

Advanced Obstetric Anaesthesia Training Programme

Version 09.09.16



*The Scandinavian Society of Anaesthesiology
and Intensive Care Medicine*

Advanced Obstetric Anaesthesia Training Programme 2017-2019

Advanced Obstetric Anaesthesia Training Programme

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General Information

The advanced training programme on obstetric anaesthesia is a two-year course offered by Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI).

Content of the programme

- Two years of clinical training
- A one month exchange programme in a foreign country
- Residential courses
- A distance-learning programme

After fulfilling the course, the candidate will be awarded an SSAI diploma on obstetric anaesthesia.

The course qualifies for a job as director of obstetric anaesthesia.

Obstetric anaesthesia

Obstetric anaesthesia refers to peripartum anaesthetic and analgesic activities performed during labour, vaginal delivery, caesarean delivery, removal of retained placenta, postpartum haemorrhage and postpartum tubal ligation.

In a wider perspective, obstetric anaesthesia also includes neonatal resuscitation, caring for the parturient with intercurrent disease, and obstetrical intensive care medicine.

Complex patients are approached by interdisciplinary teams that include obstetricians, perinatologists, neonatologists, cardiologists, anaesthesiologists within other subspecialties and other consultants as needed.

Aims of the programme

This course aims at educating Obstetric Anaesthetists with the overall objectives of enhancing the quality of anaesthetic care for obstetric patients, improving patient safety by reducing the incidence and severity of anaesthesia-related complications, and increasing patient satisfaction in the Scandinavian countries.

In order to achieve this goal, every district general hospital and university hospital with an obstetric service should employ a director of obstetric anaesthesia.

The responsibilities of the director of obstetric anaesthesia include, but are not limited to, the following:

- Organization of local obstetric anaesthesia services
- Practice obstetric anaesthesia, full- or part time
- Training of staff anaesthetists, residents, nurse anaesthetists, midwives, obstetric ward nurses and students
- Regular update of local diagnostic and therapeutic protocols
- Quality assurance activities within the domain of obstetric anaesthesia

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- Review relevant literature & attend external platforms to remain updated on new scientific evolutions
- Participate to the continual development of national clinical guidelines

Course participants

Applicants are members of the SSAI and specialists in anaesthesiology with a special interest in obstetric anaesthesia. Participants are selected according to their affiliation, academic merits, clinical skills and motivation by the discretion of the steering committee of the training programme. The number of participants will be a maximum 24 on each course, which is offered to start every second year.

Educational strategies

The training objectives will be achieved using a number of training methods. The programme is based on interactive participation and reflection on competence. A scientific, evidence-based approach to the practical and theoretical work during the participation of the programme is mandatory.

Personal Educational Supervisor	The host department will appoint a personal educational supervisor for the trainee.
Portfolio	Trainees are required to maintain a Portfolio - a collection of evidence of learning. The portfolio should be updated continually and reviewed every fourth month by the personal educational supervisor. This will serve as a stimulus to ensure all training requirements are being fulfilled.
Log book	Trainees will be expected to maintain a Log book of the clinical activities. The log book is part of the portfolio.
Personal Development Plan	A personal development plan (PDP) is developed in agreement with the educational supervisor every fourth month. The PDP is linked to formal assessment milestones and rotation between hospitals.
Clinical training	<p>During the two-year period the trainee will be employed in an appropriate position at 1 or 2 different departments. A minimum of four months of clinical training should be at a university clinic. If the home department is at a District General Hospital, four months of training should take place at a university department, or equivalent, with more than 2000 deliveries per year.</p> <p>The Trainee is expected to become involved in</p>

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	<p>teaching and training, research and audit, and management of an obstetric anaesthetic service.</p> <p>The Trainee will be a member of the on-call group covering general duties which includes on-call for the Delivery Suite</p>
Appraisal & Assessment	<p>Appraisals will be conducted by the Personal Educational Supervisor every fourth month. A formal assessment of the training will take place at the end of the attachment.</p>
Journal Club	<p>The trainees will be expected to participate in a journal club in the clinical department</p>
Morbidity & Mortality Meetings	<p>A programme of these meetings is to be organised by one of the Consultant Obstetric Anaesthetists and the Trainee will be expected to participate.</p>
Exchange Program	<p>The training period includes an exchange programme with a clinic in a foreign country. The exchange period should be no less than 1 month.</p>
Residential Courses	<p>SSAI organizes four courses, each of 3-4 days duration. The responsibility for organising these courses will circulate between all the Scandinavian countries.</p> <p>Course 1: Introduction and basic skills.</p> <p>Course 2: Current practise of obstetric anaesthesia.</p> <p>Course 3: Obstetric emergencies and clinical decision making.</p> <p>Course 4: Leadership and implementation strategies.</p>
Research Project	<p>The programme will end with presentation of a formal research project. In the preparation of the research project, group work is accepted and encouraged. The structure for a publication in Acta Anaesthesiologica Scandinavica is encouraged, but publication of the research project in a peer reviewed journal is not a requirement.</p> <p>To support this work a research mentor is appointed. The mentor should have competence in research. The mentor is recruited primarily from the Trainees' own or other Scandinavian countries.</p>

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Requirements to training hospitals

A minimum of 4 months of training should be provided in a specialist obstetric centre at a university hospital or equivalent with more than 2.000 deliveries per year. Up to 20 months of training can be provided at a district general hospital with an obstetric service and more than 1.000 deliveries per year. Emergency calls from the obstetric department, during daytime and during duty hours, should be directed to the trainee for educational purposes.

The host clinics should have an educational climate and culture as well as a structure and organisation (including personal supervisor) that can support the trainee in the program.

Exchange programme

The Exchange Programme aims to encourage mobility and internationalism among obstetric anaesthetists for the exchange of information, ideas and knowledge, and for long-term relationship building. It aims to promote the development of new clinical and research links between obstetric anaesthesia sections in Scandinavian and other countries.

The exchange programme may be organized as:

1. A direct exchange between 2 clinics in different countries.
2. A visit to a department in a foreign country.
3. A position (locum) at a department in a foreign country.

A plan for the exchange programme must be prepared in collaboration with the personal educational supervisor.

The clinic hosting the trainee during the exchange period will help solving local problems such as accommodation and temporary certification for the trainee.

Supervisors

During the training programme, participants will have two kinds of mentors:

1. A personal educational supervisor at the host clinic. The role of the supervisor is to support the clinical learning process by appraisal meetings every fourth month.
2. A research mentor will be assigned for the research project.

Assessment strategies

A portfolio will serve as a tool for collecting documentation of the learning process during the programme. The portfolio will include documentation of learning activities in the clinical training, such as personal development plans, case reports, courses attended, teaching responsibilities and logbook with collection of procedures and cases managed that will serve as a documentation for clinical experience. A portfolio reflective summary has to be completed every year.

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Certification

The programme committee will grant participants a diploma on Advanced Obstetric Anaesthesia on the following conditions:

- Completion of the two year clinical training programme including one month exchange programme
- Following monthly (SOAP) video lectures on current topics in obstetric anaesthesia.
- Attendance of four residential courses and passing whatever test included in those
- Approval of portfolio including log book
- Approval of presentation and report of a Research Project,
- An abstract presented at the SSAI congress 2019

Practical information

The training programme will start simultaneously in all Scandinavian countries every second year.

The home department will employ the trainee in an appropriate position during at least 20 months of the training programme.

The home department will cooperate with the steering committee for the programme in organizing an exchange programme with a department in a foreign country. The steering committee refers to the Educational Committee in SSAI.

Salary during the exchange programme may be negotiated by the home department representative and the trainee, thus allowing flexibility regarding costs containment and available resources.

All expenses for this programme (including travelling, accommodation and a fee for each course) are covered by the home department. Other arrangements concerning finances have to be approved by the steering committee.

The total cost for all 4 courses are estimated to about 8.000 Euros, excluding travel and accommodation expenses.

The official language is English.

Organisation

A steering committee consisting of one member from each Scandinavian country will coordinate the programme. A chair person is appointed by the steering committee members and this person is reporting to the Educational Committee in SSAI

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Learning objectives

Learning objectives	Learning methods/Assessment
<i>Medical expertise</i>	
Knowledge of physiology of normal and complicated pregnancy Pre-delivery Delivery Post-delivery	MCQ
To be able to recommend and provide analgesia during labour in a range of situations To be technically proficient in a range of anaesthetic techniques for analgesia and anaesthesia for spontaneous and instrumental delivery To be able to perform preoperative assessment and anaesthesia safely and appropriately for complicated obstetric patients To be able to diagnose and treat complications of regional and general anaesthesia in obstetrics like PDPH Local anaesthetic toxicity Difficult airway To be able to diagnose Spinal haematoma CNS infections Other neurological complications Knowledge of and ability to treat the effects of anaesthesia and analgesia on the neonate	Log book Case discussion Audit Journal club Skill stations Full scale simulation
To be able to manage anaesthetic care for pregnant patients with co-morbidity in collaboration with other specialists Obesity Asthma and other pulmonary diseases Diabetes Hypertension Neurological diseases	Log book Case discussion Courses

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<p>Infections (HIV etc) To have knowledge about anaesthetic care for the pregnant patients with co-morbidity with Maternal malignancies Trauma in pregnancy Renal diseases Cardiac diseases</p> <p>Other risk factors The elderly mother Immigrant status</p>	
<p>To be able to recognise and treat obstetric disorders and emergencies like Pre-eclampsia/Eclampsia/HELLP Hypertension in pregnancy Haemorrhage Thromboembolism</p> <p>To be able to recognise and know how to treat obstetric disorders and emergencies like Amniotic Fluid Embolism</p> <p>To be able to recognise Fatty liver of pregnancy Peripartum cardiomyopathy</p>	<p>Log book</p> <p>Case discussion</p> <p>Simulation based course</p> <p>Journal club</p> <p>Case discussion</p>
<p>Knowledge and understanding of the effects of drugs during pregnancy and during breastfeeding</p>	<p>MCQ</p>
<p>To be able to manage and lead the resuscitation of the neonate</p>	<p>Simulation based course</p> <p>Case discussion</p>
<p>To be able to manage and lead resuscitation of the obstetric patient</p>	<p>Simulation based course</p> <p>Case discussion</p>
<p>Communication</p>	
<p>Ability to communicate effectively to patients and relatives verbally and in written form</p> <p>Understand the need for informed consent including ethical, professional and legal aspects</p> <p>Ability to communicate effectively and confidently in a</p>	<p>Team training course</p> <p>Group discussion</p>

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multidisciplinary team	
<i>Collaborator</i>	
Ability to set priorities, organise others effectively and to delegate appropriately	Team training course
Ability to develop a common understanding of the team environment and apply appropriate task strategies	Group discussion
Ability to collaborate effectively in a multidisciplinary team	
<i>Leadership</i>	
Ability to take leadership in a crisis situation	Team training course
Ability to adjust strategies based on information gathered from the environment	Group discussion
Ability to set priorities and delegate tasks in daily clinical setting	
<i>Organisation</i>	
Knowledge of how to organise anaesthetic obstetric services including obstetrical intensive care medicine	Team training course Journal club
<i>Academic competencies</i>	
The trainee is expected to continuously read and critically evaluate the scientific literature in the field of obstetric anaesthesia.	Journal club Group
To be able to complete a research project (based on for example an investigational project, an audit, case reports or a literature review)	Research project Evaluation of guidelines
To be able to write guidelines/standards	Report of educational activities in portfolio
To be able to run Journal Clubs and organise local meetings comprising the different professions in obstetrical activity	
To act as a competent teacher of obstetric analgesia and anaesthesia	

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<i>Professional</i>	
Commitment to maintain a personal portfolio and professional development	Portfolio
Enhanced knowledge of human factors and crisis resource management skills and attitudes and fully integrate this throughout the organisational culture	Audit
Awareness of the importance of learning from incidents and near missed in improving patient safety culture in the involved departments	Journal club
Improve the working environment for teams associated with the handling of the obstetric patient and the neonate	Reflective case reports
Awareness of ethical, ethnic and religious challenges	Problem-based discussions

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Portfolio

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Personal Details

Name:	
Medical degree:	
National registration number	
Address:	
Telephone:	
e-mail	

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Training Details

Period of training covered by this portfolio	
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Training site 1:	Hospital Period
Training site 2	Hospital Period

Exchange programme (Other department, other country)

Training site 3	Hospital Period
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Personal Development Plan (PDP)

Guidance

Completing a PDP is your chance to set out what you expect to achieve during each placement, and throughout the year. You can use your PDP to refer back to the goals that you set yourself previously, to check your progress against them.

You should develop your PDP with your educational supervisor and it should be updated at regular intervals linked to formal assessment milestones and rotation between hospitals.

The personal development plan has to be used on each 4th month appraisal meeting with your educational supervisor. Specific Objectives: what do you need to learn?

The learning objectives of the SSAI Advanced Obstetric Anaesthesia Training Programme cover the range of core knowledge and skills appropriate to training. Your learning needs will change as you develop through training, and as your experience grows, thus your PDP must be updated every 4th month. Different placements offer different opportunities to gain curriculum competences. As you consider the opportunities available in each placement, you should plan how you intend to make the most of them. In collaboration with your educational supervisors, you can develop your PDP to focus on areas highlighted for improvement.

Developing your PDP

As you are progressing, appraisal, direct assessment and reflective practice will all provide different perspectives on your performance and development. It is important to be aware of what information you are using when setting your learning needs and that you are not missing important feedback that may be available to you.

How will these needs be addressed and when?

- Your PDP should identify what you intend to do during each 4 month period, how you will develop your learning and, most importantly, how and when you will be assessed.
- A key goal of the training program is to demonstrate, through portfolio evidence, a series of assessments that show development and progression towards competence.
- Target setting is a way to ensure progress. Discuss and agree realistic and achievable targets for demonstrating progress with your educational supervisor and record the agreements.

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Personal Development Plan

Name of the trainee:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later Date:_____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

The record of experience - the log book

Trainees should record, in a suitable paper or electronic log book (Daily Training Record), the details of anaesthetics obstetric cases and procedures given by them.

The log book has the following functions:

- It provides trainees with a personal record of all procedural and other training experiences, which are requirements for satisfactory completion of the relevant training program.
- It provides trainees with the basis for completing the Clinical Training Summaries
- The Training Summaries will be used by the Educational Supervisor to monitor the trainee's experience to ensure that it is appropriate.
- The information will also be used by the SSAI educational committee to monitor the experience provided for trainees by the hospital.

Instructions

1. Record training experience on a daily basis
2. Record clinical training experience

All trainees undertaking clinical training are required to record the procedural experiences relevant to their training program. It is mandatory. At the end of each four-month period it will be necessary for you to transfer the information into the log book summary as preparation to the 4th month appraisal meeting with your educational supervisor.

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<p>Procedure (Examples - need further specification)</p>	<ul style="list-style-type: none"> • Procedure performed by surgeon/obstetrician <ul style="list-style-type: none"> ○ Obstetric ○ Non-obstetric • Procedure performed by anaesthetist
<p>Type of anaesthesia</p>	<ul style="list-style-type: none"> • Epidural • Spinal • Spinal & Epidural • General anaesthesia • Combined GA/EDA • Other
<p>Urgency</p>	<ul style="list-style-type: none"> • Routine • Urgent • Emergency
<p>ASA Physical Status Classification System</p>	<ol style="list-style-type: none"> 1) A normal healthy patient 2) A patient with mild systemic disease 3) A patient with severe systemic disease 4) A patient with severe systemic disease that is a constant threat to life 5) A moribund patient who is not expected to survive without the operation 6) A declared brain-dead patient whose organs are being removed for donor purposes
<p>Co-morbidity (Examples)</p>	<ul style="list-style-type: none"> • Obese (BMI 30-40) /Morbidly obese (BMI > 40) • Diabetes • Hypertension • Cardiac • Pulmonary
<p>Complication (Examples)</p>	<ul style="list-style-type: none"> • Eclampsia • Pre-eclampsia • HELLP • Placental abruption • Uterine rupture • Postpartum haemorrhage

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Log book summary

Name:	
Hospital:	

Summary for period

From:	To:
-------	-----

Total number of anaesthetics given in this period:	
Total number of labour epidurals given in this period:	
Total number of spinals given in this period:	

Urgency

	Routine	Urgent	Emergency	Total
Caesarean section				
Non-obstetric surgery during pregnancy				
Postpartum haemorrhage				

ASA Grade

ASA	I	II	III	IV	V
Cases (n)					

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	Non-Obese	Obese BMI 30-40	Morbidly obese BMI > 40	Total
Labour EDA				
Labour Spinal				
Labour CSE				
CS Spinal				
CS de novo EDA				
CS pre-exist EDA				
CS GA				

Procedures	Performed	Observed/Assisted
Neonatal resuscitation		
Neonatal intubation		
Umbilical line		
Fiberoptic awake intubation		

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SSAI obstetric anaesthesia specialist courses

Date	Course	Location	Signed by organizer

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Other courses attended

Course Title:	
Location :	
Date and Duration:	
My educational objective in attending this course:	
Summary of course content:	
What was good about this course:	
What was bad about this course:	
Were your objectives met?	
Did you speak or ask any questions?	

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Research Project

Investigation, audit, case report or literature review

1	Title of Project:	
2	Source of any funding:	
4	Project supervisor:	
5	Date begun:	
6	Date completed:	
7	What question are you seeking to answer?	
8	What is the importance of this project?	
9	Describe your methodology:	

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10	Describe your results:	
11	Presentation of this project	
12	Will you be making any personal presentation of these results?	
13	Evaluate the importance of your results:	
14	How much time have you personally spent on this project?	

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Teaching Responsibilities and Training

Summary of any significant teaching you have undertaken

Topic	Audience	Location	Date

Summary of any meetings organised by you (and colleagues)

Topic	Participants	Location	Date

Portfolio reflective summary

The aim of the portfolio is that it should by the end of the 2 years provide evidence for learning and professional development as a clinician / teacher / researcher etc.

The portfolio reflective summary is a part of the assessment of your professional development during the 2 year programme.

As a part of the two year Advanced Obstetric Anaesthesia Training Programme it is expected to do a portfolio reflective summary after the first year and second year. This is an opportunity to reflect on the development of your portfolio over the last year – what have been learned and how to continue to develop professionally. You will be asked to submit this prior to your Annual Review.

Begin by reviewing what is in your portfolio concentrating on things that have been added in the last year.

Choose three things that have been included into your portfolio of which you are particularly proud and summarise why you are proud of them and how you think they have enhanced your development as a clinician, teacher, researcher or communicator.

Examples of the sorts of things you might want to include are:

- A critical incident or a difficult case and how you learned from it, or a case where things went really well and you felt good about it.
- Plans and copies of AV aids for a successful teaching session. You may feel that you have a teaching session, for example, which demonstrated improved planning and increased confidence in delivery reflected in positive evaluations.
- A summary of a particularly useful course.
- Publications, posters, research report.

Then identify one or two things you would like to have included in your portfolio but haven't managed to achieve. Again, summarise why you think they would enhance your personal/professional development, why you have not managed to achieve them and how you are going to ensure you do achieve them in the next year.

Ask your Educational Supervisor to go through your portfolio with you and help you to identify the strengths as well as the omissions.

This is also an opportunity to move things out of your portfolio to make it more selective.

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Summary:

Three things of which you are particularly proud and why:

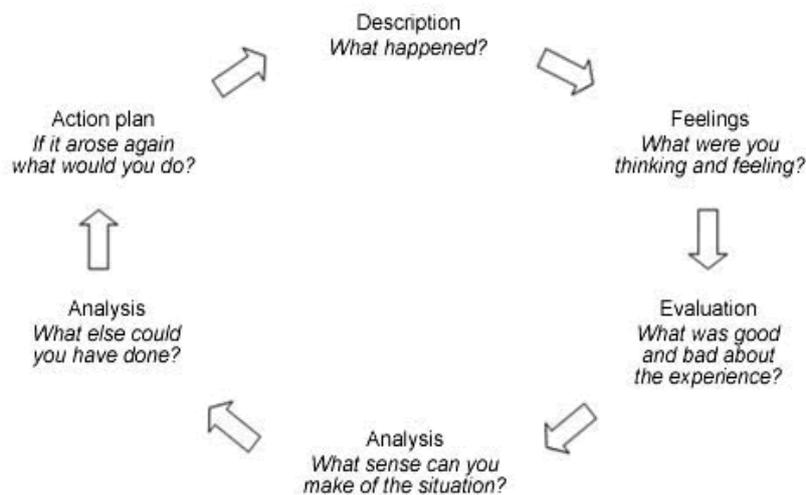
One or two things you wish you had included in your portfolio, why they are not there and how you are going to try and make sure they are there next year:

Reflective Practice

Learning from Experience

Good reflective practice is a core part of any learning program. Being able to identify your challenges & discuss them with your supervisor will help you define future learning opportunities and apply what you're learning in the work environment. Reflective practice will record many of your most challenging or personal experiences. Reflective practice is designed to encourage you to think about your experience in the work place in a structured way, capturing the elements most pertinent to learning and development

Gibbs' (1981) model (below) is a simple representation of the reflective practice process.



There is no set formula or format. However, it might be helpful to organise the record into sections such as:

- What happened?
- What and how did I do?
- Why did I do it?
- What did I learn?
- What does it mean?
- What should I have done differently?
- What do I need to do next time?
- What specific areas do I need to improve or extend?
- Which aspects were successful?
- What do I want to investigate further? and
- How does this relate to previous knowledge and experience and to future learning activities?

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Reflective practice record

Name of trainee:		Date:			
Placement:		From:		To:	

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Links

Obstetric web sites

Journals

1. Obstetric Anesthesia Digest provides timely summaries of the world literature in obstetric anesthesia.
<http://www.obstetricanesthesia.com>
2. International Journal of Obstetric Anesthesia
www.elsevier.com/locate/ijoa
<http://www.sciencedirect.com/science/journal/0959289X>
3. [Anesthesia & Analgesia \(Journal\)](#)
4. [Anesthesiology \(Journal\)](#)
5. Acta Anaesthesiologica Scandinavica
www.blackwell-synergy.com

Societies

1. SOAP - The Society for Obstetric Anesthesia and Perinatology
<http://www.soap.org>
2. The Obstetric Anaesthetists' Association (OAA)
<http://www.oaa-anaes.ac.uk>
3. DASAIM
 - a. Treatment for preeclampsia/eclampsia
<http://www.dasaim.dk/menu-03/pdf-03-01-008.pdf>
 - b. Guidelines for neonatal resuscitation
<http://www.dasaim.dk/menu-03/pdf-03-01-003.pdf>
 - c. Anaesthesia for cesarean section
<http://www.dasaim.dk/menu-03/pdf-03-01-014.pdf>
4. SFAI
 - a. Obstetric anesthesia and intensive care
<http://www.sfai.se/referensgrupper/delfoering-foer-obstetrist-anestesi-och-intensivvard>
 - b. Neuraxial analgesia (spinal and/ or epidural analgesia) and tromboprophylaxis with LMWH
<http://www.sfai.se/dokument/riktlinjer/ryggbedoevning-och-thrombosprofylax-inom-obstetiken-uppdaterat2008>
 - c. Neuraxial analgesia (spinal and/ or epidural analgesia) for vaginal delivery
<http://www.sfai.se/dokument/riktlinjer/ryggbedoevning-vid-foerlossning-uppdaterat2008>

Mothers Information

1. Pain Relief option during childbirth – Brigham and Women's Hospital
<http://www.painfreebirthing.com/>
2. Pain Relief During Labor and Delivery - ASA
<http://www.asahq.org/patientEducation/labordelivery.pdf>
3. INFORMATION FOR PATIENTS ABOUT ANESTHESIA IN OBSTETRICS - Department of Anesthesia at Orillia Soldiers' Memorial Hospital
<http://www.oyston.com/ptinfo/anobs.htm>
4. WomensHealth information
<http://www.womens-health.co.uk/pain.asp>
5. The University of North Carolina School of Medicine. Department of Anesthesiology. Epidural Analgesia for Pain Relief in Labor
<http://www.aims.unc.edu/patients/childbirth/>

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6. Pain Relief in Labour
<http://www.manbit.com/obstetispain/default.htm>
7. The Australian and New Zealand College of Anaesthetists
<http://www.anzca.edu.au/resources/books-and-publications/its-your-labour.html>
8. Childbirth Solutions (con epidural analgesia)
<http://www.childbirthsolutions.com/articles/birth/epidural/index.php>
9. Healing arts - Medical Risks of Epidural Anesthesia During Childbirth (con epidural analgesia)
<http://www.healing-arts.org/mehl-madrona/mme epidural.htm#cesarian>
10. Storknet.com - Pain Management:
[Self-Hypnosis for Childbirth](#) ~ a message board archive
[Hypnosis for Childbirth: What Is It and Does It Work?](#)
[Advantages and Disadvantages of an Epidural](#)
[Weighing the Pros and Cons of the Epidural](#)
[Epidural Anesthesia and Breastfeeding](#)
[Headaches After Spinal or Epidural Anesthesia](#)
[Tattoos and Spinal/Epidural Anesthesia](#)
[Epidural Combined With Other Forms of Pain Management](#)
[Labor Pain Perception](#)
[Epidural Experiences](#)
[Spinal, Epidural, and Combined Spinal Epidural Techniques: A Comparison](#)
[VBAC and Epidurals](#)
[Anesthesia for Planned Cesarean](#)
[Petrified of Being Awake During C-Section](#)
11. Read our [interview with Sanjay Datta, MD](#), one of the top obstetric anesthesiologists in the United States. He answered several questions from StorkNet members.
12. British United Provident Association
http://www.bupa.co.uk/health_information/html/health_news/230205epiduralcaesarean.html
13. University of Virginia - High-Risk Pregnancy
http://www.healthsystem.virginia.edu/uvahealth/peds_hrpregnant/

General information

1. Hypertextbook of Regional Anaesthesia for Obstetrics
<http://www.manbit.com/oa/oaindex.htm>
2. Anesthesiology Info – Obstetrical Anesthesia
<http://anesthesiologyinfo.com/artob.php>
3. Labor and Delivery
<http://anesthesiologyinfo.com/artlabor.php>
4. Update in Anaesthesia
http://www.nda.ox.ac.uk/wfsa/html/pages/up_issu.htm
5. World Anaesthesia Society
http://worldanaesthesia.org/index.php?option=com_docman&task=cat_view&gid=37&Itemid=26
6. The Virtual Anaesthesia Textbook - Obstetrics and Pregnancy
<http://www.virtual-anaesthesia-textbook.com/vat/obvat.htm>
7. University of Basel, Swiss Anaesthesia Server –
[Obstetric Anesthesia Resident's Handbook](#)
<http://www.medana.unibas.ch/eng/amnesix1/obstmmain.htm>
8. OYSTON ASSOCIATES
<http://www.oyston.com/anaes/>

Guidelines and Standards

1. The Royal Women's Hospital has developed Clinical Practice Guidelines related to pregnancy conditions and associated issues.
<http://www.thewomens.org.au/MaternityClinicalPracticeGuidelines>

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- American Society of Anesthesiologists Optimal Goals for Anesthesia Care in Obstetrics
<http://www.asahq.org/publicationsAndServices/standards/24.html>
- Practice Guidelines for Obstetric Anesthesia: An Updated Report by the American Society of Anesthesiologists Task Force on Obstetric Anesthesia
<http://www.anesthesiology.org/pt/re/anes/fulltext.00000542-200704000-00027.htm;jsessionid=HNHBLsTGw1JTCsqfL8n9hv6LXbKnftnSkJqKXG65GHTy7d9yvfdv!1253064403!181195628!8091!-1>
- Guidelines for Regional Anesthesia in Obstetrics – ASA
<http://www.asahq.org/publicationsAndServices/standards/11.html>
- PRACTICE GUIDELINES FOR OBSTETRIC ANESTHESIA - ASA
<http://www.asahq.org/publicationsAndServices/OBguide.pdf>
- OAA / AAGBI Guidelines for Obstetric Anaesthetic Services - Revised Edition 2005
<http://www.aagbi.org/publications/guidelines/docs/obstetric05.pdf>
- Process and pitfalls in the development of practice guidelines for obstetric anesthesia
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WGV-45F4P7F-1R&_user=5920652&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000068865&_version=1&_urlVersion=0&_userid=5920652&md5=496389767b999dcaa2250ad8cb7c4ee8
- DEPARTMENT OF OBSTETRIC ANAESTHESIA - ROYAL FREE HOSPITAL LONDON - 2006 LABOUR WARD GUIDELINES
<http://www.schoolofanaesthesia.co.uk/downloads/Obstetric%20Anaesthesia%20RFH%20Guidelines%20-%20Revised%202006.doc>
- GUIDELINES FOR REGIONAL ANESTHESIA IN OBSTETRICS – Bern
<http://www.medana.unibas.ch/eng/educ/standard.htm#anchor51789186>
- Righospitalet Cph
<http://www.rh-vejledninger.dk/C1256FF60028FE3A/DoSearch?OpenForm&q=&cen=Juliane%20Marie%20Centret&clin=Obstetrisk%20Klinik>
- Royal College of Obstetricians and Gynaecologists - Green top guidelines
<http://www.rcog.org.uk/index.asp?PageID=1042>
- Geneva Foundation for Medical Education and Research
http://www.gfmer.ch/Guidelines/Labor_delivery_postpartum/Obstetrical_analgesia_and_anesthesia.htm
- Epidural Analgesia in Delivery by V. Lanza, Italy.
<http://anestit.unipa.it/osting.htm>
- <http://www.perinatology.com/exposures/druglist.htm>
- <http://www-e.lactancia.org/ingles/inicio.asp>
- National Institute for Health and Clinical Excellence
<http://nice.org.uk/guidance/index.jsp>

Problems

- FAQ for "Ask SOAP a Question"
<http://www.soap.org/FAQ.htm>

Low back pain after delivery

- <http://www.anesthesia-analgesia.org/cgi/reprint/85/5/1066>
- <http://bj.oxfordjournals.org/cgi/reprint/89/3/466>
- <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=117883&blobtype=pdf>

Dural Puncture

- http://www.cja-jca.org/cgi/reprint/52/suppl_1/R12
- http://www.cumc.columbia.edu/news/review/archives/medrev_v1n1_0010.html

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3. Headache after an epidural or spinal anaesthetic - Royal College of Anaesthetists
<http://www.rcoa.ac.uk/docs/hesa.pdf>

Heart diseases

1. Management of Specific Heart Diseases in Obstetrics
<http://www.manbit.com/oa/c111.htm>
2. The Global Textbook of Anesthesiology
3. <http://anestit.unipa.it/gta/> *requires registration*; articles on Heart Disease in Pregnancy ([part 1](#), [part 2](#)), [Pre-Eclampsia](#)

Historical development of obstetrical anaesthesia

1. <http://www.general-anaesthesia.com/obstetric-anaesthesia.html>
2. Clinical Collections - Obstetrical Anesthesia
<http://www.obgyn.net/medical.asp?page=/english/ob/anesthesia>
3. Obstetric Anesthesia: The 1982 American College of Obstetricians and Gynecologists Standards and the Role of Robert E. Johnstone, M.D.
<http://www.anesthesiology.org/pt/re/anes/pdfhandler.00000542-200605000-00029.pdf;jsessionid=HNqQ2wVhy1Lfm8FLGdJ6nftqLSw4ZB2qrWRBXDyJ4QZTtb2CQcgM!1253064403!181195628!8091!-1>
4. A J Wright's [Early Obstetric Anesthesia](#) description and [bibliography of the history of Obstetric Anesthesia](#). Other historical notes: [University of Pennsylvania OB/GYN historical notes](#)

SOAP's Guide To Anesthesia Internet Resources

- [The American College of Obstetricians and Gynecologists](#)
- [American Pregnancy Association](#)
- [American Society of Anesthesiologists](#)
- [American Society of Regional Anesthesia and Pain Medicine](#)
- [Anesthesia & Analgesia \(Journal\)](#)
- [Anesthesiology \(Journal\)](#)
- [Anesthesia Patient Safety Foundation](#)
- [Association of Women's Health, Obstetric & Neonatal Nurses](#)
- [California Society of Anesthesiologists](#)
- [Canadian Association of Anesthesiologists](#)
- [Confidential Enquiries into Maternal Deaths](#)
- [Employment Opportunities - GasNet](#)
- [Foundation for Anesthesia Education and Research](#)
- [Hospital & University Links](#)
- [International Anesthesia Research Society](#)
- [International Journal of Obstetric Anesthesia](#)
- [International Society of Obstetric Medicine](#)
- [Kybele](#)
- [MedLine](#)
- [Medscape](#)
- [North American Society of Obstetric Medicine](#)
- [Obstetric Anaesthetist's Association\(UK\)](#)
- [Obstetric Anesthesia Digest](#)
- [Pain Relief for Labor: A Patient's Guide](#)
- [Society for Maternal-Fetal Medicine](#)
- [The Wood Library Museum](#)
- [World Anaesthesia Society](#)

Glossary

Appraisal	A process to provide feedback on doctors' performance, chart their continuing professional development, and identify their developmental needs.
Appraisee	The doctor undergoing appraisal
Appraiser	A doctor who possess the skills and has undergone appropriate training to carry out appraisal.
Assessment	A formal process which examines performance. A variety of assessment methods will be used to cover all of the areas of Good Medical Practice and will include for example: examinations, structured observation, simulation, 360-degree peer feedback, patient surveys etc.
Home department	The clinic economically responsible for the trainee.
Host department	The department hosting the trainee during a training period.
Log book	A record of daily clinical training, listing details of anaesthetics, obstetric cases and procedures given by the trainees. As a document, the logbook is a part of the portfolio
Mentor	A counselor or teacher, usually a more experienced person. Mentors provide their expertise to less experienced individuals in order to help them advance their careers, enhance their education, and build their networks.
PDP	Personal Development Plan
Portfolio	A portfolio is a collection of evidence of learning, including a number of "documents" (a "document" may consist of papers, logbook, video, audiotape overheads etc.). The portfolio demonstrates the continued acquisition of knowledge, skills, attitudes, understanding and achievements.