elected executive committee. Its goal is to reduce anaesthesia-related maternal and fetal morbidity and mortality, as well as improve the overall birth and bonding experience of mothers in this country.

The Obstetric Anaesthetists' Association (OAA) is a highly respected organisation and registered charity in the UK, founded in 1969, and now comprising 2 500 members, of whom 20% are outside the UK. Core activities are education and the training of health workers through excellent meetings and courses, educating the public on epidurals and pain relief in 30 languages, providing a free app (android, and iPhone® and iPad®), and distributing the *International Journal of Obstetric Anesthesia* to members. In addition, the OAA distributes valuable guidelines and the results of approved surveys, and incorporates the results of the National Obstetric Anaesthesia Database (NOAD). Many of these activities would be useful in the South African context.

Since 1952, the Confidential Enquiry into Maternal Deaths (CEMD) has investigated maternal deaths in the UK and Ireland. Since June 2012, the enquiry has been carried out by the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries collaboration (MBRRACE-UK).¹ Deaths are now analysed on an annual basis, as are specific morbidities, such as sepsis in 2014. South Africa is the only limited-resource environment with a dedicated audit on maternal deaths, with the first triennial report dating back to 1999.

The equivalent organisation is the Society of Obstetric Anesthesia and Perinatology (SOAP) in the USA, founded in 1968. This group provides an interdisciplinary forum, consisting of anaesthesiologists, obstetricians, paediatricians and basic scientists, and seeks to improve pregnancy-related outcomes by improving clinical practice with a strong evidence-based approach, and by embracing translational laboratory research. *Anesthesia and Analgesia* is the official journal of SOAP.

Membership of the Obstetric Anaesthesia Special Interest Society (OASIS) will be all-inclusive. Specialist anaesthesiologists, obstetricians, general practitioners, nurses, and other interested health workers, are welcome. There will be training for the generalist, as well as continuing professional education for the specialist. It is the intention that OASIS will also welcome interdisciplinary collaboration.

The organisation will address interventions to improve outcomes, based primarily on the findings of our National Committee for Confidential Enquiry into Maternal Deaths, but also on further local and national audit findings.² Information will be provided via a continuing email journal club supplying links to research

articles relevant to the South African context,³ and an annual meeting, in addition to a dedicated contribution at SASA. New guidelines and updates on existing protocols will be provided, targeting areas such as spinal anaesthesia, general anaesthesia for Caesarean section, the management of the preeclamptic and/or morbidly obese parturient, other cardiac disease in pregnancy, obstetric haemorrhage, and epidural and postoperative analgesia in limited-resource environments. Regular updates are planned on protocols for the management of obstetric anaesthesia emergencies, such as high spinal anaesthesia, which is included in the current issue. This will serve to supplement the instruction provided in the South African Essential Steps to Manage Obstetric Emergencies. Simulation of rare obstetric emergencies will improve the performance of the inexperienced practitioner. Members will be made aware of recent evidence-based changes to practice which should improve obstetric anaesthesia care in South Africa. Prospective outcomes research will involve input from OASIS members, such as the recent generation of a case report form for the collection of obstetric-specific data in the upcoming African Surgical Outcomes Study. Multicentre studies will be initiated where appropriate, as encouraged by the recent national research priority setting meeting of the South African Perioperative Research Group. Projects such as these should contribute to the establishment of a South African database pertaining to obstetric anaesthesia, similar to that achieved by NOAD in the UK.

Information to patients should be much improved by OASIS, in collaboration with obstetricians. Ultimately, apps and video material can be developed along the lines of those established by the OAA in order to improve patient knowledge of labour analgesia and operative delivery.

Finally, obstetric anaesthesia seems to be getting the attention it warrants in the developing world,⁴ while political leverage for resources is increasing. Ultimately, OASIS will help the general practitioner anaesthetist in southern Africa to develop confidence in his or her practice, as well as develop careers for specialist anaesthesiologists with a keen interest in obstetric anaesthesia. All of this should result in improved care and an enhanced understanding of patient management, as well as a reduction in morbidity and mortality.

References

1. Yentis SM. From CEMD to CEMACH to CMACE to...? Where now for confidential enquiries into maternal deaths? *Anaesthesia*. 2011;66(10):859–860.
2. Jacobs-Martin GG, Burke JL, Levin AI, Coetzee AR. Labour epidural analgesia audit in a tertiary state hospital in South Africa. *S Afr J Anaesth Analg*. 2014;20(4):18–22.
3. Kovacheva VP, Soens MA, Tsen LC. A randomized, double-blinded trial of a "Rule of Threes" algorithm versus continuous infusion of oxytocin during elective Cesarean delivery. *Anesthesiology*. 2015;123(1):92–100.
4. Reed A, Mumba JM, Dyer R. A spotlight on obstetric anesthesia in the developing world: finally getting the attention it deserves. *Anesth Analg*. 2015;120(6):1179–1181.