

**ABSTRACT TITLE: PREVALENCE OF OBSTETRICAL ENHANCED RECOVERY PROGRAMS AMONG ACADEMIC AND PRIVATE PRACTICE INSTITUTIONS**

**Presenting Author:** Mohamed Tiouririne, MD, University of Virginia Health System, Department of Anesthesiology

**Co-Authors:** *Amanda M. Kleiman, MD, University of Virginia Health System, Department of Anesthesiology; Lauren G. Powlovich, MD, University of Virginia Health System, Department of Anesthesiology; Matthew Rippberger, MD, University of Virginia Health System, Department of Anesthesiology*

**Background/Introduction:**

Enhanced recovery after surgery (ERAS) programs continue to become more prevalent, revolutionizing the perioperative care of patients in a number of subspecialties. Despite growing popularity, the implementation of ERAS programs for the obstetrical (OB) population appear delayed, perhaps due to the perception of a lack of benefit. However, the guiding principles of ERAS often quickly translate into other areas where formal programs do not exist. We hypothesized that while the percentage of facilities with formal OB ERAS programs would be low, key concepts for enhanced recovery would be in place at the majority of institutions. Furthermore, we hypothesized that OB ERAS programs would be more prevalent at academic institutions.

**Methods:**

After waiver by the University of Virginia Institutional Review Board, an online survey consisting of questions regarding ERAS programs and techniques for OB and non-OB procedures as well as questions regarding demographic information (description of practice, fellowship opportunity, number of deliveries per year) was distributed to all Society of Obstetrical Anesthesiology and Perinatology members via email. Members were instructed to answer the survey only if they were a division chief to prevent multiple respondents from the same institution.

**Results:**

Responses from 114 respondents were included in the preliminary analysis. Of respondents, 73 identified as being academic, 35 from private practice, and 7 identifying their practice as “other.” While nearly 75% of institutions have ERAS programs, only 15 institutions have enhanced recovery programs following obstetrical procedures (9/73 [12%] of academic institutions and 6/42 [14%] of non-academic institutions). All hospitals with obstetric enhanced recovery programs reported the presence of ERAS programs for multiple other subspecialties. While the number of institutions with formal protocols was low, nearly all respondents identified using at least one ERAS element for obstetrical patients with the highest being the use of multimodal analgesia (94%). Seventeen academic (23%) and 5 non-academic (12%) institutions are currently in the process of developing formal OB ERAS protocols. An additional 29 academic (40%) and 17 non-academic (41%) respondents expressed an interest in the development of an OB ERAS program.

**Conclusion:**

While enhanced recovery after surgery programs have expanding popularity in other subspecialties, their representation in obstetrics remains low. Despite this fact, many of the defining tenets of enhanced recovery are currently used for obstetrical patients. Additionally, there appears to be an interest in the development of OB ERAS protocols in both academic and non-academic institutions. The formal creation of guidelines for enhanced recovery after obstetrical procedures, including cesarean section and vaginal delivery, is a potential venue for further improvement in obstetrical patient care.