National survey on postnatal analgesia prescribing and concept of self-administration regimens

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Introduction

The RCOA QI compendium highlights the potential for patients taking a more active role in their own analgesia[1]. Self-administration of medication (SAM) has been suggested to achieve optimum analgesia, promote autonomy and facilitate earlier discharge. This survey aimed to establish current practice and perceptions in regards to postnatal analgesia (PNA) and SAM regimens.

Methods

We conducted an OAA approved survey, sent electronically to 141 lead obstetric anaesthetists. Questions examined current PNA practices, existing or planned SAM regimens and perceived benefits and barriers to SAM regimens.

Results

45 responses were received (32% response rate). 82% of units have an enhanced recovery protocol for patients undergoing elective C-section (Figure 1).

13% reported use of a SAM regime for PNA which includes paracetamol, an oral anti-inflammatory, and in one unit, oramorph.

A further 20% reported plans to introduce a SAM regimen, 58% had no plans, and the remainder were unsure whether any plans were in place (Figure 2).

Perceived benefits and barriers of SAM regimens are shown in Figures 3 and 4 respectively.

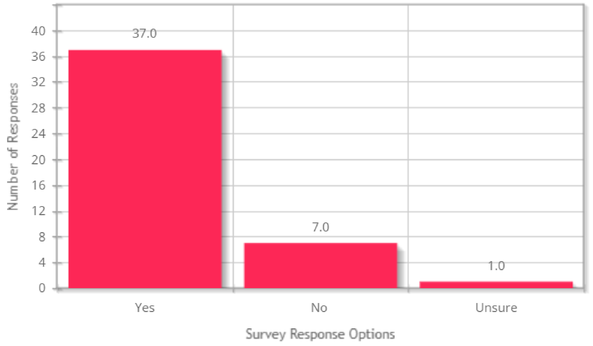


Figure 1

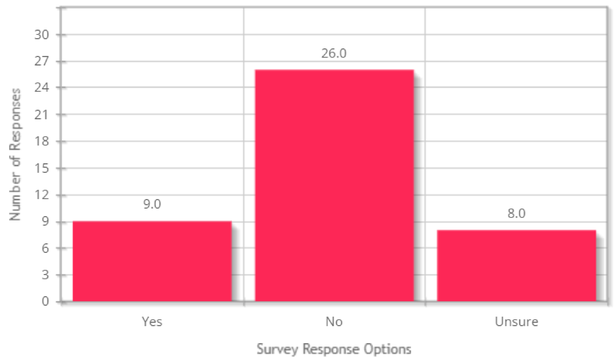


Figure 2

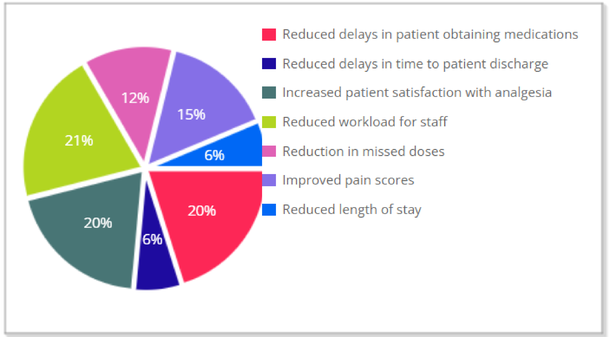


Figure 3

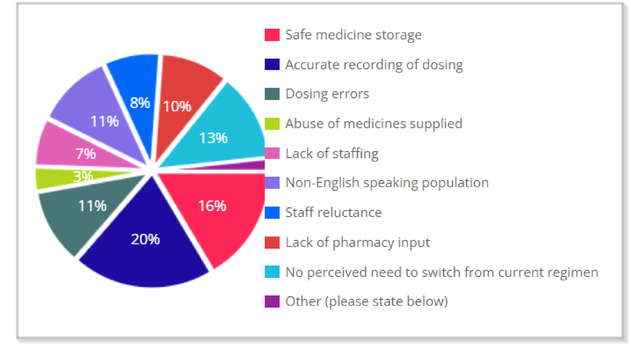


Figure 4

Discussion

The survey responses suggest support for the concept of SAM regimens.

Those units reporting successful SAM regimen implementation highlighted the importance of collaborative working between staff groups. Multiple respondents would welcome a national policy on SAM for PNA to empower individual units to improve services. As the role of the anaesthetist as the perioperative physician expands, we can be expected to have a leading role in PNA. SAM requires a multi-disciplinary integrated approach and mutual support between departments to be implemented effectively and ultimately improve patient experience.

Conclusion

In our unit we are in the process of implementing a SAM regimen for patients post elective C-section and we have been very interested in the results of this survey, especially around barriers encountered in other units.

We propose that starting the process with elective C-section where there is a high percentage of units with enhanced recovery protocols which could incorporate SAM, with a plan to roll out into all operative deliveries. As highlighted by several respondents, the issue of patient education requires addressing – we have created a postnatal pain relief video on our website[2] which educates patients about the commonly used medications.

We have also endeavoured to use members from all involved multi-disciplinary teams in our approach to implement SAM – including gaining attitudes to SAM from midwives through a survey, and having regular MDT meetings with representatives from anaesthetists, obstetricians, pharmacists and midwives to address potential barriers and encourage a team approach to ensure the best method of implementation possible.

References:

1. Raising the Standards: RCOA quality improvement compendium. 4th Edition September 2020. https://www.rcoa.ac.uk/sites/default/files/documents/2020-08/21075%20RCoA%20Audit%20Recipe%20Book_Combined_Final_25.08.2020_0.pdf (Accessed 04/03/21)
2. https://www.liverpoolwomens.nhs.uk/patients/patient-information-leaflets/maternity/