

# Annual Review

For the period to 30 September 2023





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## Published by the Obstetric Anaesthetists' Association (OAA)

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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.



#### Patient information

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



#### 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.



#### 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 President

This past year has been a remarkable one for the OAA as we continue our mission to support our members and promote the highest standards of anaesthetic care for women and people who have given birth, and their babies.

We've placed a considerable focus on enhancing our digital activities this year. This includes new websites for the OAA and LabourPains, our public information platform, which are more accessible and better reflect the diversity of our users. This helps us support, connect, inspire, and advocate for our members more effectively.

It's been fantastic to establish our face-to-face meetings again and our flagship events, including the Three Day Course and the Annual Scientific Meeting, were highly successful. These events are invaluable for professional development and networking, and the high level of engagement underscores their importance in our community. We've also expanded our educational offerings through joint meetings and webinars. Our collaborations with the Neuroanaesthesia and Critical Care Society and the European Society of Regional Anaesthesia and Pain Therapy have provided multidisciplinary perspectives on critical issues, showcasing the importance of teamwork and shared knowledge in our field.

Our commitment to quality improvement remains strong. We've funded several research and innovation grants, supporting projects that aim to enhance patient care. The OAA continues to enhance obstetric anaesthetic care with the invaluable work of our dedicated subcommittees. The Guidelines Subcommittee has shifted its focus from curating guidelines to developing new good practice guidance on important clinical topics not covered by other guidelines. We aim to publish the first topic on their list, intrathecal catheters, in 2024.

Our Quality and Outcomes Subcommittee (QOSC) made headlines in 2022 with a groundbreaking study on disparities in obstetric anaesthetic care, published in *Anaesthesia* in February 2023. Excitingly, members of the QOSC have been invited to join the NHS England committee, Maternity and Neonatal Outcomes Group. This group is tasked with developing a national clinical measurement tool to detect safety issues in maternity and neonatal services early on, allowing for prompt intervention. The OAA has been instrumental in highlighting the need for more national data on obstetric anaesthesia care to make this tool effective.

For many years, the OAA has provided a peer review system for members to submit approved surveys on topics relevant to obstetric anaesthesia. These surveys have the potential to drive significant improvements in care quality. We're thrilled that a new and improved OAA Surveys system is being developed and will be ready for members by early 2024.

The LabourPains Subcommittee has been busy enhancing our digital presence and resources. To aid communication we're creating a pictorial storyboard for women having a caesarean birth. Additionally, we've integrated PDF resources directly into the LabourPains website, enhancing navigation and accessibility.

The OAA continues to provide professional guidance and leadership on obstetric anaesthesia and general maternity care issues. Our contributions to the Royal College of Anaesthetists' guidelines and support for the Confidential Enquiry into Maternal Deaths reflect our dedication to improving maternal health outcomes.

Thanks to the prudent management of our Honorary Treasurer Dr James Bamber, the OAA remains stable financially. This stability has allowed us to invest in crucial projects such as our digital transformation while maintaining reserves to support ongoing activities. Despite the challenging economic climate, we're well-positioned to continue funding important research and educational initiatives.

These achievements have only been possible thanks to the unwavering dedication of our Executive Committee members, the secretariat staff at the Association of Anaesthetists, and the enthusiastic engagement of our members. Your commitment and support mean the world to us, and I extend my deepest gratitude to all of you.

As we look ahead to the coming year, we remain steadfast in our mission to support our members and advance the field of obstetric anaesthesia. Together, we will continue to make a difference in the care of women and people who give birth, and their babies.

## Nuala Lucas

President, Obstetric Anaesthetists' Association



## Trustees and Executive Committee members

at 30 September 2023

### President

Dr N Lucas (appointed 14 June 2023)

### Honorary Secretary

Dr S Armstrong

### Honorary Treasurer

Dr J Bamber

### Trustees

Dr M Broom (appointed 14 June 2023)

Dr R Collis

Dr G Crossingham

Dr S Griffiths

Dr C Grove (appointed 14 June 2023)

Dr D Hughes

Dr C Kenyon (appointed 14 June 2023)

Dr K MacLennan

Dr Y Metodiev

Dr R Sodhi (appointed 14 June 2023)

Dr Shalini Sundaram (appointed 14 June 2023)

Dr A Wilkinson (Appointed 28 May 2022)

### Committee members (non-voting)

#### International Members' Representative

Professor M Van de Velde

#### Royal College of Anaesthetists (RCOA) Representative

Dr F Plaat

### 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 2023

We were delighted to welcome members to our Annual Scientific Meeting (ASM) on 18–19 May 2023. Held at the Edinburgh International Conference Centre, it was an invigorating two days of discussion on all things relating to obstetric anaesthesia.

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

Almost 600 delegates attended, a figure comparable with pre-pandemic levels. A key aspect of the ASM is the presentation of abstracts, predominantly from anaesthetists in training. In 2023, more than 230 abstracts were submitted, with 200 accepted for presentation. All abstract submissions were peer-reviewed and scored. The top ten highest-scoring abstracts were selected for oral presentation and competed for the Felicity Reynolds Prize.

Dr Lucy Halliday won the Felicity Reynolds Prize for her presentation: *Socioeconomic disadvantage and uptake of labour epidural analgesia in Scotland – a population-based study*. The abstracts were available to view as electronic posters on screens in the conference breakout areas, with various prizes awarded for the best posters and presentations by their authors.

**“Excellent talks, clear speakers, up-to-date information. Really useful.”**

As in previous years, the ASM had a strong international presence, with delegates attending from Denmark, Romania, Sweden, Switzerland, Norway, Malta, France, the Netherlands, Ethiopia and New Zealand.

There were many fascinating discussions, debates and learnings as well as talks on topics such as labour analgesia, anaesthesia in pregnancy and neurodevelopment, multispecialty decision-making for the obstetric patient having urgent surgery, maternal morbidity, decision making and neuraxial anaesthesia (platelets), and liver disease in pregnancy.

Prof Rebecca Reynolds delivered this year's Bruce Scott Lecture on *Obesity and diabetes in pregnancy: Legacy for the child*, while Prof William Harrop-Griffiths gave an insightful talk entitled *Do anaesthesia associates have a role in the provision of obstetric anaesthesia?*

Feedback from the ASM was overwhelmingly positive. Thank you to everyone who attended for helping to make it such an inspiring and thought-provoking event.

**“The ‘Pick of the Posters’ session was an excellent way to share local work on a national stage.”**

## ASM 2023 in numbers



**581**

delegates and speakers  
from 25 countries



**10**

exhibition  
stands



**10**

Felicity Reynolds  
Prize presentations



**190**

ePosters

**“A good breadth  
of topics and  
some excellent  
presentations.”**



Members can catch  
up on all the lectures  
and presentations  
on the OAA website  
[oaa-anaes.ac.uk](http://oaa-anaes.ac.uk)



# Updates from our Subcommittees 2022/23

The OAA provides leadership in quality improvement of obstetric anaesthetic care through 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 2022–2023

There were two rounds of peer-reviewed research grant applications in 2022–2023. One Small Research Grant application was successful in September 2022. There were no applications for Quality Improvement and Innovation Grants or to the National Institute of Academic Anaesthesia for OAA Large Grants.

In April 2023, another Small Research Grant was awarded. There was also an application for an OAA Large Research Grant administered and reviewed by the National Institute of Academic Anaesthesia in April 2023 which was unsuccessful. The OAA awarded one Travel Bursary and one ASM bursary and transferred funds to the Global Anaesthesia Development Partnerships/ Zambia Anaesthesia Development Partnership in March 2023.



Award Date	Grant Type	Name of Person/Hospital	Amount
01/11/2022	Small Research Grant	Cardiff and Vale UHB	£4,600
07/02/2023	Travel Bursary	Dr William Turner	£750
20/03/2023	ASM Bursary	Dr Asish Subedi	£1,000
16/03/2023	International	Global Anaesthesia Development Partnerships/ZADP	£15,000
26/05/2023	Small Research Grant	Universal College London Hospitals	£2,380
TOTAL			£23,730



## LabourPains Subcommittee

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

In May 2023, a newly designed LabourPains website was launched with a new domain name – changing from labourpains.com to **labourpains.org**. This better reflects the ethos and aims of LabourPains as dot-org is primarily the domain name used by non-profit websites such as charities, NGOs and educational platforms.

The LabourPains Subcommittee regularly reviews the translation needs for information hosted on the LabourPains website to ensure its widest accessibility and value. Currently, the

website hosts translations of information in 20 of the most commonly spoken languages in the UK, plus several other world languages. Translators Without Borders, a division of the non-profit organisation CLEAR Global, delivers this service.

In 2024, the LabourPains Subcommittee will embark on a large project to review the readability of its information and will work with a copy editor to refine its public-facing resources. It will also review how information can be better conveyed pictorially without relying on written words. Social media outreach through the LabourPains accounts on X (formerly Twitter), Instagram, and YouTube is continuously reviewed.

## LabourPains LabourPains.org



## Education Subcommittee

The provision of education to obstetric anaesthetists and allied professionals is a core activity of the OAA, and there is an annual rolling programme of meetings. The flagship meetings in the OAA calendar are the Three Day Course and the Annual Scientific Meeting (see pages 6–7).

In November 2022, the OAA had its first face-to-face Three Day Course meeting since the pandemic. This meeting at Church House, London, was attended by 399 delegates of which 46% were from outside the UK. There were 30 speakers, and the delegate feedback was positive.

The OAA has continued its programme of joint multidisciplinary educational meetings in collaboration with other professional societies. In October 2022, there was a successful one-day joint meeting with the Neuroanaesthesia and Critical Care Society at the Royal College of Physicians. A total of 135 delegates and 12 speakers attended the meeting.

The OAA also organised two joint webinars with the European Society of Regional Anaesthesia and Pain Therapy in 2023. The first webinar was on the topic of labour analgesia and a week later there was a second webinar on anaesthesia for caesarean births. Over 500 delegates attended each webinar. OAA meetings consistently generate significant interest on social media, demonstrating their high profile in obstetric anaesthesia education.

For many years the OAA has video recorded its events. With the launch and implementation of our new digital platform (membership

system and website), we have made access to these recordings easier for our members. Meeting video recordings are now hosted on a user-friendly Vimeo platform. Six months after a meeting is held, the recordings are made freely accessible to all members for the next five years. This is a membership benefit which supports the continuing professional development of our members.

The new OAA website has also made access to the Learning Zone, a professional development website resource for OAA members, much more accessible. A 'Topic of the Month' is selected for the Learning Zone which is openly accessible to all visitors to the OAA website.





## Guidelines Subcommittee

In 2023, the Guidelines Subcommittee curated a selection of national and international guidelines for practice to be available on the Guideline section of the OAA website for the benefit of members.

Going forward, the subcommittee will focus its strategy on developing good practice guidance on topics important for clinical practice and not already covered by other national or international guidelines. The first topic selected for consideration is the management of intrathecal catheters, due to be published in 2024.

## Quality and Outcomes Subcommittee

In 2022, the Quality and Outcomes Subcommittee (QOSC) completed a research study to investigate disparities in obstetric anaesthetic care published in a peer-reviewed journal in February 2023.

>  
See  
journal  
here

Members of the QOSC have been invited through the Royal College of Anaesthetists to join the NHS England committee, Maternity and Neonatal Outcomes Group, set up in response to a recommendation in the Kirkup East Kent report, *Reading the Signals*. This committee is tasked to produce a national clinical measurement tool which will provide an early signal when maternity and neonatal services might be developing safety issues, enabling early preventive intervention. The OAA has highlighted the barriers of recommending indices of obstetric anaesthesia care to be included in a national measurement tool due to the need for more routinely collected national data on obstetric anaesthesia care. The QOSC has previously highlighted this deficit in published letters in peer-reviewed journals and by a submitted report to the Royal College of Anaesthetists.

## Survey Subcommittee

For many years, the OAA has provided a peer review system where members can submit approved surveys to other members on subjects relevant to obstetric anaesthesia. The results of these surveys could provide valuable information to assist with improving care quality. However, the system previously used by the OAA experienced frequent technical problems hindering its usefulness. A new OAA Survey System is being developed as part of the OAA digital project, and it is expected to be live and open to the membership in early 2024.

## Communications Subcommittee

Communications with the profession, membership and general public are important for the OAA. The main channels for sharing information are the OAA and LabourPains websites, email newsletters and social media activity.

In 2023, both the OAA and LabourPains websites were relaunched to make them more intuitive and accessible for users. The new OAA website includes a new membership portal, Learning Zone, In-Training Hub, Guidelines section and the creation of a new OAA Surveys system, which is due to launch in spring 2024.

The website redesign process included a rebrand of the OAA and a new logo to replace the previous gender-specific logo. The new branding reflects a relaunch of the OAA with new dynamism and a progressive outlook. In a step towards inclusivity, the OAA commissioned photographs of obstetric anaesthetists in the workplace to ensure that our diverse membership is accurately represented and valued.

Communications with members, health professionals and external organisations are mediated through the secretariat offices and other executive committee members. The OAA uses its [website](#) and [X account](#) (@OAAinfo) to post news and announcements.

The OAA has undertaken a policy of funding Open Access of its own research work that has been submitted and accepted for publication in peer-reviewed journals. This initiative has significantly improved the accessibility and dissemination of important work, ensuring that the wider community is well-informed and updated with the latest research from the OAA.

## OAA outreach in 2022/23

The inaugural OAA Regional Societies Liaison Group (RSLG) meeting was held in summer 2018 to develop the relationship between the OAA and UK regional obstetric anaesthesia societies. Unfortunately, the COVID-19 pandemic interrupted the activities of the RSLG, but the OAA intends to revitalise it. This will expand the relationship and networking opportunities between the various organisations to support the delivery of best practices 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 and the UK Maternal Confidential Death Enquiries (MBRRACE-UK). We continue to be consulted by professional and governmental bodies, OAA members and the general public.





# 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 2023. 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, and further updated in June 2022 to be compliant with the Charities Act 2011.

## Aims and objectives

To promote the highest standard of management and care for women and people who have given birth, and their babies, through practice, education and training in obstetric anaesthesia or research in obstetric anaesthesia.

## Trustees and co-opted Executive Committee members

On 14 June 2023, Dr N Lucas took up her position as President of the OAA, following the completion of Dr C Elton's term of office as President. On the same date, Dr M Broom, Dr C Grove, Dr C Kenyon, Dr V Sodhi and Dr S Sundaram were elected as Trustees. Dr J Campbell, Dr R Russell, Dr K Stoddard and Professor M van de Velde resigned as Trustees following the completion of their elected terms of office.

Professor M van de Velde was co-opted to the Executive Committee as a non-Trustee and as International Members' Representative. Dr F Plaat has remained as a non-Trustee and as a co-opted member in her capacity as the Royal College of Anaesthetists (RCoA) Representative.



## 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

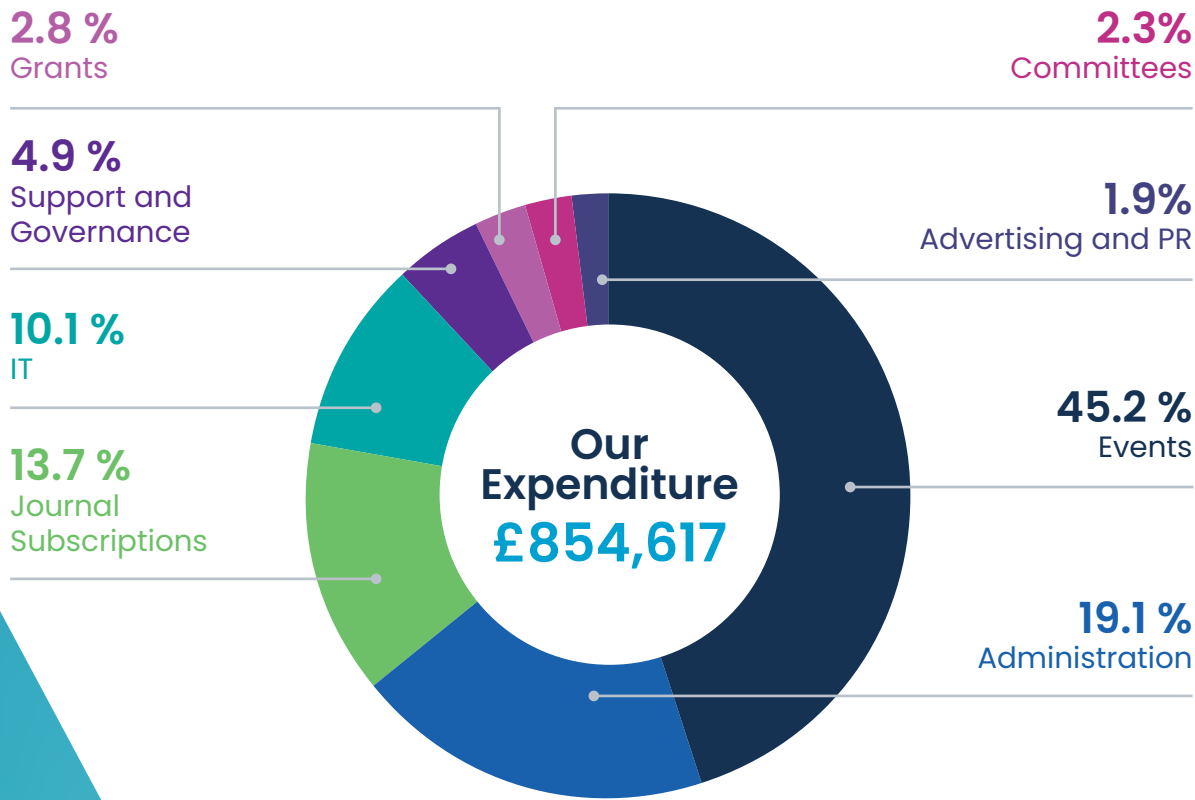
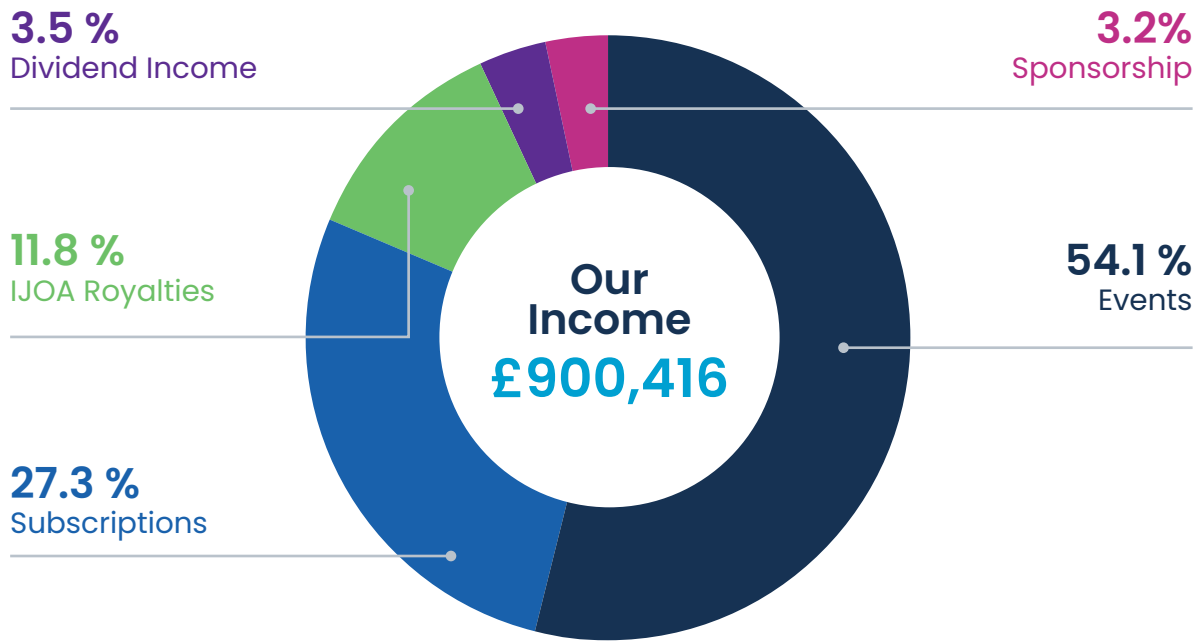
These are medical practitioners practising in a reduced-fee country as designated by the OAA.

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



# Financial review

Opposite is a summary of our expenditure and income financial review for 2022/2023. These graphics show the percentage breakdown of our total income and expenditure.



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's policy is for its portfolio of investments to be 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. For the year ended 30 September 2022, the investment portfolio lost 10% (£118,760) of its net value. For the first six months of 2023, there was a net portfolio return of 1.55% but this was against the Consumer Prices Index inflation rate of 7.9% for the 12 months to June 2023.

There are no restrictions on the OAA's power to invest. The Executive Committee is responsible for investing any amounts surplus to the organisation's immediate requirements as they deem fit. The OAA investment portfolio, managed by Charles Stanley, has an MSCI ESG (environmental, social and governance) rating of AA.

## Reserves policy

The OAA's policy is to maintain unrestricted funds, some of which are designated for the funding of research and other grants. The potential total liability for grant awards is £177,500 per annum although the actual expenditure depends on the number and quality of grant applications, which cannot be predicted. The grant award policy is reviewed regularly to ensure that OAA funds allocated towards research and grants are used for the maximum benefit of improving patient care.

All funds are maintained at a sufficient level to safeguard the current level of the OAA's commitments during periods of unforeseen variation of income and to allow for future investment in projects that will enable the organisation to further achieve its objectives of improving care in obstetric anaesthesia. The recent economic consequences following the COVID-19 pandemic and the war in Ukraine, with increased economic inflation and the cost-of-living crisis, have demonstrated the value of this prudent strategy, particularly as the OAA investment portfolio had lost 10% of its value in the previous financial year and its performance still lags the UK Consumer Prices Index.

In addition, increasing costs to the OAA for organising educational events and the impact of the cost-of-living crisis on our membership, make the projected income from OAA events uncertain. As the OAA's income relies on membership subscriptions and surplus income from its educational events, our current reserves provide organisational financial stability and reassurance during these unpredictable times.

Since 2017-2018, the OAA has used the unrestricted funds to meet its commitments to grant awards and administrative costs. The OAA has also used its reserves to invest in a much needed upgrade of its digital platform, making it fit for purpose and allowing the OAA to continue to function effectively. The capital digital transformation costs totalled £557,457 at the year ended 30 September 2023. The project was completed in February 2024. The unrestricted funds have helped the cash flow to support expenditure on the digital transformation project. Following its completion, surplus cash held in the OAA bank accounts can be reinvested in our investment portfolio.

The OAA has also devoted funds to support the 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.

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.

## Risk management

The Executive Committee regularly reviews organisational risks and systems with advice and support from the secretariat supplied by the Association of Anaesthetists. The introduction of new membership and event customer relationship management (CRM) systems will facilitate implementation and adherence of good GDPR (General Data Protection Regulation) compliance.

## Future plans

As we look to the future, we are steadfastly committed to advancing the quality of care for women and people who give birth, and for their babies, by supporting our members and colleagues to deliver high-quality care.

We will be developing guidelines to improve care and exploring the use of mobile apps to provide this information at the point of care. To facilitate quality improvement work we will be working with partner organisations to improve local and national data collection about how anaesthetic care is delivered. We will continue to

develop and improve quality patient information to be accessible to all our patients, whatever their backgrounds and needs.

Our commitment to delivering relevant high-quality education remains undiminished, and we will partner with other societies to ensure this education meets our membership's multidisciplinary professional development needs. A particular focus for us is how obstetric anaesthetists can contribute to addressing ethnic disparities in maternal care and outcomes. Together, we will continue to strive to promote the highest standards of obstetric anaesthetic practice through knowledge and education.





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