



Introducing a pain management pathway for medical termination of pregnancy

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INTRODUCTION AND OBJECTIVES

- **Medical termination of pregnancy** (TOP) has been offered in Royal Jubilee Maternity Hospital (RJMH) since the introduction of **new legislation** [Abortion (Northern Ireland) Regulations 2020].
- This includes pregnancies up to 24 weeks gestation and after 24 weeks gestation in certain circumstances.
- We sought to **optimize the labour analgesia** provided to women having a TOP in RJMH.

METHODS

- **Approval** - Belfast Trust Standards Quality & Audit Department
- **Retrospective audit** (labour analgesia for TOP, 2022)
- **Regional online survey** (current obstetric anaesthetic practice, 2023)
- **Qualitative survey** of women (TOP, 2024)

RESULTS

- In the first year following new legislation, **17 women had a TOP** in RJMH.
- Most received **simple analgesia**, with 12 (70%) receiving IM opiate analgesia, nine using entonox and one patient having epidural analgesia.
- A small survey of five women having a TOP in 2024 showed that they were satisfied with their labour analgesia, but the **majority would welcome** the option of patient-controlled opioid analgesia (**PCA**).
- There were 13 respondents from all five NI healthcare trusts to an online survey of practice. This showed a **range of current practice and support for developing an analgesia pathway** for these patients.

Figure 1
Pain Management for Pregnancy Loss and Medical Termination of Pregnancy

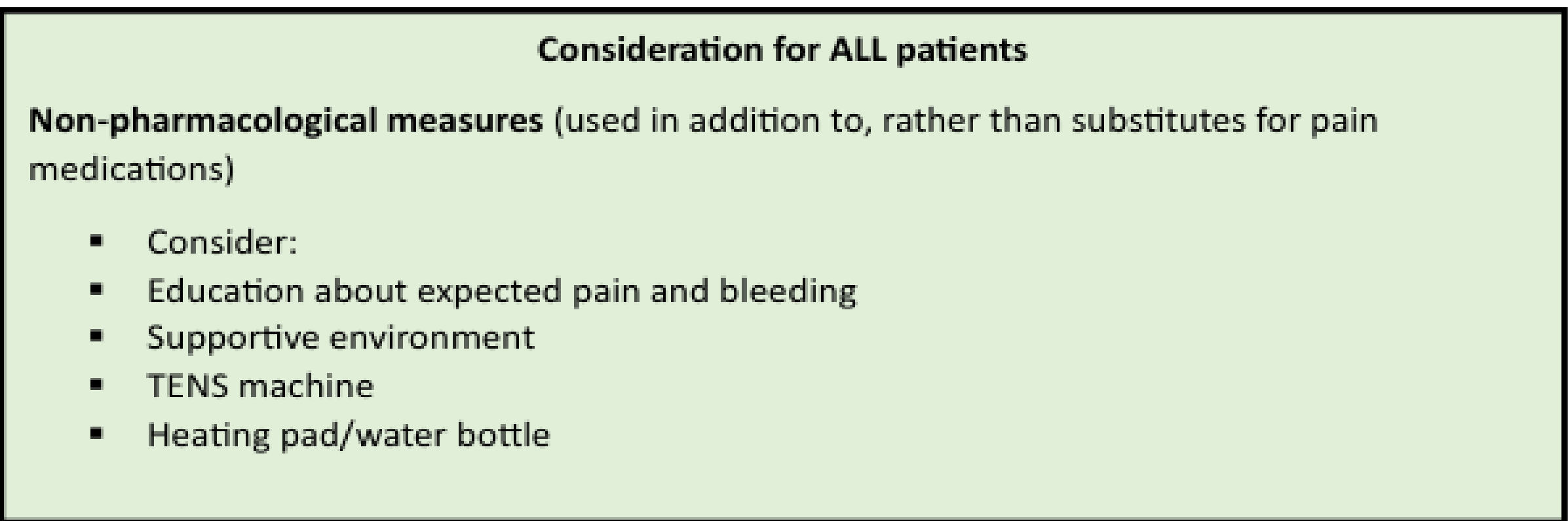
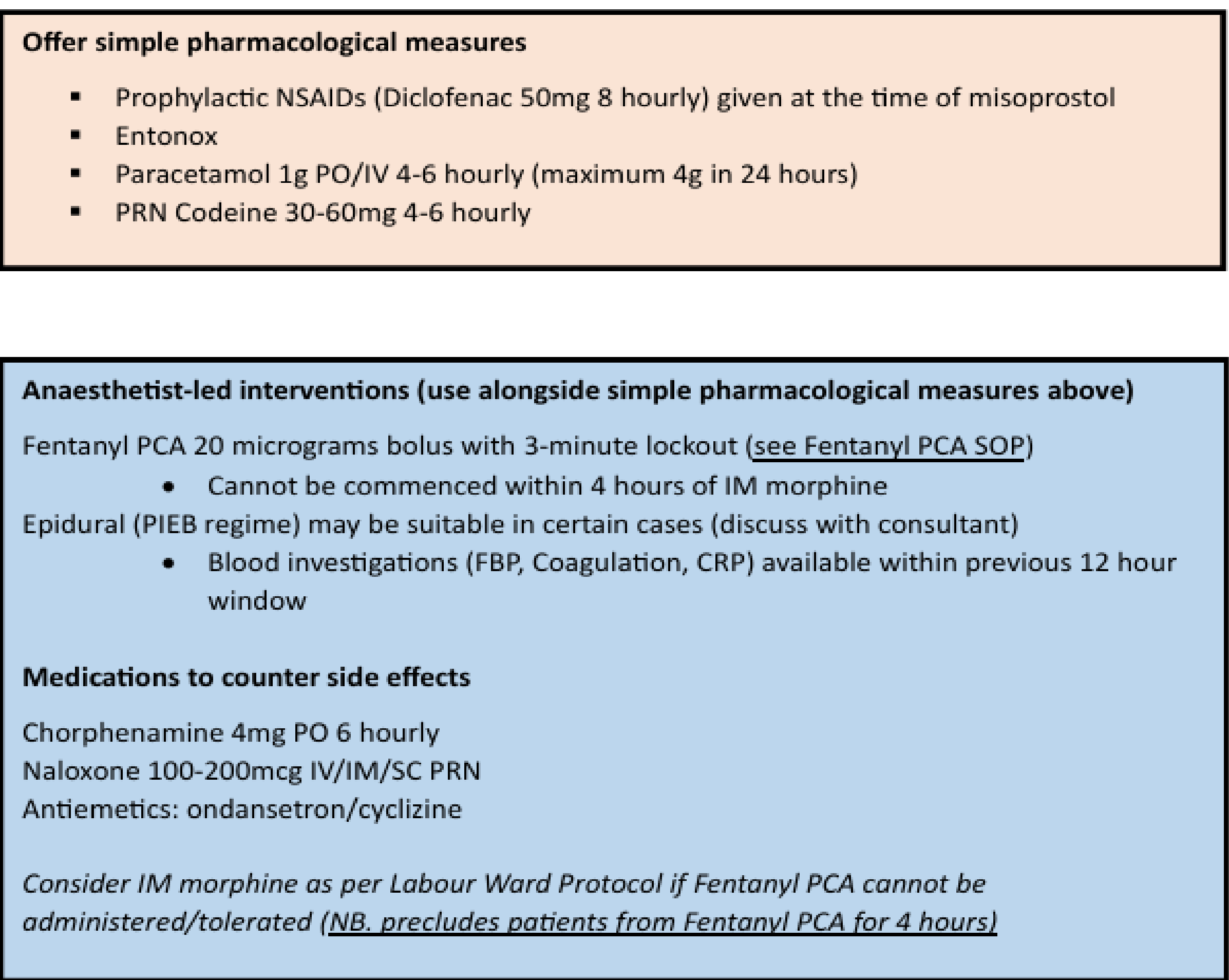
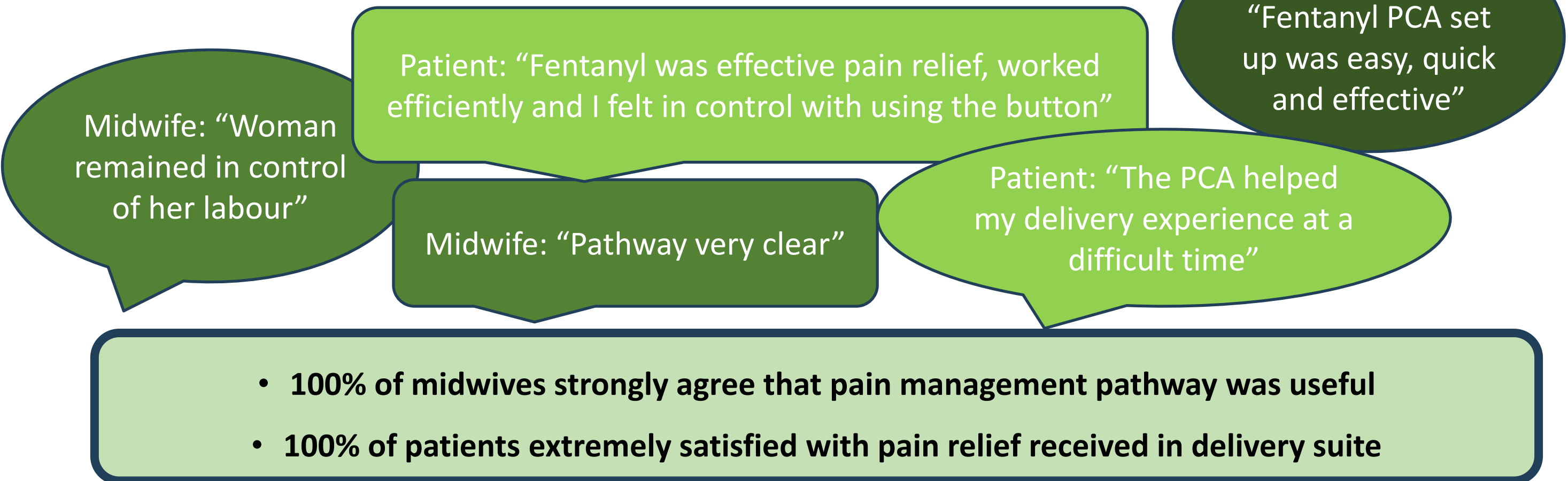


Figure 2
Feedback on Pain Management Pathway with Fentanyl PCA



DISCUSSION

- Patients having a TOP may experience a **lengthy induction process** followed by **painful, often rapid, labour and delivery**.
- **Literature review** shows that practice varies but safe, effective analgesia should always be offered. This includes **regional analgesia** and repeated doses of **parenteral opioid** [1].
- Epidural analgesia may not be effective in patients with short labours or may not be safe in those with underlying infection.
- IM opioid has a slow onset time and may preclude the use of IV opioid for several hours.
- **Fentanyl PCA** has a better **maternal safety** profile in this group compared with remifentanyl PCA [2].
- Following a period of preparation, we have introduced an analgesia pathway for patients having a TOP on delivery suite in 2025. (Figure 1)
- This includes the use of **simple pharmacological and comfort** measures alongside **fentanyl PCA**, which is used for TOPs in some units **internationally**.
- The advantages of fentanyl PCA include **rapid onset, short duration** of action and a **lack of active metabolites** [2].
- Since the introduction of fentanyl PCA for TOP in 2025, **feedback** from midwives and patients has been very **positive**. (Figure 2)
- We now aim to **expand the use** of this analgesia pathway **regionally** and **include** women undergoing **pregnancy loss**.

REFERENCES

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2. Ronel I, Weiniger CF. Non-regional analgesia for labour: remifentanyl in obstetrics. BJA Education. 2019; 19(11): 357-361