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A re-audit of epidural analgesia for labour at a tertiary maternity unit

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Introduction

In May 2019 an audit of epidural analgesia in labour was undertaken at a tertiary maternity unit looking at patient comfort at 45 minutes from insertion and management of inadequate analgesia[1]. The results showed patient comfort at 45 minutes was only achieved in 59% of patients, and a variable approach to inadequate analgesia was demonstrated. We implemented new paperwork to pick up ineffective epidurals sooner and issued new guidance to standardise epidural top-ups. Practice was then re-audited against local guidelines[2].

Methods

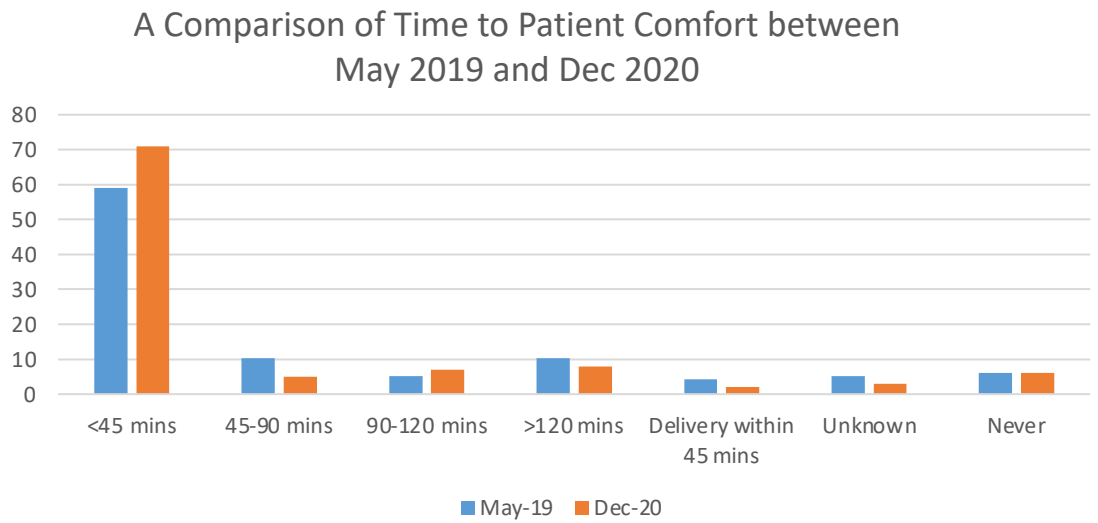
A retrospective audit was conducted at the same tertiary maternity unit of all epidurals sited during December 2020. The primary outcome was patient comfort (pain score ≤3) at 45 minutes post-insertion. We also reviewed the management of epidurals when analgesia was inadequate.

Results

One hundred and seven patients had an epidural sited during December 2020. Two patients had an accidental dural puncture during the procedure and an intrathecal catheter inserted; one patient had a CSE sited and four patients' notes were lost to follow-up so 100 patients were included in the data analysis.

The primary outcome of patient comfort at 45 minutes post-epidural insertion was achieved in 71% (n=71). 25% were not comfortable at 45 minutes, with 2% delivering within 45 minutes of epidural insertion and 2% with inadequate documentation to ascertain comfort levels. 4 patients had a second epidural sited and 6 patients were never comfortable.

Of the 25% who were not comfortable, the duty anaesthetist was asked to review 17 patients, and 16 top-ups were administered. 100% of top-ups administered were compliant with the new guidance.



Discussion

Overall, patient comfort levels at 45 minutes have improved (71% vs 59%) and administration of epidural top-ups has been standardised, with a lower number of patients (4% vs 9%) requiring a resite epidural. However, for some patients, we as still not providing a satisfactory service. Further multidisciplinary team training is needed to recognise inadequate epidural analgesia and improve the labour experience for these patients.

References

1. Higgin SF, Whitehouse K. Epidural analgesia for labour. In: Abstracts of free papers presented at the annual meeting of the Obstetric Anaesthetists' Association, 2020 International Journal of Obstetric Anesthesia, Volume 44, S7 - S62
2. The Newcastle Upon Tyne Hospitals NHS Foundation Trust. Epidural analgesia for labour pain relief clinical guideline 2017. https://policies.app/cgdocs/EpiduralAnalgesiaInLabour201707.pdf