Homerton University Hospital
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Development of a post-partum neuropraxia pathway with a novel patient-initiated follow-up route

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Introduction

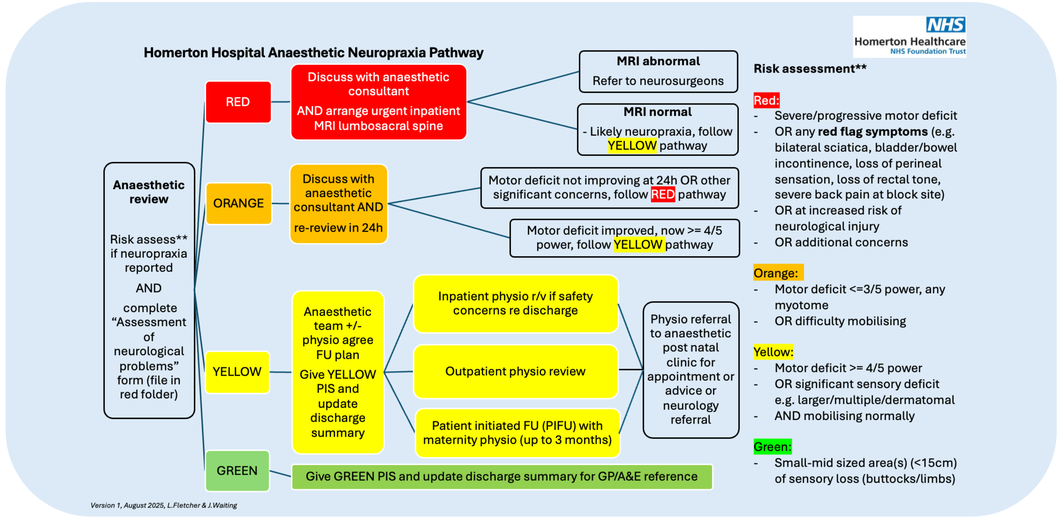
Whilst up to two percent of obstetric patients experience postpartum neuropraxia [1], review of local management identified wide variation in assessment, limited awareness of non-anaesthetic causes, inconsistent involvement of physiotherapy and neurology, and lack of structured follow-up. Inadequate management contributed to a fracture in one patient, highlighting the need for a standardised pathway.

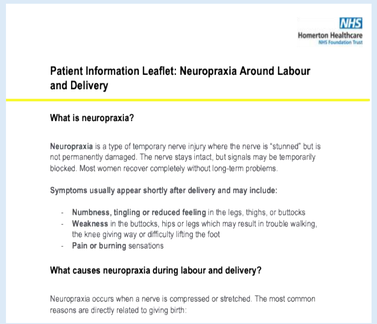
Methods

A neuropraxia pathway was co-developed following process mapping with physiotherapy, neurology and improvement teams. Patient information was developed, and teaching delivered to the maternity multidisciplinary team to improve recognition, escalation and management. Post-implementation, patients were interviewed to explore their experience of care and information provision.

Results

- Our pathway stratifies patients by risk according to symptoms and examination findings (figure 1). High-risk patients receive urgent review and MRI imaging where indicated.
- Follow-up options include inpatient physiotherapy, planned outpatient physiotherapy, or patient-initiated physiotherapy referral up to three months post-discharge. Direct referral to the anaesthetic postnatal and neurology clinic is available.
- Patient information was developed covering aetiology, prognosis, safety-netting, self-management and follow-up.
- Patient feedback was highly positive regarding anaesthetic input and clarity of information, but highlighted opportunities to improve postnatal midwifery awareness and escalation. Patients requested additional information on recovery trajectories, timing for physiotherapy contact and safety of future regional anaesthesia.

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Patient Information Leaflet: Neuropraxia Around Labour and Delivery

What is neuropraxia?

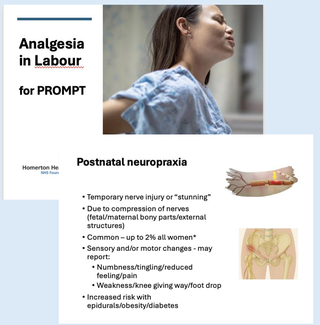
Neuropraxia is a type of temporary nerve injury where the nerve is "stunned" but is not permanently damaged. The nerve stays intact, but signals may be temporarily blocked. Most women recover completely without long-term problems.

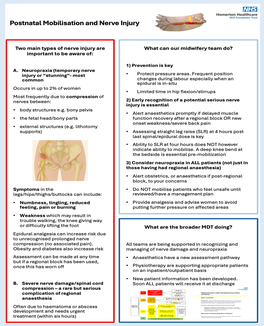
Symptoms usually appear shortly after delivery and may include:

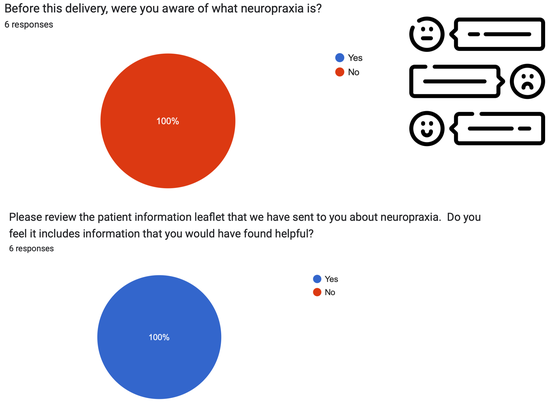
- Numbness, tingling or reduced feeling in the legs, thighs, or buttocks
- Weakness in the buttocks, hips or legs which may result in trouble walking, the knee giving way or difficulty lifting the foot
- Pain or burning sensations

What causes neuropraxia during labour and delivery?

Neuropraxia occurs when a nerve is compressed or stretched. The most common reasons are directly related to giving birth:







"It was good to know that access to physio can alleviate symptoms and to be given gentle exercises and simple treatments"

Discussion

The pathway has been widely disseminated across maternity and is now embedded in routine practice. Patient feedback indicates a significant positive impact on quality of care and will inform ongoing refinement of the pathway, patient information and staff training. The pathway is readily transferable to other units.

References

[1] Harper R, Eckford S, Williams H et al. Obstetric neurological injuries. The Obstetrician & Gynaecologist. 2020; 22: 305–312