

**WOMEN'S HEALTH & PAEDIATRICS
MATERNITY UNIT**

<h2 style="margin: 0;">Expected Standards of Practice for Epidural Insertion and Care</h2>
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Amendments			
Version	Date	Comments	Approved By
1	August 2021	New Guideline	Perinatal Governance Group

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In consultation with: Perinatal Governance Group

Ratified by: Perinatal Governance Group

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Target audience: All health professionals within the maternity services

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Expected Standards of Practice for Epidural Insertion and Care

1.0 Prerequisites

- 1:1 care for epidural insertion and labour care after insertion.
- Fully qualified Midwife to care for the patient.
- Midwife up-to-date with knowledge of trust maternity guidelines for epidural care.

2.0 Preparation (before contacting the anaesthetist)

- Pt has requested epidural or has been advised that epidural is medically indicated and is willing to proceed.
- Midwife has checked BadgerNet Specialist Reviews to ensure no specific anaesthetic plans for labour analgesia.
- Pt has read the Epidural Information Card or has specifically requested not to have information about risks*.
- If needed, a “Fresh Eyes” CTG review should be carried out prior to request for epidural.
- The bag of “epidural mix” (0.1% levobupivacaine + 2mcg/ml fentanyl) has been sourced from the drugs room CD cupboard.
- An epidural pump should be available in the delivery room.
- Woman being monitored with CTG, HR & BP.

3.0 Insertion (anaesthetist in room until Epidural fully secured)

- **Fully qualified midwife in the room throughout.**
- **Handover of staff must be avoided unless in emergencies.**
- Confirm patient identity.
- Perform Epidural LocSSIP checklist (anaesthetist and midwife) at beginning and end of procedure.
- Optimal CTG monitoring throughout epidural insertion. If transabdominal monitoring is not possible, FSE should be applied to facilitate monitoring.
- Safety checks after catheter insertion:
 - Meniscus drop
 - Aspiration test
 - Test dose observing for rapid/dense block or signs of intravenous administration
- A baseline blood pressure should be checked prior to epidural insertion.

4.0 After Care (After insertion and loading of the Epidural)

- **Fully qualified midwife must remain in the delivery room monitoring patient and CTG for entirety of initial 20 minute BP monitoring period.**
- Multi-disciplinary individualised assessment of need for IV fluids and oral intake.
- Epidural insertion and first block assessment (30 minutes after insertion) should be documented on BadgerNet by the anaesthetist.
- Hourly epidural block and straight-leg raise assessment should be performed and documented on BadgerNet by the midwife.