Analgesia for labour in the Republic of Ireland- Changes in practice over a decade; 2011-2021

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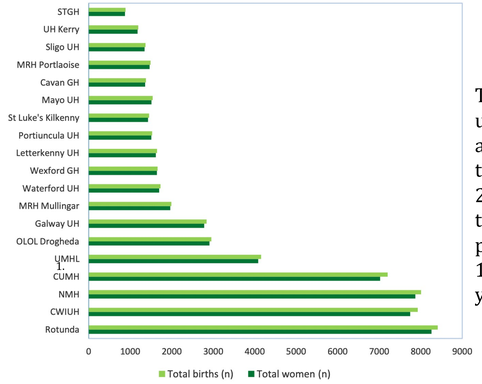
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Introduction:

Labour analgesia is a cornerstone of obstetric anaesthetic practice. We sought to assess the changes in provision of, and practices for, labour analgesia in Ireland over a ten-year period.

Maternity Care in the Republic of Ireland is delivered in 19 maternity units, 5* of which are standalone and the other 14 within general hospitals.

The Irish Maternity Indicator System report in 2020 outlines the distribution of births across these units.



This outlines that 4 units provided approximately 50% of the 59,352 births in 2019 in Ireland, whilst the majority of units providing between 1000-3000 births per year. [1]

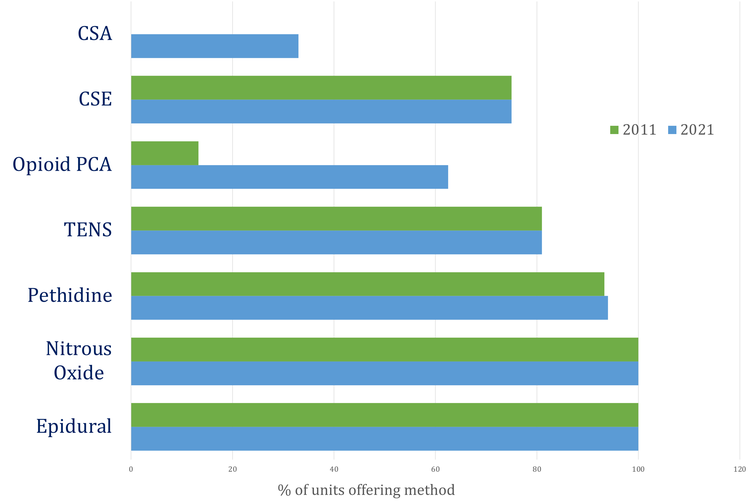
Methods:

An online survey was distributed to the 19 obstetric units. 16 responses were collected. Results were collated and expressed as descriptive statistics. A similar audit was undertaken in our centre in 2011 & the results of both were compared.

*CUMH is a co-located to CUH, being on the same site in separate buildings

Results:

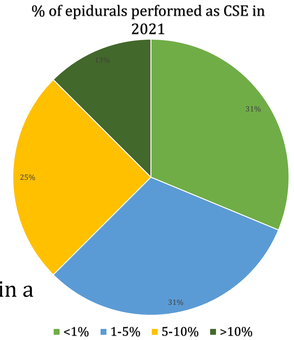
1. Modalities for analgesia in labour



Most marked change in ten years is a 5-fold increase in the number of units providing IV Opioid PCA (typically remifentanil), providing more choice to women who have a contraindication to neuraxial analgesia. [2]

2. Combined Spinal Epidural (CSE)

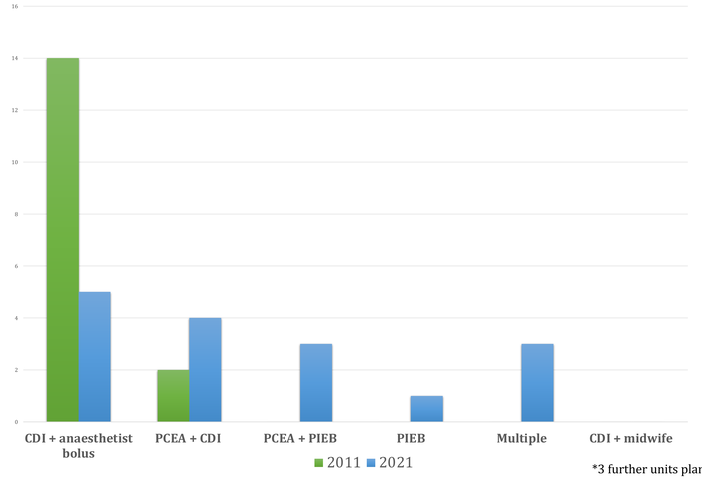
Unchanged number of units can provide CSE. Remains rarely used. Makes up >10% of epidural practice in only 2 centres.



3. Continuous Spinal Analgesia (CSA)

31% of units can provide CSA on the labour ward in 2021, compared to no availability in 2011. Typically, in the setting of an inadvertent dural tap in a challenging epidural.

4. Mode of Epidural Administration



KEY:
CDI – Continuous dose infusion

PCEA – Patient Controlled Epidural Analgesia

PIEB – Programmed intermittent epidural boluses

*3 further units plan changing to PIEB with PCEA

Discussion:

Changes in labour analgesia in the Republic of Ireland over the last ten years are most notable when examining the mode of epidural administration. Practice has changed from Continuous Epidural infusion toward Patient controlled administration and programmed bolus options.
A growing body of research has shown better satisfaction with PCEA/PIEB rather than CDI, with less motor block & better pain scores. [3]

Across the range of units Pethidine, N20 and Epidural analgesia are almost ubiquitous, and this is unchanged with time. An increased number of units offer IV Opioid PCA and now some can provide CSA, allowing more analgesic options for a great number of parturients.

We would hope that a repeat of this audit cycle in a decade would show further progression of options available to women across all units. Further research could occur locally to assess barriers to implementation of analgesic options, with an aim to homogenise care women receive across the Republic of Ireland.

References:
1. Irish Maternity Indicator System, National Report 2020. National Womens and Infants Health Programme
2. Jelting, Y., Weibel, S., Afshari, A., Pace, N., Jokinen, J., Artmann, T., Eberhart, L. and Kranke, P., 2017. Patient-controlled analgesia with remifentanil vs. alternative parenteral methods for pain management in labour: a Cochrane systematic review. Anaesthesia, 72(8), pp.1016-1028.
3. Capogna G, Camorcia M, Stirparo S, Farcomeni A. Programmed intermittent epidural bolus versus continuous epidural infusion for labor analgesia: the effects on maternal motor function and labor outcome. A randomized double-blind study in nulliparous women. Anesth Analg. 2011 Oct;113(4):826-31. doi: 10.1213/ANE.0b013e31822827b8. Epub 2011 Jul 25. PMID: 21788309.