An audit of compliance with post-dural puncture headache guidelines of OAA on patient follow up

Dr. Ankita Miglani, Dr. Gerard Kavanagh, Dr. Brian Murphy, Dr. John Loughrey

The Rotunda Hospital , Dublin , Ireland

INTRODUCTION

- **OAA recommendations** on treatment of obstetric PDPH launched in 2018 include ensuring that GP received notification of the diagnosis and considering longer term follow up at 1-2 months postpartum.[1]
- **ASA guidelines** recently released from their obstetric committee suggest follow up until patient is symptom free.[2]
- **Recent publications** have suggested an increased incidence of longer term disabling headache symptoms in this patient cohort.[3]

METHOD

Structured telephone follow up at 6-10 weeks of all patients diagnosed with PDPH at our institute over 2 year period from Jan 2020 was undertaken.

Our electronic patient record ensures diagnosis of PDPH is sent to GP if the diagnosis is properly documented

Appropriate Hospital contact information was included in a modified version of OAA approved patient information sheet accessed from www.labour pains.com

RESULTS

- 89 patients identified with dural puncture headache , only **66% had their diagnosis communicated** via discharge letter to their GP.
- All 89 patients were phoned by a consultant anaesthetist between 6 to 10 weeks postpartum, however only 74% answered the telephone call.
- **Very low number of patients (8%) reported longer term sequelae** (5 reported backache, 1 auditory sequelae, 1 headache). These were largely mild and not disabling.

	2020		2021	
PDPH	50		39	
Epidural		25(50%)		24(61.5%)
CSE		9(18%)		3(7.7%)
Spinal		16(32%)		12(30.8%)
Blood Patch(**EBP** as %of PDPH)	29		21	
2nd EBP	4		2	
GP letter	31 (62%)		28 (72%)	
Phonecall Answered	42 (84%)		24 (62%)	
Backaches	3(10.34%)		2(9.5%)	
Headaches	0		1	
Auditory Problems	1		0	

DISCUSSION

Our institution delivers 8500 mothers annually with

- epidural rate 67%
- Caesarean rate 38%
- Unremarkable overall PDPH rate
- Low incidence of troublesome symptoms on follow up

Our data suggest that patient follow up until asymptomatic of headache is a reasonable service goal

We aim to re-educate anaesthetic and obstetric staff on technical aspect of adding diagnosis to discharge letter to achieve 100% compliance in future

REFERENCES

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