

FRAMEWORK FOR MIDWIFE COMPETENCY IN CARING FOR CLIENTS RECEIVING EPIDURAL PAIN RELIEF IN LABOUR

This framework is written with the understanding that the responsibility for the management of epidural analgesia throughout the course of labour and delivery rests with the anesthesiologist at all times. When the midwife assumes the role of monitoring the client while an epidural is in place, this midwife is also responsible to notify the anesthesiologist if concerns arise.

When a client under the primary care of a midwife chooses epidural analgesia for pain relief, the midwife shall consult with an anesthesiologist. This consultation may occur at any time during the antepartum or intrapartum period, in order to provide for informed consent. After this consultation the client and the anesthesiologist will together determine the suitability of epidural analgesia for that client.

The College of Midwives of BC (CMBC) recommends that a midwife who wishes to provide continuing monitored care for epidural anesthesia be oriented by the hospital where the midwife holds privileges. A midwife may provide continuing monitored care for epidural analgesia if they have been oriented in a hospital to do so and can demonstrate that they have the necessary knowledge and skills.

Epidural analgesia is an intervention which a midwifery client may require. The monitoring of epidural analgesia is an additional competency which a midwife may elect to obtain, and orientation is through individual hospitals or health authorities. This competency is not a requirement for the practice of midwifery.

CMBC recommends the following framework for competency in epidural management

A. Education and Orientation

Education and orientation 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 anesthetics and narcotics used in epidural analgesia;
4. the effects of epidural analgesia on the progress of labour;
5. the advantages and disadvantages of, and contraindications to, 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 test
 - ◆ 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 anesthetic complications of epidural analgesia including:
 - ◆ hypotension
 - ◆ seizures
 - ◆ high spinal anesthesia
 8. technique of epidural insertion to include:
 - ◆ 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 and top-ups
 - ◆ continuous infusions
 - ◆ catheter integrity monitoring
 - ◆ patient-controlled anesthesia (PCA)
 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

Orientation should include the demonstration of the following as per hospital policies and procedures:

1. familiarity with the location of equipment for resuscitation;
2. assistance with the insertion of epidural catheter;
3. familiarity with the set-up and functioning of the epidural infusion pump;
4. provision of appropriate client care and monitoring during the process of epidural infusion;
5. familiarity with documenting epidural care;
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 anesthesiologist;
9. removal of epidural catheter.

Competence may be demonstrated through the provision of continued epidural monitoring under supervision, or by some combination of completing a pre-reading educational module on epidural management, successfully passing a written test, and/or oral/practical component which could include mock scenarios. Once a midwife has completed the above requirements, proof of competency must be provided to CMBC in the form of a letter as included in Appendix A.

B. Managing the Delivery of a Client with an Epidural

When a midwife is monitoring a client with an epidural and the client is ready to give birth, it is expected that another caregiver experienced in monitoring epidurals will assume the monitoring role as part of the duties of a second birth attendant in the hospital. Likely this second birth attendant will be a registered nurse.



I, _____, _____, confirm that _____ RM,
(name) (position) (name of RM)

has received education and in hospital orientation for Midwife Competency in Caring for Clients Receiving Epidural Pain Relief in Labour

Name of program, hospital or health authority where education obtained for Midwife Competency in Caring for Clients Receiving Epidural Pain Relief in Labour:

Name of hospital where orientation obtained for Midwife Competency in Caring for Clients Receiving Epidural Pain Relief in Labour:

I verify that _____ successfully demonstrated¹ the following knowledge and skills:
(name of RM)

Theoretical and practical knowledge of:

- The nature, mechanism and perceptions of pain during parturition;
- The anatomy of the epidural space;
- The pharmacology, action and side effects of local anesthetics and narcotics used in epidural analgesia;
- The effects of epidural analgesia on the progress of labour;
- The advantages and disadvantages of, and contraindications to, epidural analgesia;
- Anesthetic requirements for preparation of the client for epidural analgesia including:
 - a. explanation of risks, benefits and alternatives
 - b. client history, physical, and laboratory results if required
 - c. resuscitation equipment and drugs
 - d. intravenous access and volume loading
 - e. equipment for placement of the epidural catheter under sterile conditions
- Recognition of, response to, and management of immediate anesthetic complications of epidural analgesia including:
 - a. hypotension
 - b. seizures
 - c. high spinal anesthesia
- Technique of epidural insertion to include:
 - a. positioning
 - b. anesthetic technique
 - c. complications of needle and catheter placement
 - d. securing the epidural catheter and maintaining sterility at the catheter site

¹ Through the provision of continued epidural monitoring under supervision, or by some combination of completing a pre-reading educational module on epidural management, successfully passing a written test, and/or oral/practical component which could include mock scenarios.

- Initiation of epidural block to include:
 - a. positioning
 - b. monitoring the test dose and the initial therapeutic dose
- Maintenance of analgesia in first stage of labour to include monitoring of:
 - a. bolus dose and top-ups
 - b. continuous infusions
 - c. catheter integrity monitoring
 - d. patient-controlled anesthesia (PCA)
- Maintenance of analgesia in the second stage and third stages of labour when required;
- Postpartum management to include:
 - a. catheter removal and care of epidural site
 - b. ambulation
 - c. management of late complications of epidural analgesia
- Orientation** should include the demonstration of the following as per hospital policies and procedures:
 - Familiarity with the location of equipment for resuscitation;
 - Assistance with the insertion of epidural catheter;
 - Familiarity with the set-up and functioning of the epidural infusion pump;
 - Provision of appropriate client care and monitoring during the process of epidural infusion;
 - Familiarity with documenting epidural care;
 - Ability to identify problems and implement appropriate interventions;
 - Knowledge of when to adjust the rate of an infusion pump;
 - Knowledge of when to call anesthesiologist;
 - Removal of epidural catheter.

(Completion Date)

(Verifier's name and position)