

Standard:	EPIDURAL MONITORING AND MANAGEMENT
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	April 2017
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



## EPIDURAL MONITORING AND MANAGEMENT

### Purpose

The purpose of this standard is to clarify the requirements for midwives monitoring and managing epidurals in labour.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

### Definition

Epidural analgesia involves the injection of drugs through a catheter placed into the epidural space by an anesthesiologist. Epidurals assist with pain management in normal labour and birth, surgical or instrumental delivery or other invasive procedures.

### Background

Midwives may consult with an anesthesiologist for epidural analgesia as pain management in normal labour. Epidurals are administered by an anesthesiologist or a physician certified in anesthesia. Midwives who have acquired the appropriate knowledge, skill and judgment are permitted to monitor and manage epidural analgesia for their clients on the order of the anesthesiologist.

The College of Midwives of Ontario encourages midwives to acquire the skills of monitoring and managing epidural analgesia for their clients so that they can maintain primary care, as long as there are no indications for transfer of care to a physician.

### Standard

Midwives who monitor and manage epidural analgesia for their clients must have the knowledge and skills of theoretical and practical aspects of epidural care, and maintain competency. The College may request demonstration of this acquired knowledge and skill from midwives.

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Midwifery practices must have the necessary support at the practice and hospital level to provide monitoring and management of epidurals for clients, considering the additional time that may be required for a midwife to be in attendance.

Midwives who monitor and manage epidural analgesia should work with their hospital colleagues to develop and maintain appropriate policies and procedures.

Midwives shall remain accountable for the care they have provided whether working collaboratively or independently.

The College of Midwives requires the following framework, at a minimum, for midwives to acquire and maintain the appropriate knowledge, skill and judgment to monitor and manage epidural analgesia:

Knowledge of all of the following:

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 anesthetics 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. Anesthetic 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 complications of epidural analgesia.
8. Technique of epidural insertion to include:

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- Positioning
  - Anesthetic 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 complications of epidural analgesia

Demonstration of all of the following:

1. Familiarity with the location of equipment and medication 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. Appropriate documentation according to CMO Standards.
6. Ability to identify problems and implement appropriate interventions.
7. Knowledge of indications to adjust the infusion rate.

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8. Knowledge of indications to immediately contact the anesthesiologist.
9. Removal of epidural catheter as per hospital policy and procedure.

### Continuing Competency

The process for ensuring continued competency should consider the number of epidurals managed by the midwife in the previous 24 months, a case-review, a review of relevant continuing education, and a review of epidural-related hospital policies and procedures.

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