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SURVEY OF OBSTETRIC ANESTHESIA PRACTICES IN ARMENIA

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Introduction: Armenian independence following the Soviet disintegration saw economic transition and war with Azerbaijan. The 3.3 million population declined by 700,000 with impoverishment, lower fertility rates, and fewer public health services. Recently, economic stability has improved living standards; birth rates have increased and maternal mortality has decreased from 40/100,000 in 1990 to 22/100,000 in 2003¹. Governmental support now includes maternity care. Of the 10 maternity clinics in Yerevan, only 3 were known to utilize regional anesthesia (RA) techniques. The purpose of this survey was to determine the extent of anesthesia involvement in maternal care, and the degree of RA use.

Methods: Short questionnaires were dispatched to obstetric anesthesia departments requesting for 2006: numbers of deliveries and cesarean sections, type of analgesia for vaginal deliveries, and type of anesthesia for cesarean section.

Results: Eight of 10 maternity clinics participated. These 14,172 deliveries represented 41% of the 34,348 deliveries registered in Armenia for 2006. Deliveries were evenly distributed (range 1402 to 2111) and size was not related to RA use. Cesarean section rates were 12.7% to 17.3%. In the centers with RA experience, RA rates for cesarean section were 30%, 40% and 94%. These centers also provided epidural labor analgesia for 2-12% of parturients. Only one clinic offered systemic analgesia. Half of the deliveries in Yerevan had no access to medical analgesia for labor, and of all deliveries narcotic or epidural analgesia was used in 4.4%.

DISCUSSION: Utilization of RA varied markedly; even in centers with established skills. Many Armenian women deliver without access to RA services. OB anesthesia deaths in the UK are related to general anesthesia². Support for training and education may see greater uptake as part of safe compassionate care.

References:

1. WHO Europe, Highlights on Health in Armenia 2005, p13.
2. Why Mothers Die 2000-2002, Ch9, p122-133

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