

PREGNANCY ANESTHESIOLOGICAL EVALUATION. THE USE OF AN HYBRID TELEMEDICINE PATH.

Bellini Valentina¹, Panizzi Matteo¹, Craca Michelangelo¹, Domenichetti Tania¹, Ferraro Carlotta¹, Compagnone Christian¹, Bignami Elena.¹

¹ *Anesthesiology, Critical Care and Pain Medicine Division, Department of Medicine and Surgery, University of Parma, Parma, Italy*

INTRODUCTION. In every modern obstetric unit, the pregnancy care program is an integral part of the organization. In this multidisciplinary process, the anesthesiologist has multiple functions. Not only labor pain relief or ensuring safety in emergency settings, but it also participates in all the program's objectives, including health promotion and the humanization of assistance [1].

Following the Covid pandemic explosion, more and more medical disciplines are approaching telemedicine, considered the digital evolution of medicine. Anesthesia and Intensive Care are also no exception, so much so that the term Tele-Anesthesia has been coined [2]. In this context, these techniques demonstrate a dual role: on the one hand, optimizing the organization. On the other, increasing the possibilities of precision medicine. However, everything must be done by respecting and guaranteeing the highest level of safety. Our project aims to explore the potential role of telemedicine in the context of this care path. With this new proposal, we expect to reduce hospital admissions for pregnant women by decreasing the potential infectious risk and promoting a care program closer to their needs while maintaining good quality and safety of care and satisfaction for the patients themselves.

Study Project.

The project consists of a multicentre observational study, with the main objective of studying a definitive "hybrid" path of anaesthetic care pathway for pregnancy. With this new program, women interested in childbirth analgesia will face two phases:

1st TELE - INFORMATION. Patients will participate in informative interview groups via a common online platform to record the event. At the end of the information, the anaesthetist will answer any doubts and questions of the participants.

2nd TRADITIONAL VISIT. After the informative interview, the patients will book a single visit for the anaesthetic evaluation, during which the consent signature will also be performed, as agreed during the informative report.

This proposal is supported by an experience of 50 cases in the era of Covid pandemic lockdown. The meetings were of 12-15 full-term pregnant women aged 25-35 years, with percentages of foreigners under 10%. The complete anesthetic examination and the expression of the signed informed consent were conducted on the day of the entry of the pregnant woman during labor. Initially dictated more by the need for pandemic containment,

this preliminary moment confirmed the project's feasibility and demonstrated the absence of fundamental problems related to this methodology.

CONCLUSIONS.

The role of telemedicine will have increasing weight in modern medicine; this will also happen in our speciality, where we already have the first positive experiences. Taking advantage of these methods within the pregnant women's pathway could bring significant benefits, both in the organizational and public health fields, without changing the degree of clinical safety or satisfaction. Our project could provide a preliminary basis for this theory. The following step will be to develop the entire path in telemedicine. The degree of satisfaction of the participants will be assessed before and after.

BIBLIOGRAFIA.

1. https://www.salute.gov.it/imgs/C_17_pubblicazioni_573_allegato.pdf

2. Bellini V, Valente M, Gaddi AV, et al. Artificial intelligence and telemedicine in anesthesia: potential and problems. *Minerva Anestesiol.* 2022 Feb 14. doi: 10.23736/S0375-9393.21.16241-8.