

Labour epidural troubleshooting: An OAA approved national survey (number 1027) of current practice

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Introduction

The incidence of labour epidural failure is 9-12% (1). It is essential to troubleshoot a non-working or a poorly functional labour epidural. There is no standardised protocol to troubleshoot a labour epidural. It mostly depends on clinician's judgement.

Aim

With this OAA approved survey, we aimed to look at individual practice of labour epidural troubleshooting across UK to be able to understand and establish the need for a more uniform systematic approach.

Methodology

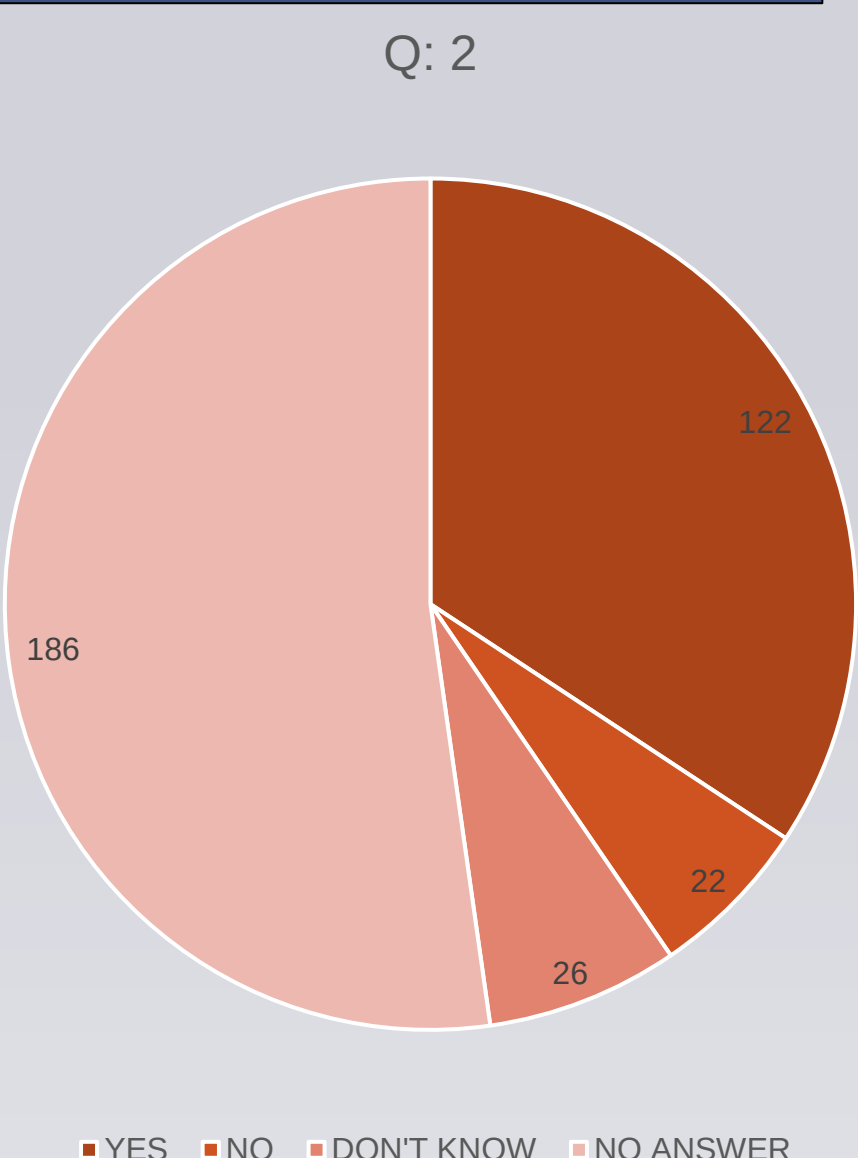
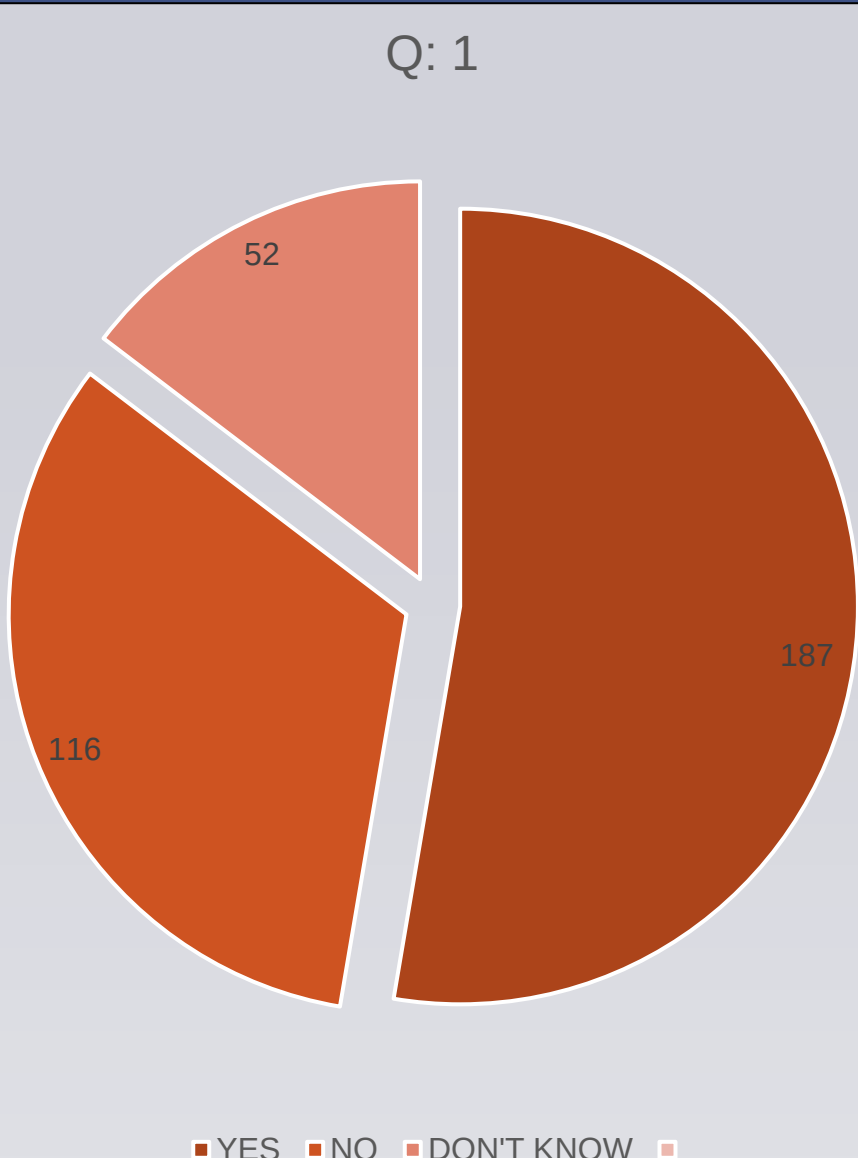
- OAA approved questionnaire electronically sent to all OAA members across UK
- 10 questions
- Questions focussed on individual clinical practice for labour epidural troubleshooting:
 - Drug and dose
 - Technique of labour epidural top-up
 - Re-siting labour epidural or any alternative method

Survey response

Survey response rate 22% (356 responses)
Trainee: 14.9% SAS: 7.3% Consultant: 77.68%
Delivery unit size: (Deliveries per annum)
<2000: 4.5%
2000-4000: 29.2%
4000-6000: 38.76%
6000-8000: 21.9%
> 8000: 5.6%

Results

Questions: Current policy
Q 1: Is there a pre-existing departmental guideline?
53% Yes
Q 2: If not, would it be helpful to have a guideline?
72% Yes



Results

Most common first line drug used for top-up is low dose bag mix 0.1% levobupivacaine + 0.002% fentanyl followed by 0.25% levobupivacaine

Volume most commonly used for top up while troubleshooting 6-10 mL (63%)

2 top-ups was the most common threshold to consider epidural re-site or any alternative method of analgesia (58%)

Discussion

- A guidance would be beneficial for trainees, however one-size fit all solution for a failing labour epidural does not exist
- Detailed assessment and understanding of the reason of block failure are essential
- Decision making around a failing or failed labour epidural should be a multifactorial process including patient views and multidisciplinary team discussion
- Consider maternal views, progress and stage of labour, CTG trace, fetal position

Comments

“I feel this topic is very poorly taught to junior trainees. Some protocolisation or an infographic for reference, backed by the OAA, would be extremely useful”

“This is a complex topic, and the questions posed are oversimplifications of situations that can have many variables”

“I think this survey is difficult to answer as the heterogeneity of epidural issues is very wide”

“I think creating guidelines to help trouble shooting epidurals can be difficult as much depends on the assessment of the block, the stage of labour and risk factors of the women, and how difficult it was to site”

“Everyone has different ways of troubleshooting an epidural so a single guidance would be of help to junior trainees or those starting to work in labour ward”

References

1) Pan PH, Bogard TD, Owen MD. Incidence and characteriscs of failures in obstetric neuraxial analgesia and anesthesia: a retrospecve analysis of 19,259 deliveries. Int J Obstet Anesth. 2004 Oct;13(4):227-33.