Survey of practice of ‘Mobile epidurals’ for labour in the UK

Dear Dr [Name],

Lead Clinician in Obstetric Anaesthesia

Thank you for taking time to complete this short questionnaire regarding your unit’s policy about ambulation by labouring women with regional analgesia. We are looking at units’ practice and not individual practice. The results of the survey will be treated with anonymity.

Expectant mothers often request a ‘mobile epidural’ as some appear to believe that this will contribute to the progress of labour. The Health Care Commission’s questionnaire regarding provision of maternity services includes a question about the availability of ‘mobile epidurals’.

Women seem to view ambulation in labour positively. 99% of women in one study indicated that they would prefer to ambulate in subsequent labours. This is despite the fact that ambulation has been shown to have no effect on duration or outcome of labour, analgesic requirements or neonatal well being.

The greatest benefit of ambulation in labour may be the prevention of prolonged periods of recumbence. This might be particularly prudent in parturient with increased risk of thromboembolic complications.

Avoiding recumbence also reduces the risk of ‘supine hypotension’ secondary to aorto-caval compression and may improve foetal heart rate patterns.

Finally the risk of developing pressure sores may be reduced.

We hope that the results of this survey may be useful to both obstetricians and anaesthetists as a part of ongoing service improvement for obstetric units across the country.

Yours sincerely,

Dr Aparna Prabhu
Locum Consultant Anaesthetist

Dr Felicity Plaat
Consultant Anaesthetist
References:


SURVEY OF ‘MOBILE EPIDURALS’ FOR LABOUR
Please answer by ticking the most appropriate box and adding information as appropriate.

1. Please give details of your unit:
   (   ) District General Hospital
   (   ) Teaching Hospital
   Number of deliveries per year ...........................

2. Which systemic opioid does your unit use in labour?
   Name of opioid: ............................................
   Dose of the drug: .................................
   Maximum dose used in labour: ......................

3. What is routine practice for establishing labour analgesia in your unit?
   (   ) CSE
   (   ) Epidural
   (   ) Both, Please give details of your protocol ...........................................

4. What is used to initiate the block?
   (a) If spinal
       Drug ............................................
       Dose .................................; Concentration ....................... ; Volume ............
   (b) If epidural
       Drug .................................
       Dose .......................; Concentration ....................... ; Volume ............

5. What is used to maintain analgesia?
   (   ) Top-ups, Please specify drug and dose...........................
   (   ) Continuous infusion, Please specify drug solution..................
   (   ) Patient controlled epidural analgesia; Please specify regime ............
       ..............................................................................................

6. Is a urinary catheter routinely used in women receiving epidural analgesia?
   Yes / No
   If Yes; is it
   (   ) ‘In / Out’
   (   ) Indwelling

7. Is it your unit’s policy to regularly assess pressure areas? Yes / No
8. **Does your unit allow mothers to mobilise after establishment of epidural analgesia?**  
   Yes / No  
   If ‘No’ please go to Q12  
   If ‘Yes’  
   First stage  
   Second stage  
   - Get out of bed  
     Yes / No  
     Yes / No  
   - Walk in their room  
     Yes / No  
     Yes / No  
   - Leave the labour room  
     Yes / No  
     Yes / No  

9. **Approximately what proportions of women with regional analgesia in your unit mobilise?**  
   - ( ) >75%  
   - ( ) 50-75%  
   - ( ) <50%  

10. **In your unit what are the criteria for prevention women getting out of bed?**  
   - ( ) Women augmented on syntocinon infusion  
   - ( ) Lack of telemetry  
   - ( ) Urinary catheterisation  
   - ( ) Concerns of proprioception  
   - ( ) Others, please specify: ………………………………………………….  

11. **Does your unit have a protocol for the assessment of mobility?**  
   Yes / No  
   If yes, please specify ………………………………………………………….  
   ………………………………………………………………………………….  

12. **If your unit does not allow mobilisation, what are the reasons for not offering?**  
   - ( ) Lack of staff  
   - ( ) Trust Policy  
   - ( ) Medico legal reasons  
   - ( ) No evidence of better outcome  
   - ( ) Others, please specify ………………………………………………….  

13. **What is your unit’s policy on electronic foetal monitoring (EFM) for woman with regional analgesia?**  
   - ( ) EFM for duration of subsequent labour  
   - ( ) EFM During & immediately after a top-up, Please give details ……….  
   ………………………………………………………………………………….  

14. **Is telemetry used for foetal monitoring in women with regional analgesia?**  
   Y / N  

15. **Any other comments?**  

Thank you for taking the time to complete the questionnaire.