

Battle of the Cannulas Midwives V Anaesthetists

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OUR MATERNITY UNIT: Royal Preston Hospital, LTHTR,
Maternal Medicine Centre., Average 4,125 deliveries per year.

The unit is composed of, two maternity wards (ante and post natal), 12 bed
obstetric led delivery suite, 4 bed midwifery led birth centre, gynaecology ward,
antenatal clinic and maternity assessment suite.

BACKGROUND: Large bore cannulation for labouring women is common
practice. Proficiency in this skill can vary, as can patient experience. Difficult or
multiple cannulation can be a significant contributing factor to birth related
trauma. Needle phobia is also a growing issue that can significantly hinder safe
obstetric care.

Midwives are generally trained in cannulation and phlebotomy and regularly
undertake this role on labour ward. Outside of labour ward these skills are more
traditionally performed by the doctors responsible for care, with difficult cases
being escalated within that team. More recently however it is our experience
that this route of escalation has been lost, and anaesthetists are now the first
point of call in difficult cases, over and above other doctors.

AIMS: To gain an understanding of the experiences of women on labour and
maternity wards in relation to cannulation and identify factors to improve patient
experience. To investigate the staff groups performing this skill, success rates and
documentation.

METHOD: Data collection by anaesthetic doctors based for each patient
cannulated on delivery suite and maternity ward over Oct- Nov 2024. Proforma
used collecting objective and subjective data on patient experience, details and
documentation of each cannulation.

Pain was assessed retrospectively on a self-reported scale of 0 (no pain) to 10
(worst pain ever).

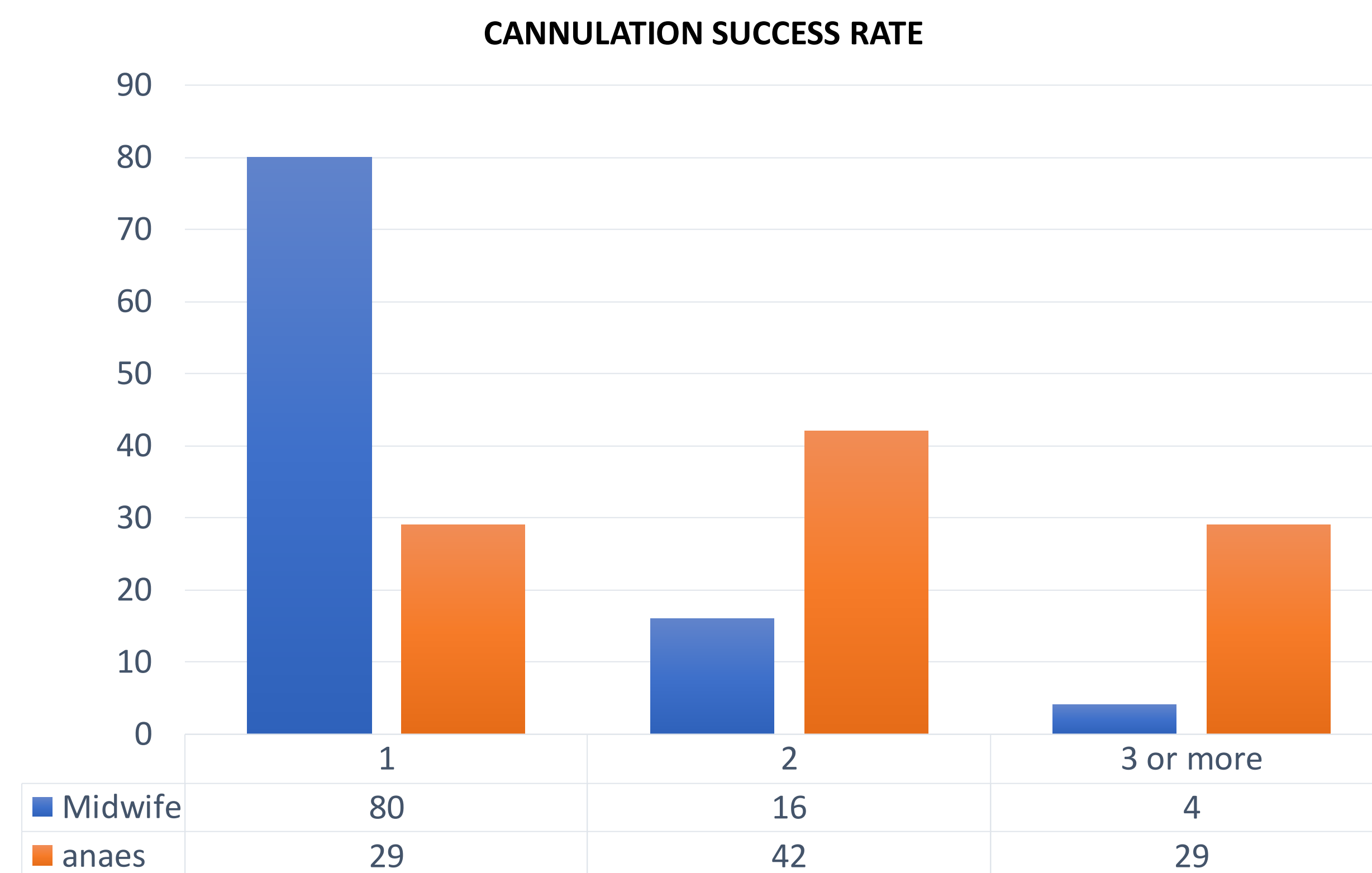
Results were analysed using Excel. Hospital audit department approval obtained.

RESULTS: 46 cases were reviewed, each cannulation attempt was assessed
separately,. There were 53 cannulation attempts
74% of sited cannulas were size 16G.

Midwives and anaesthetists were the only documented team members siting
cannulas on the delivery suite.

Midwives were successful in siting 59% of their cannulas on the first attempt.
Anaesthetists were involved in the first cannulation attempt on 2 occasions.
Anaesthetist involvement was mostly following >1 unsuccessful cannulation
attempts.

Discomfort on insertion was low for the majority of women. Midwives
achieved a lower average discomfort rates than anaesthetists.

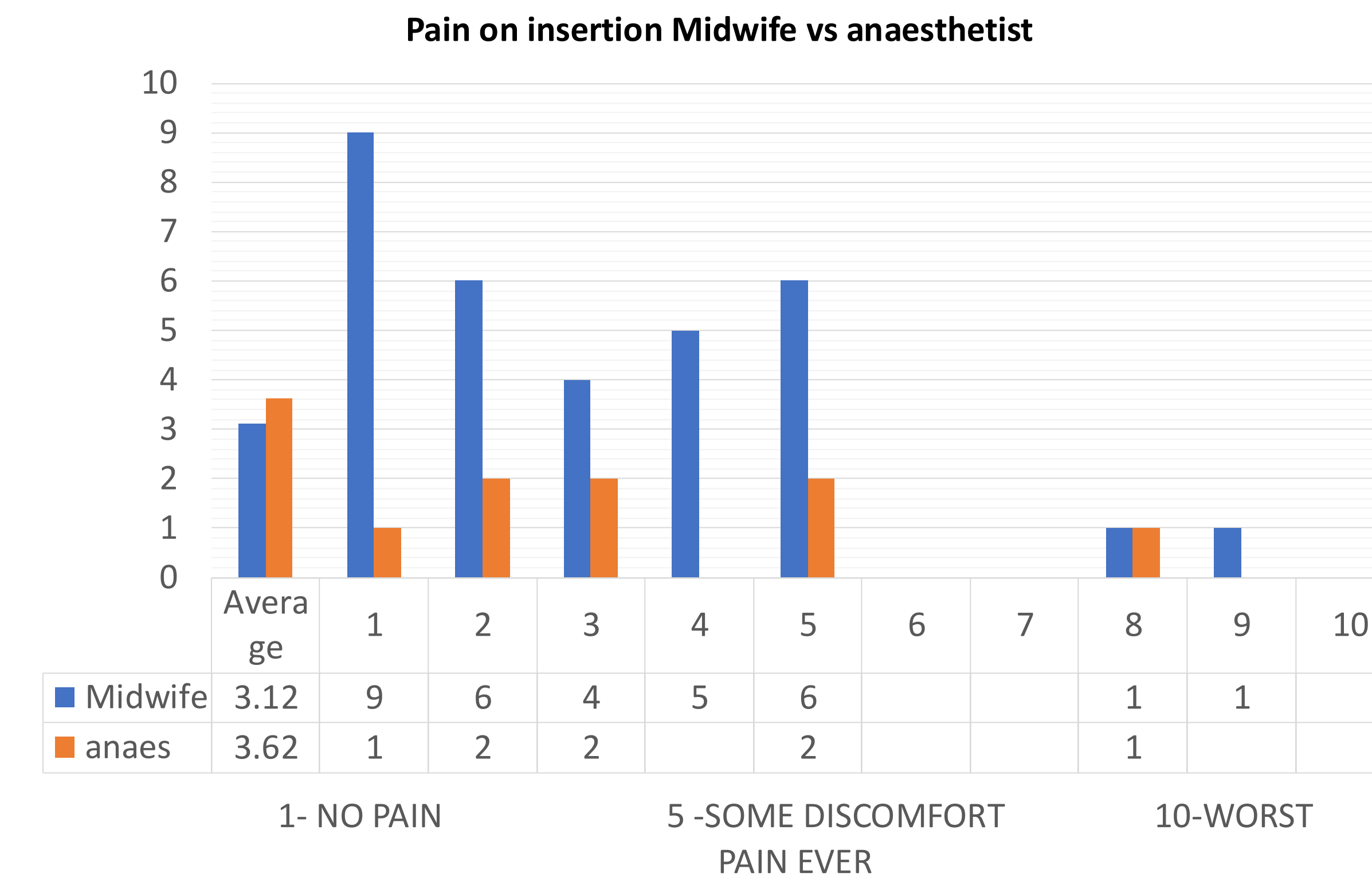


CONCLUSIONS: The majority of cannulas were midwife-sited with a high
degree of success and low patient related pain scores. Midwife sited
cannulas were on average less painful than anaesthetist sited cannulas.

Anaesthetists had slightly higher pain scores with apparently lower rates of
success. This most likely reflects the level of difficulty of these cases and
suggests that they had been appropriately escalated for patient experience.

Obstetric doctors are notably absent from cannulation attempts on delivery
suite.

Levels of discomfort were low for the majority or women. These were a
small number however who rated the pain as severe.



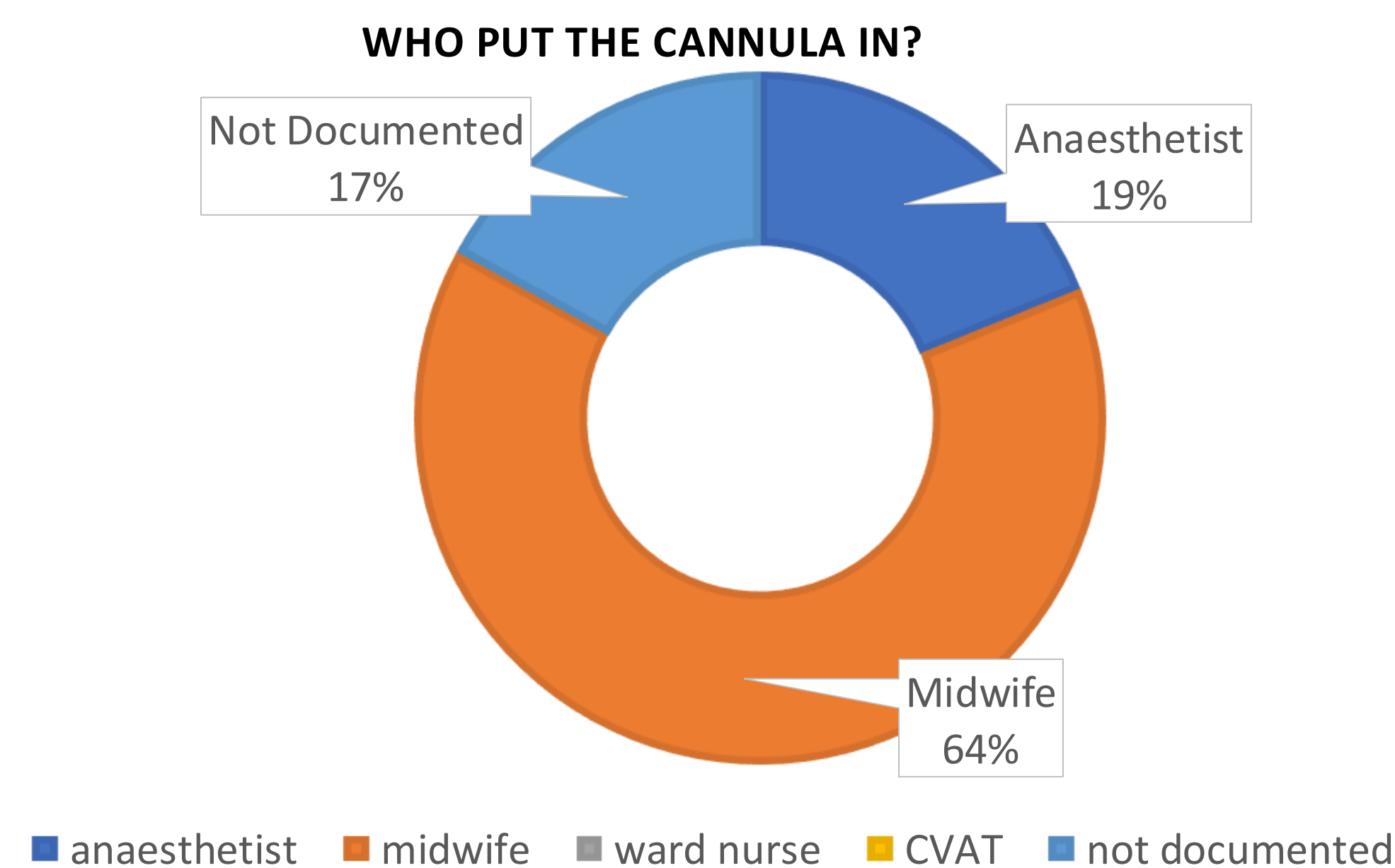
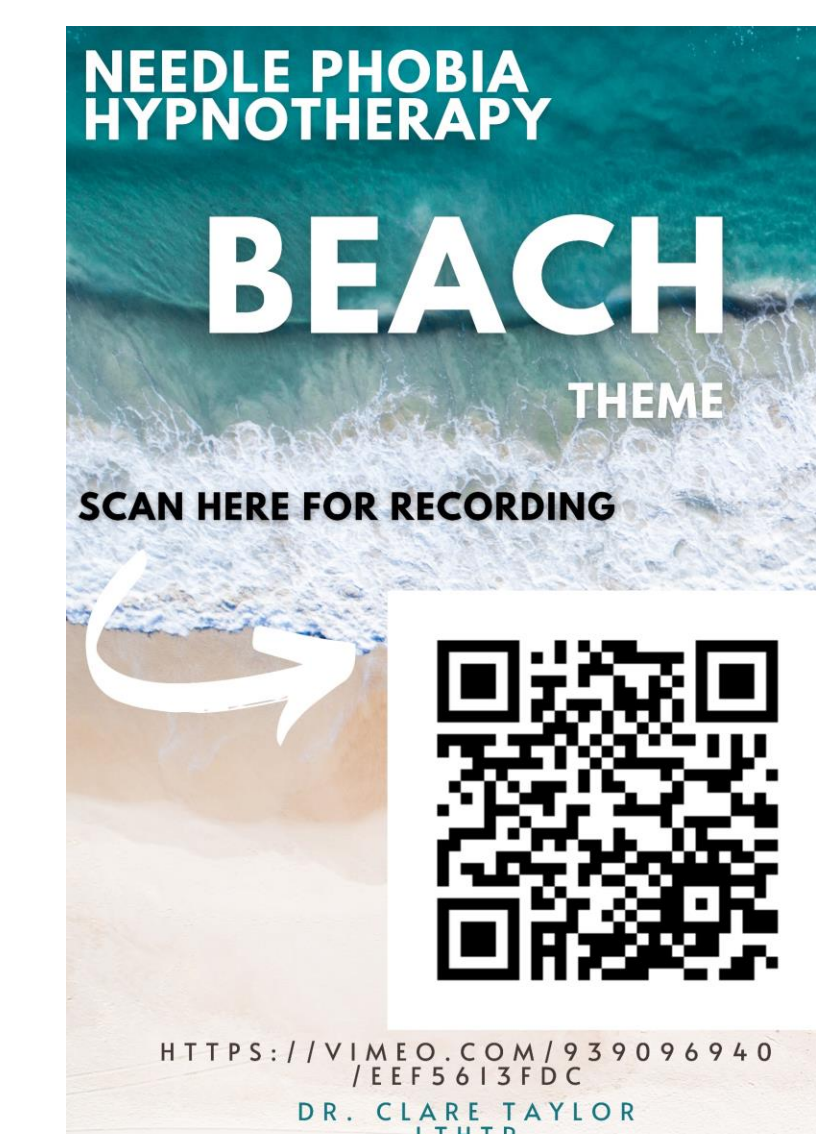
FUTURE STEPS: It is clearly appropriate that midwives perform the
majority of cannulations on our delivery suite. It is a concern though that
cannulation appears to be fast becoming a lost skill for some of our other
medical colleagues. This has been highlighted and teaching in difficult
cannulation offered.

It is important to identify techniques to improve the experience of the
small number of women who found cannulation severely painful.

The use of topical local anaesthetic is being considered.

Medical hypnotherapy can also be useful in our experience. We have
produced recordings to aid anxiety around cannulation for those
experiencing needle phobia. We intend to assess the impact on
discomfort levels and acceptability of cannulation in this cohort.

Please feel free to use these resources.



**NEEDLE PHOBIA
HYPNOTHERAPY**

**HOW TO USE THE
QR CODES**

CLINICIAN USE

- Discuss with the patient what you are planning to do. It is important the your patient wants to try and engage with the process.
- Ask which they would find most relaxing. Bubblebath or beach.
- Scan relevant QR with phone or ipad (either yours or the patients)
- Follow the link to recording on Vimeo
- Find a quiet spot with somewhere for your patient to sit and recline
- Prepare equipment to take blood/cannulate
- Start the recording and quietly watch your patients reactions
- At the point in the recording when there is a suggestion to place the arm in an ice bath put on the tourniquet. About 6 minutes into the recording. Softly tell your patient that this is what you are doing.
- Commence taking blood/cannulation soon after if the patient reaction allows. Some encouragement may be needed at this point.
- If may not be possible for you patient to engage on the first attempt. If this is the case they can try to listen at home and see if they can use the recording to relax into the process.

PATIENT USE

- Scan the relevant QR with phone or ipad.
- Follow the link to recording on Vimeo. Adding to favourites or liking at this point will allow for an easier return to the recording.
- Find a quiet spot with somewhere to sit and recline
- Start the recording and listen uninterrupted.
- Repeat as many times as you want.
- Use either to help when coming in for bloods or just at home to help you relax into the process.

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