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Response time for the provision of epidural in labour

C Ochukpue, S Omran
Department of Anaesthesia, Scarborough General Hospital, UK

Introduction

In obstetric units with a 24-hour anaesthetic service, as specified by the Association of Anaesthetists and Obstetric Anaesthetists' Association, attendance of the anaesthetist after a request for regional analgesia during labour should be within 30 minutes in 80% of cases and within 60 minutes in 100% of cases barring exceptional circumstances.[1,2]

The duty obstetric anaesthetist in our hospital also has the acute or ITU bleep out of hours.

We aimed to check the response time from epidural requests for labour analgesia to the anaesthetist attending and to make any necessary change in service delivery which would allow safe and timely obstetric anaesthetic care.[1,2]

Methods

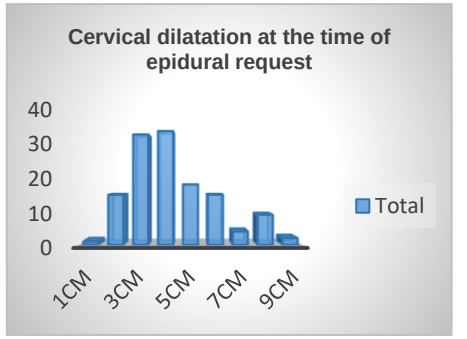
Following local institutional ethics approval, the clinical notes of women requiring epidural analgesia for labour between July and December 2019 were reviewed retrospectively.

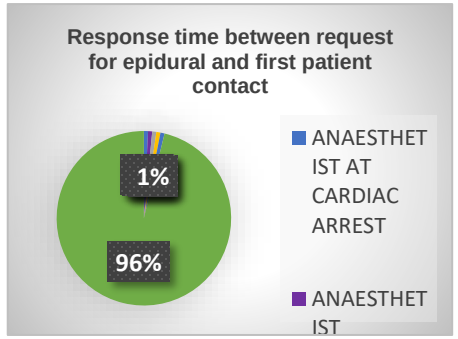
Their notes were reviewed for the date and time of procedure, time of request for epidural analgesia, cervical dilatation at the time of epidural request, time of first established contact with patient by the anaesthetist and reason for any delay if applicable.

Descriptive statistics was then calculated as appropriate.

Results

There were 131 requests for epidural for labour analgesia. Most requests were attended to by SAS/trainees (80.91%), consultants (16.80%) and locums (2.29%). The majority (87.8%) of cervical dilatation at the time of request for epidural for labour was between 2cm and 6cm. Most epidurals were done during out-of-hours (41.22%) and on weekends/bank holidays (32.06%). The time from request for epidural to anaesthetist's first contact with the mother were within 30 mins in 96.18% and within 60mins in 98.5% of cases. Most delays were due to anaesthetists attending cardiac arrest, trauma call or due to been busy in ICU/theatre. The time delay prior to eventual contact with the woman ranged from 2hrs 13 mins (anaesthetist attending trauma call/cardiac arrest) to 51 mins (anaesthetist busy in ICU/theatre).





Discussion

The results show that 96% of women in our unit were attended to by anaesthetists within 30 minutes of requesting labour regional analgesia. Furthermore, 98.5% were attended to within 60 minutes. There was no reported case of delayed response to any obstetric emergency as such during this study.

We had good statistics from this audit (96% versus 98.5% response time respectively). Plausible reasons for some of the delay in administering epidural pain relief in labour in this study were within the standard of care and best practice.

However, a dedicated out-of-hours obstetric team could enable us maintain timely responses in 100% of cases within the ambit of manpower and financial feasibility of a district general hospital.

References

1. Clayton M, Lucas N. Obstetrics. In: Raising the Standard: A compendium of audit recipes. 4th ed. London: Royal college of Anaesthetists; 2020: 246-247.

2. Obstetric Anaesthetists' Association and Association of Anaesthetists of Great Britain and Ireland. OAA/AAGBI Guidelines for Obstetric Anaesthetic Services 2013. 3rd ed. London: AAGBI and OAA; 2013