

Improving mobilisation in labouring women after epidural insertion

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INTRODUCTION

Our centre uses a PIEB (programmed intermittent epidural bolus) /PCEA (patient-controlled epidural analgesia) protocol for all labour epidurals. This policy is compatible with mobilisation. There is evidence to suggest improving mobilisation rates can increase the rates of unassisted vaginal birth (1).

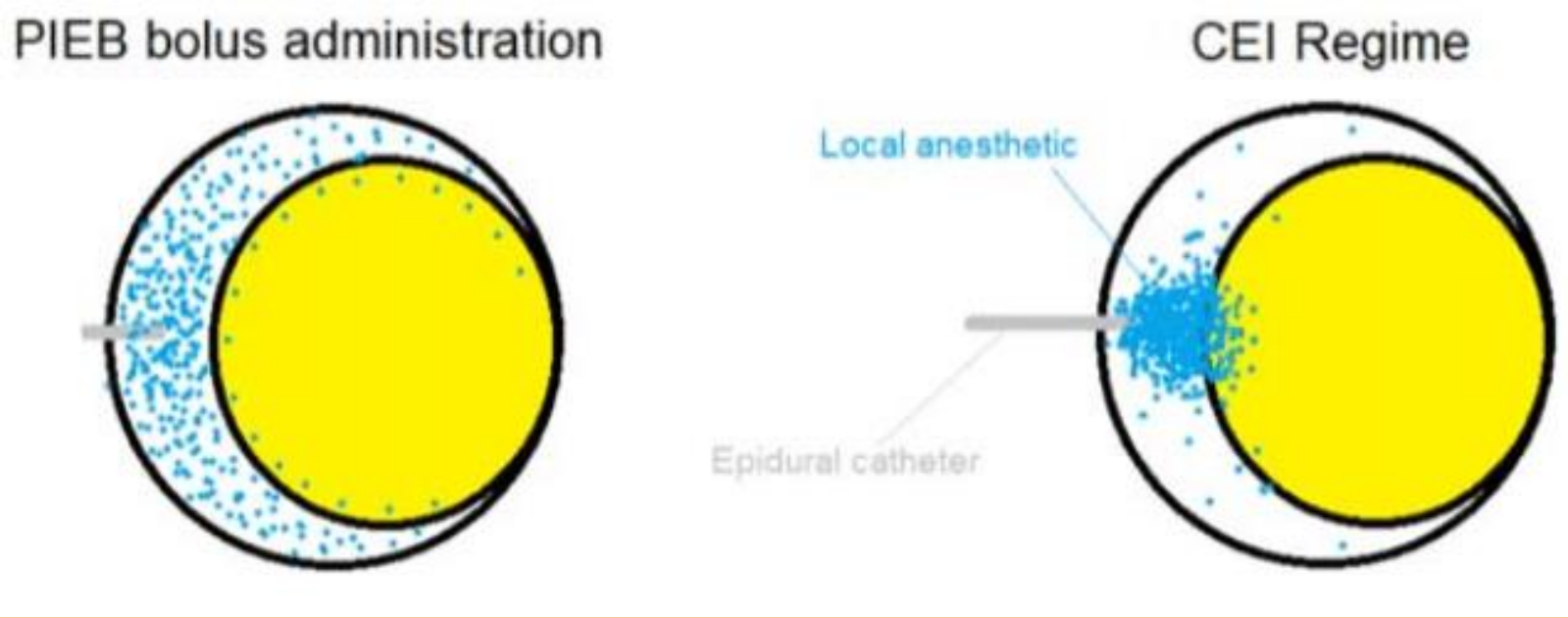


Figure 1. PIEB generates greater pressure and spread of solution resulting in greater sensory spread and reduced motor block.

Our data shows rates of unassisted vaginal birth are 31.6% for women with an epidural and 75.8% for women without an epidural (figure 2).

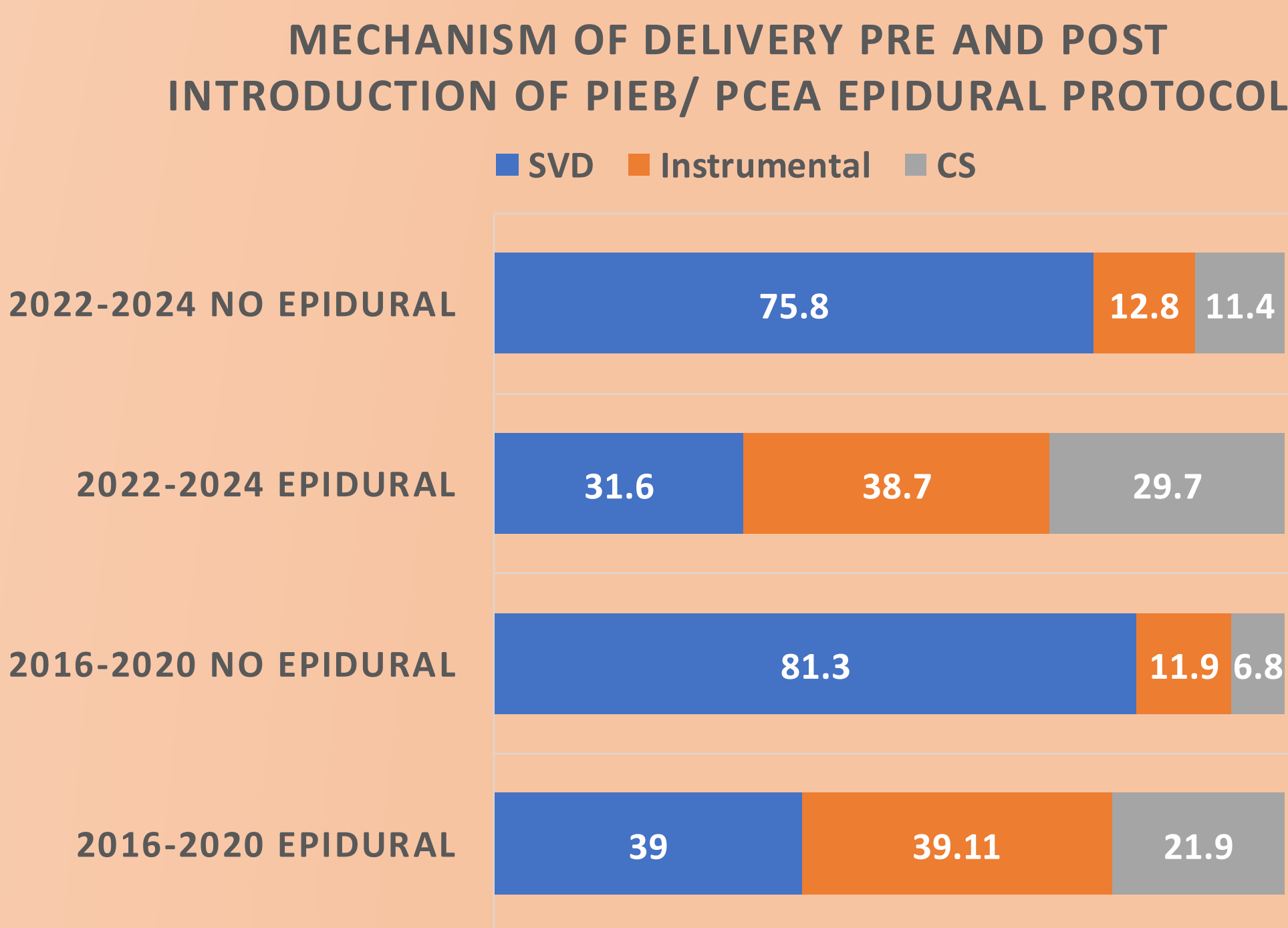


Figure 2. Introduction of a PIEB/ PCEA protocol did not reduce the rates of instrumental or caesarean section (CS) delivery in our unit.

AIMS

The goal of our work is to improve mobilisation rates for women with epidurals. This may in turn improve rates of unassisted vaginal birth. Our work aims to identify barriers to mobilisation so targeted intervention can be applied.

METHODS

We determined the rate of mobilisation with an epidural within our unit. We collected data from women to assess their understanding of mobilisation after epidural insertion. In addition, we surveyed anaesthetists and midwives to assess whether they were encouraging mobilisation during their discussion around epidurals. We looked into factors limiting movement after epidural insertion.

RESULTS

Our post-natal survey demonstrated that only 21% of women (n=58) mobilised after epidural insertion (Figure 3).

DID YOU GET UP OFF THE BED AFTER EPIDURAL INSERTION?

- Yes, I was able to get up off the bed
- No, I wanted to but this was not possible
- No, I did not want to
- No, I was not offered this

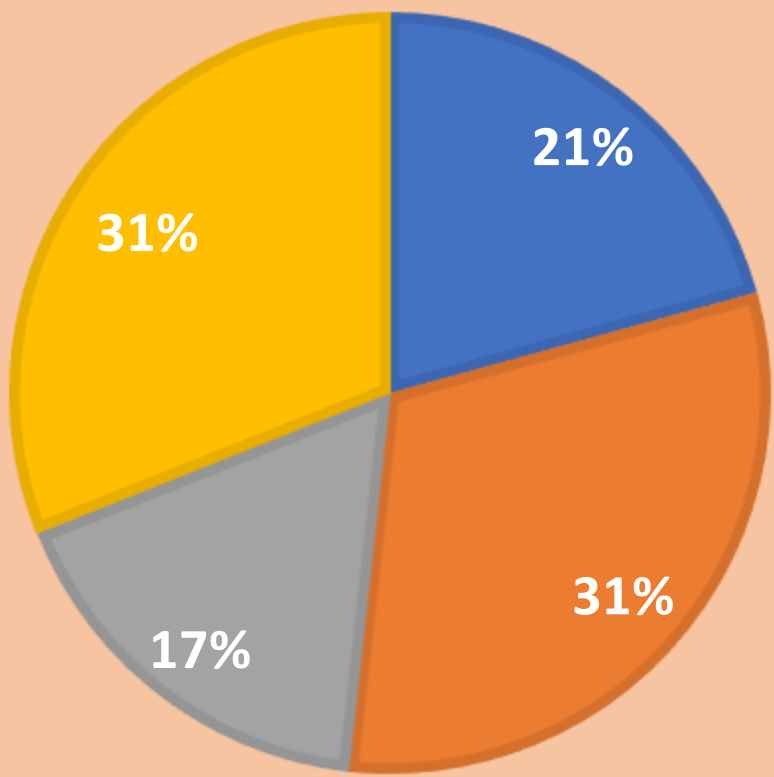


Figure 3

Our antenatal survey highlighted that 49% of women (n=41) had a prior discussion about epidurals with their community midwife; only 39% of women where aware mobilising with an epidural was possible. Interestingly, 75% of women would like to mobilise with an epidural.

Our survey of anaesthetists showed that only 56% of anaesthetists (n=43) discussed mobilisation with patients prior to epidural insertion.

Our survey of midwives (n=40) highlighted that 90% reported discussing and encouraging mobilisation after epidural insertion. Despite this, 30% of patients were not keen on mobilising.

Results of a survey of midwives and patients highlighting reasons for not mobilising with a labour epidural.

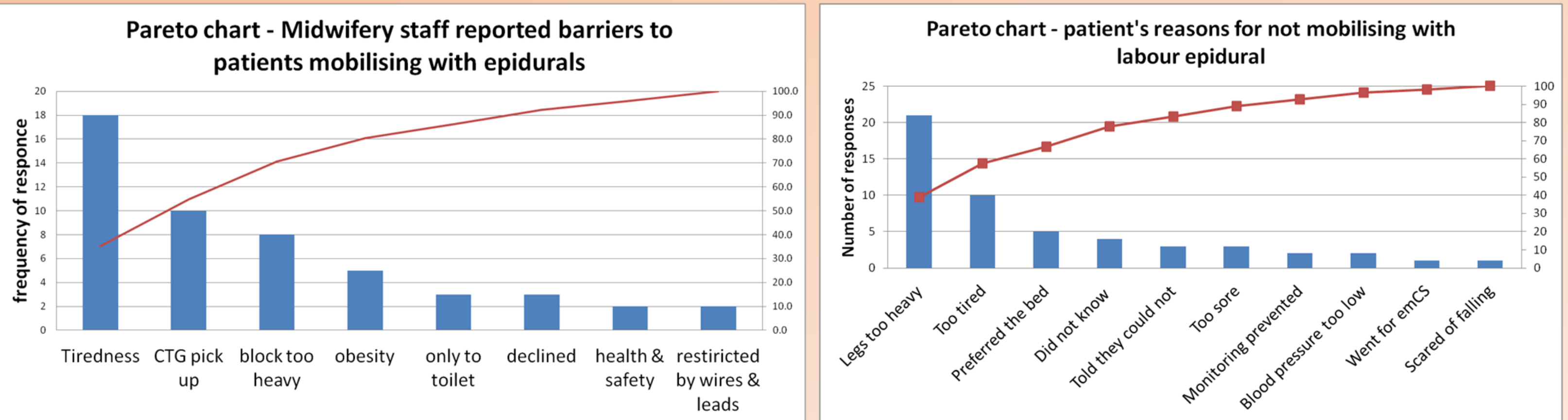


Figure 4. The main reasons quoted by both groups included: heaviness in legs, tiredness and monitoring challenges.

DISCUSSION AND CONCLUSIONS

Our unit encourages mobilisation after epidural insertion. There is desire and clear benefit from mobilising with a labour epidural. However, rates of mobilisation are low in our unit. This project has highlighted the following:

Need for greater patient antenatal education from midwives

- We have updated information on the NHS Lothian maternity website. There are videos and information leaflets available to support mobilisation.

Need for greater patient education delivered by anaesthetists

- We have added 'encourage mobilisation' to the epidural checklist. This is a document completed by anaesthetists after epidural insertion.

Barriers that need targeting to improve mobilising include heavy legs, tiredness and monitoring challenges.

- In our unit we use 0.1% levobupivacaine + 2mcg/ml fentanyl; could this concentration be further reduced?
- We have reduced our usage of lidocaine test dosing and reduced our use of 0.25% levobupivacaine as a 1st line for troubleshooting epidurals to 31% from 71%

REFERENCES

(1) George RB, Allen TK, Habib AS. Intermittent Epidural Bolus Compared with Continuous Epidural Infusions for Labor Analgesia. Anesthesia & Analgesia. 2013 Jan;116(1):133–44.