Rural OB Analgesia

Realities

• Low resource setting
• Generalists (physicians, nurses)
• Out-of-hospital physicians
• GPA interventions are a big deal
  duration
  Frequency
Rural OB Analgesia

Goals - I

1. Safety

2. Efficacy

3. Minimize GPA Interventions
Rural OB Analgesia

Goal II

Outcomes – SVD rate
Maternal Satisfaction
Nursing Satisfaction
Diminished Motor Block
One GPA’s Experience

- 30 years, Hinton and Sechelt
- 5000+ epidurals
- 2000+ deliveries (1000 PCEA)
PCEA  CSE Platform

• 2.5mg bupivacaine

• 25 mic’s fentanyl

• Sitting position
Why CSE?

- Rapid onset with “hard” end point
- More effective epidural
- Maternal/Nursing satisfaction
Formula for PCEA

• *Identical to continuous low dose technique w/o CSE platform*

• 08% bupivicaine plus/minus 2 mic/ml fentanyl

• 5cc bolus/ 7 min lock-out

• Background infusion 2-10 mls/hour – (start immediately)
Background Infusion

- 2-4 mls/hr
  - More
  - Top-ups
  - LA
  - Motor Block

- 8-10 mls/hr
  - Less
  - Top-ups
  - LA
  - Motor Block
Physician Top-Ups

Almost always necessary!!

• Labour longer than 4 hours post epidural
• Minimal motor block
• Second stage

Provided by OB provider, except

• Rescuing the epidural
• Procedural interventions

6-8 mls of 0.25% bupivicaine in divided doses
Physician Top-Ups

The efficacy of the analgesia cannot be ‘rescued’ by only changing the rate of the epidural infusion. Effective PCEA can only be re-established in a comfortable patient – this requires a bolus plus resetting the PCEA.
Rural OB Analgesia

Goals – I

1. Safety
2. Efficacy
3. Minimize GPA Interventions
Rural OB Analgesia

Safety

• Body of evidence using bolus/lockout/background combinations

• Platform of a *continuously tested catheter*
Rural OB Analgesia

Efficacy

Highly individualized analgesia

- Background rate
- Patient top-ups
- Physician top-ups by OB
Individualized Analgesia

- Epidurals differ _between_ patients
- Epidurals differ _within each patient’s labour_
Rural OB Analgesia

Minimizes GPA Interventions

- Patient top-ups

- The safety of a continuously tested catheter encourages the OB provider to do many of their own top-ups for breakthrough pain
Update on modern neuraxial analgesia in labour: a review of the literature of the last 5 years

- Loubert, C. et al
- Anesthesia, 2011