

Improving oral morphine prescribing post Caesarean section using Quality Improvement Methodology

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1. INTRODUCTION

- Adequate analgesia is an essential component of enhanced recovery for women after delivery by Caesarean section.
- It encourages early mobilisation, decreases length of stay, increases the mother's ability to care for the newborn and improves the overall patient experience.

2. OBJECTIVE

- To compare the standard of analgesia prescribed in a large District General Hospital against the NICE guideline
- To improve the accuracy of analgesia prescribing

3. DESIGN

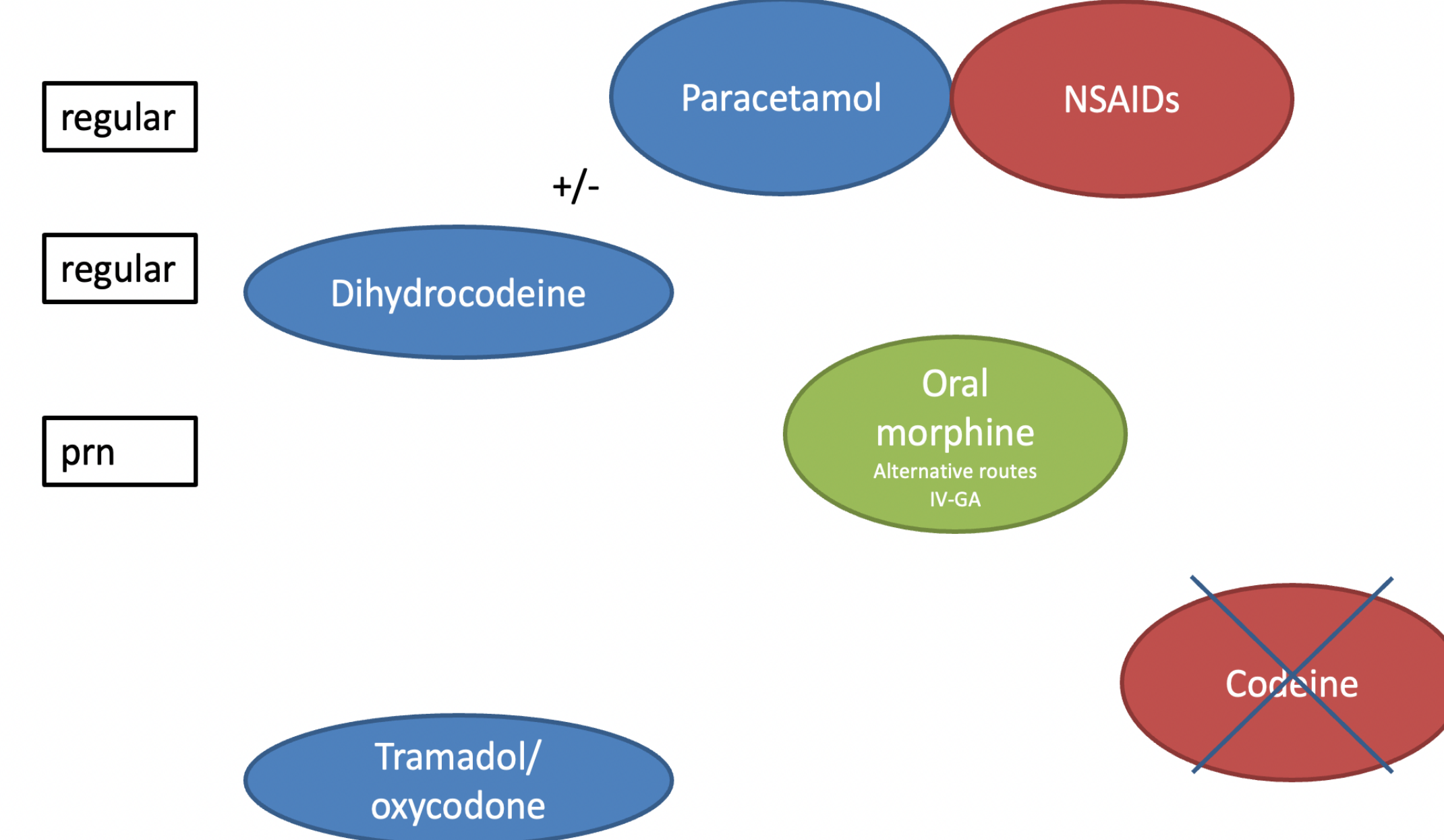
- Quality Improvement Methodology

4. METHOD

- All maternity patients who delivered by Caesarean section at Southend Hospital in September 2021 (cycle 1) and January 2022 (cycle 2) were selected.
- Data was obtained retrospectively using the Birth Record book and electronic records.
- Patient's demographics, inpatient analgesia usage and prescription on discharge were collected and analysed using Excel.
- Inpatient length of stay, allergies and patient preferences were considered when assessing the appropriateness of analgesia prescription.

5. GUIDELINE

NICE guideline NG192



- An appropriate oramorph prescription was pre-defined as 10-30mg every 4-6 hours for 3-5 days, as required for pain.

6. INTERVENTION

Oramorph on discharge

Dear SHOs,

- Please review oramorph TTA on the day of discharge.
- Please prescribe 10-30mg every 4-6 hours for 3 days as appropriate (NICE guideline NG192). Only selected patients require oramorph for 5 days.
- Advise patients to contact MB2 or community midwife if pain is significant after 3-5 days.
- Do not prescribe codeine/co-codamol - risk of neonatal respiratory depression in breastfeeding.

There is no real risk of giving 300ml bottle of oral morphine (30mg every 4-6 hours for 3 days = 180ml).

Local guideline on 'Perioperative Analgesia after Caesarean Section or Traumatic Vaginal / Instrumental Delivery':
<http://intranet/polyside/clinicalguidelines/Anaesthetics/CG295%20Perioperative%20Analgesia%20after%20Caesarean%20section%20or%20Traumatic%20Vaginal%20or%20Instrumental%20delivery.pdf>

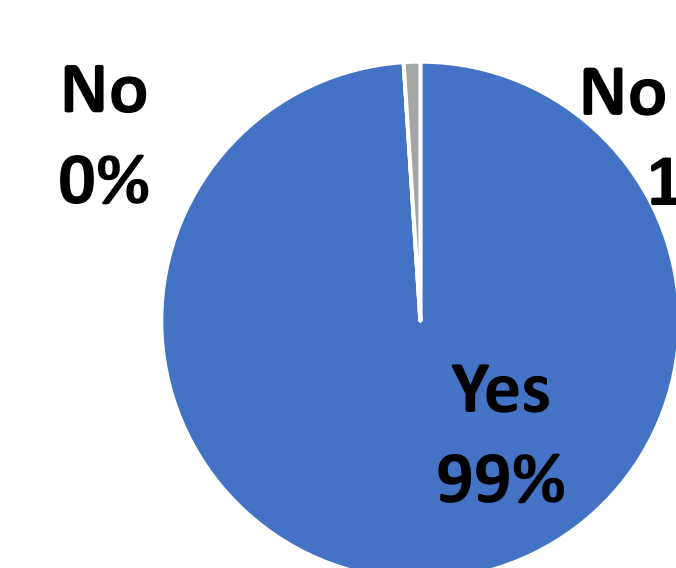
And the Enhanced Recovery Pathway in Obstetrics:
http://sophias01/ops/clinicalservices/wcs/obstetricsgynaecology_pg/Maternity%20guidelines%20and%20policies/OG205%20Enhanced%20Recovery%20Pathway%20in%20Obstetrics%202.0.pdf



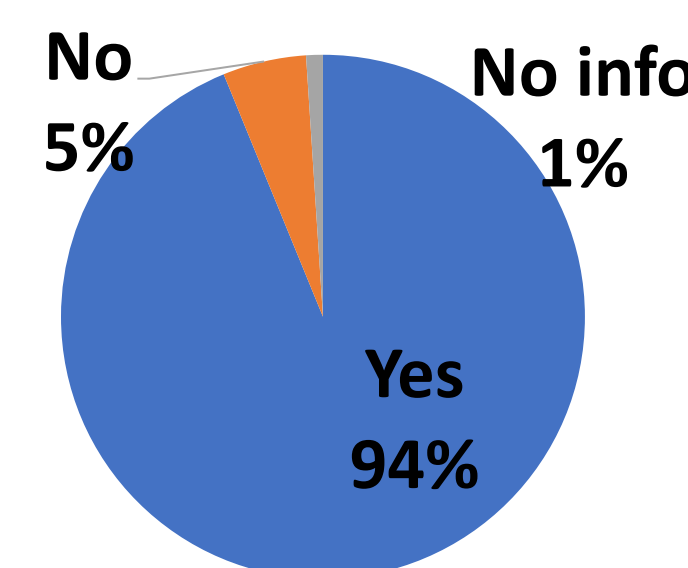
7. RESULTS – cycle 1

Analgesia prescribed post-op

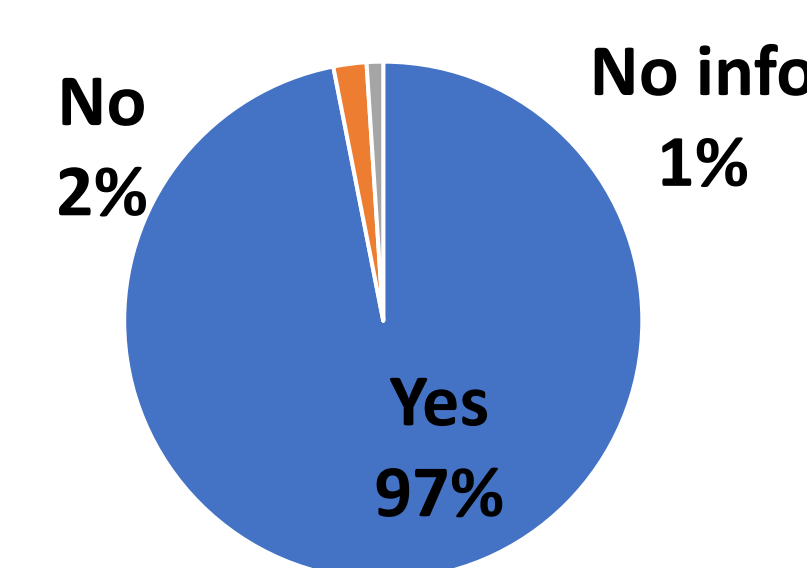
Paracetamol



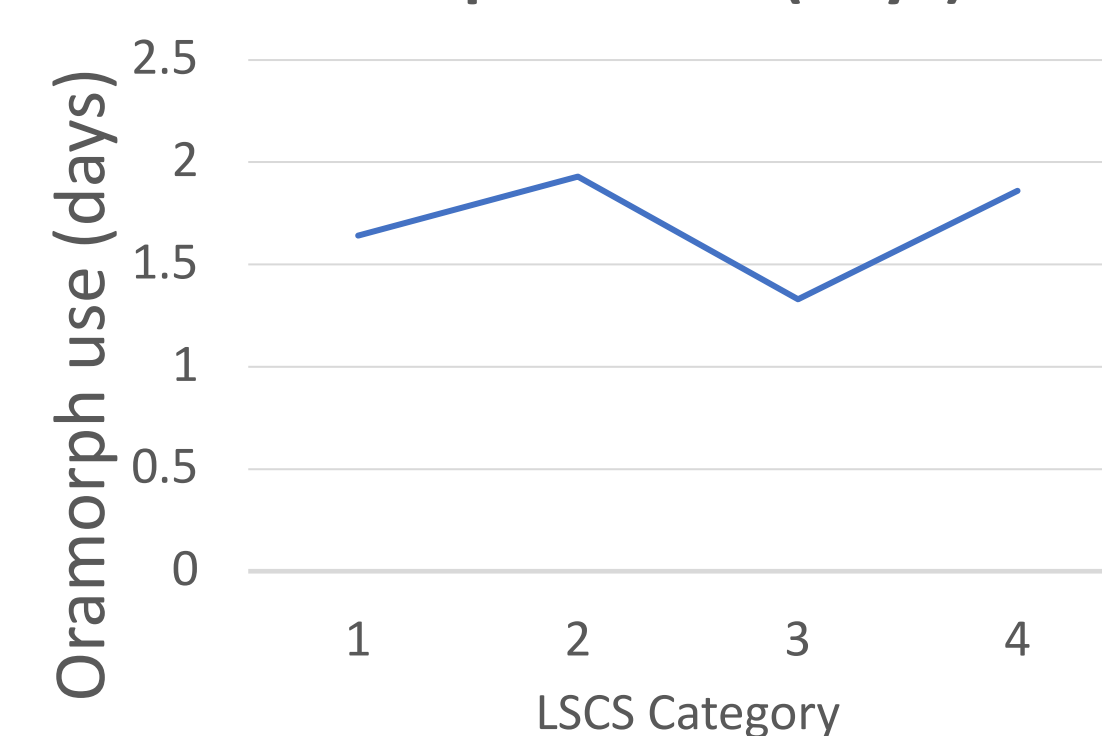
NSAIDs



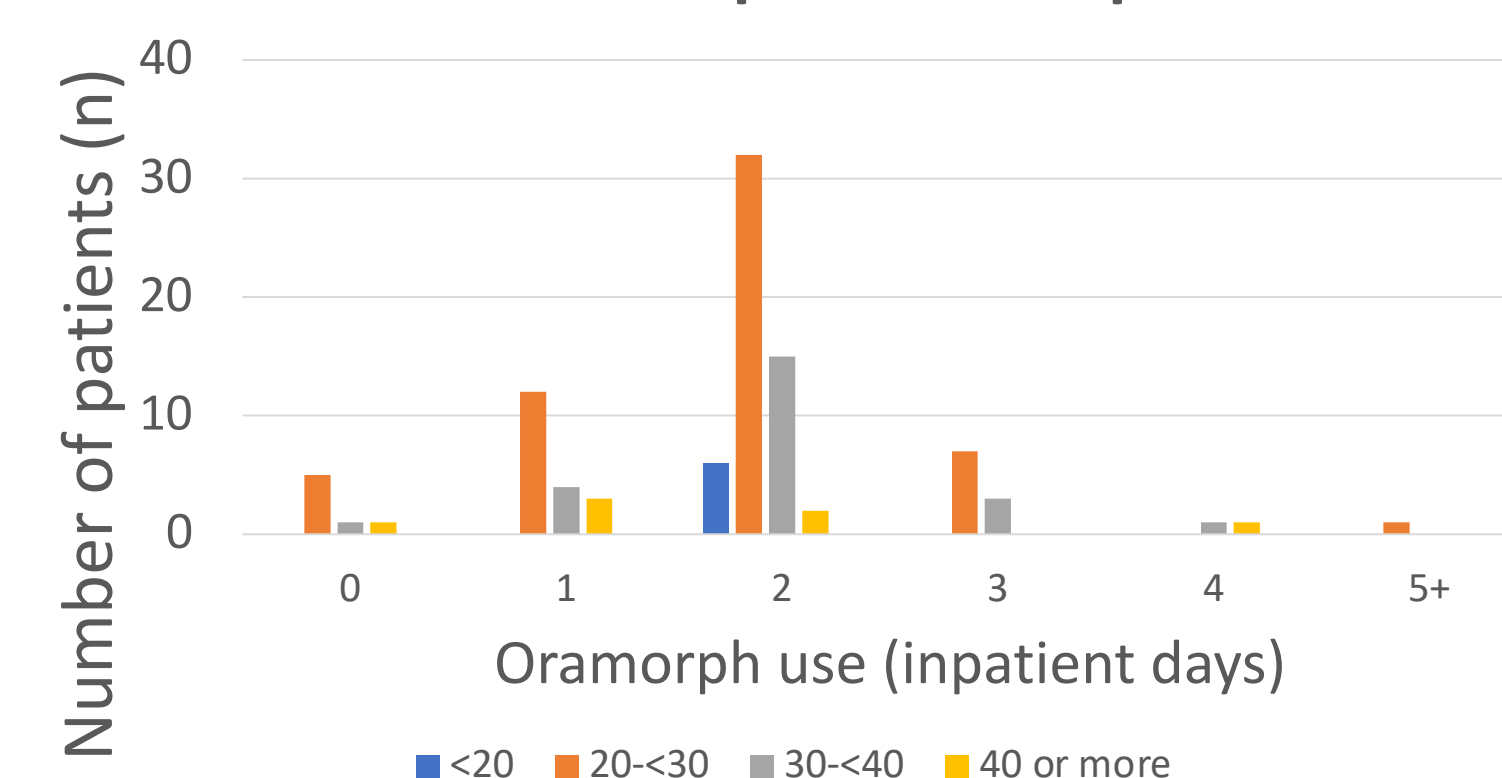
Oramorph



Oral morphine use (days)

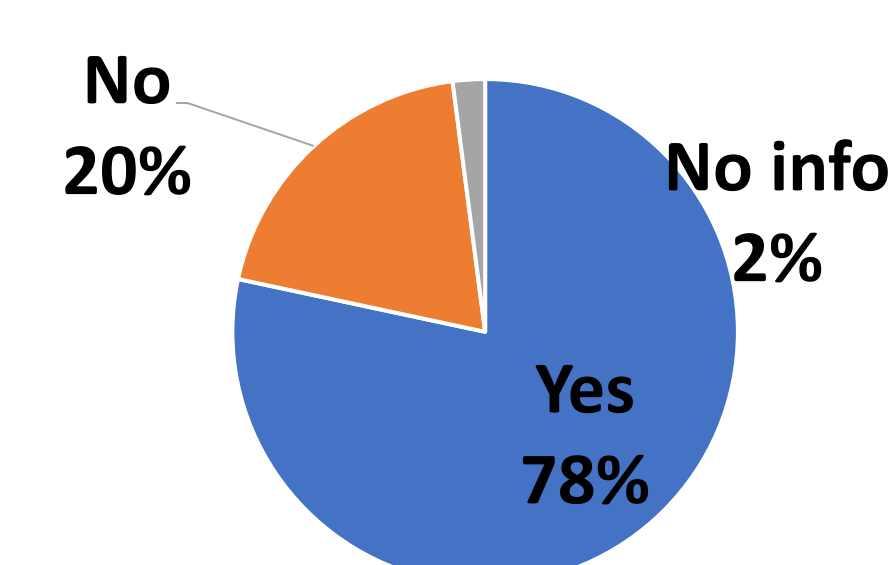


BMI vs oral morphine use inpatient

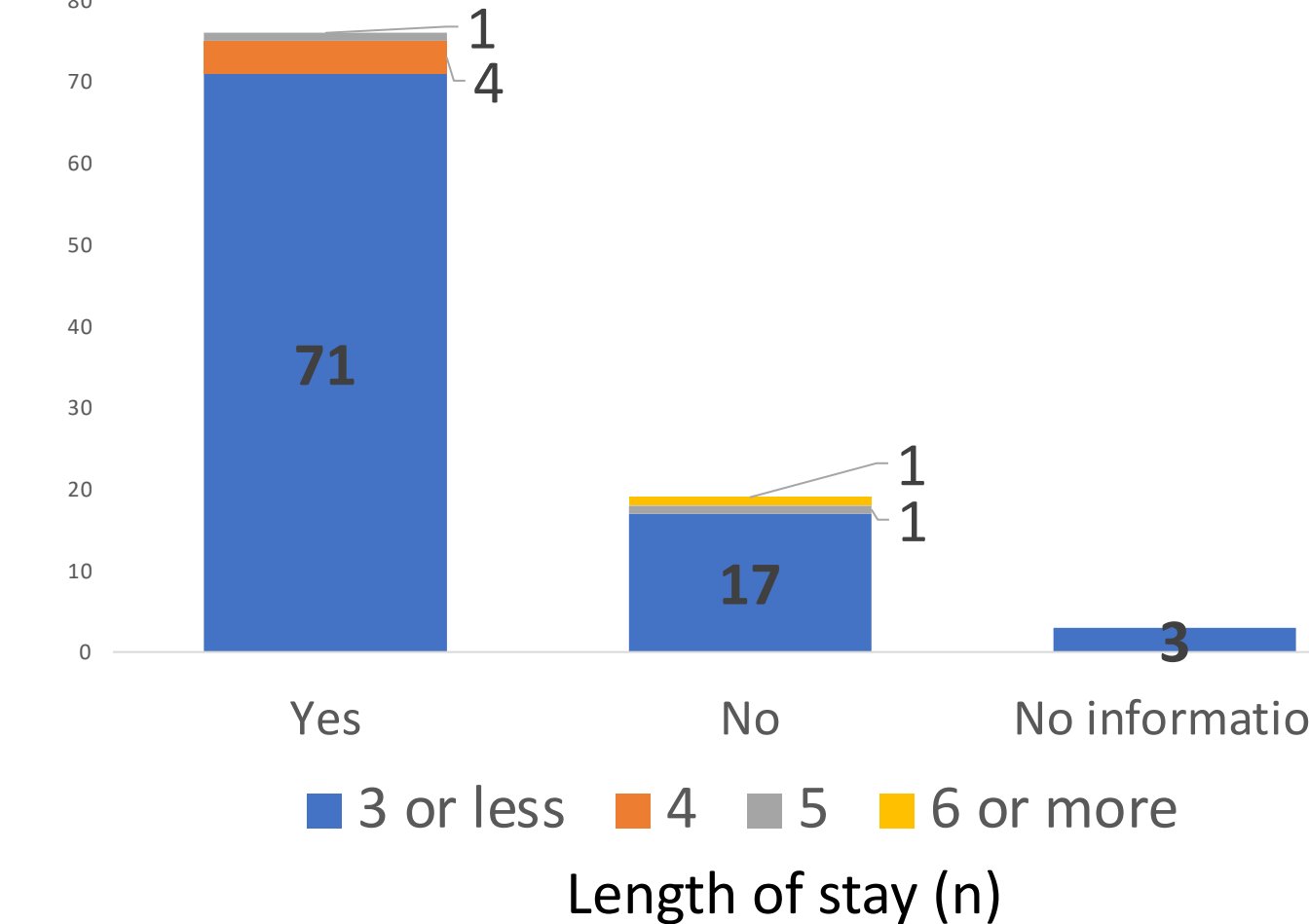


Analgesia prescribed on discharge

Oramorph on discharge



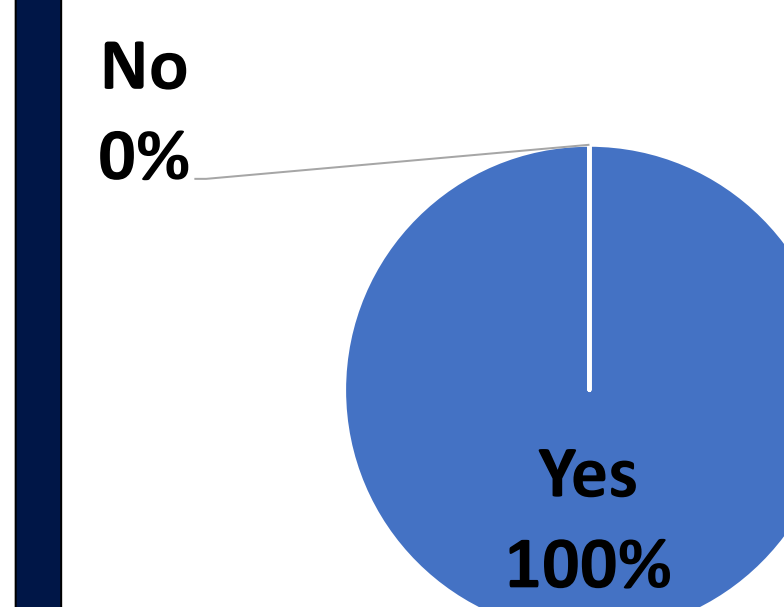
TTA Oral Morphine (y/n)



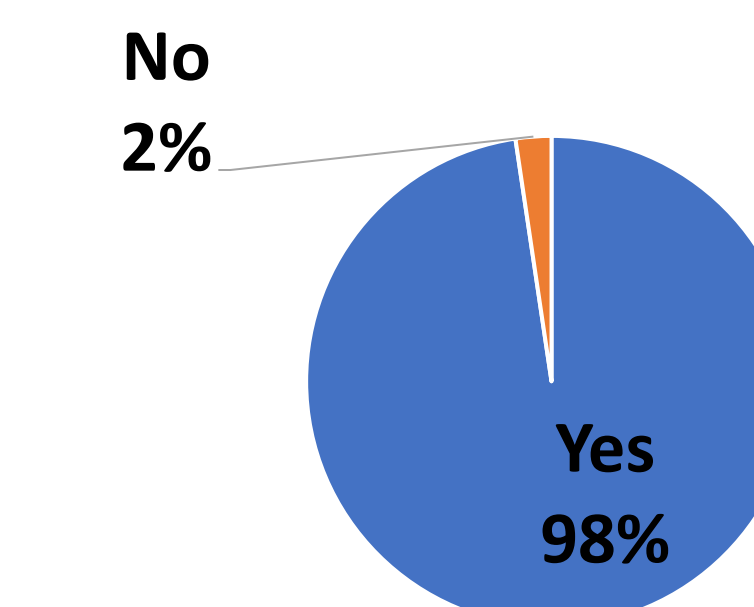
7. RESULTS – cycle 2

Analgesia prescribed post-op

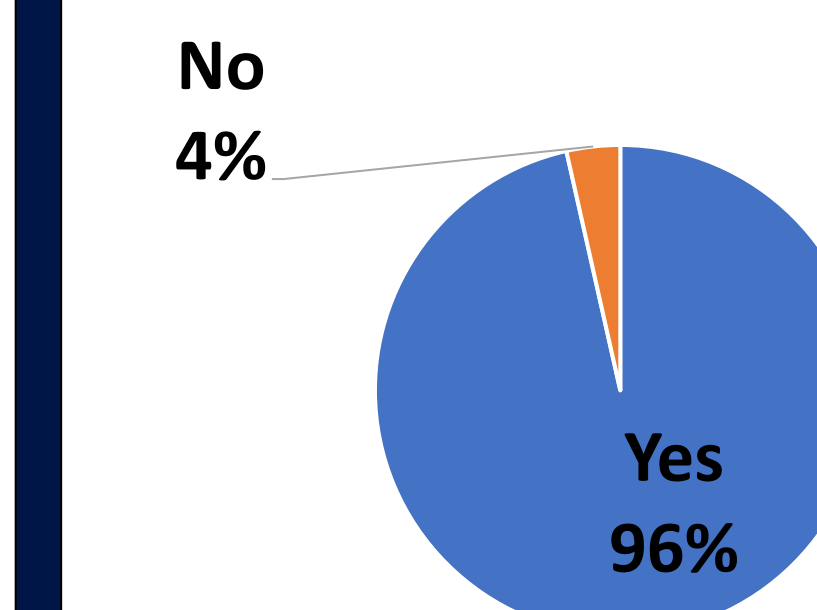
Paracetamol



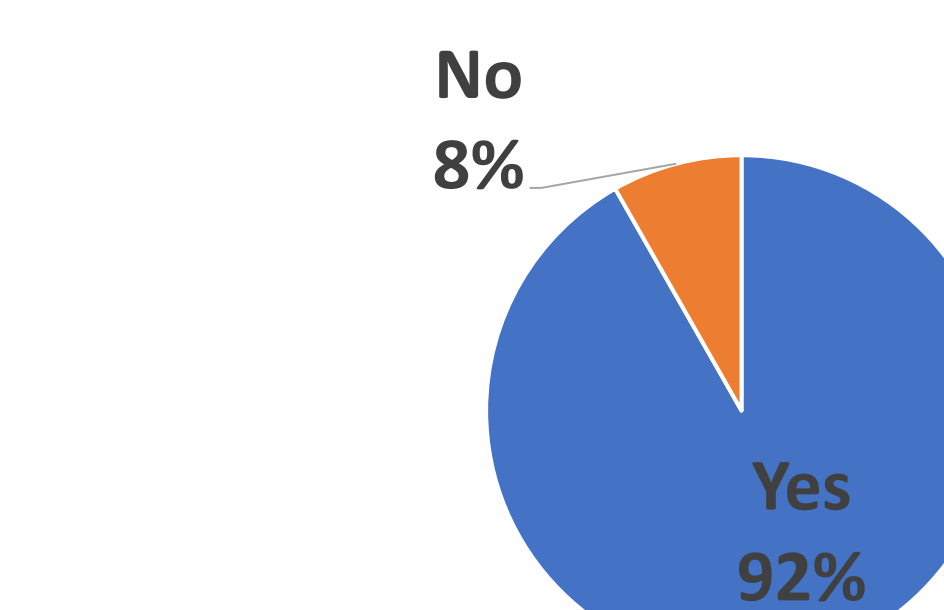
Oramorph



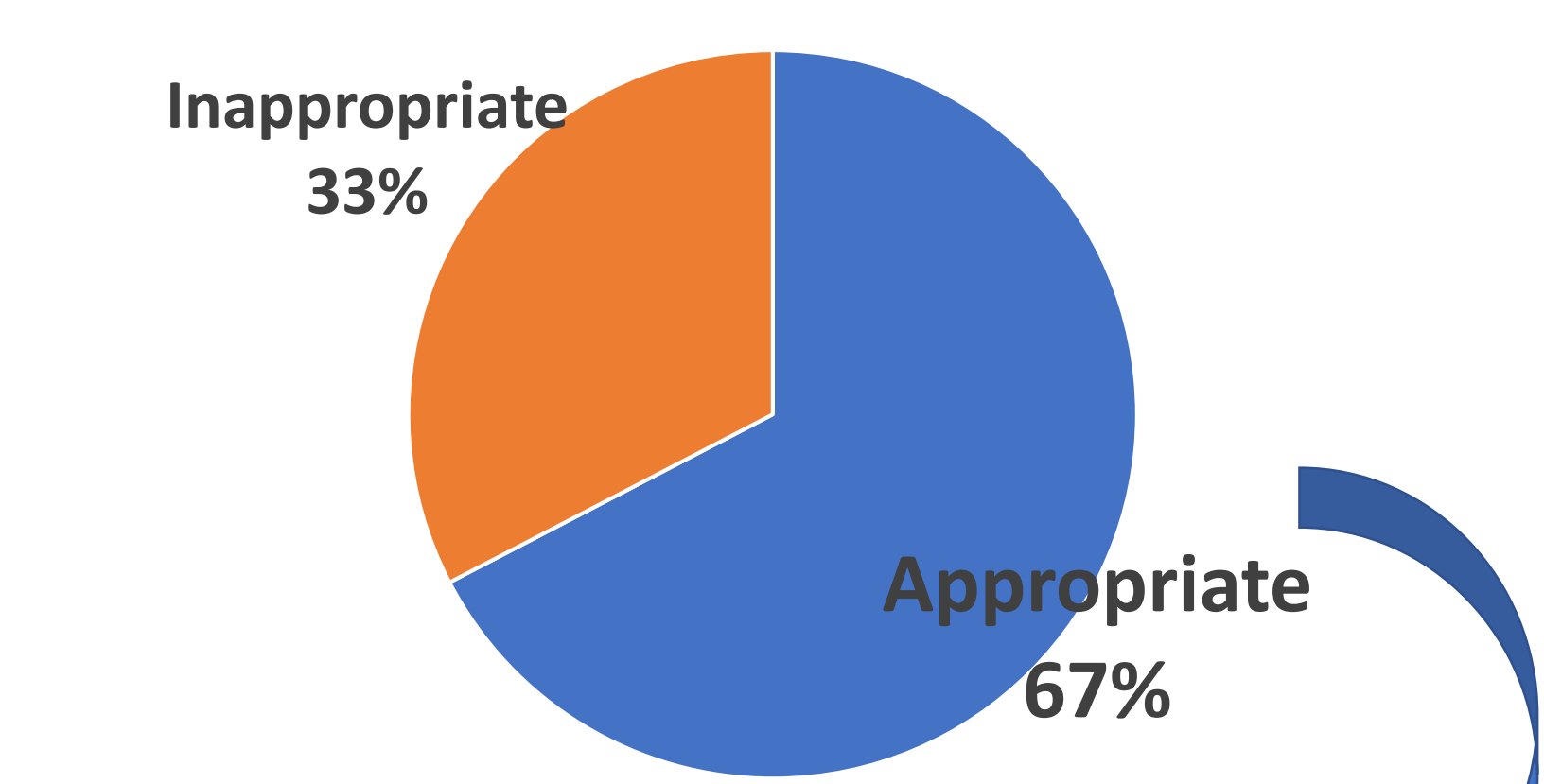
NSAIDs



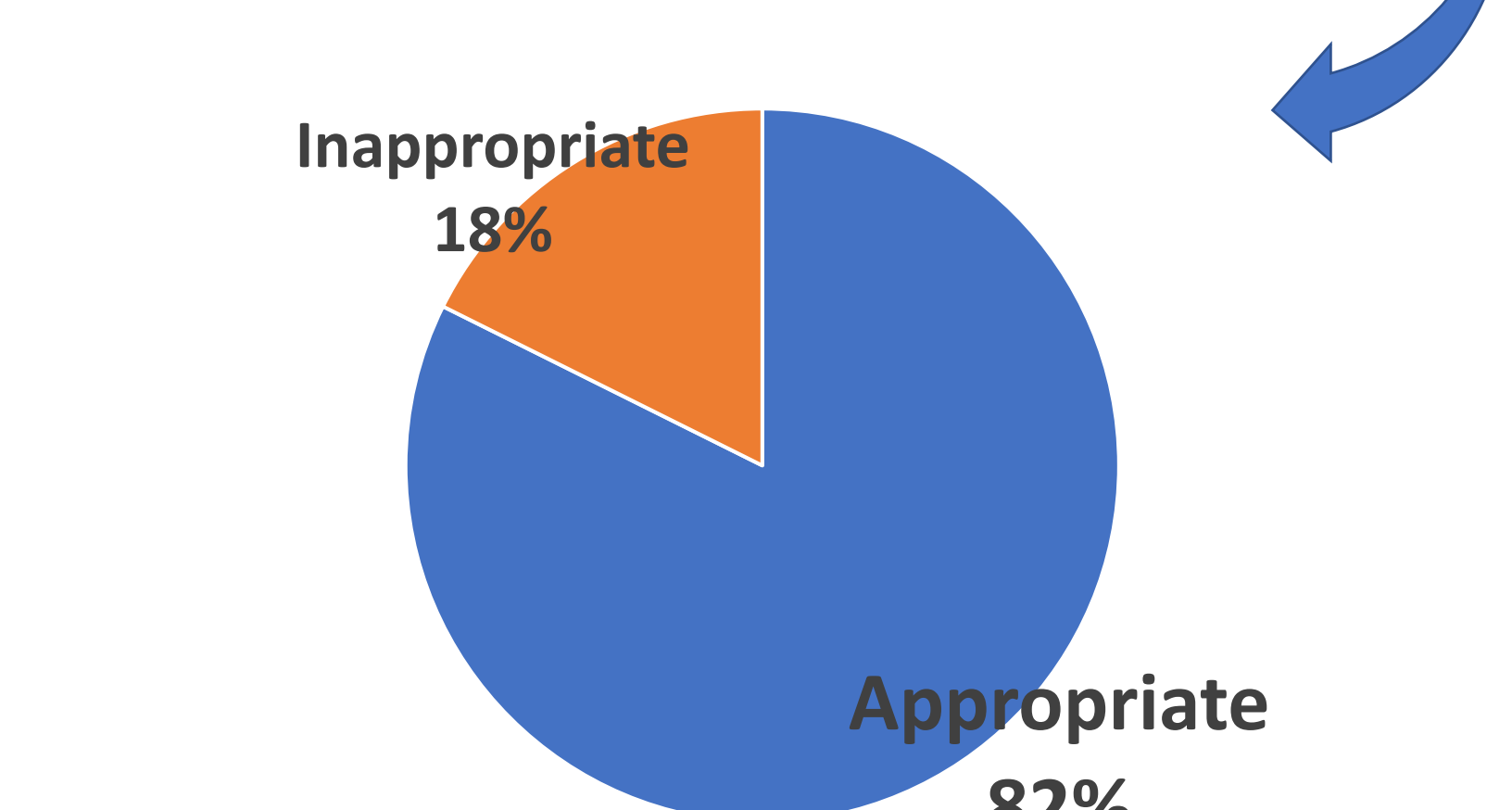
Oramorph on discharge



Oramorph on discharge - cycle 1



Oramorph on discharge - cycle 2



8. DISCUSSION

- Regular paracetamol, ibuprofen and oral morphine were prescribed in almost all patients.
- Category of Caesarean section does not correlate with oral morphine use (days).
- BMI does not correlate with increased inpatient morphine use (days).
- Those who did not receive oramorph on discharge were not all justified by increased length of stay.
- Appropriateness of oramorph prescription on discharge improved from **67% to 82%** following intervention.

9. CONCLUSION

- Adequate analgesia in women post Caesarean section is an important part of postnatal care.
- The accuracy of analgesia prescribing should be reinforced in an Obstetrics department through education of national guidelines and innovative methods such as pre-set options in an electronic prescribing system.