

## BACKGROUND

Remifentanyl patient-controlled analgesia (Remi PCA) is now well established as a safe and effective modality of analgesia in labour. Not only does it score highly with regard to maternal satisfaction<sup>1</sup> but a recent randomised controlled trial published in the Lancet illustrated that Remi PCA use halved the number of epidural requests compared to women given IM opiates<sup>2</sup>. In addition to this, the Remi PCA group also had a lower number of Instrumental and Caesarean deliveries.

Knowing this, if we are to obtain fully informed consent then we must discuss the potential for procedural complications and increased risk of surgical intervention with epidurals compared to Remi PCA<sup>3</sup>. When Remi PCA is known to be effective without detriment to maternal safety or neonatal APGAR scores and with the potential to increase the likelihood of vaginal delivery, avoiding any morbidity associated with surgical intervention or anaesthetic complication, should be freely discussed and available as an option for all intra-partum women.

Locally in Princes Royal Maternity (PRM), Epidural is the standard labour analgesia. In 2020, 617 women received Epidurals versus only 5 receiving Remi PCA. In an effort to investigate potential barriers to increasing use of Remi PCA we surveyed the perceptions of midwives towards labour analgesia

the management of side effects and emergencies. This was delivered on an Ad-hoc basis over the course of a 2-week period. Following completion of the workshop we asked the midwives to complete an anonymous follow up survey to re-assess their perception of and level of comfort in using Remi PCA.

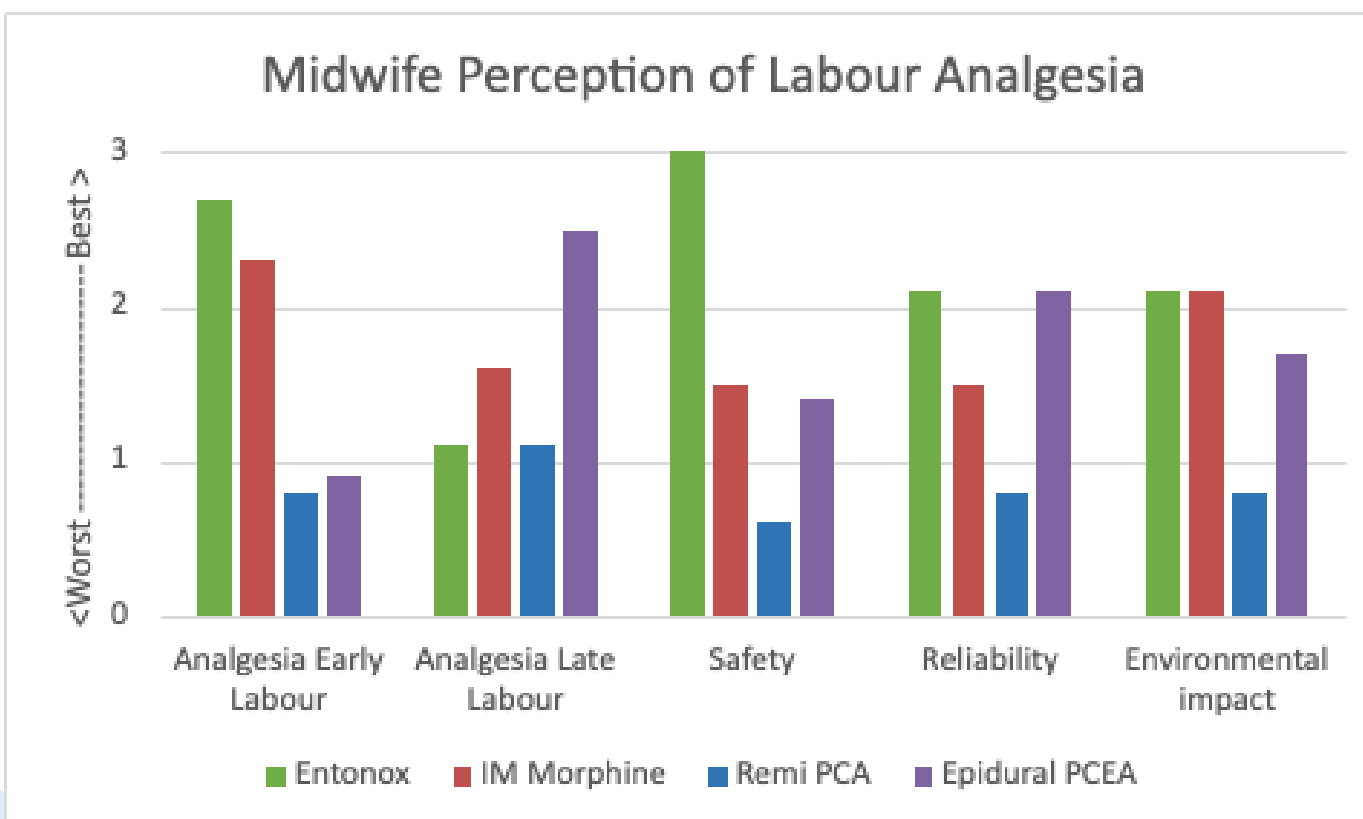


Figure 2

## RESULTS

61% of respondents had not cared for a labouring woman using Remifentanyl in the last 3 months. Remifentanyl was consistently ranked worst in all domains (Fig 2) relative to other labour analgesia. The median level of confidence in using Remifentanyl was 4 out of 5. The most commonly reported reasons for lack of confidence in its use were: safety and efficacy concerns and a lack of familiarity and training (Fig 3).

Only 12% routinely discussed Remifentanyl with labouring women but this increased to 92% post-workshop (Fig 4).

The cohort also felt prepared to manage potential side effects and emergencies after the workshop (Fig 5).

Midwives having used Remi-PCA recently compared to those with no experience in the last 3 months reported both a higher baseline and post-workshop level of confidence in using it, further evidencing more frequent use as a key aspect in increasing confidence.

## POST-WORKSHOP COMMENTS

- "Highlighted that as a midwife I wouldn't routinely offer Remi as an option however I will"
- "Will try and be more pro-active when discussing analgesia options"
- "Very informative session, considering you don't get taught much about it at Uni, thanks"

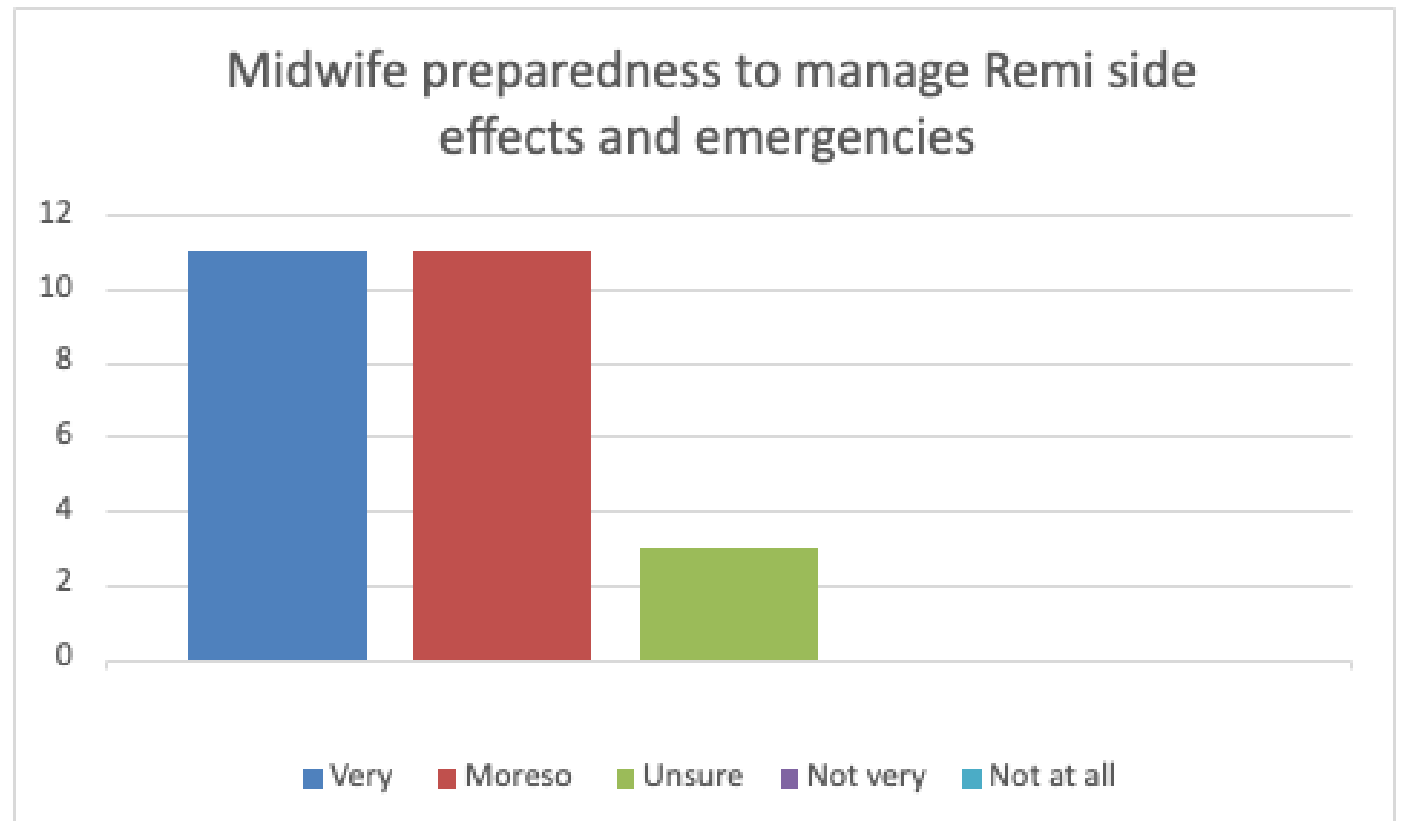


Figure 4

## CONCLUSIONS

Within the local midwife cohort Remi PCA has an undeserved reputation as ineffective and unsafe. Our study has shown that a short, multi-disciplinary, discussion based educational intervention can improve the perception of Remi PCA and increased midwife confidence in using Remi PCA.

Since delivering this teaching several midwives have offered to become Remi "champions." It is hoped that with regular education and increased numbers of Remi pumps we will be able to offer Remi as a first-line option for labouring women, thereby, fulfilling our obligation to provide a full range of analgesia options and informed consent for our patients.

Do Midwives discuss Remifentanyl as routine with women in labour?

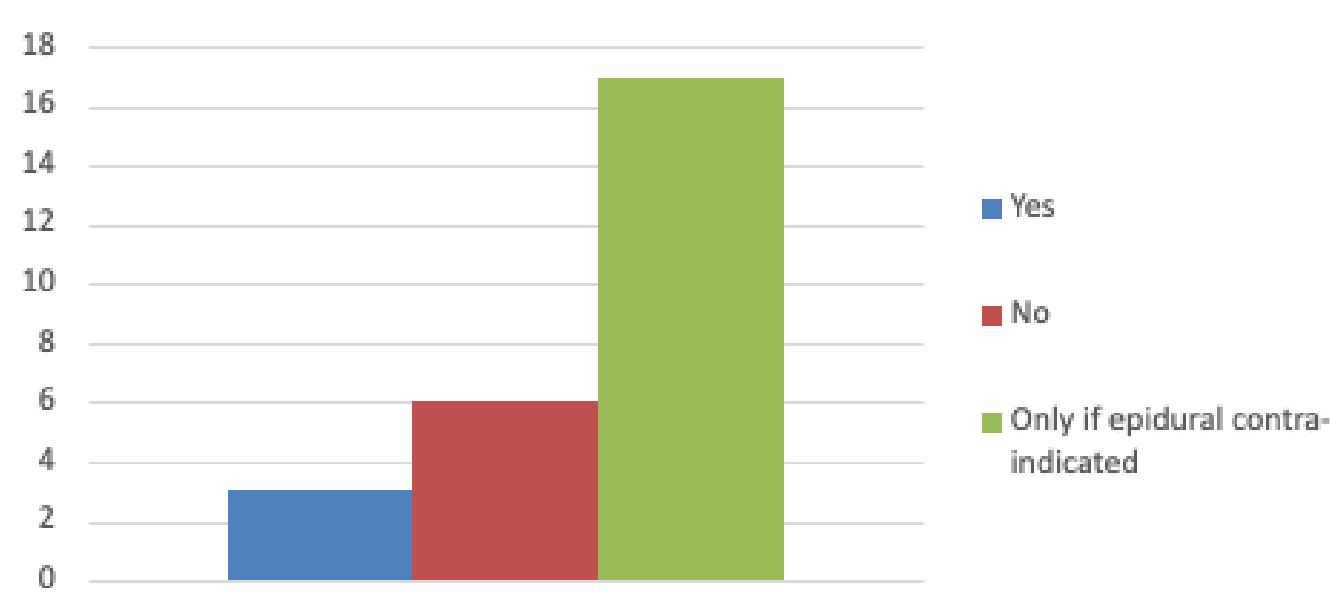


Figure 1

## METHODS

Over a 2-week period, 26 midwives in the PRM completed a simple survey on an anonymous basis. The survey covered the frequency of experience with Remi PCA, their level of confidence in Remi PCA and how it compares to more traditional labour analgesia. Free text sections were used to ask the midwives what contributes to any hesitancy regarding the increased use of Remi PCA and what interventions would increase their use of Remi PCA.

Lack of familiarity and training were cited as the most common reasons for feeling uncomfortable with Remi PCA. Therefore, we created a short discussion-based workshop to illustrate the benefits of Remi PCA and cover

Reasons for feeling uncomfortable with Remifentanyl

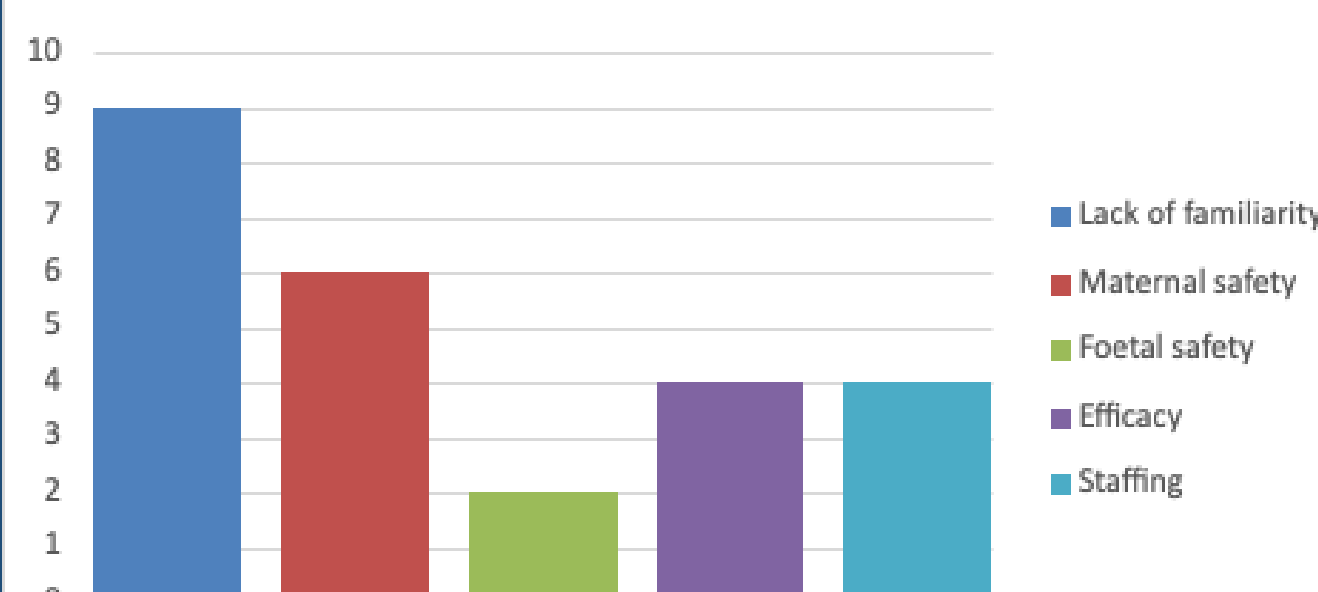


Figure 3

## PRE-WORKSHOP COMMENTS

- "Have never had training or experience in using remifentanyl"
- "It's very labour-intensive for the midwife and tricky to get just right for the labouring woman"

Would you consider discussing Remifentanyl PCA with Women in labour more routinely?

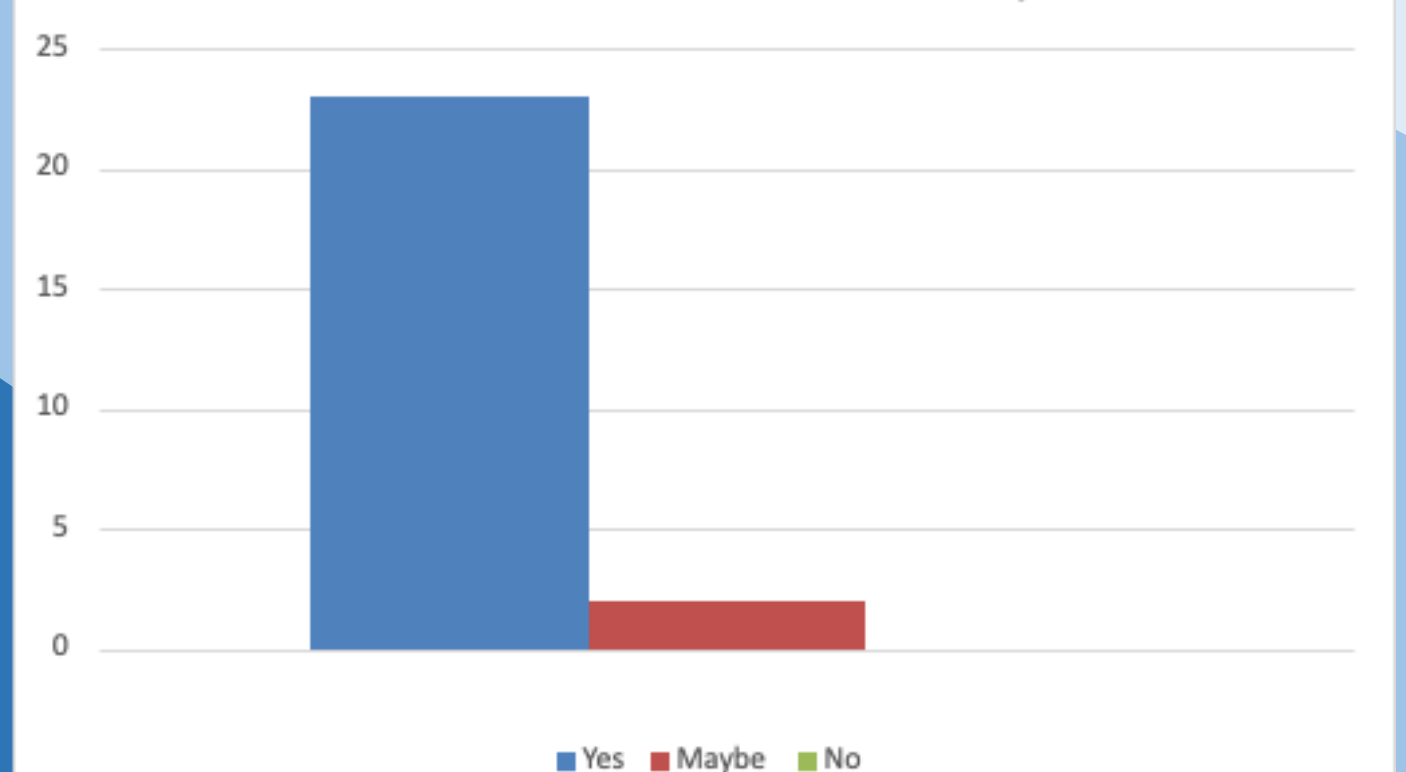


Figure 5

## REFERENCES

1. RemiPCA Safe Network (<https://www.remipca.org/php/en/index.php>)
2. Wilson M.J.A. et al. (2018) "Intravenous remifentanyl patient-controlled analgesia versus intramuscular pethidine for pain relief in labour (RESPITE): an open-label, multi-centre, randomised controlled trial" The Lancet, 392 (10148) PP 662-672
3. Montgomery Vs Lanarkshire (2015) (<https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf>)