

Clinical trigger

A patient complaint resulting from repeated epidural attempts prompted the development of structured guidance.

Why this matters

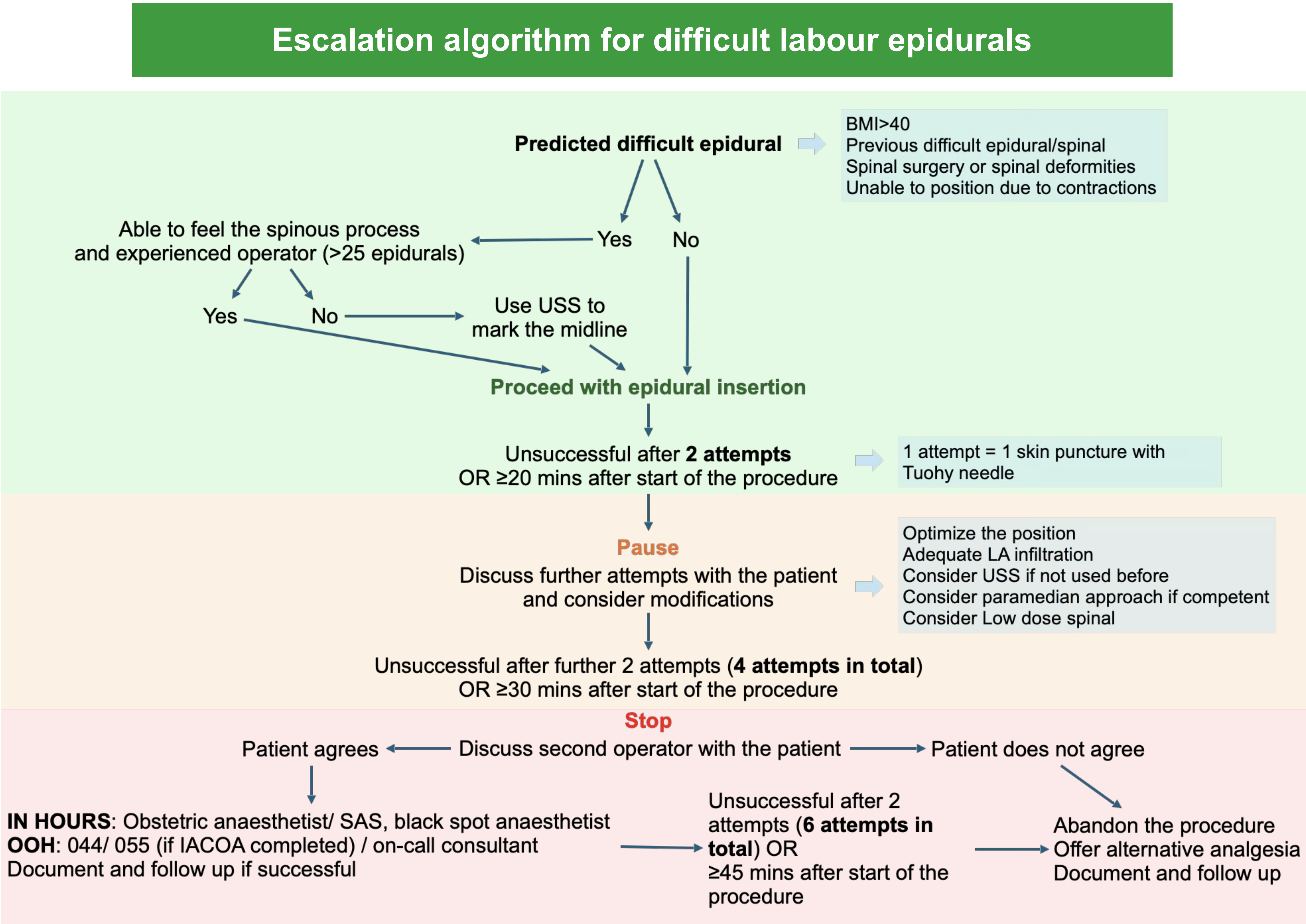
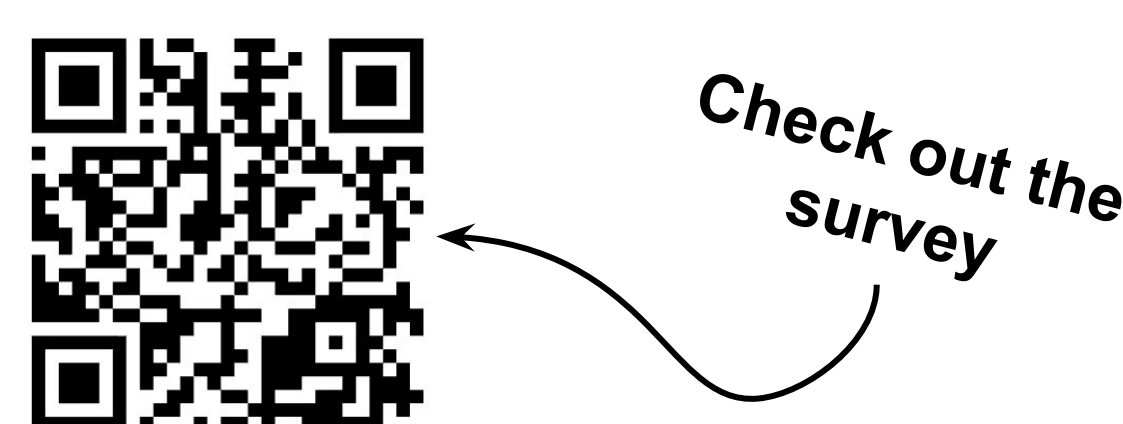
Administration of epidural anaesthesia is one of the most important procedures to facilitate labour, providing effective analgesia and improving maternal outcomes [1]. Timely provision is expected [2], yet technical difficulties remain common, particularly among early-stage trainees due to performance anxiety, often compounded by limited procedural exposure and the complex clinical environment of labour wards. Variability in practice and lack of a clear escalation pathway, particularly during challenging insertions, risks repeated attempts, patient distress, and suboptimal patient outcomes.

Aim

Creation of a pragmatic, consensus-based escalation algorithm for difficult labour epidurals that standardises clinical decision-making, limits repeated attempts, and promotes timely senior involvement.

Methods

16-question survey of anaesthetists across grades within a single obstetric unit at Ipswich Hospital. Themes explored included: the definition of a procedural attempt, predictors of technical difficulty, and operator competency thresholds.



Results

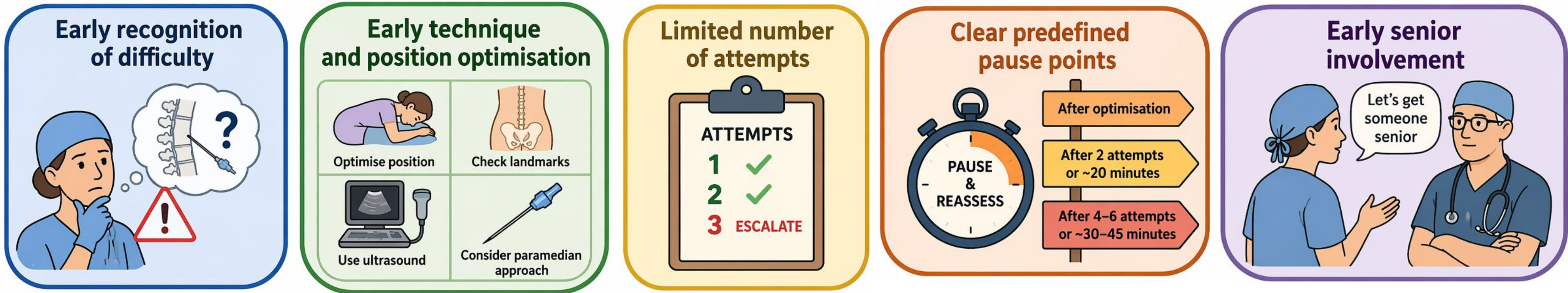
83% of respondents supported the creation of formal guidance, which was implemented locally and integrated within the electronic patient record system. The algorithm reduced variation in practice, empowered anaesthetists of all grades to escalate timely, and made decision making easier in high-pressure scenarios.

Next steps

Embedding the algorithm within the electronic clinical systems enables continuous monitoring and future service evaluation. Wider implementation across other units within the Trust and the region may further enhance standardisation and safety in obstetric anaesthesia.

Take-home message

A simple escalation framework can reduce repeated epidural attempts, empower clinicians to escalate in a timely manner, and improve patient experience without delaying care.



AI-assisted illustration

References

- Kearns RJ et al. *BMJ* 2024;385:e077190
- Royal College of Anaesthetists. GPAS Obstetrics 2025