

Approved October 1, 1997

RECOMMENDATION FOR MIDWIFE CERTIFICATION FOR CARE OF WOMEN RECEIVING EPIDURAL PAIN RELIEF IN LABOUR

This recommendation is written with the understanding that the responsibility for epidural analgesia throughout the course of labour and delivery rests with the anaesthetist at all times.

When a client under the primary care of a midwife chooses epidural analgesia for pain relief, the midwife shall consult with an anaesthetist. This consultation may occur at any time during the antepartum or intrapartum period, in order to provide for informed consent.

The College of Midwives recommends that a midwife who wishes to provide continuing monitored care for epidural anaesthesia be certified annually. A midwife may provide continuing monitored care for epidural analgesia if she has been certified in a hospital to do so. The College of Midwives recommends that certification include demonstration of knowledge of the theoretical and practical aspects of epidural care.

The College of Midwives also recommends that certification programmes include a process of initial certification and a process of annual recertification.

Epidural analgesia is an intervention which a midwifery client may require. The provision of epidural analgesia monitored care is an additional certification which a midwife may elect to obtain. Certification in this skill is not a requirement for the practice of midwifery.

The College of Midwives recommends the following framework for certification:

A. Initial Certification

Initial certification shall depend upon knowledge of:

1. the nature, mechanism, and perceptions of pain during parturition.
2. the anatomy of the epidural space.
3. the pharmacology, action, and side effects of local anaesthetics and narcotics used in epidural analgesia.
4. the effects of epidural analgesia on the progress of labour.
5. the advantages, disadvantages and contraindications of epidural analgesia.
6. anaesthetic requirements for preparation of the client for epidural analgesia including:
 - ♦ explanation of risks, benefits and alternatives
 - ♦ patient history, physical, and laboratory tests
 - ♦ resuscitation equipment and drugs
 - ♦ intravenous access and volume loading
 - ♦ equipment for placement of the epidural catheter under sterile conditions
7. recognition of, response to, and management of immediate anaesthetic complications of epidural analgesia including:
 - ♦ hypotension
 - ♦ seizures
 - ♦ high spinal anaesthesia
8. technique of epidural insertion to include:
 - ♦ positioning
 - ♦ anaesthetic technique
 - ♦ complications of needle and catheter placement
 - ♦ securing the epidural catheter and maintaining sterility at the catheter site
9. initiation of epidural block to include:
 - ♦ positioning
 - ♦ monitoring the test dose and the initial therapeutic dose

10. maintenance of analgesia in first stage of labour to include monitoring of:
 - ♦ bolus dose top-ups
 - ♦ continuous infusions
 - ♦ catheter integrity monitoring
11. maintenance of analgesia in the second stage and third stages of labour when required.
12. postpartum management to include:
 - ♦ catheter removal and care of epidural site
 - ♦ ambulation
 - ♦ management of late complications of epidural analgesia

Initial certification shall also depend upon demonstration of competence when assessed by the Anaesthetist-in-Chief or designate. This assessment is to include the demonstration of:

1. familiarity with the location of equipment for resuscitation.
2. assistance with the insertion of epidural catheter according to the hospital policies and procedures.
3. familiarity with the set-up and functioning of the epidural infusion.
4. provision of appropriate client care and monitoring during the process of epidural infusion.
5. ability to document appropriately.
6. ability to identify problems and implement appropriate interventions.
7. knowledge of when to adjust the rate of an infusion pump.
8. knowledge of when to call anaesthetist.
9. removal of epidural catheter as per hospital policy and procedure.

The process for certification could reasonably include the demonstration of competence in the provision of continuing monitored care to women who require epidural analgesia. In addition, the midwife would complete a pre-reading package, successfully pass a written test and oral/practical component which could include mock scenarios to be administered by the Anaesthetist-in-Chief, or designate.

B: RECERTIFICATION

1. The process of annual recertification would likely depend on the number of epidurals monitored by the midwife in the preceding 12 months. Where the midwife had monitored fewer than 5 epidurals over that period, recertification could involve the same process as initial certification.