



The abstracts below were presented at the Irish Society of Obstetric Anaesthesiologists Annual Meeting on November 27th, 2025.

The meeting took place at the College of Anaesthesiologists of Ireland, Merrion Square, Dublin 2, Ireland.

Audit on Caesarean Section Anaesthesia: Technique and Failure Rate

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Abstract

Aims

The Royal College of Anaesthetists (RCOA) propose standards for CS carried out under RA and GA by urgency category. This audit assessed RA, conversion and GA rates in a Tier 3 Hospital for a period of 9 months, to analyse contributing factors.

Methods

Data was collected retrospectively from theatre register and EMR for all Category 1-4 CS 01/01/2025 – 30/09/2025. Analysis was via Microsoft Excel.

Results

363 CS occurred – 25 Category 1, 136 Category 2, 25 category 3 and 177 Category 4. 5% (n=18) were primary GA, 4.4% (n=16) conversions, 90.6% (n=329) RA. >90% of Category 2-4 were RA CS. 84% of Category 1 CS were GA.

Discussion

The standard was missed for Category 1 due to urgency and staff preference. Conversions were due to urgency and ineffective blocks. There was a lack of communication between obstetric, midwifery and anaesthetic staff, and with communication the GA rate may improve.

Logistical challenges in managing spinal cord compression during preterm pregnancy

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Abstract

Presentation

A 33-year-old primigravid woman at 30 + 5 weeks presented with lower back pain, paraesthesia, and progressive leg weakness. Foetal parameters were reassuring. MRI revealed severe T5 spinal cord compression from an infiltrating vertebral tumour with suspected metastases.

Diagnosis

Acute spinal cord compression in preterm pregnancy was diagnosed, requiring urgent surgical intervention while optimising maternal and neonatal safety.

Treatment

Multidisciplinary planning led to choosing two GAs over a single anaesthetic due to logistical concerns: physical separation of theatres, allowing obstetric and neonatal teams to work in familiar environment, safe NICU transfer, PPH monitoring, and maternal bonding. A Caesarean section at 30+7 weeks was performed under GA in the maternity unit in the morning, followed by same-day spinal decompression in the orthopaedic theatre.

Discuss

This case highlights the importance of logistics and sequencing in time-sensitive multidisciplinary emergencies, where environmental familiarity and departmental proximity optimised both maternal and neonatal outcomes in a highly complex scenario.

Labour Epidural re-site rate

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Abstract

Aims

This retrospective audit examined labour epidural re-site rates and conversion success to surgical anaesthesia for caesarean section in the CUMH labour ward between January and February 2025.

Methods

Data were obtained from automated reports generated by the Maternal & Neonatal Clinical Management System (MN-CMS).

Results

During this period, 270 labour epidurals were inserted, with only two requiring re-site, giving a re-site rate of 0.74%. Among 51 patients who underwent caesarean section with a labour epidural in situ, 49 were successfully converted to surgical anaesthesia, indicating a 96% success rate.

Discussion

The very low re-site rate may suggest that poorly functioning epidurals are not being appropriately re-sited, while the high conversion success rate implies most are effectively positioned. These findings appear contradictory, raising the possibility that some re-sites are under-documented in MN-CMS, potentially leading to underestimation of true re-site rates and highlighting the need for improved documentation practices.

Audit on obstetric epidural anaesthesia complications: accidental dural puncture

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Abstract

Aims

To assess the rate of follow up for epidural anaesthesia, the rate of accidental dural puncture and PDPH; and the number receiving epidural blood patches (EBP) in a Model 3 Hospital for a three-month period.

Methods

All obstetric patients who underwent epidural anaesthesia during the study period. Data source was a retrospective review of EMR and anaesthetic department follow-up data. Analysis was via Excel.

Results

87 epidurals were performed. 70 (80.45%) were followed up, falling short of standards (100%). 12 patients had complications, including difficulty accessing space, ADP, hypotension, blood in catheter. There were 4 PDPHs (4.6%) due to ADP. 3 EBP were performed, with good effect.

Discussion

There was an improvement in epidural follow ups, and forms being filled, on the previous period but still falling short of RCoA standards. The rate of ADP (3.4%) was within the range proposed by the RCoA (0.19-3.6%), but higher than in the literature (<1%).

Assumed Hyperemesis Gravidarum Revealing Gastric Band Migration and Obstruction: A Case Report

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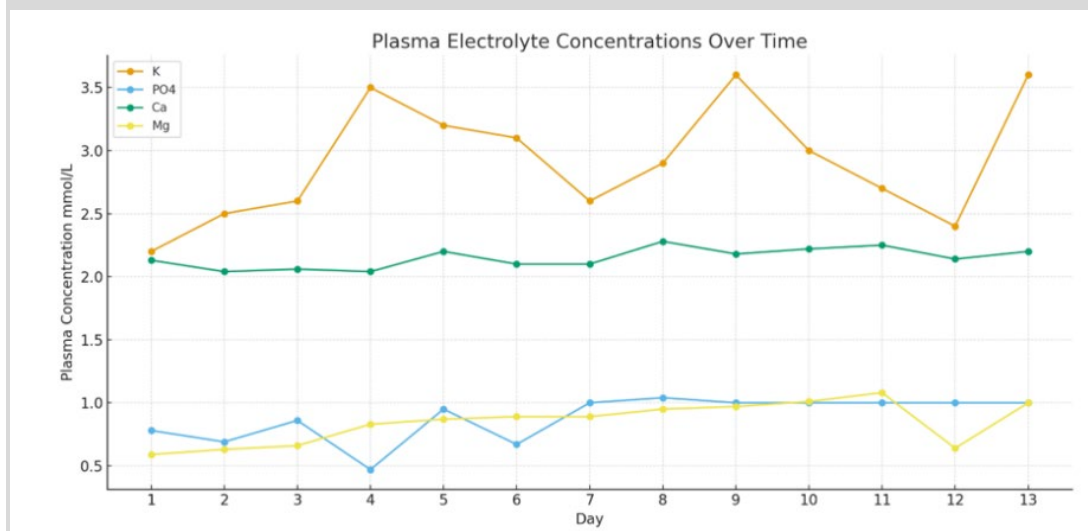
Abstract

Presentation

A 32-year-old primigravida at 20 weeks' gestation presented with three weeks of worsening vomiting, 24% weight loss (44 kg), cachexia and severe electrolyte abnormalities (Graph 1). Her history included gastro-oesophageal reflux disease, bulimia, depression, and prior gastric banding.

Diagnosis

Differential diagnosis included hyperemesis gravidarum, re-emergence of bulimia or complications associated with past bariatric surgery, and evolving refeeding syndrome.



Graph 1: Plasma concentration of electrolytes over time

Treatment

Vomiting persisted despite intravenous electrolyte replacement, multimodal antiemetics, and total parenteral nutrition, and psychiatric support. MRI revealed gastric outlet obstruction due to band migration. Laparoscopic gastric band removal resolved symptoms and five months later (103kg) she delivered a healthy baby girl via cesarean section.

Discuss

Gastric band complications can mimic hyperemesis gravidarum. Delayed diagnosis can lead to obstruction or perforation (1).

Clinicians should have a high index of suspicion for mechanical complications in pregnant women with prior gastric banding. Early multidisciplinary review and imaging are essential for optimal maternal and fetal outcomes (2).

References:

1. Verstraeten V, Erzeel J, van de Vrande S, Scharpé K. Gastric band slippage in pregnancy: A diagnostic dilemma. *Obstet Med.* 2024;17(4):233-5.
2. Pilone V, Di Micco R, Monda A, Villamaina E, Gentile M, Forestieri P. LAGB in pregnancy: slippage after hyperemesis gravidarum. Report of a case. *Ann Ital Chir.* 2012;83(5):429-32.

Neuraxial Anaesthesia for Caesarean Section in a Parturient with Arnold–Chiari I Malformation

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Abstract

Presentation

35-year-old woman (G2P1) presented for elective caesarean section with a background of Arnold–Chiari type I malformation and migraines. Her previous caesarean had been performed under general anaesthesia.

Diagnosis

Preoperative MRI demonstrated mild tonsillar descent (5.4 mm) without hydrocephalus, and the neurological examination was unremarkable.

Treatment

Following multidisciplinary discussion, a single-shot spinal anaesthetic was administered using a 27-gauge Whitacre needle, with no postoperative neurological complications.

Discuss

Currently, there are no established guidelines for the management of parturients with Arnold–Chiari malformation undergoing caesarean section. Traditionally, this procedure was performed under general anaesthesia. Existing evidence is limited to case reports, case series, and narrative reviews, which are subject to reporting bias (1-3). Perioperative management should be guided by multidisciplinary planning, MRI findings, and shared decision-making. This case supports evidence that spinal anaesthesia can be safely used for caesarean section in selected patients with Chiari malformation, though further research is needed to quantify the risk.

References:

1. Waters JFR. Neurologic Complications of Obstetric Anesthesia. Continuum (Minneapolis). 2022;28(1):162-79.
2. Simpson A, Ferguson C. Anaesthetic management of obstetric patients with Chiari type I malformation: a retrospective case series and literature review. International Journal of Obstetric Anesthesia. 2024;60:104232.

3. Crowe G, Drew T. Neuraxial anaesthesia in the parturient with pre-existing structural spinal pathology. BJA Education. 2024;24(10):361-70.

A Review of Admission Practices to the High Dependency Unit of a Tertiary Maternity Hospital

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Abstract

Aims

The aim of this paper is to assess the frequency of and indication for admission to the High Dependency Unit (HDU) of a tertiary maternity hospital. A review of HDU admissions is important to identify trends, improve patient care and enhance clinical decision-making.

Methods

All patients admitted to the HDU during the period 1st November 2024 to 29th October 2025 were identified using both paper and electronic records. Individual patient characteristics were examined through a review of the hospital's electronic health record database. All data was systematically categorized and analysed.

Results

The total number of deliveries during this period was 6975. 150 patients were admitted to HDU. The median age at admission was 35. The primary admission diagnosis was post-partum hemorrhage (PPH) [52%, 78/150]. 2 patients were transferred out to a tertiary general hospital.

Discussion

This audit demonstrates that a small percentage of women in our institution require HDU care. The main reason for admission was PPH.

Physical activity levels among pregnant women

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Abstract

Aims

The study aim was to quantify physical activity (PA) levels among pregnant women. This data was compared with the HSE's 2025 guidelines on physical activity for pregnant women.

Methods

Pregnant patients at the preassessment clinic were surveyed, using a standardised questionnaire over a three-week period. Questions concerned the amount and type of PA, and the patients' perceived exertion. Patients were asked did they exercise and perform muscle strengthening exercises. The presence or absence of certain peripartum conditions (which can be ameliorated by PA) was also recorded.

Results

73% (22) of 30 women surveyed performed PA. HSE guidelines recommend 150 minutes of moderate-to vigorous PA per week, and incorporation of muscle strengthening exercises, including pelvic floor exercises. 33% (10) satisfied this guidance. No individual met the guideline's recommendation for intensity of PA. 27% (8) completed some strength exercise and specific pelvic floor exercises. 100% (30) were sedentary. One patient had been counselled about exercise during pregnancy, prior to the survey. 27% (8), 47% (14), and 14% (4) had gestational diabetes, BMI >30kg/ m², and BMI >40kg/m² respectively.

Discussion

Regular PA during pregnancy reduces the risk of gestational diabetes, pregnancy-induced hypertension, and helps manage excessive gestational weight gain. Physical activity levels among pregnant women encompassed in this study are in stark contrast to those recommended by the HSE's guideline. Increased promotion of physical activity in pregnancy may be of benefit.

Regional versus General Anaesthesia for caesarean sections in CUMH

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Abstract

Aims

Aim is to investigate the type of anaesthesia provided for CS and compare to the Royal College of Anaesthetists (RCOA) Quality improvement compendium audit standard.

Methods

Data was obtained retrospectively from the Cerner electronic health record system for cases between 01/01/25-06/03/25.

Results

280 CAT4 CS performed; 278 under RA and 2 under GA (0.7% GA of CAT4 CS), 173 CAT2 and CAT3 CS performed; 170 under RA and 3 under GA (1.7% GA of CAT2/3 CS) and 11 CAT1 CS; 4 RA and 7 GA (63.6% GA of CAT1 sections). 12 CS performed under GA; 5 perceived lack of time, 4 inadequate block from RA, 1 contra-indication for RA, 1 obstetric history and 1 not documented.

Discussion

CAT2, 3 and 4 CS was compliant with the audit standard. CAT1 CS had more GA CS than the audit standard, however this could be due to a smaller sample size.

Audit of Bradycardia following Vasopressor Infusion vs Boluses in Caesarean Section

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Abstract

Aims

To identify and compare the incidence of bradycardia following vasopressor administration as an infusion or bolus in Caesarean Section under spinal anaesthesia.

Methods

Of 492 women undergoing Caesarean Section in the National Maternity Hospital from September 2024-May 2025, 50 who received vasopressor infusions only were compared with 50 receiving vasopressor boluses only. Incidence and severity of bradycardia and vagolytic drug administration were noted.

Results

Bradycardia incidence in both groups was 8/50 (20%). The lowest heart rate (bpm) was 35 and 55 in the bolus and infusion group respectively. One patient in the bolus group received a vagolytic drug. Heart rate drop to >20% from baseline was 30/50 (60%) in the bolus group and 32/49 (65%) in the infusion group.

Discussion

Bradycardia incidence was similar whether vasopressor was given as a bolus or infusion. Use of a bolus-only strategy may risk extreme bradycardia, but was not demonstrated to have an adverse effect.

Cerebral Venous Sinus Thrombosis presenting in Antenatal Term Parturient

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Abstract

Presentation

A 28-year-old G3P2 woman presented at 38 weeks gestation with a witnessed seizure and four-day history of frontal headache.

Diagnosis

Neuroimaging confirmed cerebral venous sinus thrombosis (CVST) involving the anterior two-thirds of the superior sagittal sinus and extension into adjacent cortical veins near the vertex.

Treatment

Therapeutic LMWH and levetiracetam were commenced, and she was admitted to HDU in MMUH for monitoring.

Discuss

An MDT of Neurology, Haematology, Obstetrics and Anaesthesiology met to plan for safe delivery. Key considerations included the optimal timing, mode and site of delivery to facilitate the minimal interruption to therapeutic anti-coagulation. Repeat CT Venogram showed no progression of thrombosis and planned induction commenced after prophylactic LMWH. Epidural analgesia was avoided due to the risk of inadvertent dural puncture in the setting of CVST. Tranexamic acid and ergometrine were also deemed to be contra-indicated in this patient. Fortunately, vaginal delivery was uneventful and she was discharged on therapeutic anticoagulation.

Paroxysmal Nocturnal Haemoglobinuria in the Parturient

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Abstract

Presentation

A 35-year-old primigravida presented for induction of labour at 37+4 weeks' gestation. Her medical history included Paroxysmal Nocturnal Haemoglobinuria (PNH). On admission, her platelet count was $28 \times 10^9/L$ and haemoglobin 86g/L.

Diagnosis

PNH is a rare, acquired clonal haematopoietic stem cell disorder characterised by complement-mediated, intravascular haemolysis. Complications include anaemia, bone marrow failure with cytopenias, and thrombosis. Pregnancy exacerbates PNH and increases the risk of complications. Historically, maternal and fetal outcomes were poor.

Treatment

Antenatal: Reviewed in the anaesthetic high-risk clinic alongside multidisciplinary team input. Peripartum: Remifentanyl used for labour analgesia. Vaginal delivery achieved. Sustained a 3a perineal tear, repaired in theatre under local anaesthesia. Total blood loss was 1000 mL. The patient remained haemodynamically stable, developed no PNH-related complications, and was satisfied with care.

Discuss

PNH carries significant implications for anaesthetic management in the peripartum and perioperative periods.

Audit of the CADD Solis Pump and PIEB protocol implementation in a Model 3 Hospital in Ireland

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Abstract

Aims

To evaluate patient and staff satisfaction post implementation of the CADD Solis epidural pump with Programmed Intermittent Epidural Bolus (PIEB) protocol in a model 3 maternity unit at SLGH, Kilkenny.

Methods

Funding to purchase the CADD Solis pump was obtained from SPARK innovation fund. Three months post implementation, data was collected through structured patient surveys. Midwives and anesthetists completed an online survey. Quantitative and qualitative responses were analysed to identify key strengths, challenges and opportunities for improvement within the healthcare setting.

Results

In total 20 patients, 7 medical staff and 8 midwives replied to the surveys over a 4 week period. Results indicated an extremely satisfied response to the use of CADD Solis pump and a greater patient satisfaction to the use of the PIEB protocol.

Discussion

The results support the quality improvement initiative of the CADD Solis Pump implementation with PIEB protocol, concurrently demonstrating improved patient satisfaction. Noted areas of improvement include continued staff education and improved antenatal epidural education.

Improving Medical Students' Understanding of Obstetric Anaesthesia through Formalised Teaching Sessions

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Abstract

Aims

To implement and improve formalised obstetric anaesthesia teaching for medical students, using feedback and multi-level experience to inform and refine content.

Methods

A pilot teaching session covering the basics of obstetric anaesthesia was delivered at the National Maternity Hospital. Anonymous feedback using five-point Likert-scale and free-text questions was collected. The session was then revised and re-delivered to a second cohort, with pre- and post-session surveys including quiz questions to assess learning outcomes.

Results

38 students provided feedback to the pilot session and 40 students to the revised session. Improved subjective confidence and knowledge was seen in both sessions. Pre- and post-session quiz questions demonstrated improved knowledge from the updated session. Short-answer feedback pointed to the desire for practical teaching and an appreciation for inclusion of the relevant anatomy and physiology.

Discussion

Structured obstetric anaesthesia teaching improved student confidence and understanding. A new practical component focusing on epidural consent and task-trainer practice is being developed for future sessions.

Are anaemia thresholds too low? A pilot analysis of haemoglobin thresholds and post-partum haemorrhage risk

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Abstract

Aims

WHO FIGO defines peripartum anaemia as Hb <11g/dL and continues to identify anaemia as a major risk factor for post-partum haemorrhage (PPH). However, concerns persist as to whether a traditional perioperative threshold value for anaemia of 13g/dL be considered in these patients.

Methods

A retrospective cohort pilot analysis of 30 consecutive women who underwent LSCS was conducted. Incidence of anaemia at booking visit, third trimester, perioperatively and post-partum, was identified and the incidence of PPH in those with Hb < 11g/dL versus <13g/dL and requirement for perioperative blood transfusion compared.

Results

Discharge Hb 10.73(1.29) g/dL was significantly lower compared to booking Hb 12.86(0.96) g/dL and peri operative Hb 11.92 (0.85) respectively ($p < 0.001$). Perioperative Hb <11g/dL had significantly higher PPH compared to Hb <13 g/dL [$p = 0.016$, $r = -0.437$ (-0.695 to -0.0799)]. Perioperative Hb <11g/dL had significantly higher RCC transfusion compared to Hb <13 g/dL [$p = 0.015$, $r = -0.436$ (-0.689 to -0.090)].

Discussion

This pilot study identified that current thresholds for peripartum anaemia are associated with a significant increase in PPH and blood product transfusion and that a larger study is warranted. Furthermore, a significant proportion of patients were anaemic on discharge and the impact of this on maternal outcomes in the community remains unknown.

Remifentanil PCAs in CUMH – are we ready for the change?

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2. Department of Midwifery, Cork University Maternity Hospital, Co. Cork, Ireland.

Abstract

Aims

This study aimed to assess change readiness amongst labour ward midwives in CUMH in anticipation of the introduction of remifentanil PCAs.

Methods

Labour ward midwives were invited to complete a change readiness questionnaire that was based on a validated template. Data was collected and analysed anonymously.

Results

In total, 52% (n = 33) of midwives responded to the survey. Strong support was noted with regard to pillars of awareness, understanding, motivation and support from leadership for the change. Poor responses were noted for the resources pillar, with a perception that inadequate staffing is a barrier to implementation of change.

Discussion

This survey demonstrated strong change readiness across most domains, with perceived resource limitations and further education identified as areas for improvement.

General Anaesthesia for Caesarean Sections at Galway University Hospital; the rate, indications & complications.

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Abstract

Aims

To assess the rate, indications and complications of general anaesthesia (GA) for caesarean section (CS) in our institution, and to compare these findings with RCoA standards.¹

Methods

This study involved a retrospective review of all CS performed in 2024 (January- December inclusive).

Results

A total of 1,095 caesarean sections were performed, 69 (6.3%) of which under GA.

Category 4: 502 cases; 12 (2.4%) GA - indications: medical contraindication to spinal (5), failed spinal (4), patient request (3).

Categories 2 & 3: 516 cases; 22 (4.3%) GA - indications: failed epidural top-up (11), failed spinal (4), urgency (6), medical contraindication to neuraxial (1).

Category 1: 74 cases; 35 (47.3%) GA — reasons: urgency (32), failed epidural top-up (3).

There were no direct GA complications.

Discussion

Regular review of GA rates, indications and complications is essential to ensure that our practice aligns with recommended standards. Our percentages for each category meet the standards recommended by RCoA.

Development of a Local Guideline for the Management of Neuropathy After Childbirth: A Quality Improvement Initiative with National Collaboration

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Abstract

Aims

To highlight postpartum neuropathy (PPN) incidence and develop a local evidence-based guideline for its recognition and management at the National Maternity Hospital.

Methods

A previous four-month audit of 1,955 patients receiving neuraxial anaesthesia identified 31 cases (1.6%) with neuropathic symptoms, with inconsistent documentation and follow-up. Review of femoral nerve neuropathy and meralgia paraesthetica cases following vaginal delivery highlighted the need for a structured approach. The anaesthesia team initiated a quality improvement project to develop a standardised guideline addressing assessment, documentation, and referral pathways, informed by literature review and key stakeholder collaboration (obstetrics, midwifery, physiotherapy, and neurology).

Results

A survey of the 19 Irish obstetric anaesthesia units achieved a 79% response rate; 73% lacked a PPN guideline and 60% were unaware of local incidence. Anaesthesia (100%) and obstetrics (80%) were primarily involved.

Discussion

This project promotes recognition and multidisciplinary management of PPN and aims to provide a model for national standardisation and future re-audit.

Anaesthetic Management of Labour and Caesarean Section in a Patient with an Ambiguous Posterior Fossa Malformation

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Abstract

Presentation

A primigravida (G1P0) with intrauterine growth restriction underwent induction of labour. Her history included syncope, tremors, and headaches. Neurological review and CT brain suggested possible posterior fossa arachnoid cysts versus mega cisterna magna. Neurology advised vaginal delivery was safe.

Diagnosis

Clinical examination revealed no papilloedema. Dandy–Walker malformation was a differential diagnosis but not confirmed.

Treatment

Remifentanyl PCA was planned due to concerns regarding neuraxial anaesthesia. Foetal tachycardia necessitated an emergency LSCS, performed under general anaesthesia. An arterial line was sited pre-induction. Anaesthesia was achieved with fentanyl, propofol, and rocuronium. Blood pressure was maintained within strict limits. Transversus abdominis plane blocks and morphine PCA provided postoperative analgesia. The immediate perioperative course was uneventful, but the patient subsequently developed E.coli sepsis.

Discuss

This case highlights the importance of multidisciplinary planning and tailored anaesthetic management in parturients with possible posterior fossa malformations, emphasising haemodynamic stability and avoidance of neuraxial anaesthesia when intracranial pathology is uncertain.

Enhancing antenatal preparation for caesarean section through anaesthesia focused education.

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Abstract

Aims

To aid in psychological preparation for delivery under neuraxial anaesthesia

Methods

A short interactive presentation by an anaesthetist is given as part of an online antenatal education class. The focus is surgical sensation under neuraxial anaesthesia.

Pre and post lecture questionnaires, signposting to websites and time for questions are incorporated into the class to enhance engagement. The project commenced in May 2025 and remains active currently.

Results

52 women engaged thus far: 48% primiparous and 51% multiparous. For 55%, it was their first neuraxial procedure and 22% expected total numbness during delivery.

100% of participants said it aided in psychologically preparing for caesarean section and understanding what sensations they are likely to experience. 100% reported feeling more prepared for delivery under neuraxial anaesthesia.

Discussion

Integrating education on anaesthesia into antenatal classes can improve parturients' understanding of, and reduce anxiety related to, delivery under neuraxial anaesthesia. Directed antenatal information can enhance overall satisfaction with maternity care.

Fasting before elective caesarean section – are patients fasting beyond the guidelines?

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Abstract

Aims

The aim of this audit was to assess the fasting duration for food and clear fluids prior to elective caesarean sections in CUMH, to assess if patients are following published fasting “SipTilSend” guidelines.

Methods

We conducted a prospective cohort study on a convenience sample of patients undergoing elective caesarean sections in CUMH over a 3-week period. Patients gave verbal consent, and a short questionnaire was conducted prior to surgery.

Results

In total, 60 patients were recruited for this study. 40% (n = 24) of patients had fasted for clear fluids for over 2 hours (mean = 3.23 hours). For food, mean fasting times were 11.34 hours, which is above the 6 hour “SipTilSend” guideline for food.

Discussion

Prolonged fasting times are evident in patients undergoing elective caesarean sections in CUMH. Efforts to promote reduced fasting times, in line with national and international guidance, may benefit patients in our institution.

Socio-economic Status and Epidural Analgesia Utilisation During Labour - An Audit of Epidural Utilisation in The Coombe

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Abstract

Aims

This audit aimed to explore whether socio-economic factors influence epidural utilisation in The Coombe. Secondary aims were to identify if there was correlation between epidural rates and ethnicity or english speaking status.

Methods

Data was collected retrospectively via review of 95 charts. Data included patient age, BMI, ethnicity, english speaking status, epidural utilisation. At time of chart review address was not recorded but instead translated to socioeconomic status using the Pobal HP Deprivation Index Map.

Results

Epidural utilisation in total population was 57%

Higher SE Group n=58, 34 (59%).

Lower SE Group n =37, 20 (54%).

A 5% difference was found between epidural utilisation in the Higher Socioeconomic Group vs the Lower SE Group. Results were found to not be statistically significant using a chi-square test (p-value 0.8213 at 95% CI). Secondary outcomes explored differences in epidural utilisation in non-english speaking patients and those of non-caucasian backgrounds.

Discussion

We found a measurable difference in epidural utilisation across the 3 categories and hope this finding highlights the importance of health equity in maternity settings. A limitation of this audit was the small sample size. We aim expand our investigation by including data from The Coombe, Holles St and The Rotunda to further explore the influence socioeconomic standing has on epidural utilisation in Dublin Maternity Hospitals.

Elective or Emergency Caesarean Section – Does It Impact Your Recovery?

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Abstract

Aims

The aim of this project was to determine if post-operative patient outcomes are affected based on whether their Caesarean Sections (CS) were elective or emergent.

Methods

We performed a prospective cohort study from August to October including 100 patients who underwent elective and emergency CS in CUMH. We reviewed patients based on NICE guidelines, time of delivery, mode of neuraxial anaesthesia, time to ambulation, time to catheter removal, opioid requirement within the first 24 hours, and total opioid requirement during admission.

Results

Comparing patients who required CS, there was no statistically significant difference in outcomes for ambulation or catheter removal based on mode of neuraxial anaesthesia (epidural versus spinal) ($p = 0.278$, $p = 0.995$), NICE category ($p = 0.591$, $p = 0.321$), and time of delivery (normal working hours versus on-call hours) ($p = 0.984$, $p = 0.851$). Furthermore, there was no difference in as-required opioid consumption based on time of surgery ($p = 0.773$), type of neuraxial anaesthesia (epidural versus spinal) ($p = 0.994$) and NICE category ($p = 0.936$).

Discussion

This project has shown that regardless of whether a patient has a planned or emergency caesarean section, their care and outcomes are similar. This provides reassurance for those requiring emergent delivery that there is no greater risk of delayed recovery or increased pain as a result of their unplanned surgery.

Successful Caesarean Section in a Post-Laryngectomy Patient Using Regional Anaesthesia

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Abstract

Presentation

A 32-year-old Irish woman, gravida 5 para 1, with one previous lower segment caesarean section, underwent total laryngectomy with bilateral neck dissection and right thyroid lobectomy at 31 weeks of gestation. At 37 weeks, she presented for elective caesarean section.

Diagnosis

The case posed a significant anaesthetic challenge due to altered airway anatomy following total laryngectomy, eliminating oral and nasal routes for ventilation and requiring oxygenation exclusively via the tracheal stoma. Intubation, if necessary, was technically difficult with risk of endobronchial intubation or failed ventilation. Communication was limited due to loss of verbal function.

Treatment

A multidisciplinary approach involving obstetric, anaesthetic, and otolaryngology teams was implemented. Regional anaesthesia using central neuraxial block was selected, with continuous cardiopulmonary monitoring and an established airway rescue plan. Both mother and baby had favourable outcomes, followed by postoperative High Dependency Unit care.

Discuss

This case emphasizes meticulous multidisciplinary planning for safe caesarean management in post-laryngectomy patients.

From IV to Oral paracetamol: A Sustainable Quality Improvement Project in Obstetric Anaesthesia

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Abstract

Aims

To reduce IV paracetamol usage in caesarean section patients by promoting oral administration through a structured quality improvement project.

Methods

Educational sessions were delivered to nursing staff and anaesthetic team to reinforce the efficacy and sustainability of oral paracetamol in obstetric analgesia. To support awareness and encourage behaviour change, visually engaging infographics were developed and displayed in recovery area. Staff engagement and feedback were monitored using Google Form survey.

Results

We analysed 100 patient records—50 prior and 50 following implementation. Post-intervention data showed a substantial increase in oral paracetamol administration, rising from 18% (9 patients) to 68% (34 patients). Concurrently, intravenous paracetamol prescriptions decreased from 52% (26 patients) to 20% (10 patients).

Discussion

Transitioning from IV to oral paracetamol in obstetric anaesthesia is a feasible, sustainable, and cost-effective intervention. This QI project demonstrates that targeted education, visual tools, and cross-departmental collaboration can drive meaningful improvements in clinical practice while supporting environmental stewardship.

Emergency Caesarean Section Decision to Delivery interval: An audit of performance

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Abstract

Aims

The Aim of this audit is to assess whether the Rotunda is compliant with the recommended decision to delivery interval (DDI) for category one and two emergency caesarean sections and whether there has been an interval change since last audited.

Methods

A retrospective study of all category I & II CS during March 2025. Decision time was defined as the first notation of a decision of category of CS in the patient's records with delivery time taken from the birth registry.

Results

In March 2025 there were one-hundred and eight emergency caesarean sections, 12 category 1 and 96 as category 2.

Eleven category one caesarean sections, (92%) had a DDI of <30mins. The Mean DDI for Category one CS was 18 mins. Seventy – nine (82%) Category two C.S were performed within 75 mins. The mean DDI for Category 2 sections was 52 mins.

Concerning category one sections, there were six general anaesthetic, 2 spinal anaesthetic and 4 had an epidural top up. For category two sections, 47 had an epidural top up, 41 had a spinal anaesthetic and one had a general anaesthetic. There were seven unplanned G.A's for failed neuro-axial anaesthesia.

Discussion

These results represent a decline in performance when compared to data from prior audit in 2020. Category one C.S took on average two minutes longer than in 2020 and category 2 C.S took on average 17 minutes longer. Despite this, more than 80% of emergency CS are performed within the recommended timelines, demonstrating continued strong performance.

Labour Ward Epidural in Pregnant Parturient with Primary Dystonia

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Abstract

Presentation

A novel case that demonstrates the use of opioid-free labour epidural analgesia to avoid exacerbation of symptoms of primary dystonia in labour.

Diagnosis

A 36-year-old primigravida, IOL at 39weeks gestation due to a history of primary dystonia requesting epidural. She had well-controlled primary dystonia affecting her upper limbs. Previous management included three monthly botulinum toxin. Opioids inducing dystonia was a concern.

Treatment

Post patient consent, Labour Epidural Analgesia was achieved. A test dose of 3 ml 0.25% levobupivacaine followed by an incremental 15 ml top-up of 0.125% levobupivacaine was given. Maintenance dose 0.125% levobupivacaine PIEB (7 ml every 45 minutes) and PCEA (5 ml every 20 minutes).

Discuss

Levobupivacaine-only epidural analgesia provided effective pain relief without neurological complications. All labour ward staff were warned against using other dystonic stimulating drugs. This case supports the use of opioid-free epidural in patients with primary dystonia presenting in labour. It highlights the importance of multidisciplinary planning and individualized care.

Audit of audits: a review of compliance with anaesthesia department audit master schedule at National Maternity Hospital

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Abstract

Aims

An audit masterschedule was devised by the anaesthesia department three years ago with a list of suggested mandatory audits to be completed on a regular basis with several key performance indicators (KPIs).

Principal aim: To review compliance with this masterschedule.

Secondary aim: To identify barriers to completion of mandatory audits.

Methods

Review of audits completed over the last 2 years. Where data for KPIs were not obtained, feedback was sought from relevant staff around ease of extracting data.

Results

Ten of 11 (90.1%) audits were completed, with data obtained for 27/42 KPIs (64.3%). Principal barriers included lack of mandatory documentation of certain data, ambiguity on what needs to be recorded, difficulty in data extraction and lack of reporting of complications on National Incident Management System.

Discussion

Our department is largely compliant with our aim to complete mandatory audits, although key areas for improvement have been identified around ease of data recording and collection.

A Review of PDPH Secondary to Spinal Anaesthesia Requiring Epidural Blood Patch in a Tertiary Maternity Centre in Ireland

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Abstract

Aims

The objective of this study was to determine the incidence of post-dural puncture headache (PDPH) following spinal anaesthesia that necessitated treatment with an epidural blood patch over almost four-year period at the National Maternity Hospital, and to compare the findings to international data

Methods

Patients who required an epidural blood patch (EBP) for the management of post-dural puncture headache (PDPH) secondary to spinal anaesthesia were included in this retrospective review. Data was extracted SurgiNet Anaesthesia records, theatre logbooks, and the MN-CMS electronic health record. The study period encompassed 45 months, from 1 January 2022 to 30 September 2025.

Results

Over the 45-month study period, a total of 77 epidural blood patches (EBPs) were performed for the treatment of post-dural puncture headache (PDPH), of which 15 cases (19.5%) were attributed to spinal anaesthesia. Overall, there was a non-linear upward trend in the proportion of PDPH cases following spinal anaesthesia that required EBP, increasing from 3.6% in 2022 to 26.3% during the first nine months of 2025.

Discussion

Our data shows that overall there has been an increase PDPH requiring EBP. International data for PDPH from spinal anaesthesia varies from 0.4%-40% depending on several factors most notably needle size and type.

Post-operative Analgesia after Caesarean Section in CUMH

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Abstract

Aims

To evaluate current postoperative analgesic practices following elective and emergency caesarean sections and identify potential areas for quality improvement.

Methods

A retrospective audit was conducted on consecutive women undergoing elective or emergency caesarean section between 1st and 14th February. Data were collected from PACU records, anaesthetic notes, and prescription charts. A structured Excel-based proforma was used to document the type of anaesthesia, intrathecal opioid use, TAP block administration, prescription of regular paracetamol and NSAIDs, PRN oxycodone, and actual rescue analgesia administered.

Results

A total of 108 patients were included. Intrathecal opioids were administered in 106 (98%) cases, while no TAP blocks were recorded. Regular paracetamol was prescribed in all 108 (100%) cases, NSAIDs in 107 (99%), and PRN oxycodone in 108 (100%). Mean oxycodone consumption was 13.8 mg at 24 hours and 27.7 mg at 48 hours.

Discussion

High compliance with multimodal analgesia protocols was observed, reflecting effective postoperative pain management. However, the absence of TAP block utilization indicates an opportunity to enhance regional analgesia techniques for improved patient outcomes.

Maternity Critical Care/High Dependency Unit 2024 Report

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Abstract

Aims

This report aims to assess trends within the High Dependency Unit at the Rotunda Hospital. This data is used to guide investment and quality improvement.

Methods

A retrospective study of all HDU admissions in 2024. Data was extracted from patient records and included demographics, clinical characteristics and medical interventions.

Results

There were 368 admissions to the HDU in 2024, the highest number to date. 343 were obstetric patients and 25 were gynecological patients. The average age was 34.0 years (15–83). The mean length of stay was 1.5 days (1–8 days). The most common causes for obstetric admission were haemorrhage (n= 152, 44%), Pre-eclampsia (n=73, 21%) and Sepsis (n=23, 7%). The most common indications for gynaecological admission were Haemorrhage (n=7, 28%), sepsis (n=4, 16%) and pain management (n=4, 16%).

Discussion

Over the past six years, there has been a marked rise in admissions, reflecting increasing surgical workload and growing clinical complexity.

Optimising Antacid Prophylaxis Prior to Caesarean Section: A Quality Improvement Project

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Abstract

Aims

We undertook a quality improvement project to rationalise and update antacid prophylaxis guidelines in obstetric patients undergoing surgery.

Methods

Following a retrospective review of prophylactic antacid practices in obstetric surgeries, we undertook a quality improvement project to improve timing, documentation and appropriateness of proton pump inhibitor and sodium citrate administration. We assembled a multidisciplinary QI team that drafted a new guideline and undertook education initiatives to improve hospital wide compliance. A post-intervention retrospective review was performed to assess compliance.

Results

Post-intervention, documented sodium citrate use outside theatre fell from 20.3 % (n = 15) to 0%. Appropriate PPI timing improved from 4.1 % (n = 3) to 13.6 % (n = 6). Documentation remained limited but showed improved appropriateness of administration in line with updated guidelines.

Discussion

The updated protocol reduced unnecessary sodium citrate use, improved PPI timing three-fold, and achieved projected annual cost savings of approximately €12,000. Ongoing digital integration will strengthen documentation and sustain improvement.

Bridging the Gap in Post-Repair Care: Optimising Analgesia and Aftercare Management Post Perineal Tear

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Abstract

Aims

To assess post-operative analgesia and aftercare prescribing following perineal tear repair, given recent PROSPECT guideline updates on acute pain management post vaginal delivery.

Methods

A retrospective review of 20 randomly selected patients with perineal tears over the preceding nine months. Data included tear grade, analgesic regimen, bowel-care and neuraxial morphine use.

Results

Most tears were $\geq 3B$, with one 4th-degree and one 2nd-degree with episiotomy. Sixteen repairs occurred in theatre; eight under spinal and twelve under epidural top-up. Regular paracetamol was prescribed for most, though administration timing was inconsistent. NSAID prescribing varied, and some high-grade tears lacked regular cover. Both neuraxial morphine use among epidural top-ups and overall opioid administration were lower than expected. Lactulose was omitted in seven cases.

Discussion

There is variability in analgesia and bowel-care prescribing following perineal repair. Standardising practice, ensuring regular NSAID, stool-softener, and neuraxial morphine use for higher-grade tears, represents a quality improvement opportunity to enhance post-operative outcomes.

Beyond the bleed: Anaesthetic Lessons from Haemoglobin Trends and Transfusion in Postpartum Haemorrhage

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Abstract

Aims

To evaluate haemoglobin (Hb) trends and estimated blood loss (EBL) as transfusion predictors among postpartum haemorrhage (PPH) cases, and to explore the relationship between Hb monitoring and transfusion practice.

Methods

All PPH cases during PPH awareness month (September 2025) were reviewed for EBL, serial Hb results, and transfusion data. Exploratory logistic regression assessed predictors of transfusion using Δ Hb (pre-event to nadir) and EBL.

Results

Thirty-four patients were identified; five (14.7%) received transfusion. Median EBL was 1300 mL (range 1000–2320) and median Δ Hb 3.1 g/dL (range 1.2–6.1). Median pre-event Hb was 12 g/dL (range 10.5–12.8). On exploratory analysis, greater Δ Hb appeared to increase the likelihood of transfusion (OR 6.8, $p = 0.05$). Timing of post-event Hb monitoring varied (15 min–20 h), reflecting inconsistent protocols or clinical judgement.

Discussion

Variability in Hb monitoring, combined with our exploratory findings, suggest the need for standardised post-PPH testing to support timely transfusion decisions.

A comparison of greenhouse gas emissions from peripartum Entonox use between University Maternity Hospital Limerick and large Dublin maternity hospitals

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Abstract

Aims

To quantify the volume of Entonox and consequent greenhouse gas emissions per delivery in UMHL benchmarked with those of large Dublin maternity units.

Methods

The volume of Entonox used in UMHL was derived from figures obtained from the supplier, BOC gases. Figures for deliveries and caesarean section rates were obtained from the annual reports of UMHL and Dublin Maternity Hospitals. Comparative 2023 figures for Dublin maternity hospitals were reproduced with permission of Dr Ola Lokken Nordrum.

Results

	Laboured	Litres N2O from entonox	N2O per labour litres	C2Oe per labour
Coombe	5141	1877506	365	202kg
NMH	5322	791126	149	82kg
Rotunda	6605	1810192	274	149kg
UMHL	2195	979534	446	247kg

Discussion

Ireland's hospitals release nitrous oxide emissions representing a global warming potential equivalent to approximately 18,000 tons of CO₂ equivalent (eCO₂). In 2024 UL hospitals group was responsible for 1,037 tons eCO₂, 515 due to Entonox use in UMHL. The emissions per delivery were highly variable, however entonox use per delivery is higher in UMHL than for Dublin maternity hospitals. These results suggest further investigation and mitigation in UMHL are warranted.

An Audit of Anaesthetic Management in Obstetric Patients with Previous Bariatric Surgery

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Abstract

Aims

To audit the perioperative anaesthetic management of pregnant women with prior bariatric surgery at the National Maternity Hospital, Dublin.

Methods

A retrospective review of all parturients with a history of bariatric surgery who delivered between January 2024 and June 2025 was conducted using electronic maternity records.

Results

53 patients were identified. 43% were had their booking visit the same year or the year following surgery. 4% attended anaesthesia preassessment clinic antenatally. 92% received NSAID's during hospital stay and 75% were prescribed NSAID's on discharge. 31% received a concurrent PPI. Delivery mode and anaesthesia technique was also recorded.

Discussion

Pregnancy after bariatric surgery is increasingly common due to rising obesity and metabolic surgery in women of reproductive age. MBRRACE 2020 highlights the risk of anastomotic leaks at gastric bypass sites in susceptible patients. This cohort should be recognised as high-risk, and care pathways must reflect the need for tailored perioperative and anaesthetic management.

Higher vs Lower Lumbar Epidural Catheter Insertion for Labour Induction: A Randomised Trial

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Abstract

Aims

To investigate the efficacy of epidural catheters placed at higher (group H) vs lower lumbar levels (group L) for women undergoing labour induction using a PIEB protocol (NCT06850636).

Methods

A prospective, blinded, randomised controlled trial. To determine efficacy of the catheter, a composite outcome was chosen as the primary outcome measure (table 1). Women were assessed during labour and followed up by interview at 24 hours post-delivery. Pain scores, motor function, sensory levels and satisfaction levels were analysed and compared between groups.

Results

520 women were screened for inclusion, with 164 included and randomised to one of four groups based on the lumbar level determined using ultrasound (Table 1). Group H epidural catheters performed superiorly to Group L for the primary outcome measure (Group H 24/82 [29%] vs Group L 49/82 [60%], $p < 0.001$). Mean [SD] pain scores were lower in Group H compared to group L during both first stage of labour, (0.8 [0.8] vs 2.1 [2.9], $p < 0.001$) and the second stage (1.1 [2.2] vs 1.9 [2.7], $p = 0.01$).

Table 1: Primary outcome

	Group H:	Group L:	P value
Catheter insertion level:	L1/2 or L2/3 (n=82)	L 3/4 or L4/5 (n=82)	
Inability to insert at the assigned lumbar	8/82 (10%)	2/82 (2%)	$p = 0.05$

level			
Catheter resite required during labour	3/82 (4%)	11/82 (13%)	p=0.03*
Epidural top-up for pain score >4	20/82 (24%)	45/82 (55%)	p<0.001*
Inadequate epidural requiring conversion to SAB/GA for CS	0/22	9/28 (32%)	p=0.003*
Pain reported during caesarean delivery	0/22	2/28 (7%)	p=0.02*
Primary outcome; unsatisfactory epidural catheter†	24/82 (29%)	49/82 (60%)	p<0.001*

SAB; subarachnoid block, GA; general anaesthesia, CS; caesarean delivery.

†If any of the above conditions met, some cases met multiple conditions, therefore columns do not sum. *denotes statistical significance

Discussion

The results of this study suggest that higher lumbar epidural catheters perform better than those placed at lower lumbar levels for women undergoing labour induction using our PIEB protocol.

Risk Factors and Demographic Characteristics Associated with Postpartum Haemorrhage in a Single Centre: Insights from PPH Awareness Month 2025

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Abstract

Aims

PPH remains a leading cause of maternal morbidity. Understanding its causes and risk factors is essential to guide appropriate treatment and planning. This audit aimed to explore identifiable and contributory factors associated with PPH over one month.

Methods

All PPHs of ≥ 1000 mL were recorded and reviewed during September 2025 (n=34, 6.5% of deliveries). Data included demographics, antenatal and intrapartum risk factors, estimated blood loss, and timing of events.

Results

Mean maternal age was 33.9 years and mean BMI 27.7kg/m². The mean EBL was 1448 mL, greatest among instrumental deliveries. Caesarean section (62%) and induction (50%) predominated as intrapartum factors. Previous PPH (35%) and macrosomia >4kg (24%) were frequent antenatal contributors. 82% of women had ≥ 1 identifiable risk factor and 15% received transfusion. 44% of events occurred out of hours.

Discussion

Most PPHs occurred in women with multiple identifiable risk factors, yet some arose unpredictably. These findings highlight an opportunity to implement and strengthen antenatal risk-stratification processes and preparedness across all hours of care.

Thromboprophylaxis following Major Obstetric haemorrhage: How long are we waiting?

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Abstract

Aims

To assess the time to thromboprophylaxis following major postpartum haemorrhage (PPH $\geq$ 1000 ml) and identify areas for improving venous-thromboembolism prevention.

Methods

Retrospective audit of patients with major PPH during September 2025. Data included timing of PPH, anaesthesia technique, location of PPH, and thromboprophylaxis administration.

Results

There were 34 patients included with mean age 32.9 ± 4.5 years and BMI 27.7 ± 5.9 kg/m². Epidural anaesthesia was most common in 63% while 56% of PPH events occurred in theatre. Thromboprophylaxis was indicated in 85% and prescribed or administered in 79%. Median time from PPH to thromboprophylaxis was 7.2 hours (range 4.8–41.2; mean 11.4 ± 9.5).

Discussion

There is variability in thromboprophylaxis administration timing following major PPH reflecting the complexities with addition of neuraxial techniques and establishing haemostasis. Multidisciplinary coordination and standardised pathways for this cohort are required to ensure timely management.

Optimising Maternal Recovery: A Clinical Audit of ERAC Protocol Adherence

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Abstract

Aims

We evaluated adherence to an established ERAC protocol in the Coombe Hospital.

Methods

We conducted a prospective observational analysis of patients' post-caesarean section. Our local policy '6@6' highlights analgesia, nausea and vomiting prophylaxis, VTE prophylaxis, mobilisation, urinary catheter removal, and intravenous cannula removal. We also carried out ObsQor-10 surveys on each patient.

Results

We reviewed 49 patients over two weeks using both paper and electronic records, during the hospital's transition. Pain management compliance exceeded 87%. Nausea and vomiting affected 10-16% of patients, increasing anti-emetic use. Mobilisation and urinary catheter removal were prolonged, at 14 hours on average. Cannulas were removed in only 34.6% of cases, while 96% received appropriate VTE prophylaxis. The average ObsQor-10 score was 78.6.

Discussion

There is scope for more repeated staff and patient education sessions, to improve the moderate recovery score to excellent recovery. Our aim is to provide national guidance on managing quality improvement projects on ERAC.

“Just a Post-Dural Puncture Headache?” A Case of Subdural Haematomas following an Accidental Dural Puncture

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Abstract

Presentation

A 30-year-old woman received an epidural for labour and experienced an accidental dural puncture (ADP). She initially reported minimal symptoms relating to the ADP. She was discharged day 4 post-delivery with daily telephonic follow up. On day 10 post-procedure, she re-presented with a worsening headache and vomiting.

Diagnosis

CT-Brain:

- 1) Bilateral subacute subdural hematoma likely secondary to intracranial hypotension.
- 2) Associated diffuse sulcal effacement. No midline shift, uncal or cerebellar tonsillar herniation.

Treatment

An epidural blood patch was performed following consultation with neurosurgery. She had no further neurological deterioration, remained stable, and was discharged on day 2 post-admission with close outpatient follow-up.

Discuss

This case highlights the rare yet potentially life-threatening complication of intracranial subdural haematoma following ADP. Though post-dural puncture headache (PDPH) is commonly perceived as benign and self-limiting, literature emphasises that severe complications, including subdural haematomas and cerebral vein thrombosis, can occur, often mimicking PDPH and leading to diagnostic delays.

This case reinforces the need for standardised follow-up and heightened clinical suspicion in postpartum patients presenting with persistent or atypical headaches following neuraxial anaesthesia.

Suspected Subdural Block Following Labour Analgesia: A Case Report

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Abstract

Presentation

We report the case of a 35-year-old woman who developed a high sensory block with minimal motor involvement following the uneventful insertion of an epidural catheter for labour analgesia. The catheter was placed at L3/4, the test dose was negative, and an initial bolus followed by infusion was commenced. The block initially reached T10.

Diagnosis

At 25 minutes she developed transient hypotension, which resolved with intravenous fluids. Thirty minutes later, recurrent hypotension occurred with minimal motor block and a sensory level to T4, raising suspicion of subdural spread, and the epidural was discontinued.

Treatment

Fetal bradycardia subsequently developed, necessitating an emergency category 2 caesarean section performed under spinal anaesthesia. A healthy infant was delivered, and maternal recovery was uncomplicated.

Discuss

Subdural catheterisation is a rare but potentially serious complication of epidural analgesia. A high, motor-sparing block, as in this case, is explained by subdural anatomy. Diagnosis remains clinical, supported by Lubenow et al.'s proposed criteria