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ESTABLISHING A HIGH RISK REGISTRY TO IMPROVE PATIENT CARE AND RESIDENT EDUCATION *Finegold, H. Ramanathan, S. Anesthesiology, Magee Womens Hospital, Pittsburgh, PA* Background: Many pregnancies are classified as high-risk by their obstetricians and are referred to the Maternal-Fetal Medicine (MFM) department for further management. Because patients can present to the labor suite at any time, we collect data on the high-risk parturients so that we may be better prepared with preoperative evaluations and interventions. Methods: We identified patients from the weekly conference listing of the MFM department. During these meetings, patient's clinical problem and their obstetrical management were discussed. Data including demographics, gestational age, referring diagnosis, co-existing medical problems, medications and the relevant ICD-9 disease code were entered into a computerized high risk registry (HRR). Results: To date we have collected data for a three-year period and the results include 513 patients from November 1999- December 2000. There were 100 different codes listed as the primary diagnosis. The 5 most frequent diagnosis were tabulated followed by the most common secondary diagnosis within each primary group (Table). Discussion: The most prevalent diagnosis in our HRR is advanced maternal age (AMA) and this condition is associated with an increased incidence of preclampsia, diabetes, hypertension, cesarean section, placenta previa and even maternal mortality (1). As a part of the obstetric anesthesia rotation, each resident chooses a patient from the HRR to present as a problem based learning discussion (PBLD). Patients from the HRR are asked to come for an evaluation at the Anesthesia Preoperative Clinic. The resident and/or the fellow interviews the patient and plans the anesthetic in consultation with the attending anesthesiologist. The anesthetic plan is then discussed at the departmental conference and is made available to the rest of the staff. Establishing the HRR has been an effective method to identify the needs of our patients, to improve our preparedness and patient management, and to develop PBLD topics for a bimonthly conference which helps our residents to develop the skills necessary to become effective consultants in obstetric anesthesia. *Cunningham FG, MacDonald PC, Gant NF, Williams Obstetrics 18th edition. Appleton and Lange. Norwalk, Connecticut 1989 p. 157.*

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HOW DO WE EDUCATE OUR PATIENTS ABOUT OBSTETRIC ANESTHESIA? (ANIMATED WEBSITE—WWW.PAINFREEBIRTHING.COM) *Kodali, B.* Anesthesiology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA Patient education is an important component of obstetric anesthesia practice. Childbirth education sessions, information brochures, and prenatal interviews are some of the methods through which women obtain information. World Wide Web is another option that is being used by patients in this millennium to acquire childbirth information; however, there is no comprehensive website which conveys the information in an easily understandable fashion. The purpose of this project is to design a comprehensive, animated website to explain the concepts of obstetric anesthesia to women. Programming: The evolution of information technology has created an avenue for the development of educational tools that are dynamic, animated, interactive, up-to-date, and readily accessible. The power of this new educational paradigm is illustrated at www.pain-freebirthing.com (accessible online). This site has been designed with multimedia programs, digital images and clip arts, and employs real-time animations that convey the complex obstetrical anesthesia principles and procedures to lay, pregnant women. Web design layout: The content of the website has been divided into several easily accessible sections that include understanding of childbirth pain, intensity of childbirth pain, methods of childbirth pain relief, procedures of epidural and spinal anesthesia, monitoring, walking epidurals, oral intake policies, effects on the babies, timing of epidural analgesia, and frequently asked questions. A section on cesarean delivery is also included. The majority of these concepts have been explained using animation graphics in an easily understandable fashion. The web site is also useful for new obstetric anesthesia residents to prepare them for questions that they may face in prenatal interview.

Advanced Maternal Age (AMA) 92/513 18.0%	Secondary Diagnoses n=92	Hypothyroidism 8/92 8.7%	Congenital Abnormalities of the Uterus 6/92 6.5% Asthma 6/92 6.5%
Multiple Gestation including Twins 41/513 8.0%	Secondary Diagnoses n=41	AMA 8/41 19.5%	Female infertility 3/41 7.3% Previous CS 3/32 7.3%
Insulin Dependent Diabetes Mellitus 32/513 6.2%	Secondary Diagnoses n=32	AMA 6/32 18%	Previous CS 4/32 12.5% Hypothyroidism 4/32 12.5%
Previous CS (cesarean section) 29/513 5.7%	Secondary Diagnoses n=29	AMA 3/29 10.3%	Abnormal PAP 3/29 10.3% Essential Hypertension 3/29 10.3%
Asthma 20/513 3.9%	Secondary Diagnoses n=20	Major Depressive Disorder 3/20 15%	AMA 3/20 15% Previous CS 2/20 10%

CSE

