

EARLY ANTENATAL INFORMATION PROVISION ON ANALGESIA AND ANAESTHESIA FOR LABOUR AND DELIVERY - A REGIONAL, TRAINEE-LED COLLABORATIVE SERVICE EVALUATION



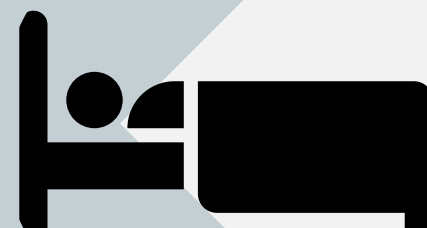
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Introduction



Thorough antenatal information is linked to improved maternal confidence when making decisions during labour and satisfaction with analgesia¹.
Good antenatal preparation improves intrapartum information retention¹.



Women are required to make rapid decisions in labour, often when in pain, fatigued, anxious and having received opiate analgesia or Entonox.
Gaining informed consent during labour can be difficult.



Involvement in decisions and fulfilled expectations have a major effect on overall birth experience¹.

National guidance recommends that ‘mothers should be given and encouraged to read information about analgesia for labour and anaesthesia for caesarean section², and anaesthetists have a role in this³. We evaluated information provision in the South West Peninsula region and assessed maternal experience and satisfaction to better understand our local patient needs and inform improvement.

Methods

A patient survey was designed on an electronic platform with input from Devon Maternity Voices Partnership (MVP).
Local investigators were recruited in five hospital sites across the South West via the SWARM network.

Local teams selected five 12 hour data collection periods, during which time the survey was offered to all postnatal women over the age of 18 years.

Survey findings and currently available information resources were reviewed with a patient representative as part of a focus group.

Results

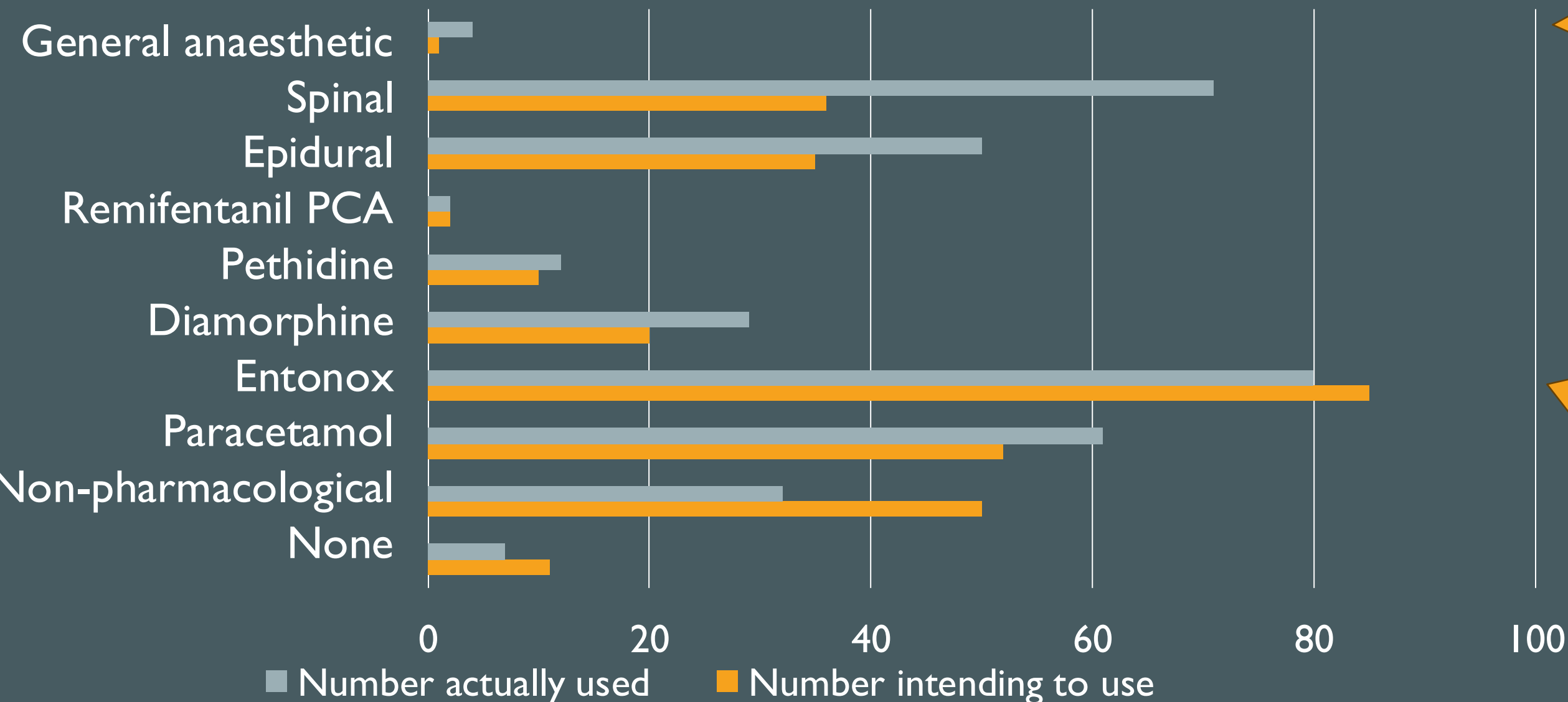
There were 156 participants, 70% of whom underwent some kind of neuraxial procedure.

87% were given written antenatal information on options for pain relief for childbirth.

52% received written antenatal information on anaesthesia for caesarean birth.

71% received written information on the risks and benefits of neuraxial techniques whilst in labour. This information was completely new to 22%, and partly new to 36%.

Intended pain relief use and actual pain relief use in the 156 women surveyed



41% reported that pain during labour and/or childbirth was more severe than expected, and 27% felt it was in line with their expectations.

When making decisions about pain relief and/or anaesthesia:
- 8% lacked confidence
- 7% felt out of control
6% felt scared or worried

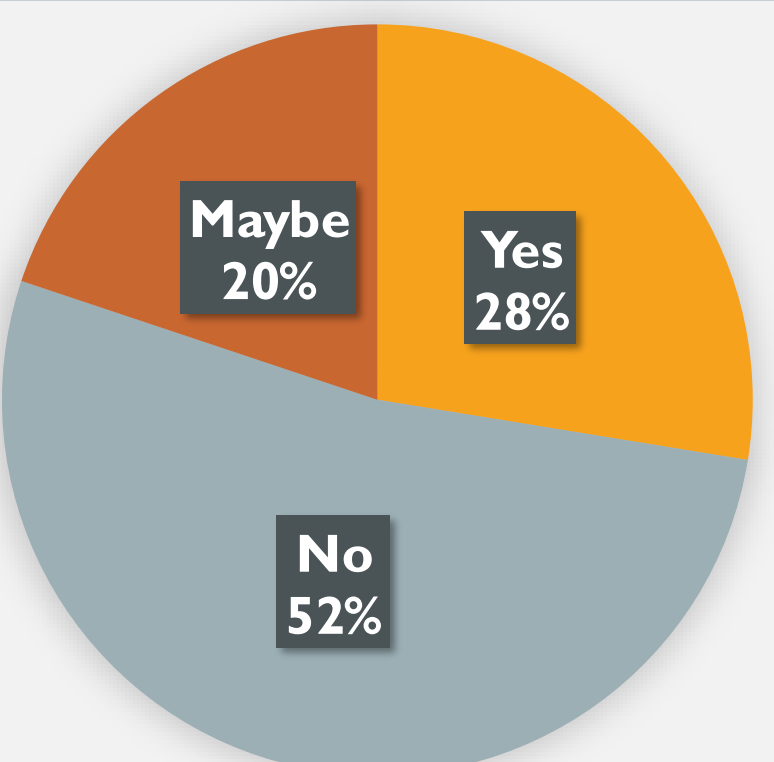
Results

18% of those surveyed would have liked to receive more detailed antenatal information on analgesic options for labour.

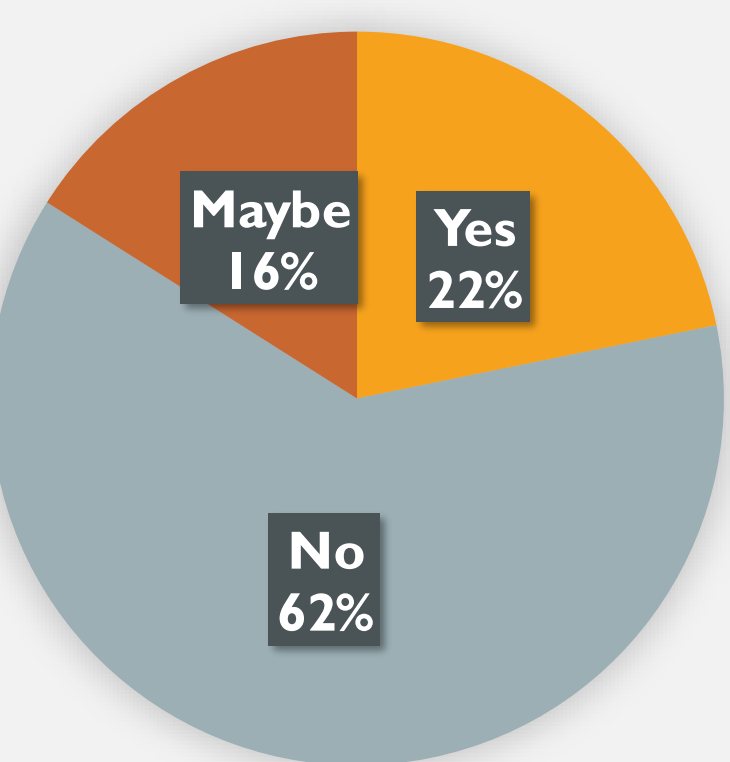
19% would have liked to receive more detailed information on anaesthesia for caesarean birth.

The most popular modes of information delivery were verbally from a midwife, obstetrician or anaesthetist, in a leaflet, or on a website specific to their own hospital.

Would improved antenatal information on pain relief have improved overall experience?



Would improved antenatal information on anaesthesia for caesarean section have improved experience?



Discussion

A significant proportion of respondents underwent an unanticipated anaesthetic intervention during childbirth. Our data demonstrated significant variation in attitudes to information on risks and benefits of procedures. As some felt better access to early and improved antenatal information on these topics would enhance experience, we believe empowering women to access this information early in pregnancy is a priority for maternity services and anaesthetists.

References:

1. Brinkler R, Edwards Z, Abid S, et al, the Pan-London Peri-operative Audit and research Network (PLAN). A survey of antenatal and peripartum provision of information on analgesia and anaesthesia. Anaesthesia. 2019;74:1101-1111. doi:10.1111/anae.14745.
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3. Yens SM, Hartle AJ, Barker IR, et al. AAGBI: Consent for anaesthesia 2017: Association of Anaesthetists of Great Britain and Ireland. Anaesthesia. 2017;72:93-105. doi:10.1111/anae.13762.