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## EDITORIAL

# Obstetric Anaesthesia 2016: Manchester

The *International Journal of Obstetric Anesthesia* is once again delighted to publish the best abstracts from the annual scientific meeting of the Obstetric Anaesthetists' Association (OAA). This year's meeting in Manchester attracted 227 submissions, an almost identical number to 2015. Each abstract was marked by four judges with the top 10 awarded an oral presentation in the Felicity Reynolds Prize. A further 180 submissions are to be presented during one of the two ePoster Sessions during the Manchester meeting.

The abstracts cover a wide range of topics relevant to obstetric anaesthetists. There are a number of excellent studies on the management of maternal haemorrhage, inspired by interest in new therapies and point-of-care coagulation testing and also the increasing frequency of abnormal placentation. Another popular topic is that of failed intubation: the recent publication of the OAA/DAS Obstetric Airway Guidelines acting as catalyst for some to review local practice and share their findings. In addition, there are plenty of abstracts investigating ways to improve labour analgesia, anaesthesia for operative delivery, as well as the findings of those seeking to improve the efficiency of their service. As always, there are number of interesting and challenging case reports.

It is encouraging to see so many submissions from trainee anaesthetists. At such a challenging time for junior staff in the UK, it is reassuring that many are enthusiastic about obstetric anaesthesia. Indeed, half of the abstracts selected for the Felicity Reynolds Prize were from anaesthetists in training. This bodes well for the future of our subspecialty.

This year 10% of abstracts were submitted from overseas. Work from Australia and New Zealand, Europe, Africa and Asia adds an international flavour to the meeting and gives UK-based anaesthetists the opportunity to compare and contrast their practice with that from other nations. With the OAA keen to promote perinatal healthcare around the world, such interest from overseas is extremely welcome.

Although 85% of submissions are to be presented in some form at the Manchester meeting, inevitably there will be disappointed authors whose work was not accepted. Due to the large numbers involved, it is impossible to give individual feedback and so unsuccessful authors should seek advice from senior colleagues to explore ways in which their work could be improved.

As in previous years, a few failed to seek appropriate approval for presentation of their data. Patient consent is necessary when personal details are to be presented, even when attempts are made to ensure anonymity. When data from large cohorts are presented, at the very least, approval from the local Caldicott Guardian (or equivalent) must be sought to meet with current guidelines on information governance.

It was also somewhat disheartening to observe how many authors failed to follow the instructions for on-line submission. As a journal Editor who has observed such behaviour for a number of years, I should be used to this and, perhaps, a little more tolerant. Nevertheless, failure to follow instructions reflects badly on authors leading one to question whether their projects were performed with a similar lack of care. Once again, I recommend that before any submission, authors spend time carefully reading and then following instructions.

Overall, there is much about which we can be positive. This year has seen many interesting abstracts from a number of different countries reporting the findings of investigations into various issues of relevance to all obstetric anaesthetists. Hopefully, you will find them both stimulating and enjoyable to read. The number of submissions from trainee anaesthetists is most encouraging and reassuring for the future development of obstetric anaesthesia.

## Acknowledgements

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