OAA ASM ABSTRACT INSTRUCTIONS: 2024

1. Introduction

The OAA invites you to submit abstracts to the 2024 Annual Scientific Meeting. We encourage submission of all projects that will be of benefit to the care of women and babies. Through the submission and review process, we seek to promote the highest standards of research ethics.

The top abstracts will be selected for oral presentation at the meeting and will be eligible for the Felicity Reynolds Prize. Other abstracts will be presented at ePoster sessions during the course of the meeting.

2. Abstract Submission Information

All abstracts should be written in English.

Abstracts will be saved on the abstract system but need to be formally submitted by 23.59 h on the deadline date. Late submissions will not be considered for presentation.

Abstracts will not be accepted if they have been published elsewhere, either in abstract form (other than in a non-journal abstract booklet) or as an accepted manuscript (including case reports and correspondence), in a journal or on a website **before** presentation at the OAA Annual Scientific Meeting.

You **must** declare if your abstract has been submitted to another conference or meeting and confirm if it has or will be published by another source.

If a paper based on the abstract is accepted by a journal following submission but **before** the OAA Meeting, it must not be published, either in print or online, before the abstract is presented. Please seek advice from the OAA secretariat (secretariat@oaa-anaes.ac.uk) if uncertain.

Abstracts accepted for presentation at the OAA Annual Scientific Meeting are published in the *International Journal of Obstetric Anesthesia* Supplement. Although accepted abstracts may be presented at other meetings they should not be published in in another journal or supplement.

Abstracts of studies that are in progress or those with incomplete results or where the randomisation code has been broken to allow analysis before the study has finished (without interim analysis being part of the original design) are not usually accepted.

3. Abstract Categories

Abstracts for the Annual Scientific Meeting should be submitted to one of five groups:

- Original Research
- Service Evaluation
- Quality Improvement
- Surveys
- Case Reports

In previous years some authors have experienced difficulty deciding which category best describes their project. There is often debate about the difference between original research, service evaluation and quality improvement. Simply defined, they are:

Original Research attempts to find new knowledge i.e. what is best practice? It usually requires approval of an ethics committee and the written consent of all subjects.

Service Evaluation is a way to define or measure current practice, often service delivery aspects of care, the results of which help produce internal recommendations for improvements i.e. what standard does the

service achieve? Where patient data are to be presented, the proposal should be approved by an ethics committee or the local Caldicott Guardian* (or equivalent) or in some situations by the hospital audit committee.

Quality Improvement involves systematic activities that monitor, assess, and improve its quality of health care. Improving quality makes healthcare safer, effective, patient-centred, timely, efficient and equitable. Quality improvement projects should be peer-reviewed by senior members of the authors' department. They may or may not require approval from ethics or audit committees but at the very least if patient data are to be presented, the local Caldicott Guardian* (or equivalent) must be contacted and approval given.

Surveys seek to establish the views or practices of staff or patients. This usually involves data that are not routinely collected. If patients are to be involved, approval by a research ethics committee, trust research and development department or local audit committee is required. For staff surveys approval may not be required but participants should be asked for their agreement to publication of anonymised survey data.

Case Reports are presentations of interesting or unusual case or cases demonstrating new novel approaches to clinical problems. All cases require the written consent of the patient or next of kin. For larger case series, approval of the local Caldicott Guardian* (or equivalent) may be appropriate.

*In the UK National Health Service, a Caldicott Guardian is a senior person within each healthcare institution responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Outside the UK, permission to share patient data should be obtained from a hospital or anaesthetic department director as appropriate.

4. Peer-review, ethical approval & consent

Regardless of the category to which the project is submitted, authors are advised to seek peer-review and approval of their work by a research ethics committee and/or trust research & development department, audit committee or hospital Caldicott Guardian (or equivalent). Failure to do so without adequate explanation may result in rejection of the abstract.

All oral and e-poster presenters are required to state the type of peer review/approval at the time of their presentation. This information should also be included on slides or e-posters. The meeting organisers may request that authors submit documents relating to the approval of their project or signed consent forms for case reports.

Authors of surveys which involve collection and presentation of patient data are advised to seek the advice and approval of their local Caldicott Guardian (or equivalent), research and development department or audit committee. If patients are directly involved in surveys and data collection is not part of routine care, ethical approval is likely to be necessary. In such cases authors are advised to contact their local research ethics committee.

For case reports, efforts should be made to protect patient anonymity. Written consent to presentation and publication must be given (signature of patient, or next of kin, following an explanation that states they understand that, and agree to, the case being presented anonymously at a post-graduate educational meeting and/or appearing in a journal and on-line). The *International Journal of Obstetric Anesthesia* has a consent form than can be used. Presentation of larger case series requires approval of the local Caldicott Guardian (or equivalent).

5. Preparing your Abstract

The abstract submission system allows 2500 characters in the main body of the abstract. This count excludes a title (150 characters), references (maximum of 2), either one table OR one figure, and the author names

which are added separately. As a guide, using this character count, your whole abstract inclusive of one table or figure (if applicable) should fit within a space 8 cm wide and 23 cm long. *N.B. Only ONE table or figure is permitted. If a table or figure is to be added, the length of the text should be reduced by 500 characters and the abstract should conform to the dimensions stated above.*

Title
The abstract title should be written in sentence case and limited to 150 characters.

Text
For abstracts submitted into the categories of Original Research, Service Evaluation, Quality Improvement and Surveys, please use the following headings:
Introduction
Methods
Results
Discussion

For Case Reports, please use the following headings:
Introduction
Case Report
Discussion

- The subheading should be in bold. The subsequent text should follow on the next line and should not be in bold.
- Please use only one paragraph for each subheading.
- Please use single line spacing between paragraphs.
- The methods should include a statement of peer review, ethics or consent. Where appropriate you must confirm that this study received ethics committee approval or was conducted under the Animal (Scientific Procedures) Act (1986) or equivalent. Abstracts must conform to international ethical guidelines for animal or human research where relevant.
- Please acknowledge any source of funding for your study at the end of the abstract.
- Numbers less than 10 should be spelled out in full. Numbers starting sentences should be written in full.
- Please define any abbreviations on first use.
- Only **ONE** table or figure is permitted (see below). If a table or figure is to be added, the length of the text should be reduced by 500 characters and the abstract should conform to the dimensions stated above.

Figures
- Figures are reduced in size when published so please use an appropriately sized font when preparing your image. Please check that all wording is easily read before submitting an abstract. Figures should only contain a single image and should not be a collation of several images.
- If a figure is included in the abstract, ensure that a title is included BELOW the image.
- Figures will be published in black and white so please take this into consideration when preparing your image.
- To insert a figure, place the cursor at the position where you wish to insert the image and click on the button "Insert Image". The text <##> will appear between brackets at that position. Scroll to the bottom of the screen, click the images button and click on the hyperlink to upload the image.

Tables
- Tables should be limited to a maximum of 15 rows so that they can be read when published.
- If a table is included in the abstract, ensure that a title is included ABOVE the table.

- To insert a Table place the cursor at the position where you wish to insert the table and click on the button "Insert table". The text will appear between brackets at that position. Next you can create the table. Scroll to the bottom of the screen, click the "Tables" button and then click on the hyperlink to build your table.
- Please include a legend underneath the Table indicating the nature of the data (e.g. Data are mean ± SD) and define any abbreviations used.

References

- A maximum of two references are permitted
- All references **must** be cited within the body of the main abstract text (i.e. [1], [2]).
- If a reference has more than 6 authors, then list the names of first 3 authors followed by et al.
- References should follow the style of *the International Journal of Obstetric Anesthesia* (https://www.elsevier.com/journals/international-journal-of-obstetric-anesthesia/0959-289X/guide-for-authors). Example

1. Name A, Name B. Title of paper. Journal name in full. 2003; 22: 123-4.

For non-journal publications, the website where the article can be accessed should be included.

Abstracts that do not conform to these instructions are likely to be rejected.

Preview & Submission
- Before submitting your abstract please verify that your abstract is correct by clicking "Preview".
- Please ensure that spelling has been checked and all authors are listed. Check that all text is included, especially if you have copied your abstract into the system.
- Please note that if you are over the 2500 maximum character count (including spaces) any extra text will not automatically be added to your abstract.
- Please review the submission terms and conditions and check the acceptance box.
- You must click on "Finish" in the final summary page to submit your abstract.
- If you check the box to submit another abstract you will be taken back to start the submission form.
- You will receive email confirmation that the abstract has been submitted and a link to the abstract submission profile area.
- You will be able to log in and edit your abstract up until 23:59 h on the deadline date.

Authorship
A maximum of six authors is permitted. All authors must have made a substantial contribution to data collection and interpretation, and have been involved in abstract preparation. All authors must accept responsibility for work presented. Changes to authors should not be made after abstract submission.

6. Abstract Review Process

All submissions are reviewed by at least four senior obstetric anaesthetists. Marks are awarded for four categories: originality, relevance, methodology and quality of presentation.

Authors of the top scoring abstracts are invited to give an oral presentation at the Annual Scientific Meeting and are eligible for the Felicity Reynolds Prize. Other abstracts accepted for presentation are presented as e-posters during the course of the meeting.

Further details on oral and e-poster presentations will be available when the results are published. Authors accepting an offer of e-poster presentation will automatically accept responsibility for uploading their e-poster presentation. Instructions for uploading and the deadline for doing so will be provided.

7. Meeting Registration & Presentation

There is no fee for submitting an abstract although the first author or a co-author of an accepted abstract must formally register for the meeting via the OAA secretariat. Abstract submission does not constitute registration for the meeting.

Supervisors of trainees presenting abstracts at the meeting are strongly urged to ensure that trainees are available to present their abstracts at the meeting. Supervisors are encouraged to attend their trainees' presentations to provide support during discussion of the abstract and help answer questions or clarify issues relating to the abstract.

If due to unforeseen circumstances, trainees are unavailable to present their abstracts, one of the co-authors may present in their place. If none of the authors are available to attend the meeting, the abstract will be withdrawn.

Presenters are not required to attend the whole meeting but must be available on the day of their presentation.

Abstracts may be withdrawn after submission. Please contact the OAA secretariat (secretariat@oaa-anaes.ac.uk) for more details.

8. Felicity Reynolds Prize

The top scoring abstracts will be selected for the Felicity Reynolds Prize. Authors will make an oral presentation at the meeting which will be followed by questions from the audience. Presentations will be judged by senior members of the organising committee and awards will be made to best paper and the best trainee presentation. Abstracts selected for the Felicity Reynolds Prize will not be included in the ePoster sessions.

9. ePosters

The majority of abstract submissions will be presented as ePosters during the meeting. There will be two sessions (one on each day of the meeting) when up to 10 ePosters will be presented at a series of plasma screens. Authors will make a brief presentation after which there will be questions. A senior obstetric anaesthetist will co-ordinate each ePoster screen. Instructions on preparing ePosters will be circulated after the abstracts have been marked and the results announced.

If you require further information on any aspect of submission or presentation of abstracts for the OAA Annual Scientific Meeting please contact the OAA at secretariat@oaa-anaes.ac.uk.