TROUBLESHOOTING LABOUR EPIDURALS

If called to top-up an epidural, perform a full assessment:

- Where is the pain or discomfort?
- What is the height of the block? Check this yourself!
- Is it equal on the left and right?
- Are there any missed segments?

- Is there good sacral coverage?
- How far has mother progressed through labour?
- What is the orientation of the fetal head?
- Always ask yourself if pain could be related to a full bladder!

Maximum doses over 4 hours – Levobupivacaine 2mg/kg, Fentanyl 200 micrograms

If block still not high enough then consider resiting epidural at different interspace.

2 strikes consider resite

<table>
<thead>
<tr>
<th>BACK PAIN/RECTAL PRESSURE’</th>
<th>MISSED SEGMENT</th>
<th>POOR SACRAL COVERAGE</th>
<th>UNILATERAL BLOCK</th>
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<td>This is more likely in the later stages of labour (8-10cm dilation) with descent of the fetal head. Particularly common with OP head position.</td>
<td>Is it a true missed segment? This is frequently diagnosed when unilateral block is present. Should be managed as per unilateral block (initially with 10-20ml ‘bag solution’). If a true missed segment then give 7-10ml 0.25% Levobupivacaine and 50 micrograms Fentanyl. If worse on one side then position mother sore side down. Recheck block at 20 minutes.</td>
<td>Suspect this if the mother is describing groin/vaginal/rectal or perineal pain. Check lateral aspect of feet for S1/S2 coverage. Give 10-20ml ‘bag solution’ with mother sitting upright. Recheck block at 20 minutes. If sacral coverage remains inadequate then resite epidural at different (preferably lower) interspace. Consider CSE for labour.</td>
<td>Check if feet are warm and dry. Does this correspond to the pain? Put patient in lateral position sore side down. Give 10ml ‘bag solution’, pull back epidural catheter by 1-2cm (always leave at least 3cm in epidural space, 4cm if obese), and then give another 10ml ‘bag solution’. Recheck block at 20 minutes. If still sore on affected side, then give 7-10ml 0.25% Levobupivacaine with 50 micrograms Fentanyl with sore side down. Recheck block at 20 minutes. If block still inadequate then consider resiting epidural at different interspace.</td>
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Give 10-20ml ‘bag solution’ with mother in normal position. Recheck block at 20 minutes.

If still sore on affected side then give 7-10ml 0.25% Levobupivacaine with 50 micrograms Fentanyl with sore side down. Recheck block at 20 minutes.

If sacral coverage now appears to be adequate on ethyl chloride testing but mother is still sore then follow back pain/rectal pressure’ section.

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<td>This is more likely in the later stages of labour (8-10cm dilation) with descent of the fetal head. Particularly common with OP head position. Give 7-10ml 0.25% Levobupivacaine and 50 micrograms Fentanyl. Recheck block and response at 20 minutes. If discomfort or pressure is still distressing, then 75micrograms Clonidine can help – always discuss with consultant before administering this. Be aware of risk of fetal bradycardia and maternal hypotension.</td>
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