Mass General Brigham

Management of Postdural Puncture Headache: Continuity of Care, But For How Long? A Mixed Methods Quality Initiative Study

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Background & Hypothesis

- Postdural puncture headache (PDPH) is a complication of labor neuraxial analgesia after inadvertent dural puncture.

- Patients who have a labor epidural and experience a PDPH are more likely to develop chronic headache than those who do not develop a PDPH.

- **HYPOTHESIS:** a multifaceted strategy to identify PDPH patients is warranted to ensure better long-term follow-up. Patient perspectives may inform our management strategy about ideal duration of follow-up.

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Study Design

Retrospective analysis of patients:

- Delivery at Brigham & Women's Hospital
- May 2021-September 2022
- Internal complications database: postpartum PDPH follow-up
- Pharmacy records: administration of fioricet for analgesia during the delivery admission
- EHR procedure note: receipt of an epidural blood patch for postpartum PDPH

Patient charts were reviewed for exclusion criteria and course of treatment.

A subgroup of 12 patients were surveyed 3-6 months postpartum to assess their satisfaction with the course and duration of care received from the anesthesia team.

Results

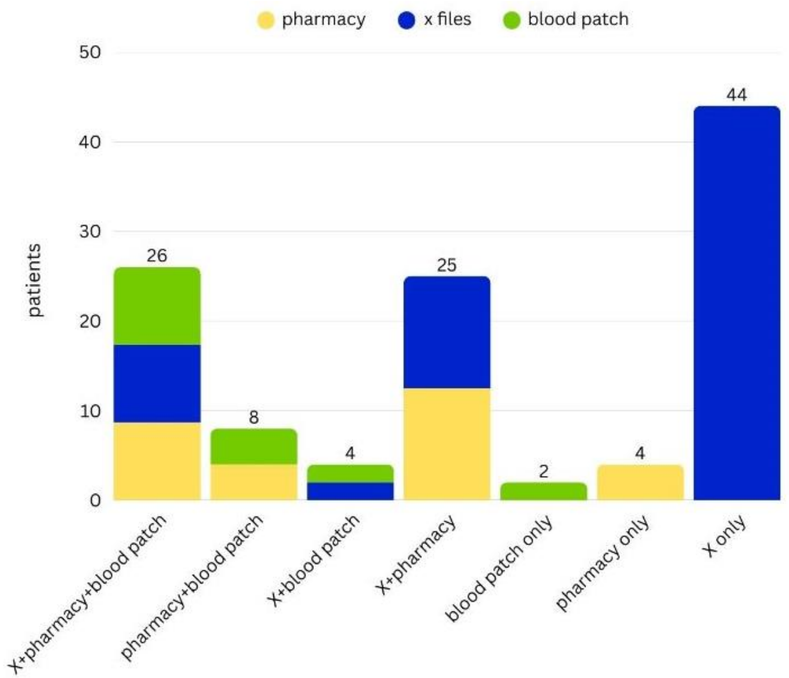
(1) Capturing all PDPH Patients

113 patients identified

→ 99 (88%) from the internal database

→ 6 (5%) from pharmacy or EHR

→ 53 (58%) by 2 more mechanisms



(2) Patient Surveys

12 patients interviewed

→ All (100%) felt the cause of their headaches was well explained, treatment was effective, would not change the course of treatment, and follow-up duration was adequate.

→ 2 (17%) reported frequent headaches; both had prior headache history.

→ 6 (50%) reported no concerns about future epidurals.

Areas of improvement:

- Clarify a way for patients to contact the team if they miss a call
- Make patients feel less anxious after failed placement attempts

# Respondents	1	2	2	7
Scale 1-10	6	8	9	10

Satisfaction with Follow-Up Care

Discussion and Conclusion

Optimizing detection of all PDPH patients enables comprehensive long-term follow-up.

Even with a standardized follow-up system, pharmacy and blood patch procedure notes increased our capture of patients who had a postpartum PDPH.

Patients declined the need for routine longer-term follow-up after PDPH. They did desire an easy mechanism to re-contact the anesthesia team as needed.

Limitations

- Small sample size
  → further studies are warranted
- Limited patient participation by phone interview
  → Consider electronic surveys via email or patient portal