Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Timing is everything: labour epidurals and anticoagulants

Dr K Rhodes, Dr B Madhavan
Anaesthetic Department, University Hospital Lewisham, London

Introduction

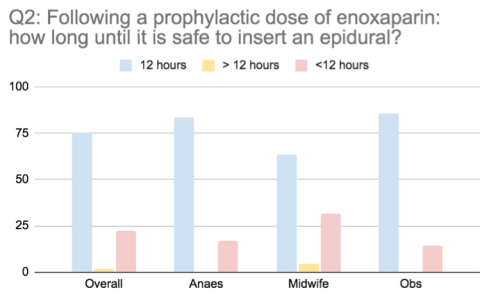
The latest MBRRACE report advocates the need for pregnant women on prophylactic and treatment dose anticoagulation to have a structured management plan during their peripartum period. In our district general hospital, peripartum documentation is a mix of paper and electronic records. Further to this all drug prescriptions are charted on an electronic system. An AAGBI guideline exists for the timing of neuraxial anaesthesia and anticoagulants. This is pertinent on labour ward where epidurals are commonplace and patients are often prescribed anticoagulation. Clear communication within the labour ward multidisciplinary team (MDT) is paramount in ensuring the safe timing of neuraxial anaesthesia. There are serious implications if these guidelines are not followed which could have devastating consequences for the patient.

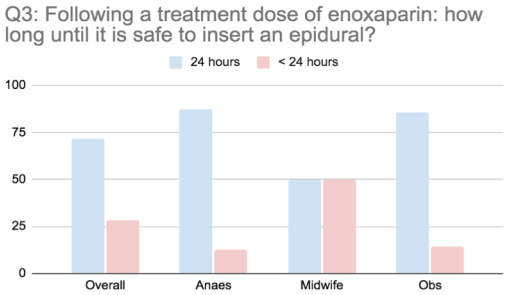
Methods

We aimed to evaluate current knowledge and awareness of the AAGBI guideline among the labour ward MDT. A brief electronic survey comprising 8 multiple choice questions was sent out to the entire labour ward team.

Results

There were a total of 53 respondents; 45% anaesthetists, 42% midwives and 12% obstetricians. Overall, 23% of respondents were satisfied that less than 12 hours was required between the last dose of low molecular weight heparin (LMWH) and epidural insertion. Whereas 29% of respondents believed it was safe to insert an epidural less than 24 hours after a treatment dose of LMWH. Questions regarding LMWH administration after epidural removal were answered more conservatively.





Discussion

Knowledge of the current guidelines was variable across the MDT and highlighted the need for further education of all team members. Based on these findings, we implemented a number of changes to improve awareness and reduce the risk of a serious incident occurring.

1. Educating the Labour Ward MDT regarding the guidelines to minimize prescription and administration errors. We presented the survey results at the labour ward forum and 'take 5' daily briefing.
2. Introduction of a safety checklist. We have designed a pre-epidural checklist to be initiated by the midwife if their patient requests a epidural. It features targeted questions about anticoagulation, PET and a QR code linking to the *www.LabourPains.com* epidural patient information leaflet.
3. IT system alert. Our trust is currently translocating all anaesthetic labour ward documentation to an electronic system. Following this, we will implement an electronic alert to warn prescribers if there is an attempt to prescribe or administer LMWH prematurely after an epidural.

NHS
Lewisham and Greenwich
NHS Trust

Epidural Checklist

SCAN ME

Patient read the info card? (Scan QR)

IV access ☐ (16G / 18G)

Does the patient have PET? ☐ Yes / ☐ No
If yes, bloods incl clotting in **last 6 hours** ☐

Platelet count >100 ☐ Yes / ☐ No
If count 75-100, ensure repeat FBC + clotting

Is the patient on LMWH? ☐ Yes / ☐ No

Prophylactic ☐ date/time of last dose _____
Treatment ☐ date/time of last dose _____

Date + Time of epidural insertion _____

Date + Time of epidural removal _____

DO NOT give LMWH until 4 / 8 hrs after removal:
4 hours ☐
8 hours ☐

For re-order email lg.reprographics@nhs.net. Re-order code: REPU001151

References

1. MBRRACE Maternal Report 202. https://www.npeu.ox.ac.uk
2. AAGBI: Regional anaesthesia and patients with abnormalities of coagulation 2013.