If it's not written down…: a retrospective review of epidural documentation in labour and prior to operative delivery—completing the audit loop

Dr Adam Mills[1], Dr Nicholas Yu[2], Dr Elizabeth Horncastle[3]

NHS Mid Yorkshire Teaching NHS Trust

INTRODUCTION

Care of women with epidural analgesia is shared between midwives and anaesthetists. Obstetric Anaesthetist's Association guidance recommends regular assessment of motor and sensory block [1]. This re-audit aims to evaluate multidisciplinary epidural documentation during labour and prior to operative intervention, particularly in regards to anaesthetic choice [2].

METHODS

Design: Retrospective review of maternity records for epidurals for labour analgesia at Mid Yorkshire Teaching Trust cycle 2 (Jan—March 2025) against cycle 1 (2024).

Inclusion Criteria: Labour epidurals in-situ, those with epidurals that went on to operative intervention.

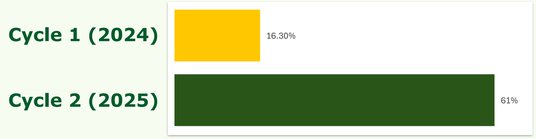
Data Analysed: All Epidurals inserted in Mid Yorkshire Teaching Trust (Jan—March 2025) n=264, of those with epidurals in situ who went on to have operative intervention during/post labour n=145.

RESULTS

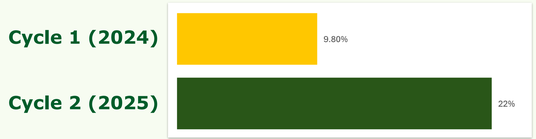
Total Patients with labour epidural: **n = 264**

Required operative intervention: **n = 145**

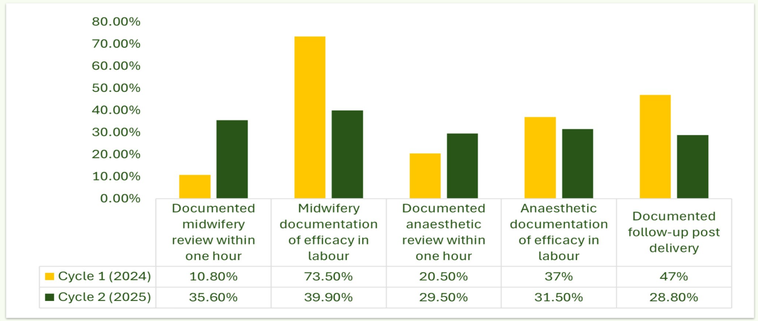
Documented rationale for not topping up nearly quadrupled from 2024 to 2025 (16.3% vs. 61%)



Documented rationale for topping up over doubled from 2024 to 2025 (9.8% vs. 22%)



Other improvements from 2024 to 2025 included:
Midwifery review withing one hour (10.8% vs. 35.6%)
Anaesthetic Review within one hour (20.5% vs. 29.5%)



	Documented midwifery review within one hour	Midwifery documentation of efficacy in labour	Documented anaesthetic review within one hour	Anaesthetic documentation of efficacy in labour	Documented follow-up post delivery
Cycle 1 (2024)	10.80%	73.50%	20.50%	37%	47%
Cycle 2 (2025)	35.60%	39.90%	29.50%	31.50%	28.80%

Areas to Improve:
1. Documentation of efficacy in labour both midwives and anaesthetists
2. Documentation of follow-up post delivery

DISCUSSION

Doing well:

Increased anaesthetic review within 1 hour of insertion, pre-operative assessment documentation and rationale for anaesthetic choice

This may be due to heightened awareness of the project amongst resident doctors.

To be improved:

Ongoing deficiencies within the multidisciplinary team have been highlighted.

CONCLUSION

This audit exposed the ongoing documentation deficiencies of the diversified team. Although adhering to prior recommendations improved the documenting of anaesthetic justifications for both top-up and non-top-up epidural use.

REFERENCES

1. Yentis SM, Lucas DN, Brigante L, et al. Safety guideline: neurological monitoring associated with obstetric neuraxial block 2020. Anaesthesia 2020; 75:913-9. https;//doi.org/10.1111/anae.14993

2. National Institute for Health and Care Excellence. Intrapartum care. NICE guideline [NG235]. 2023. https://www.nice.org.uk/guidance/ng235.