

Obstetric Anaesthesia Datasets Resource document

Purpose of this document

- To provide guidance to anaesthetic departments who are establishing or updating quality assurance data collection on Obstetric Anaesthesia practices in Australia and New Zealand.
- To provide a set of data-points and definitions that institutions may elect to use in their data collection on Obstetric Anaesthesia practice.

Aim

- The overarching goal is to ensure quality obstetric anaesthetic care is delivered to all women across Australia and New Zealand. This document will facilitate the collection of consistent quality assurance data using consistent definitions, to enable current and future benchmarking of obstetric anaesthetic practice across different jurisdictions.

Introduction

Anaesthetists provide pain relief and anaesthesia to women in the antenatal period, post-natal period and during labour and delivery. While individual institutions frequently audit their own practice, there is currently no detailed audit of obstetric anaesthetic practice in Australia and New Zealand. Audit targets are frequently adopted from United Kingdom resources¹ simply due to the lack of Australian data.

Obstetric anaesthesia is provided in Australia and New Zealand by specialist, trainee and GP anaesthetists in different practice contexts. These contexts range from small regional hospitals performing caesarean sections and labour epidurals, to large tertiary centers with sub-specialty obstetric anaesthetists providing anaesthetic care. These different practice contexts vary in terms of their service provision requirements and teaching responsibilities, both of which may influence clinical practice and the incidence of some complications. While many organizations collect data on maternity services and outcomes,²⁻⁴ the anaesthetic outcome measures collected are so blunt (e.g. rate of general anaesthesia), that it cannot be used to evaluate anaesthetic practice or measure anaesthetic complication rates in such a way that quality improvement can occur.

In the first instance the Obstetric SIG is looking to provide institutions with a consistent method to collect data so that in the future any audit established and / or introduced will facilitate benchmarking and the sharing of information.

Datasets

There are two datasets to access: one on labour analgesia and one on obstetric anaesthesia. The datasets are designed to be comprehensive but not exhaustive. A dictionary of definitions is provided. Institutions may elect to apply the definitions only, part of the datasets, or the full dataset. Some individual data-points may not apply to all institutions.

If your department chooses to use this dataset and is interested in collaborative quality assurance with other institutions, please notify the Obstetric Anaesthesia [SIG Coordinator](#).

Future directions

By creating a network of institutions collecting standard data on Obstetric Anaesthetic practice, the Obstetric Anaesthesia SIG aims to encourage quality assurance at not only at individual institutions, but also between institutions across Australia and New Zealand.

Looking to the future, enabling and collecting consistent data should create reliable audit targets that can then be identified and used relevant to the Australian and New Zealand experience and allow for quality benchmarking.

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References

1. Raising the standard: A compendium of audit receipts. 3rd ed. United Kingdom: Royal College of Anaesthetists, 2012: 220-221.
2. Li Z, Zeki R, Hilder L, Sullivan EA. Australia's mothers and babies 2011. AIHW National Perinatal Epidemiology and Statistics Unit, Canberra 2013.
3. Perinatal Data Collection 2009-2013. Queensland, Australia: Statistical Reporting and Coordination, Health Statistics Branch, Department of Health 2015.
4. Sullivan EA, Dickinson JE, Vaughan GA, et al. Maternal super-obesity and perinatal outcomes in Australia: a national population-based cohort study. BMC Pregnancy Childbirth 2015; 15: 1.