

Audit of Follow-up of POST DURAL PUNCTURE HEADACHES

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1 INTRODUCTION

Follow up arrangement following post dural puncture headaches were audited across the 3 sites providing maternity services in Manchester Foundation Trust.

2 METHODS

The electronic patient record system was searched to find all patients who had an epidural blood patch following a PDPH between September 2022 and April 2024 were included.

The electronic notes were examined for evidence of the standards below.

3 STANDARDS

The standards were taken from the Obstetric Anaesthetist Association (OAA) guidelines.¹ The proposed standard is 100% across the following domains:

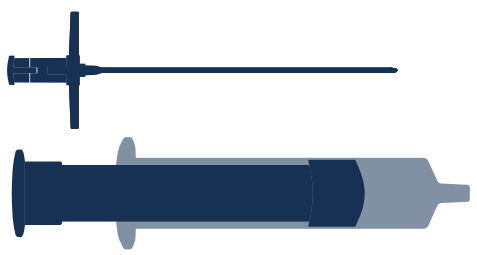
1. Daily follow-up until headache resolves
2. Follow-up after epidural blood patch
3. Further follow-up arranged in anaesthetic clinic
4. A communication letter about the PDPH should be sent to the GP and community midwife.

4 RESULTS

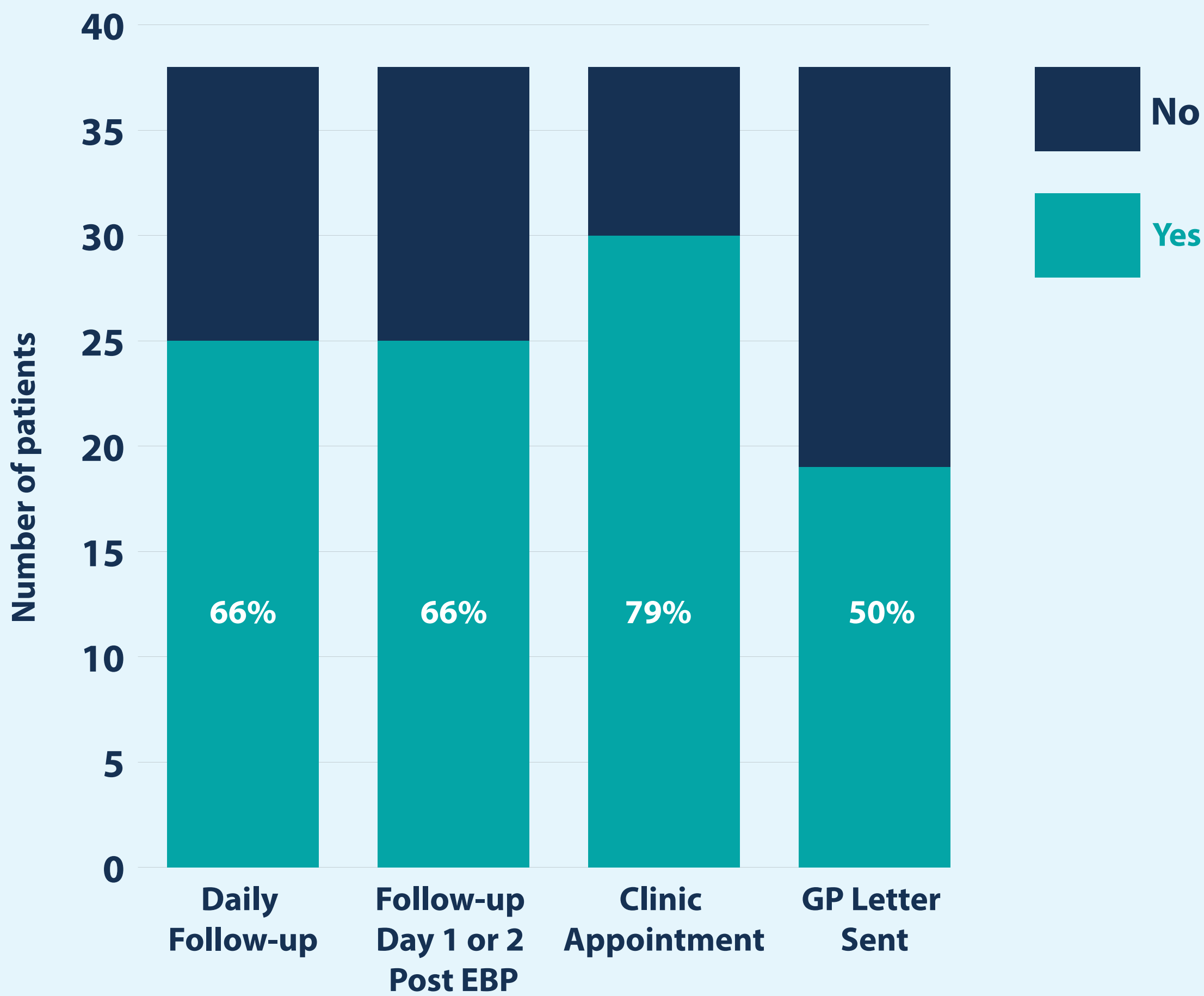
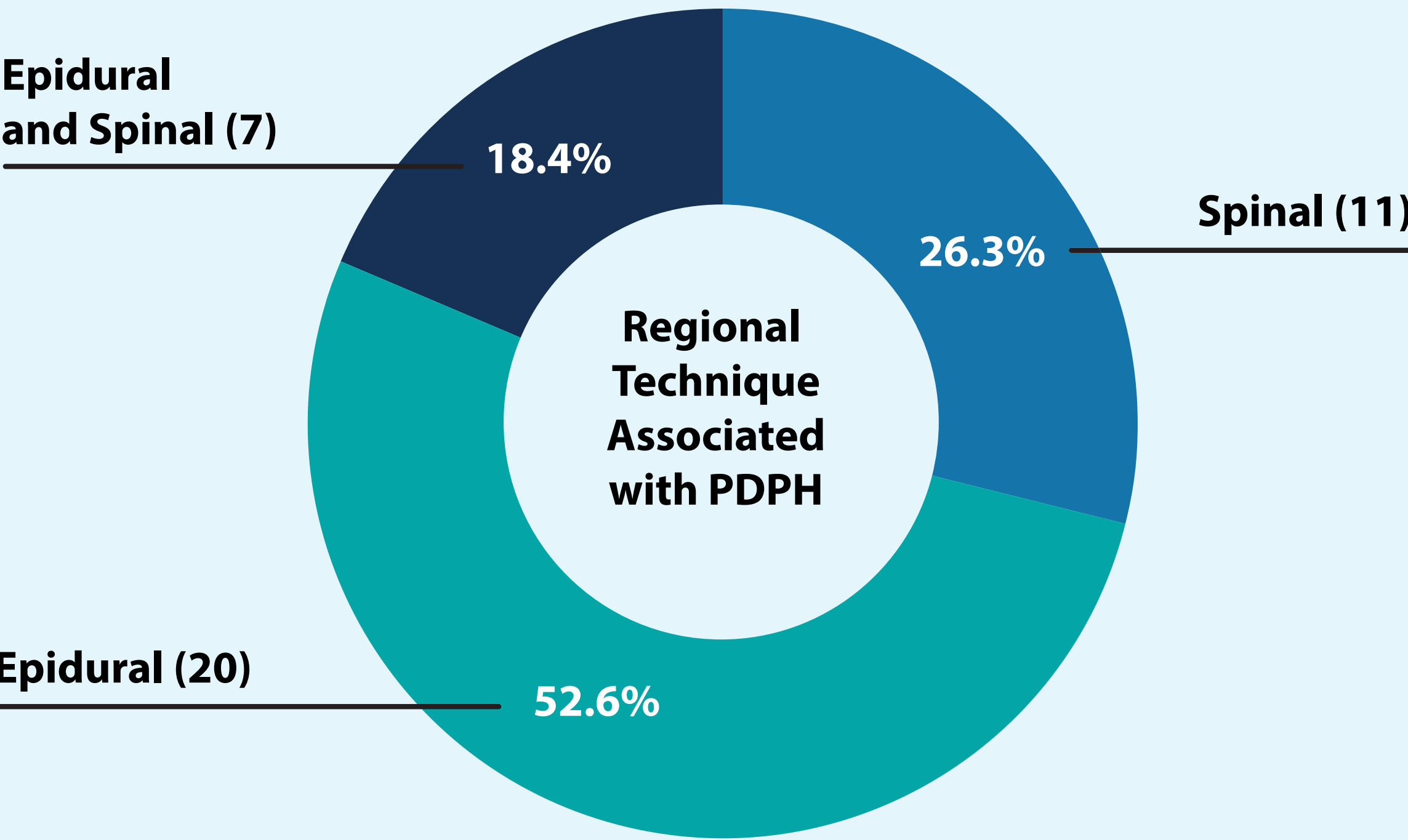
A total of 15364 patients had a neuraxial procedure performed for obstetric procedures during the audit period.

38 patients were identified to have had an epidural blood patch (EBP) procedure.

As some patients had a repeat procedure, a total of 43 EBPs were performed.



In 14 cases (52%), there was a recognised dural puncture at epidural insertion.



	Saint Mary's Hospital	North Manchester	Wythenshawe
Total PDPHs	21	7	10
Total EBPs	23	8	12
Daily follow-up	16 / 21 (76%)	0 / 7 (0%)	9 / 10 (90%)
Follow-up on day 1 or 2 post EBP	14 / 21 (67%)	3 / 7 (43%)	8 / 10 (80%)
Anaesthetic clinic appointment requested	18 / 21 (86%)	4 / 7 (57%)	8 / 10 (80%)
GP letter sent	17 / 21 (81%)	2 / 7 (29%)	0 / 10 (0%)

5 DISCUSSION

No single standard was consistent across the 3 sites, with departments performing well in some aspects and poorly in others.

The introduction of an electronic patient system at the trust has enabled us to quantify inconsistencies in the documentation of PDPH incidence and follow-ups across the 3 sites. New systems need to be established to audit these metrics on a regular basis.

Following this audit, a new electronic pathway has been created and further education in the use of the electronic follow-up system is required before re-auditing this data.

This audit has a notable limitation, as the search of the electronic patient record identified only patients with a post-dural puncture headache (PDPH) who required an epidural blood patch (EBP). It could not reliably find cases where conservative management was successful. Future audits will address this by incorporating a data point in patients' medical history, enabling the identification and inclusion of such cases through filtering.

REFERENCES

1. RUSSELL, R., LAXTON, C., LUCAS, D.N., NIEWIAROWSKI, J., SCRUTTON, M., and STOCKS, G., 2019. Treatment of obstetric post-dural puncture headache. Part 2: epidural blood patch. International Journal of Obstetric Anesthesia. 38, pp. 104–118.