

**ACGME Program Requirements for Graduate Medical Education  
in Obstetric Anesthesiology  
Summary and Impact of Major 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 #: I.D.1.b)**

Requirement Revision (significant change only):

I.D.1.b) **There must be access to an ultrasound machine housed in the labor and delivery unit for patient management using point-of-care ultrasound.** <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**Access to an ultrasound machine is a key component of obstetrics.**
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?  
**The proposed revision will improve the continuity of patient care through ensuring that fellows and patients have access to required diagnostic equipment.**
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; it is highly unlikely that institutions providing obstetric care to patients would need to purchase one to meet this requirement. Fellows will need access to the ultrasound machine as part of their educational program.**
5. How will the proposed revision impact other accredited programs?  
**The proposed revision will not impact other accredited programs.**

**Requirement #: I.D.1.d)**

Requirement Revision (significant change only):

I.D.1.d) 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 institution.**
5. How will the proposed revision impact other accredited programs?  
**The proposed revision will not impact other accredited programs.**

Requirement #: **II.A.2.a)**

Requirement Revision (significant change only):

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors.:  
 (Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE) for the Program Director</u>	<u>Minimum Additional Support Required (FTE) for Program Leadership in Aggregate</u>	<u>Total Minimum Program Leadership Support</u>
<u>1-3</u>	<u>0.1</u>	<u>0.025</u>	<u>0.125</u>
<u>4-6</u>	<u>0.15</u>	<u>0.05</u>	<u>0.2</u>
<u>7-9</u>	<u>0.2</u>	<u>0.1</u>	<u>0.3</u>
<u>10-14</u>	<u>0.2</u>	<u>0.15</u>	<u>0.35</u>
<u>15 and over</u>	<u>0.2</u>	<u>0.2</u>	<u>0.4</u>

Number of Approved Fellow Positions	Minimum FTE
1-2	0.1
3	0.125
4	0.15
5	0.175
>5	0.2

- Describe the Review Committee's rationale for this revision:  
**The Review Committee has received a number of concerns related to insufficient dedicated time for the program director and leadership team and updated the requirements here to clarify its expectations.**
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**This revision will improve fellow education by ensuring more protected time for the program director and leadership team.**
- How will the proposed requirement or revision impact continuity of patient care?  
**n/a**
- 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?  
**This revision could possibly necessitate additional resources, if the program does not currently provide sufficient protected non-clinical administrative time for the program director and/or leadership team.**
- How will the proposed revision impact other accredited programs?  
**n/a**

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

Requirement Revision (significant change only):

IV.B.1.b).(2).(a) Fellows must demonstrate competency in management of high-risk maternal co-morbidity and high risk vaginal and Cesarean deliveries, as well as antenatal procedures. (Core)

- Describe the Review Committee's rationale for this revision:  
**This revision was proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Curriculum Working Group and endorsed by the program director leadership group of both organizations.**
- 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**

**they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

- |                   |   |
|-------------------|---|
| IV.B.1.c).(1).(a) | <del>advanced maternal physiology, biochemistry (nitric oxide, prostaglandins), genetic predispositions, and polymorphisms</del> <u>physiologic changes associated with pregnancy;</u> <sup>(Core)</sup>                            |
| IV.B.1.c).(1).(b) | <del>embryology and teratogenicity, including laboratory models and use of databases</del> <u>normal and abnormal fetal development and the potential impact of teratogenicity of exposures during pregnancy;</u> <sup>(Core)</sup> |

1. Describe the Review Committee's rationale for this revision:  
**This revision was made to reflect current 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 #: **IV.B.1.c).(1).(e)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

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), ~~neurologic disorders~~, 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:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group to make the requirement reflect current practice and 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 noted in this proposed revision are in concert with the scope of obstetric anesthesiology. Requiring fellows to demonstrate competence in these established areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

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~~; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 noted in this proposed revision are in concert with the scope of obstetric anesthesiology. Requiring fellows to demonstrate competence in these established areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

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; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**This requirement was edited to provide greater 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).(l)-(m)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(l) vasoactive medication; <sup>(Core)</sup>

Subspecialty-Specific Background and Intent: Examples of vasoactive medication include 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.

IV.B.1.c).(1).(m) use of circulatory support devices such as extracorporeal membrane oxygenation (ECMO) for complex parturient management; <sup>(Core)</sup>

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

**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group to make the requirement reflect current practice and 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 areas noted in this proposed revision fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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).(o)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(o) 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; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in this proposed revision fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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?  
**n/a**

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

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(p) 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; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in the proposed revision fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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).(q)-(r)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(q) ~~recognition and prevention of impending maternal morbidity or mortality, including critical events and recognition of clinical warning signs (e.g., maternal early warning systems);~~ <sup>(Core)</sup>

IV.B.1.c).(1).(r) ~~bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations must be available;~~ <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These requirements were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in these proposed requirements fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence**

**in these areas will ensure they have the standard minimum knowledge and 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).(s)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(s)                      ~~cardiopulmonary resuscitation (CPR) and advanced cardiac life support of the pregnant woman cardiac arrest in pregnancy; 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;~~ <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The proposed revisions were made to provide additional 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).(t)-(u)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(t) postpartum tubal ligation and timing, including ~~global~~ policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, the epidemiologic effects of delaying requested postpartum ligation procedures, and reliable contraceptive alternatives; <sup>(Core)</sup>

~~IV.B.1.c).(1).(u) postpartum pain management in the parturient, including consequences of post-Cesarean delivery pain;~~ <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The proposed revisions were made to provide additional 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 revisions will not impact other accredited programs.**

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

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(v) optimizing post-Cesarean recovery; <sup>(Core)</sup>

Subspecialty-Specific Background and Intent: Optimization of post-Cesarean recovery includes prevention of surgical site infection and venous thromboembolism; postpartum pain management in the parturient, including consequences of post-Cesarean delivery pain and chronic pain after Cesarean delivery, and multimodal pain management; the consequences of postpartum pain and its treatments for breastfeeding; recognition of traumatic birth

experiences, post-discharge pain management, and prevention of postpartum opioid dependence; and the effects of enhanced recovery protocols on postpartum outcomes.

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; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The proposed requirements were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group to make the requirement reflect current practice.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The areas noted in the proposed requirements fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(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; <sup>(Core)</sup>

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

1. Describe the Review Committee's rationale for this revision:  
**The proposed revisions were made to provide additional clarity.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The areas noted within the proposed revisions fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(bb) ~~related disciplines, particularly multidisciplinary care~~ involving obstetrics, maternal ~~and~~ fetal medicine, cardiology, transfusion medicine, critical care, and neonatology; <sup>(Core)</sup>

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

1. Describe the Review Committee's rationale for this revision:  
**The proposed revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in the proposed revisions fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(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;~~ <sup>(Core)</sup>

IV.B.1.c).(1).(ee) recognition of critically-ill pregnant patients, escalation of care including regionalization of maternal care and Maternal Levels of Care, transport and monitoring of critically-ill pregnant ~~women patients~~ within one hospital and between hospitals; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in the proposed revisions fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(ff)	organization and management of an obstetric anesthesia service, <del>including</del> health care delivery models, reimbursement, building a service, and regulatory agencies with jurisdiction, <u>contract negotiation, economics, billing, government regulations, financial and budgeting considerations, and medical liability specific to labor and delivery;</u> <sup>(Core)</sup>
IV.B.1.c).(1).(gg)	legal and ethical issues during pregnancy, <u>including consent issues related to blood refusal, pregnant minors, competency, and maternal autonomy;</u> <sup>(Core)</sup>
IV.B.1.c).(1).(hh)	<del>psychosocial and social issues, including; domestic violence; discrimination; SUDs; homelessness and cultural, ethnic and economic barriers to safe anesthesia care, strategies to mobilize system resources for disadvantaged women in those situations;</del> <sup>(Core)</sup>
IV.B.1.c).(1).(ii)	medical economics and public health issues of <u>women patients</u> during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, <u>trial of labor after Cesarean (TOLAC), postpartum tubal ligation,</u> and Cesarean delivery rates; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**These revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in the proposed revisions fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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), IV.B.1.c).(1).(nn).(iii)**

Requirement Revision (significant change only):

[Fellows must demonstrate ~~competence in their~~ knowledge, ~~of 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: <sup>(Core)</sup>]

IV.B.1.c).(1).(mm) processes involved in designing, approval, and implementing implementation of research and clinical trials; and <sup>(Core)</sup>

IV.B.1.c).(1).(nn).(iii) [Research funding, including: ] proficiency in acquisition and interpretation of cardiac and neuraxial ultrasound images. <sup>(Core)</sup>

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

**The proposed revisions were proposed by the SOAP/AASPD Obstetric Anesthesiology Fellowship Working Group for to make the requirement reflect current practice and 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 areas noted in the proposed revisions fall within the scope of the practicing obstetric anesthesiologist. Requiring fellows to demonstrate competence in these areas will ensure they have the standard minimum knowledge and 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).(3)**

Requirement Revision (significant change only):

IV.B.1.c).(3) Fellows must maintain current certification in advanced cardiac life support skills. <sup>(Core)</sup>

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

**Fellow certification in advanced cardiac life support is essential to effective education and training of obstetric anesthesiologists.**

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.**

Requirement #: **IV.C.5.i)**

Requirement Revision (significant change only):

IV.C.5.i) **[Fellows' clinical experience must include:] 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:  
**This requirement was 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 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?  
**This requirement will improve 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**
5. How will the proposed revision impact other accredited programs?  
**The proposed revision will not impact other accredited programs.**

Requirement #: **IV.C.5.-IV.C.7.**

Requirement Revision (significant change only):

IV.C.5.	The curriculum must be designed in order for fellows to develop skills and habits to:
IV.C.5.a)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; <sup>(Outcome)</sup>
IV.C.5.b)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; <sup>(Outcome)</sup>
IV.C.5.b).(1)	Studies must include literature from perinatal medicine and pediatrics in addition to anesthesiology. <sup>(Detail)</sup>
IV.C.5.c)	demonstrate the ability to be an educator in obstetric anesthesiology; and, <sup>(Outcome)</sup>
IV.C.5.d)	demonstrate competence in practice-based improvement by completing a project with at least one of the following goals: (Outcome)
IV.C.5.d).(1)	enhancing the fellow's engagement in multidisciplinary care of obstetric patients; or, <sup>(Outcome)</sup>
IV.C.5.d).(2)	improving patient safety as it applies to the fellow's practice of obstetric anesthesiology. <sup>(Outcome)</sup>
IV.C.6.	The curriculum must be designed in order for fellows to demonstrate the following communication skills in a multidisciplinary setting: <sup>(Outcome)</sup>
IV.C.6.a)	effectively communicating with the perinatal health care team; (Outcome)
IV.C.6.b)	effectively collaborating with all health care providers in all settings relevant to the comprehensive care of the pregnant patient, including the outpatient clinic, antepartum consultation, labor and delivery, operating rooms, the PACU, intensive care units, and the emergency department; <sup>(Outcome)</sup>
IV.C.6.c)	effectively leading the anesthesia care team; and, <sup>(Outcome)</sup>
IV.C.6.d)	effectively supervising clinical trainees, including medical students and residents, and providing constructive feedback. (Outcome)
IV.C.7.	The curriculum must be designed in order for fellows to:
IV.C.7.a)	demonstrate competence in recognizing barriers and limitations in access to care for some patient populations, including Medicaid reimbursement for postpartum sterilization, and developing strategies to meet patient needs; <sup>(Outcome)</sup>

IV.C.7.b)	<del>demonstrate the ability to provide cost-effective care that incorporates best practices;</del> <sup>(Outcome)</sup>
IV.C.7.c)	<del>demonstrate competence in developing policies, guidelines, standards, practice parameters, and quality management tools to ensure the public health of pregnant patients; and,</del> <sup>(Outcome)</sup>
IV.C.7.d)	<del>participate in a system improvement based on the literature, quality improvement data, and patient and family satisfaction data.</del> <sup>(Outcome)</sup>

- Describe the Review Committee's rationale for this revision:  
**These requirements were deleted from the July 1, 2023 Common Program Requirements (Fellowship version) as subcompetencies for Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice. These subcompetencies were deleted because they should be acquired during residency and demonstrated throughout independent practice. Excluding them here aligns with that revision and will allow programs to focus instead on developing subspecialty-specific subcompetencies.**
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**n/a**
- How will the proposed requirement or revision impact continuity of patient care?  
**n/a**
- 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**
- How will the proposed revision impact other accredited programs?  
**The proposed revision will not impact other accredited programs.**