

Audit of Post-Caesarean Section Analgesia

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Abstract : Introduction: Adequate post-operative pain relief is a key priority in the delivery of caesarean sections. This improves patient experience, reduces morbidity and enables optimal mother-infant interaction. Recommendations outlined in the NICE guidelines for caesarean section (CS) include offering peri-operative intrathecal/epidural diamorphine and post-operative opioid analgesics; offering non-steroidal anti-inflammatory drugs (NSAIDs) unless contraindicated and taking hourly observations for 12 hours following intrathecal diamorphine. Method: This audit assessed the provision of post-CS analgesia in 29 women over a two-week period. Indicators used were the use of intrathecal/epidural opioids, use of post-operative opioids and NSAIDs, frequency of observations and patient satisfaction with pain management on post-operative days 1 and 2. Results: All women received intrathecal/epidural diamorphine, 97% were prescribed post-operative opioids and all were prescribed NSAIDs unless contraindicated. Hourly observations were not maintained for 12 hours following intrathecal diamorphine. 97% of women were satisfied with their pain management on post-operative day 1 whereas only 75% were satisfied on day 2. Discussion: This service meets the proposed standards for the provision of post-operative analgesia, achieving high levels of patient satisfaction 1 day after CS. However, patient satisfaction levels are significantly lower on post-operative day 2, which may be due to reduced frequency of observations. The lack of an official audit standard for patient satisfaction on postoperative day 2 may result in reduced incentive to prioritise pain management at this stage.

Keywords : Caesarean section, analgesia, postoperative care, patient satisfaction

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