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When the patient would rather run for the hills than encounter the anaesthetist

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Introduction

It is estimated that needle phobia is present in up to 10 % of the population.[1] We present the antenatal anaesthetic management of a pregnant woman refusing blood tests or cannulation but ultimately requiring emergency caesarean delivery.

Case report

The high risk antenatal anaesthetic clinic was referred a 26-year-old woman (G1P0) of 30 weeks' gestation with extreme needle phobia. She had no medical history, the pregnancy was low risk and a midwifery-led delivery was planned. The woman had declined all antenatal screening and full blood count tests during the pregnancy.

We met the woman with her community midwife. She stated she would rather run for the hills than have a cannula or would lock herself in the bathroom should the need arise. She was indifferent on hearing that a cannula is required for anaesthesia or that refusing one may be life-threatening to her or her baby. Her phobia may have stemmed from a childhood experience but she had no recall of this. Although skeptical, the woman worked with us on a multifaceted plan. We emphasized the importance of her engagement.

A referral for cognitive behavioural therapy failed due to the Covid-19 pandemic. Instead we suggested hypno-birthing techniques and mindfulness apps to manage anxiety. We taught applied tension although doubtful of its use as the woman did not suffer vasovagal symptoms with her phobia. We described graded exposure and gave resources, however she did not manage any of these. We devised distractions involving her partner and media, for example FaceTiming her mother and using headphones to listen to music or watch videos. We asked her to work on positive visualization, focusing on gains, empowerment and rewards. Medical strategies were planned, specifically topical anaesthesia before cannulation and Entonox. In the event of an emergency caesarean delivery under general anaesthesia we ruled out performing an inhalational induction before cannulation. In turn we agreed to be empathetic to her phobia and respect her choices. We agreed to minimize interventions if possible but would not be influenced into deviating from safe protocol.

Following initial consultation we remained in telephone contact and had one further face to face consultation. She remained unsure if she would consent. Hospital legal services were contacted for advice and a discussion with a QC was arranged. We were advised to create advance consent documents to avoid applying to the courts during an emergency.

After a few hesitant weeks the woman turned a corner and the community midwife reported improvement in mindset. We discussed the legal paperwork but the woman decided it was not necessary. An action plan was attached to her notes and anaesthetists alerted.

Ultimately she required a cannula for antibiotics, induction of labour, epidural and caesarean delivery under epidural top-up. She was compliant and coped by using varying degrees of the above outlined strategies. At postnatal follow-up in the community the midwifery team reported a happy mother looking forward to future pregnancies and being able to keep her phobia in check.

Discussion

Needle phobia is a form of blood-injury-injection (BII) phobia[1]. Anaesthetists have regular encounters with needle phobic patients but rarely have the advantage of interacting several weeks before the surgical encounter. Resorting only last minute to inhalational or topical measures may deny the patient self-management and ability to control the phobia. Applied tension, graded exposure, fear ladders, relaxation and breathing exercises and distraction techniques are all management methods that may be helpful depending on phobia subtype.[2]

High court applications for lawful cannulation without consent in obstetric emergencies are well described and are traumatic for both patient and staff.[3] If patients are highlighted antenatally then timely consultation with solicitors can be arranged and if necessary advanced consent documents put in place.

This case demonstrates the importance of developing an antenatal management plan for the extreme needle phobic parturient. A pregnant woman's greatest fear was controlled in order to facilitate safe delivery and no deviation from standard anaesthetic practice was required. The relationship was good between the woman and the multidisciplinary team and coping strategies were realistic and relevant to the patient.

References

1.Jenkins K. II. Needle phobia: a psychological perspective. Br J Anaesth 2014; 113: 4-6
2.GSST NHS Foundation Trust. Overcoming your needle phobia. 2017 Leaflet 3820/VER2
3.MB, Re [1997] EWCA Civ 3093 (26 March 1997)