

**ACGME Program Requirements for Graduate Medical Education
in Obstetric Anesthesiology
Summary and Impact of Interim Requirement Revisions**

The Society of Obstetric Anesthesiology and Perinatology (SOAP) and the obstetric anesthesiology program directors of the Association of Anesthesiology Subspecialty Program Directors (AASPD) Council of the Society of Academic Associations of Anesthesiology & Perioperative Medicine (SAAAPM) developed the SOAP/AASPD Obstetric Anesthesiology Fellowship Curriculum Working Group, which made all recommendations for these focused revisions. The Working Group noted that obstetric anesthesiology received its original ACGME accreditation as a subspecialty fellowship in 2012, and that many advances have been made in the field in the years since the original curriculum was adopted. The goal of the Working Group was to update the curriculum, case log requirements, and program requirements to reflect these changes and prepare fellows to enter practice as expert consultants for high-risk maternal care.

SOAP and AASPD members, as well as other prominent educators in the subspecialty, provided comments and input into the final recommendations of the Working Group.

Requirement #: **NEW I.D.2**

Requirement Revision (significant change only):

I.D.1.b) There must be access to an ultrasound machine for patient management using point-of-care ultrasound. (Core)

1. Describe the Review Committee's rationale for this revision:
Access to an ultrasound machine is a key component to obstetrics and the work of the obstetric anesthesiologist. Access to an ultrasound machine will allow fellows to demonstrate competence in the use of that equipment.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Ultrasound evaluation is essential to training as an obstetric anesthesiologist and falls within the scope of an obstetric anesthesiologist. Requiring fellows to demonstrate competence in this area will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revision will improve the continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
An ultrasound machine is a standard piece of hospital equipment, and is highly unlikely that it would need to be purchased. Fellows will need to be provided access to the ultrasound machine as part of their fellowship program.

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **NEW I.D.1.c)**

Requirement Revision (significant change only):

I.D.1.c) There must be evidence that the institution has implemented bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations. (Core)

1. Describe the Review Committee's rationale for this revision:
Care bundles include evidence-based health care interventions to prevent adverse health outcomes of pregnancy, labor and delivery, and postpartum. Requiring fellows to utilize these care bundles will result in better clinical outcomes for mothers and infants.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Fellow education will be improved, through evidence-based processes of care and better patient outcomes.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
There are many available care bundle databases available for programs and are likely already in place at the program.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.b).(1).(d)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(d) [Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient's birth plan goals, including; (Core)]

IV.B.1.b).(1).(d).(i) advising the multidisciplinary team involved in the care of the medically-complex obstetric patients on anesthetic issues; and, (Core)

IV.B.1.b).(1).(d).(ii) appropriately addressing conflicting medical and social goals in a manner that reflects value-based patient care. (Core)

1. Describe the Review Committee's rationale for this revision:
The requirements proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Curriculum Working Group more clearly delineates the required competencies to be demonstrated by fellows.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Ensures that all areas involving care planning are addressed during the fellowship program.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **NEW IV.B.1.b).(1).(g)**

Requirement Revision (significant change only):

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IV.B.1.b).(1).(g) Fellows must participate in a minimum of 10 neonatal resuscitations, with the support of a skilled neonatology team. (Core)

1. Describe the Review Committee's rationale for this revision:
Again, proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Curriculum Working Group and endorsed by program leaders in SOAP and AASPD. Neonatal resuscitations are an essential skill for obstetric anesthesiologists, and a minimum number will ensure that fellows are familiar with the process.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It improves fellow education by ensuring fellows are exposed to the process for neonatal resuscitations.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a. Fellows will log cases in the ACGME Case Log System.

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.b).(2).(a).(vi)-(vii)**

Requirement Revision (significant change only):

IV.B.1.b).(2).(a) [Fellows must demonstrate competency in management of:]

IV.B.1.b).(2).(a).(vi) use of ultrasonography; and, (Core)

IV.B.1.b).(2).(a).(vi).(a) This experience must include a minimum of 20 trans-thoracic echocardiography exams. (Core)

IV.B.1.b).(2).(a).(vi).(b) This experience must include a minimum of 20 neuraxial ultrasound exams. (Core)

IV.B.1.b).(2).(a).(vi).(c) This experience must include five abdominal plane blocks. (Core)

IV.B.1.b).(2).(a).(vii) evaluation of postpartum patients. (Core)

IV.B.1.b).(2).(a).(vii).(a) This experience must include evaluation and management of five postpartum headaches. (Core)

1. Describe the Review Committee's rationale for this revision:
Proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Curriculum Working Group and endorsed by the program director leadership group of both organizations. Ultrasounds, TTE, neuraxial ultrasound exams, and postpartum evaluation are essential to training an obstetric anesthesiologist.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these established areas will ensure that fellows have standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(a)-(b)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(a) ~~advanced maternal physiology, biochemistry (nitric oxide, prostaglandins), genetic predispositions, and polymorphisms~~ physiologic changes associated with pregnancy; ^(Core)

IV.B.1.c).(1).(b) ~~embryology and teratogenicity, including laboratory models and use of databases~~ normal and abnormal fetal development and the potential impact of teratogenicity of exposures during pregnancy; ^(Core)

1. Describe the Review Committee's rationale for this revision:

Text edited to update verbiage.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

n/a

3. How will the proposed requirement or revision impact continuity of patient care?

n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **NEW IV.B.1.c).(1).(d).(i)-(d).(iv)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(d) neonatal physiology and advanced neonatal resuscitation, including; ^(Core)

IV.B.1.c).(1).(d).(i) delayed cord clamping; ^(Core)

IV.B.1.c).(1).(d).(ii) the risks, benefits and process optimization of maternal to neonatal skin to skin after delivery during cesarean; ^(Core)

IV.B.1.c).(1).(d).(iii) early recognition of neonatal distress in the early postpartum period, and ^(Core)

IV.B.1.c).(1).(d).(iv) APGAR score. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Additional requirement added to provide clarity in the competency areas to ensure all essential activities are included for fellowship training.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of an obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
N/A
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(e)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(e) medical disease and pregnancy, including hypertensive disorders, ~~morbid~~ obesity, respiratory disorders, cardiac disorders (congenital and acquired), dysrhythmias, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, oncologic disorders, musculoskeletal and connective tissue disorders (congenital and acquired), substance use disorders (SUDs), opioid dependence, infectious diseases (e.g. HIV infection/AIDS, influenza, zika, COVID-19), and psychiatric diseases; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The topic areas are in concert with the scope of obstetric anesthesiology. Requiring fellows to demonstrate competence in these established areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(f)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

I.B.1.c.(1).(f) obstetric management of normal and abnormal labor, induction of labor, trial of labor after cesarean delivery, management of routine, urgent and emergent delivery, and management of instrumented vaginal delivery trial-of-labor; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The topic areas are in concert with the scope of obstetric anesthesiology. Requiring fellows to demonstrate competence in these established areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(g)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(g) medications affecting the uterus, tocolytic therapy, ~~the effects of genetics on preterm labor and response to tocolysis, and~~ methods of tocolysis, uterotonic medications, and effects on anesthetic management; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Edited for clarity.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(k) – NEW IV.B.1.c).(1).(l)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(k) regional anesthetic techniques, (e.g. epidural, spinal, combined spinal epidural, dural puncture epidural), including the risks, benefits, and alternatives to and the prevention, recognition and management of complications including inadequate block or block failure, high spinal, local anesthetic systemic toxicity (LAST), post-dural puncture headache, neurologic injury, psychological injury, epidural hematoma, and infection including epidural abscess or meningitis including recognition and treatment of complications, effect of genetic variations, and polymorphisms; ^(Core)

IV.B.1.c).(1).(l) vasoactive medication (e.g. ephedrine, phenylephrine, norepinephrine) use in obstetrics for hypotension from neuraxial techniques for labor analgesia and cesarean anesthesia, including the effects on uteroplacental perfusion and newborn acid-base status and the inclusion of circulatory support devices such as ECMO for complex parturient management for cesarian section; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Click or tap here to enter text. **Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(n).**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(m) [NEW (n)] anesthetic and obstetric management of obstetric complications and emergencies, including intrauterine fetal demise, placental abruption, placenta previa, morbidly adherent placenta placenta accrete, vasa previa, umbilical cord prolapse, uterine rupture, uterine atony, uterine inversion, amniotic fluid embolism, and postpartum hemorrhage umbilical cord prolapse; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
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Requirement #: **IV.B.1.c).(1).(o)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(n) NEW (o) anesthetic and obstetric management of hypertensive disorders of pregnancy, including preeclampsia; including laboratory models for study of preeclampsia; etiology and epidemiology; pathophysiology; biomolecular and genetic changes; peripartum care; and maternal morbidity and mortality from hypertensive disorders of pregnancy and postpartum care; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **NEW IV.B.1.c).(1).(p) – (s)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(p) recognition and prevention of impending maternal morbidity or mortality, including critical events and recognition of clinical warning signs (e.g., maternal early warning systems); ^(Core)

IV.B.1.c).(1).(g) multidisciplinary critical event review systems in labor delivery, including disclosure of adverse events, root cause analysis, enhanced multidisciplinary communication methods including debriefing, ^(Core)

IV.B.1.c).(1).(r) promotion of a culture of safety, just culture, and second victim support; ^(Core)

IV.B.1.c).(1).(s) bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(t)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(l) **NEW (t)** ~~cardiopulmonary resuscitation (CPR) and advanced cardiac life support of the pregnant woman cardiac arrest in pregnancy; cardiopulmonary resuscitation (CPR), perimortem cesarean delivery, advanced cardiac life support in pregnancy; ECMO in pregnancy; implementation of cognitive aids and/or checklists and unit preparation for maternal cardiac arrest, including team training, crisis communication and simulation;~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:
Proposed revisions update the Program Requirement for clarity.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(p) IV.B.1.c).(1).(u)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(p) **NEW (u)** postpartum tubal ligation and timing, including ~~global~~ policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, the epidemiologic effects

~~IV.B.1.c).(1).(p)~~ of delaying requested postpartum ligation procedures, and reliable contraceptive alternatives; ^(Core)
~~postpartum pain management in the parturient, including consequences of post-Cesarean delivery pain;~~ ^(Core)

1. Describe the Review Committee’s rationale for this revision:
Proposed revisions update the Program Requirement for clarity.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
n/a
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **NEW IV.B.1.c).(1).(v)-(w)**

Requirement Revision (significant change only):
 [Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

~~IV.B.1.c).(1).(v)~~ optimizing post-cesarean recovery, including; ^(Core)

~~IV.B.1.c).(1).(v).(i)~~ prevention of surgical site infection and venous thromboembolism ^(Core)

~~IV.B.1.c).(1).(v).(ii)~~ postpartum pain management in the parturient, including consequences of post-cesarean delivery pain and chronic pain after cesarean delivery, multimodal pain management; ^(Core)

~~IV.B.1.c).(1).(v).(iii)~~ the consequences of postpartum pain and its treatments for breastfeeding; ^(Core)

~~IV.B.1.c).(1).(v).(iv)~~ recognition of traumatic birth experiences, post-discharge pain management, and prevention of postpartum opioid dependence; ^(Core)
and ^(Core)

~~IV.B.1.c).(1).(v).(v)~~ the effects of enhanced recovery protocols on postpartum outcomes; ^(Core)

IV.B.1.c).(1).(w) anesthetic management of non-delivery obstetric procedures, including anesthesia for dilation and curettage, dilation and evacuation, cerclage placement, and external cephalic version; (Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(x)-(y)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: (Core)]

IV.B.1.c).(1).(r) **NEW (x)** non-obstetric surgery during pregnancy, including timing, laparoscopy and cardiorespiratory effects on the mother and fetus, fetal monitoring considerations, post-operative analgesia, and, in the postpartum patient, breastfeeding after surgery; (Core)

IV.B.1.c).(1).(s) **NEW (y)** effects of maternal medications and anesthetic technique on breastfeeding, particularly-including effects of surgical anesthesia, labor analgesia and postpartum analgesia; (Core)

1. Describe the Review Committee's rationale for this revision:
Proposed revisions update the Program Requirements for clarity.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(bb - cc)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(v) **NEW (bb)** ~~related disciplines, particularly multidisciplinary care~~ involving obstetrics, maternal and fetal medicine, cardiology, transfusion medicine, critical care, and neonatology; ^(Core)

IV.B.1.c).(1).(cc) fundamentals of point-of-care ultrasound, image acquisition, and interpretation, including lung, gastric, cardiac, vascular, and neuraxial; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(dd)-(ee)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

- IV.B.1.c).(1).(w) **NEW (dd)** fetal treatment procedures, including indications, perioperative considerations, and anesthetic management of mother and fetus for open, minimally invasive, and ex-utero intrapartum treatment (EXIT) procedures with and without neonatal transfer to extracorporeal membrane oxygenation (ECMO) and anesthesia for fetal surgery; ^(Core)
- IV.B.1.c).(1).(x) **NEW (ee)** recognition of critically-ill pregnant patients, escalation of care, including regionalization of maternal care and Maternal Levels of Care, and transport and monitoring of critically-ill pregnant womenpatients within one hospital and between hospitals; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(ff-ii)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

- IV.B.1.c).(1).(y) **NEW (ff)** organization and management of an obstetric anesthesia service, ~~including~~ health care delivery models, reimbursement, building a service, ~~and~~ regulatory agencies with jurisdiction, financial training, insurance, contract negotiation, economics, billing, government regulations, budgeting, supervision and its financial implications, and medical liability specific to labor and delivery; ^(Core)
- IV.B.1.c).(1).(z) **NEW (gg)** legal and ethical issues during pregnancy, consent issues including blood refusal, pregnant minors, competency, and maternal autonomy; ^(Core)
- IV.B.1.c).(1).(aa) **NEW (hh)** psychosocial and social issues, including history of trauma; domestic violence; discrimination; diversity, equity, and inclusion; SUDs; homelessness-housing instability; incarceration; underinsurance; undocumented status; refugee status; and cultural, ethnic and economic barriers to safe anesthesia care, healthcare disparities; racism; and strategies to mobilize system resources for disadvantaged womenpatients in those situations; ^(Core)
- IV.B.1.c).(1).(bb) **NEW (ii)** medical economics and public health issues of womenpatients during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, trial of labor after cesarean (TOLAC), postpartum tubal ligation, and Cesarean delivery rates; ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(mm)**

Requirement Revision (significant change only):

[Fellows must demonstrate competence in their knowledge, with specific emphasis on the anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: ^(Core)]

IV.B.1.c).(1).(ff) **NEW (mm)** processes involved in designing, approval, and implementing implementation of research and clinical trials; and ^(Core)

IV.B.1.c).(1).(mm).(i).(c) [research funding, including:] proficiency in acquisition and interpretation of cardiac and neuraxial ultrasound images. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement more current and to incorporate other topics applicable to the subspecialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These areas fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure that fellows have a standard minimum knowledge and level of competence required to provide quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **NEW IV.B.1.c).(2)**

Requirement Revision (significant change only):

IV.B.1.c).(2) Fellows must maintain current certification in advanced cardiac life support. (Core)

1. Describe the Review Committee's rationale for this revision:
Fellow certification in advanced cardiac life support is essential to effective training and education of obstetric anesthesiologists. The Program Requirement for ACLS certification is consistent as applicable with other applicable anesthesiology subspecialties, including adult cardiothoracic anesthesiology and pediatric cardiac anesthesiology.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This proposed requirement will improve patient safety by ensuring that fellows are trained, able, and equipped to handle life-threatening cardiac situations.
3. How will the proposed requirement or revision impact continuity of patient care?
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
n/a
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.