

Annual Review

For the period to
30 September 2022



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About the Obstetric Anaesthetists' Association (OAA)

The OAA is a specialist membership organisation providing an authoritative voice on safety in maternity services through leadership, education, information and guidance.

Our core activities



Educating
We hold a number of meetings and courses throughout the year for anaesthetists and other health professionals. OAA members enjoy discounted rates and are granted online access to lectures, podcasts and reports.



Best practice
We share guidance on best practice and conduct surveys with our members to better understand how obstetric anaesthesia is delivered.



Grant giving
We provide grants to members to encourage research into practice and care that will inform and improve future practice.



Patient information
We run and fund a public information website [LabourPains.org](#) on obstetric anaesthetic practice, including looking at the pain relief options for labour. Our information is freely available in over 30 languages.



Benchmarking
We support our members to measure and compare the quality of care provided in their hospitals so it can be better understood how care can be improved locally and nationally.



Global expertise
We provide a voice for obstetric anaesthetists by representing our speciality nationally and internationally, engaging with other healthcare organisations and governmental agencies.

Welcome from our new President

Welcome to the OAA's first Annual Review. Over the last 12 months, the OAA has worked hard to better support our members by promoting the highest standards of anaesthetic care for women and people who give birth and their babies.

Over the past year, a considerable focus has been on our digital activities, including developing our new membership website and the public information website [LabourPains.org](https://labourpains.org). At the start of the project some three years ago, we recognised the need to change how we manage our relationships with members and stakeholders to ensure we can effectively meet our strategic objectives to support, connect, inspire and advocate for our members. The launch of the new website has brought to fruition our vision for a comprehensive, cost-effective, integrated system that will help the OAA and its members across all areas of activity.

Maternity services in the UK are under tremendous pressure. As highlighted by the recently published Activity Survey of the 7th National Audit Project (NAP7), obstetric anaesthesia faces unique challenges compared to other areas of anaesthetic practice. Advocating for obstetric anaesthesia is an essential aspect of OAA activity. The OAA continues to provide

professional guidance and leadership nationally and internationally on obstetric anaesthesia and general maternity care issues. Over the last 18 months, OAA Executive Committee members have contributed to the Provision of Obstetric Anaesthetic Services published by the Royal College of Anaesthetists, submitted written evidence to the Health and Social Care Committee's inquiry into the progress the Government has made against its commitments in maternity services in England, and contributed to international multi-organisation guidelines on postdural puncture headache.

Anaesthetists are crucial members of the maternity unit team, but the effective contribution of obstetric anaesthetists to safety in maternity units depends on how anaesthesia services are organised and resourced. Earlier this year, we published the results of a national survey of obstetric anaesthetic care in UK maternity units undertaken in response to the Ockenden Report.

The pandemic has thrown into sharp relief the existence of significant inequalities in the provision, experience and outcomes of maternity care. This is a stark reminder of the need to ensure work is focused on the areas that will make the most difference to pregnant women, pregnant people, and their babies and families. Previous OAA projects have demonstrated significant variation in how obstetric anaesthesia is provided to individual patients. Minimising unwarranted variation is essential to quality improvement, and evidenced-based guidance can contribute. Last year, the OAA guideline on 'Prevention and management of intra-operative pain during

caesarean section under neuraxial anaesthesia' was published. A significant aspiration is to develop further obstetric anaesthetic-specific guidelines.

All of the work of the OAA is only possible with the commitment of the OAA Executive members, the secretariat staff at the Association of Anaesthetists and the engagement of our members.

To you all,
I offer my heartfelt thanks.

Nuala Lucas
OAA President



Trustees and Executive Committee members

at 30 September 2022

President

Dr C Elton

Honorary Secretary

Dr S Armstrong (appointed 28 May 2022)

Honorary Treasurer

Dr J Bamber

President-Elect

Dr N Lucas (appointed 28 May 2022)

Trustees

Dr J Campbell

Dr R Collis

Dr G Crossingham (appointed 28 May 2022)

Dr S Griffiths

Dr D Hughes

Dr K MacLennan (reappointed 28 May 2022)

Dr Y Metodiev (appointed 28 May 2022)

Dr R Russell

Dr K Stoddard

Dr M Van de Velde

Dr A Wilkinson (appointed 28 May 2022)

Committee members (non-voting)

LabourPains Subcommittee Chair

Dr K Litchfield

Royal College of Anaesthetists (RCoA) representatives

Dr F Plaat

Dr E Fawcett (co-opted 28 May 2022)

Bankers

National Westminster Bank plc

149 Church Street, Barnes, London SW13 9HS

Scottish Widows

15 Dalkeith Road, Edinburgh EH16 5BU

Auditors

Moore (South) LLP

Priory House, Pilgrims Court,
Sydenham Road, Guildford, Surrey GU1 3RX

Investment Managers

Charles Stanley & Co. Limited

55 Bishopgate, London EC2N 3AS

Obstetric Anaesthesia Annual Scientific Meeting 2022

We were delighted to welcome members to our first in-person ASM in three years following the Covid pandemic. The two-day conference was held from 5-6 May 2022 at the impressive and recently opened International Convention Centre Wales in Newport (Casnewydd).

OAA members, trainees, retired members, medical students and non-members joined together for a range of lectures, panel discussions, poster presentations and prize giving.

It was an invigorating two days of discussion, learning and debate, covering topics including: updates on labour analgesia and caesarean section anaesthesia; big data and obstetric anaesthesia; converting epidural analgesia for caesarean delivery; what obstetric anaesthesia can learn from bariatric anaesthesia; coagulopathy of postpartum haemorrhage (PPH); improving fetal outcomes; and the environmental impact in labour analgesia.

A highlight of the first day was a talk with Ms Donna Ockenden, who led the review into the Shrewsbury and Telford Hospital NHS Trust and whose findings were published in The Ockenden Report. On the second day, Executive Committee Member Dr Robin Russell delivered an outstanding Bruce Scott Lecture. Combining his interests in obstetric anaesthesia and football with a title of '30 years of hurt', he spoke eloquently about his career in obstetric anaesthesia, sharing

“ I wasn’t planning to come as I was not sure I felt ready for a face-to-face meeting, but I’m so glad I did. It made me realise how much more you take away from a proper meeting compared to endless hours on Zoom. ”

his thoughts on our speciality with grace and good humour. Dr Katie Cornthwaite also led an engaging session on the pick of the case reports.

In total, there were 200 ePosters, which were available to view on screens in the lecture hall throughout the conference, and 10 Felicity Reynolds Prize presentations. Poster awards were presented during the prizegiving session.

Feedback from delegates was overwhelmingly positive with the majority of people very happy to have the opportunity to meet in person again. Thank you to everyone who attended, all the staff at the ICC Wales and our Welsh colleagues for combining to make a fabulous event. Members can catch up on all the lectures and presentations on the [OAA website](#).



“ Very useful scientific conference, a good update, well organised and well presented. Thank you. ”

ASM 2022 in numbers



460
delegates and speakers from 15 countries



15
exhibition stands



10
Felicity Reynolds Prize presentations



200
ePosters



Updates from our Subcommittees

The OAA provides leadership in quality improvement of obstetric anaesthetic care through the work of its subcommittees: Research and Grants, LabourPains, Education, Guidelines, Quality and Outcomes, Surveys, and Communications.

Research and Grants Subcommittee

The OAA continues to promote research and education through funding grants and bursaries. The OAA also funds numerous education and travel bursaries including bursaries for medical student elective studies.

OAA Grant Awards 2021-2022

Award Date	Grant Type	Name of Person/Hospital	Amount
29/10/2021	Small Research Grant	St Thomas' Hospital	£5,000
03/02/2021	Travel Bursary	Dr Graham White	£750
20/03/2022	ASM Bursary	Dr Ramesh Bhattaria	£1,300
20/03/2022	ASM Bursary	Dr Baghu Dev Parajuli	£1,300
14/04/2022	Medical Student Bursary	Grace Williams	£750
19/04/2022	Travel Bursary	Dr Liana Zucco	£750
20/07/2022	Small Research Grant	Guy's and St Thomas's Hospital	£4,315
17/08/2022	Travel Bursary	Dr Arani Pillai	£692
*Note: An awardee of an ASM Bursary did not attend the ASM therefore £1,300 was written back into OAA accounts. The total net outlay on grant expenditure for the 2021-22 year was therefore £13,557.			TOTAL
			£14,857*

Recent publications of OAA funded projects

- > **Effects of Maternal Abdominal Surgery on Fetal Brain Development in the Rabbit Model.**
Bleeser T, Van Der Veeken L, Devroe S, et al. *Fetal Diagn Ther* 2021 | **48**: 189-200.
- > **Incidence of accidental awareness during general anaesthesia in obstetrics: a multicentre, prospective cohort study.**
Odor PM, Bampoe S, Lucas DN, et al. *Anaesthesia* 2021 | **76**: 759-76.
- > **Association of Epidural Analgesia in Women in Labor With Neonatal and Childhood Outcomes in a Population Cohort.**
Kearns RJ, Shaw M, Gromski PS, Iliodromiti S, Lawlor DA, Nelson SM. *JAMA Net Open* 2021 | **4**: e2131683.

- > **Neonatal and early childhood outcomes following maternal anaesthesia for caesarean section: a population-based cohort study.**
Kearns RJ, Shaw M, Gromski PS, et al. *Reg Anaes Pain Med* 2021 | **46**: 482-9.

- > **Severe maternal morbidity in Scotland.**
Masterson JA, Adamestam I, Beatty M, et al. *Anaesthesia* 2022 | **77**: 971-80.

Support for low and middle income countries

The OAA is actively exploring avenues to contribute to obstetric anaesthesia development and education in low and middle-income countries. The committee is reviewing potential projects which will be suitable for support and align with OAA values and goals, such as the Zambia Anaesthesia Development Partnership (ZADP).



LabourPains Subcommittee

The LabourPains Subcommittee leads on communications with the general public. It is a key aspect of the OAA's work for public benefit – to provide credible and accessible information to parents on matters pertaining to the provision of anaesthesia and analgesia at the time of childbirth.

This information for parents is provided on the website [LabourPains.org](https://labourpains.org). Translations of the various information leaflets are now available in over 30 different languages. This work continues to be supported by the non-profit organisation, CLEAR Global, formerly known as Translators Without Borders.

A new website has been developed for [LabourPains.org](https://labourpains.org) and work is being carried out to improve the information currently available. This includes new information on 'recovering after spinal or epidural' and 'labour analgesia and the environment'. There is also ongoing work on producing videos and information on the use of 'remifentanyl patient-controlled analgesia in labour'.

LabourPains
LabourPains.org

Education Subcommittee

Following the pandemic, the OAA resumed face-to-face meetings with a successful Annual Scientific Meeting in Newport in May 2022 (see page 6). The OAA has also linked up with other professional societies to provide joint educational meetings on topics of mutual interest, emphasising the importance of multidisciplinary care and team working. Examples of these meetings include a joint meeting with the MacDonald Obstetric Medicine Society in March 2022, and a joint meeting with the Neuro Anaesthesia and Critical Care Society (NACCS) was arranged in October 2022. These multidisciplinary meetings have been well attended and appreciated by our members.

Further educational content has been added to the OAA website Learning Zone, a professional development resource for OAA members.

The OAA continues to explore how to develop our delivery of high quality continuing professional development to meet the needs of our members. The improved web access through the My OAA portal to video recordings of past events over the most recent five years is just one example of this work.

Guidelines Subcommittee

The recent focus of the Guidelines Subcommittee has been planning content for the Guidelines section of the new website and to re-appraise how the subcommittee can better support the needs of the membership. The new direction of travel for the subcommittee is to move from the previous curatorial role of inviting and publishing selected local hospital guidelines submitted by our members to one of developing national guidelines of good practice in obstetric anaesthesia where none exist and there is a need. This is a very exciting development for the subcommittee and for the OAA, and follows on from previous OAA-supported work on national guideline publications such as '[Treatment of obstetric post-dural puncture headache](#)' and the '[Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia](#)'.



Quality and Outcomes Subcommittee

The Quality and Outcomes Subcommittee has highlighted to the Royal College of Anaesthetists the deficit of routinely collected data on anaesthetic care which hinders quality improvement. A letter on this topic written by members of the subcommittee has been published in a peer reviewed journal, *Anaesthesia*, in May 2022.

[See journal here](#) >

The OAA undertook a national survey of obstetric anaesthetic care in UK maternity units in 2021, now published in a peer review journal (IJOA) and funded by the OAA to be open access. This survey may help members with benchmarking with peer hospitals and with national standards to improve care. The survey may also provide useful information to other healthcare professionals, healthcare organisations and national bodies.

[View survey results](#) >

Survey Subcommittee

For many years, the OAA has provided a peer review system by which members can submit approved surveys to other members on subjects relevant to obstetric anaesthesia. The results of these surveys can provide a valuable source of information to assist with quality improvement of care.

The OAA survey system is currently under redevelopment to make it easier to use so to improve membership response rates and the utility of the survey system for informing patient care and delivery. This is due to go live by the end of 2023.

Communications Subcommittee

A core focus of the Communication Subcommittee has been to oversee the redevelopment of the website to make it easier for users to navigate and for members to access information, as well as implementing a new modern membership database system.

Working with the creative agency **Adept** and software developers **Praxiis**, we have developed a completely new website, which includes a password-protected members' area. Here, members can renew their membership, book events, access guidelines, learning materials and read the newly relaunched PencilPoint blog. The website relaunch will coincide with a targeted social media and email campaign to promote it to existing and prospective members.

Other work has included integrating our new branding with our social media outlets and improving our communication and interaction with our membership.

OAA outreach in 2021/22

Outreach work of the OAA includes the establishment of a liaison group to which representative members of regional societies in obstetric anaesthesia were invited to

participate. The OAA Regional Societies Liaison Group is now established with ongoing plans to develop the relationship and networking between the various organisations to support the delivery of best practice in obstetric anaesthesia nationally.

The OAA continues to contribute to several projects of national public health interest: there is OAA representation on the steering committees of the UK Obstetric Surveillance System, the RCOG 'Each Baby Counts' project and 'Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK' (MBRRACE-UK). We continue to be consulted by professional and governmental bodies, OAA members and the general public.

The OAA continues to provide professional guidance and leadership nationally and internationally on issues concerning obstetric anaesthesia specifically, and maternity care in general. An example of this includes contributions from OAA Executive Committee members to the 'Provision of Anaesthetic Services for an Obstetric Population' chapter in Guidelines for the Provision of Anaesthetic Services, published by the Royal College of Anaesthetists.

The OAA has also assisted MBRRACE-UK to recruit national anaesthesia assessors for the Confidential Enquiry into Maternal Deaths.



Report of the Executive Committee

The Executive Committee who are the Directors of the Charitable Company (and Trustees under the Charities Act 2011) present a summarised report along with a financial review of the Charity for the period ended 30 September 2022. The full Trustees' Report and Financial Statements can be viewed on the OAA website.

Governing document

The Obstetric Anaesthetists' Association (OAA) was formerly an unincorporated association formed under a constitution adopted on 26 March 1976, as amended on 23 April 1999, and registered as a Charity under number 272190.

On 18 August 2005, a company limited by guarantee was incorporated and granted charitable status on 20 September 2005 (Registered number 1111382). On 1 October 2005 the assets and activities were transferred from the unincorporated association to the new company.

The Memorandum and Articles of the OAA were updated in June 2009 to take account of the Companies Act 2006.

The Memorandum and Articles of the OAA were reviewed and subsequently updated in June 2021 to ensure compliance with existing legislation. This process was advised and facilitated by BDB Pitmans LLP.

Aims and objectives

To promote the highest standard of management and care for the mothers and babies through practice, education and training in obstetric anaesthesia or research in obstetric anaesthesia.

Trustees and co-opted Executive Committee members

Details of Trustees who have served during the year and since the year-end are set out on page 5.

In May 2022, Dr N Lucas was elected as President-Elect (term as President commenced May 2023) and Dr S Armstrong was elected as Honorary Secretary (term commenced May 2022). Dr G Crossingham and Dr Y Metodiev were elected as Trustees, and Dr K MacLennan re-elected as a Trustee, on 28 May 2022. Dr E Fawcett was co-opted

to the Executive Committee as a non-Trustee and Staff and Associate Specialist Grade representative on 28 May 2022.

In October 2021, Dr E Evans resigned as a Trustee and Honorary Secretary. Dr Zin and Ms S Stanford resigned as co-opted non-Trustee members in May 2022.

Membership

The OAA currently has five classes of members:

1. Ordinary Members

Who must be a medical practitioner practising in the UK or overseas.

2. Associate Members

These are individuals who are not medical practitioners but are interested in the objects of the OAA and are admitted by the Executive Committee at its discretion.

3. Honorary Members

These are individuals elected by ordinary members at the Annual General Meeting having first been nominated by a resolution of the Executive Committee.

4. Retired Members

Ordinary members may become retired members.

5. Foreign Associate Members

These are medical practitioners practicing in a reduced fee country as designated by the OAA. This is a new category of membership added to the Regulations of the OAA on 14 March 2019.

All members are entitled to attend and speak at general meetings, but only ordinary members can vote.

Financial review

Below is a summary of our expenditure and income financial review for 2021/2022. These graphics show the percentage breakdown of our total income and expenditure. Capital expenditure on the redevelopment of the OAA websites and digital systems has not been included in these graphics.

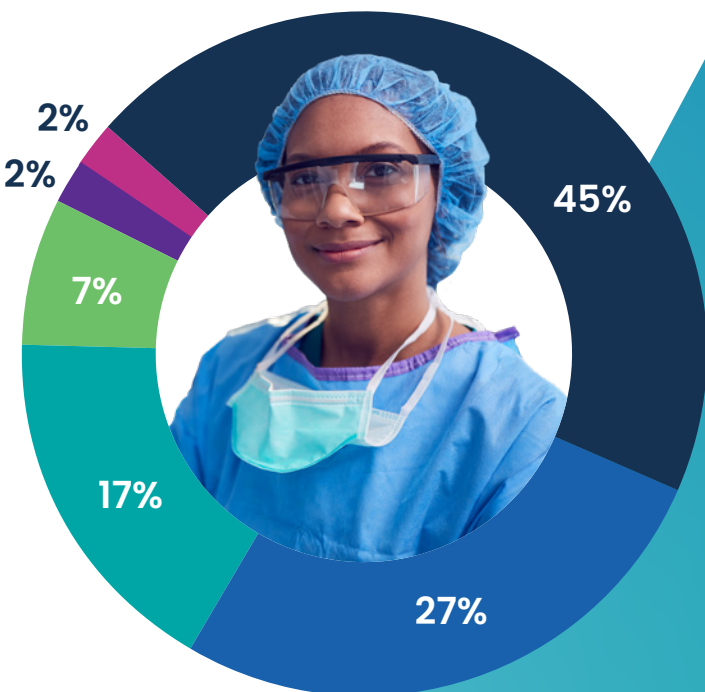


Our Income £724,154

- Events
- Subscriptions
- IJOA royalties
- Investments

Our Expenditure £560,375

- Event costs
- Admin
- IJOA subscriptions
- IT
- Grants
- Governance



These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the OAA. The full statutory Trustees' Report submitted to the Charities Commission and Companies House with financial statements and auditors' report are available on our website.



Investment policy

The OAA investment portfolio is managed on a 'medium-low' risk basis for long-term growth without investing in companies whose prime area of business is tobacco, gambling or armaments. The total value of investments increased by 4.7% in 2019, 4.6% in 2020 but only 2.4% for 2021. For the year ended 30 September 2022 the investment portfolio lost 10% (£118,760) of its net value. The investments are actively managed by investment brokers Charles Stanley.

Reserves policy

The OAA maintains unrestricted reserves sufficient to service current expenditure and investment to support the work and the development of OAA and to meet its research grant obligations for 3–5 years assuming no surplus income to replace reserves expenditure. This is in the range of £1.5 million to £1.9 million. This is on the basis that future surplus income from courses cannot be assumed, and the current number of members and subscription income is not guaranteed. This reserves policy will be kept under review, particularly if the organisation's income improves in the future. The OAA commits to support several grants. The potential total liability for grant awards is £177,500 per annum although the actual expenditure is dependent on the number and quality of grant applications which cannot

be predicted. The grant award policy is kept under regular review to ensure that OAA funds allocated towards research and grants are utilised for maximum benefit to improving patient care. Since 2017–2018, the unrestricted funds have been used to meet commitments to grant awards and administrative costs. These funds have also allowed the OAA to invest in the upgrade and redesign of its digital platform so that it is fit for purpose in the future and will allow the OAA to continue to function effectively. The capital digital transformation costs are estimated (June 2023) to be £370,419 on completion. The unrestricted funds have helped the cash flow to support expenditure on the digital transformation.

The OAA has also devoted funds to support professional education of obstetric anaesthetists in other countries as a contribution to improving maternal health and care worldwide. In addition, the OAA has allocated funds to quality improvement projects including partnerships with other national organisations such as the National Perinatal Epidemiology Unit.

Risk management

The Executive Committee regularly reviews organisational risks and systems with advice and support from the secretariat supplied by the Association of Anaesthetists. An example of this process is that, in 2019, the OAA commissioned the consulting firm Adapta to examine the organisation's risks and systems with regards to General Data Protection Regulation (GDPR). The implementation of new membership and event customer relationship management (CRM) systems will facilitate implementation and adherence of good GDPR compliance.

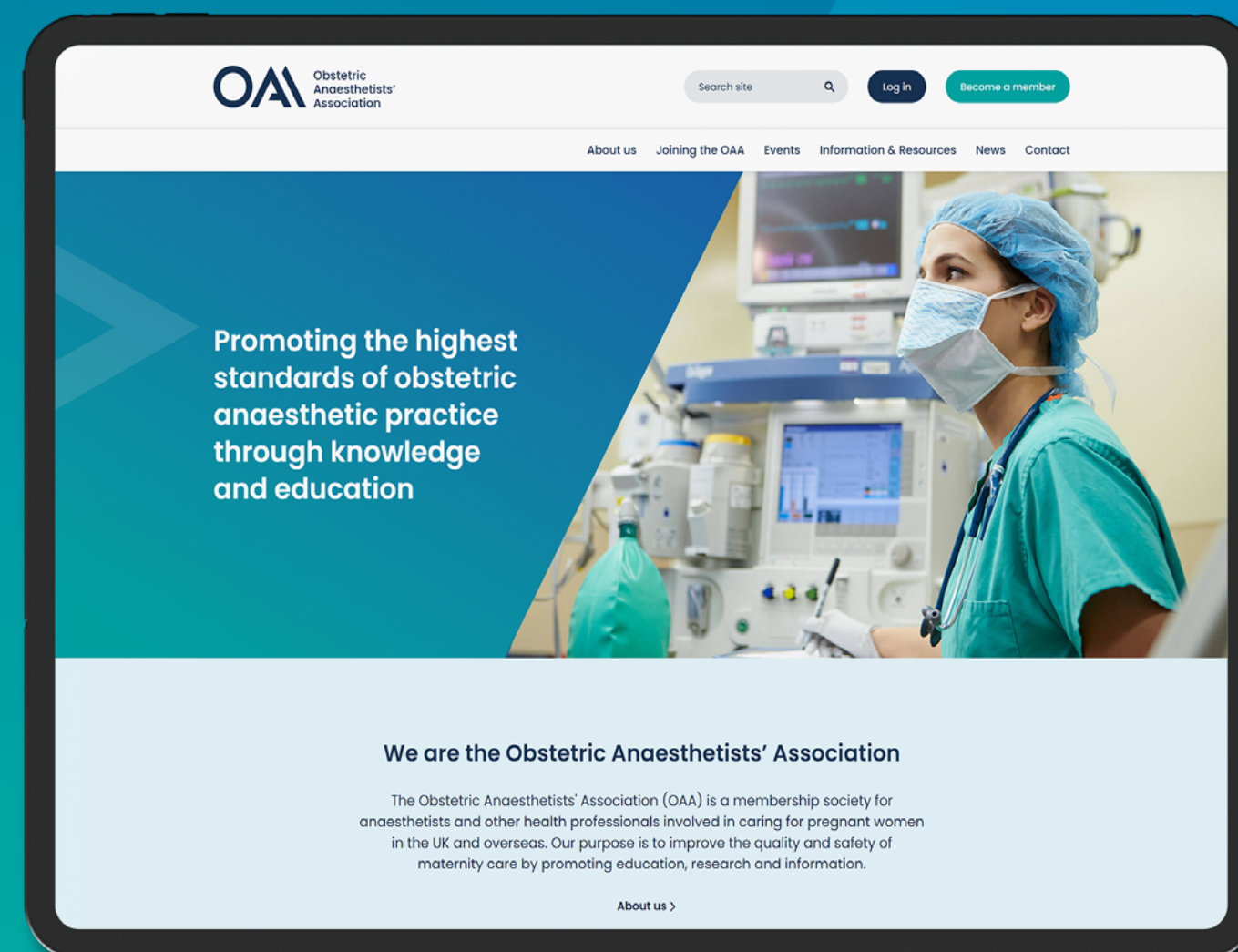
Future plans

The Executive Committee intends for the OAA to continue operating in the same way for the foreseeable future, through continuing to run courses and obtain subscriptions from members to promote the highest level of standard of management and care for the mother and baby through practice education and training in obstetric anaesthesia, and research in obstetric anaesthesia.

To improve the value and effectiveness of the OAA to its members and the wider community of health professionals and the public, the OAA embarked on a redesign of its membership systems, websites, and its digital platform for events (including abstracts submissions to its Annual Scientific

Meeting and surveys). This redesign has required a considerable financial investment which the OAA is well placed to do because of its prudent reserves policies. This digital transformation project is on track to be completed by the end of 2023.

The summarised financial statements on pages 16 and 17 are an extract from the full statutory Trustees' Annual Report and Financial Statements, which the trustees approved and signed on 16 March 2023. The full financial statements, prepared by our auditors Moore (South) LLP, in accordance with the Statements of Recommended Practice – Accounting and Reporting by Charities have been submitted to the Charity Commission.



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