

Implementing a New Guideline: Remifentanyl PCA in Labour



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Remifentanyl PCAs have been widely, and safely, used for labour analgesia for many years [1,2,3]. In 2023, NICE published guidelines advising they should be an available option for women in labour [4]. This formed the basis for our driver to change our practice, and we aimed to introduce remifentanyl PCAs to the labour ward at the Countess of Chester Hospital. Whilst the introduction of an additional service into an already strained system, can be a difficult and an unwelcome endeavor, the following tips we learnt helped us succeed.

UNDERSTAND THE BACKGROUND

We were able to demonstrate robust evidence as to the safety and quality of remifentanyl PCAs, and highlight the benefits the service could bring for patients- as a result, people could appreciate the reason for wanting to introduce the scheme, and support the idea. This allowed us to share our vision, and recruit others to share it too.



UNDERSTAND THE STAKEHOLDERS

This policy required cooperation from multiple stakeholders; anaesthetics, obstetrics, midwifery, neonatology, pharmacy, patient groups and discussion at multi-disciplinary groups such as the women and children's board meeting and drug and therapeutics committee, all provided valuable input. Understanding the interests of these groups, and the impact the policy would have on them allowed us help find maximal fit between individuals, teams and organisational needs.



READ THE ROOM

We were transparent and open with staff about the realities and implications of this project, and appreciated that some, more than others, will face different work and challenges. Understanding these legitimate concerns rather than dismissing them allowed us to act as enablers within discussions to focus on solutions, and gave us some credibility within the process. We stressed our appreciation of the work being done, and communicated a commitment to continuing support can help people transition through change.



INFLUENTIAL LEADERS

We developed interested people within the stakeholder groups to become local remifentanyl 'champions'. This allowed people within those stakeholder groups to see the change was not just originating as a 'top down' initiative, but was supported by others within their group. Midwifery champions for example, were able to work within their group to highlight the benefits of the policy, encourage engagement and ownership of the protocol, and be a constant support for staff. They were best placed to understand the cause (and solutions) of any resistance or concerns within their group.



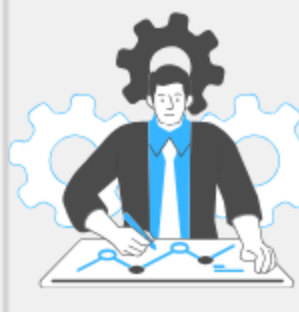
QUALITY GUIDANCE AND SUPPORT

We created and communicated several supporting documents and materials, including a full Standard Operating Procedure, a succinct 'Quick Reference Guide' and prescription materials. In addition, we supported this with accessible practical training and ensured all staff felt up to speed. This supported people to feel more comfortable working in a new way, and gave people confidence that they wouldn't be abandoned.



OWNERSHIP

Ownership of change by all, rather than top-down implementation, helps people transition through change and accept a level uncertainty as they work in a new way. We collated valued team input early on via meetings with Women and Children's board meetings and informally on the wards- this helped staff feel that sudden change wasn't being imposed without consultation, and gave them an opportunity to have input and be included in decision making.



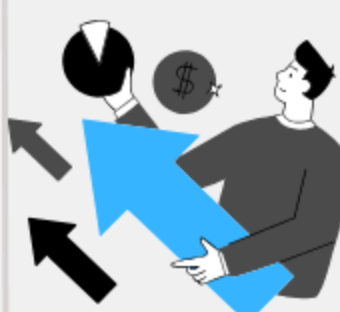
APPRECIATE STAFF

We did not underestimate the huge amount of personal energy required by staff working within an ever-evolving environment and that, in particular, the midwifery staff who this policy would have a big impact on. We stressed our appreciation of the work being done, and communicated a commitment to continuing support to help people transition through the change.



TARGET EARLY ADOPTERS

We initially sought to garner support from the early adopters who were interested or had worked with remifentanyl PCAs previously. The NHS change model highlights early adopters as the most important group in a change process as they have the highest degree of influence on others, and therefore engaging this group, helped encourage others to join and be positive about the prospect of change [5].



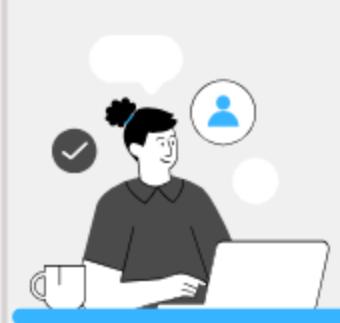
INVEST TIME

From conception to implementation, it took over a year for the project to be introduced. There are a significant proportion of projects that fail either by not appreciating the time commitment required, or because of failure to plan for the long term strategy, where the change needs to become embedded. We were able to utilise service 'champions' to continue to keep interest and support the project after implementation.



FEEDBACK AND CHANGE

We regularly sought feedback and made adjustments accordingly throughout the project, and we used the expertise of several groups (for example pharmacy were crucial to the development of a safe and robust prescription) rather than take sole ownership of solving problems. This delegation of tasks allowed not only input and feedback from specialists, but also shared tasks and responsibilities.



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- [3] Melber AA, Jelling Y, Huber M, Keller D, Dullenkopf A, Girard T, Kranke P. Remifentanyl PCA in labour: six-year audit of outcome data of the RemiPCA SAFE Network (2010-2015). *Int J Obstet Anesth.* 2019 Aug;39:12-21. doi: 10.1016/j.ijoa.2018.12.004. Epub 2018 Dec 21. PMID: 30685299.
- [4] NICE 2023 Guideline: 1.6 Pain relief during labour. <https://www.nice.org.uk/guidance/ng235/chapter/Recommendations#pain-relief-during-labour>
- [5] <https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf>