Fellowship in Obstetric Anaesthesia

**Hospital:**  
Rotunda Hospital  
Parnell square  
Dublin 1  
Republic of Ireland

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**Duration:** usually 12 months but sometimes negotiable

**Grade:** Post fellowship SAT (Specialist Anaesthesia Training) 5/6 or equivalent

**General:**

The fellow in obstetric anaesthesia will gain clinical experience in a variety of clinical scenarios affecting the care of pregnant and peripartum women. It is the expectation that the fellow will have a significantly different and essential trainee experience functioning in the role appropriate to teacher/supervisor of a junior trainee. The goal of having subspecialty fellows teach and supervise core trainees while also caring for patients is to prepare the subspecialty fellows to become supervisors and teachers as obstetric anaesthetists. The post holder will function in terms of responsibility and call duties alongside the senior registrar anaesthetist. The post of fellow is appropriate for anaesthetists seeking a 12 month special interest year post-fellowship exam.

**Clinical experience**

A minimum of 10 months operating room and labour and delivery clinical activity is offered. A two month module in another related discipline (eg Intensive Care Medicine, ) may be sought if desired at the Mater Misericordiae Hospital.
The fellow should provide anaesthetic management for high risk parturients. High risk parturients include, but are not limited to women with preeclampsia, morbid obesity, cardiac, pulmonary, renal, endocrine or neurologic disease; multiple gestations or abnormal foetal presentation; molar pregnancies, obstetric haemorrhage, pre-term labour and/or delivery, substance abuse, maternal thrombophilias and coagulopathies. The fellow should participate in the management of high-risk patients who also require advanced airway management and invasive monitoring.

The fellow must personally provide anesthesia for procedures involving pregnant women to include the following:

- Anaesthesia for Vaginal Delivery with a maternal co-morbidity
- Anaesthesia for Vaginal Delivery with a high risk obstetric/fetal condition
- Anaesthesia for Caesarean Delivery with a maternal co-morbidity
- Anaesthesia for Caesarean Delivery with a high risk obstetric/fetal condition
- Anaesthesia during pregnancy – other than caesarean delivery
- General Anaesthesia for Caesarean Delivery

Experience in utilization of advanced techniques including ultrasound for neuraxial anaesthesia will be available.

The Rotunda is the national centre for cardiac disease in pregnancy and we operate a long-standing multidisciplinary clinic for these patients for which our fellow takes an active part.

Trans thoracic echocardiography (TTE) is utilized in these and other patients and our fellow has the opportunity to learn the essentials of TTE in pregnancy.

Additional clinical experience within the full one-year fellowship will include consultation and management for pregnant patients requiring pre-anaesthesia assessment. We operate a cardiac pre assessment clinic as well as a separate general pre anaesthesia assessment clinic.

The Fellow will attend at least one of the two pre-anaesthesia clinic sessions held weekly.

The fellow will conduct or at minimum be substantially involved in a scholarly project during the course of the fellowship.

It is expected that the fellow present at national and international meetings and achieve at least one first name publication in a peer-reviewed journal.

The fellow will have a faculty mentor for the project with evidence of support and guidance from that mentor. The time for scholarly pursuits can be designated in blocks or can run through the entire continuum of training at an equivalent to one day per week.

**Didactic Curriculum**

The didactic curriculum will be provided through lectures (3/week), conferences, facilitated self learning and workshops and should supplement clinical experience necessary for the fellow to acquire the knowledge to care for obstetric patients. The didactic components will focus on the following areas with specific emphasis on the anaesthetic implications of the altered maternal physiologic state, the impact of interventions on the foetus, and the
care of the high-risk pregnant patient. It is expected that the obstetric anesthesiology fellow will acquire knowledge that is significantly broader and deeper than that expected of a junior trainee.

Obstetric anaesthesia subspecialty conferences, including lectures, interactive conferences, hands-on workshops, morbidity and mortality conferences, obstetric case review conferences, and journal reviews will be regularly attended. Active participation of the obstetric anaesthesia fellow in the planning and production of these conferences is essential. Attendance by subspecialty fellows at multidisciplinary conferences, especially local maternal-foetal medicine and neonatology relevant to obstetric anaesthesia, is encouraged (2 meetings/week).