

Improving antenatal information on pain management in labour and delivery

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INTRODUCTION

At Royal Preston Hospital, we noticed many women requesting an epidural in labour claimed that they had not received any information on epidurals prior to the arrival of the anaesthetist.

With only 7.9% attendance at NHS antenatal classes in 2020 [1], there is nonuniformity among women with regards to knowledge and understanding of analgesia options for labour and delivery.

Patient information documents about labour analgesia are kept in ring binders on the delivery suite, but they are inconsistent in their contents.

AIMS

- Determine whether patients are receiving adequate information on labour analgesia and obstetric anaesthesia when they require it.
- Identify the preferred form(s) in which women would like to receive their analgesia/anaesthesia information antenatally.
- Streamline our consent and education process by determining which patient information documents are considered most useful (according to the obstetric MDT).

METHODS

Two separate surveys for staff and patients were performed over one month. Patient survey was collected during routine follow up on postnatal ward.

Relevant GPAS Guidelines (2020)

9.7.2 Every unit should provide, in **early pregnancy, advice about pain relief and anaesthesia during labour and delivery**. An anaesthetist should be involved in preparing this information and approve the final version.

9.7.4 **Information should be made available to non-English speaking women** in their native languages.

9.7.5 Units should **consider local demographics**, such as the prevalence of particular languages, when designing information or commissioning interpreting services.

RESULTS

DELIVERY SUITE STAFF SURVEY

17 responses [76% midwives].

64.7% didn't regularly access patient information in Delivery Suite folders, some quoting its **impracticality**.

87% felt it would be helpful to keep a stack of **patient information cards in other languages**.

Most voted languages included:

- Urdu (8), Romanian (6), Polish (5), Arabic (5), Gujarati (2) and Bulgarian (2)

PATIENT SURVEY

35 respondents:

- 9 elective c-section (spinal),
- 25 non-elective (12 induced, 13 spontaneous; 15 epidurals, 10 emergency spinals)

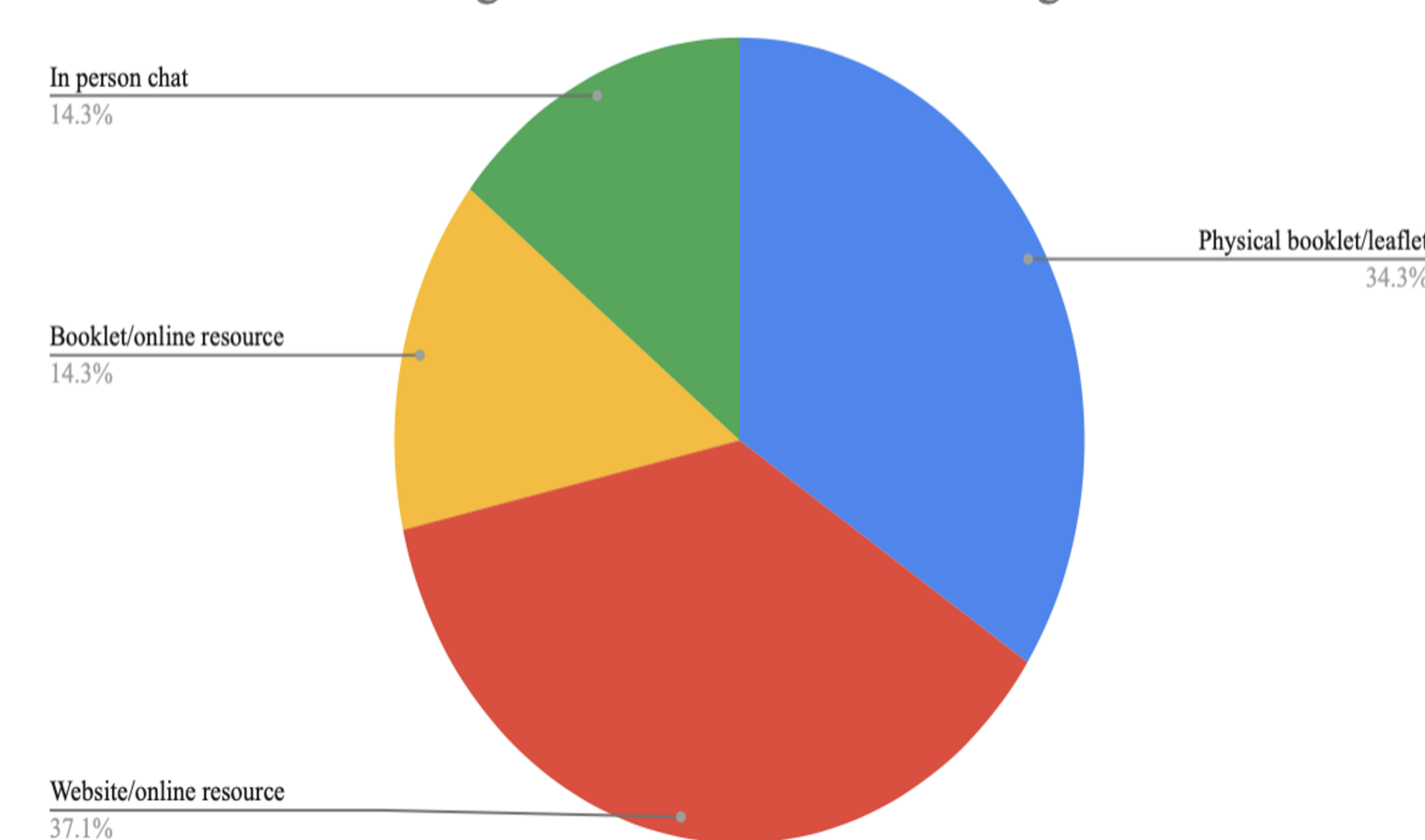
20% felt they **did not have enough information** prior to attending hospital

37% did not receive information on analgesia or anaesthesia and breastfeeding.

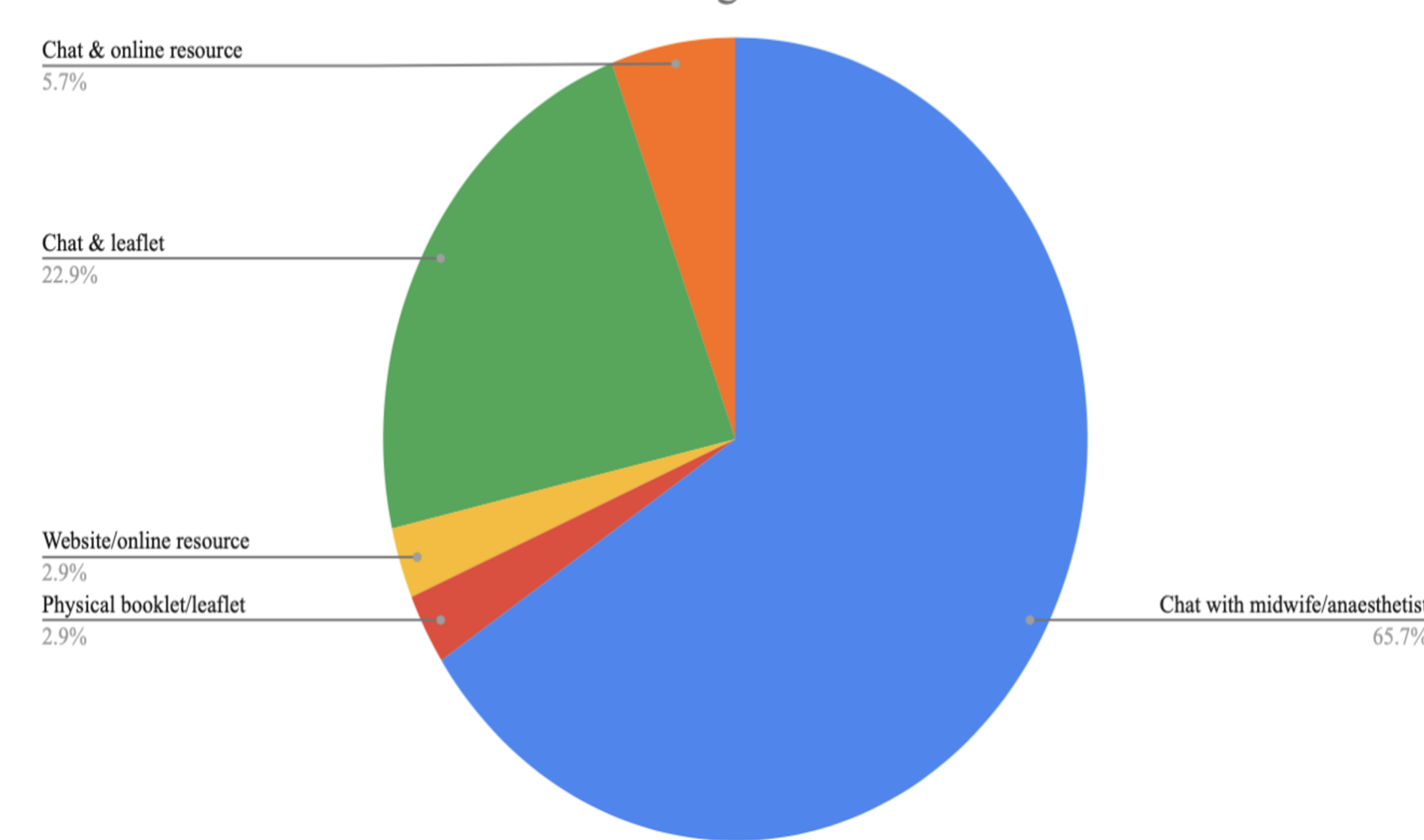
85% of patients would prefer a physical booklet or online resource before coming to hospital.

65% stated that once admitted to hospital they would prefer a face-to-face conversation with a midwife or anaesthetist.

Before coming to hospital, what would be your preferred way of receiving information on labour analgesia?



Once in hospital, what would be your preferred way of information on labour analgesia?



DISCUSSION

The project highlighted a **lack of user-friendliness** of the information folders that lead to **under utility**. There is an opportunity to optimise the timing and formatting of information shared to patients antenatally: patients showed interest in receiving written information prior to hospital admission.

For patients, **considering options early** leads to:

- More informed decision making.
- Reduced concern and anxiety.

The labour analgesia consent process can begin in the antenatal clinic and be supplemented at home via online documents

Guided by feedback from the surveys we produced patient booklets for use on delivery suite, antenatal ward and maternity triage, allowing earlier access to labour and delivery anaesthesia and analgesia information.



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References

1. Harrison S, Alderdice F, McLeish J, Quigley MA. You and Your Baby: A national survey of health and care during the 2020 Covid-19 pandemic. Oxford: National Perinatal Epidemiology Unit, University of Oxford. 2021. ISBN: 978-1-8383678-4-8.