



## Service Priorities and Programmes Electronic Presentations

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### **Nurse-led Pain Reform in Tuen Mun Hospital Obstetric (OBS) Unit**

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#### **Introduction**

Many mothers after caesarean section(CS)experience moderate to severe pain for the first 48 hours (1). Adequate post CS pain relief is crucial for mothers to quickly regain mobility and to care for the newborn, so as to facilitate breast feeding soon after the CS and increases mother-infant interactions. Failure to do so may increase the maternal risk for thromboembolic events, and may adversely affect the success of breast feeding. In addition, severe acute pain after CS may lead to hypertension, anxiety, and depression, or even chronic pain, none of which is conducive to a healthy pregnancy. This program aimed at looking for improvement by reviewing the current practice in the management of post CS pain. It was led by the Nurse Consultant in pain management (PM), with the contribution of anesthetists, obstetricians, PM team and nurses who were working in the OBS unit.The team decided to reform and integrated the PM practice based on the best available evidence after examining the pre-program audit results. The service reform included: 1)revision of post CS PM protocol -give intrathecal or epidural morphine for mothers under regional anaesthesia (RA) -use of Transversus Abdominis Plane (TAP)block in CS wound for mothers under General Anesthesia (GA), -prescribed with regular analgesics post-operatively 2)provision of post CS PM information to patients 3)provision of post CS PM educationto OBS nurses -post-operative pain assessment -reassessment -monitoring for the effectiveness and side effects of analgesics to mothers and babies -care of mothers with Patient-Controlled Analgesia. In conclusion, close liaison between all personnel involved in the care of patient contributes to a successful management of post CS pain. Furthermore, even “simple” techniques of pain relief can be more effective if attention is given to education, documentation, patient assessment and provision of appropriate guidelines and policies(2).

#### **Objectives**

To improve post CS pain by reforming the current practice by joint efforts

## **Methodology**

Pre (9-12/2014) and post-program audit (8-11/2015) were conducted before and after the introduction of the service reform to evaluate the effectiveness of the changed practice. All post CS mothers (Pre:310 & Post:332) at the said period were included unless refusal.

## **Result**

All changes of the following outcome measures were significant with  $P < 0.001$

1. Overall worst pain (NRS  $\geq 7$ ) on post-operative day 0 (Decreased to 23% from 55.5%)
2. Overall worst pain (NRS  $\geq 7$ ) on post-op day 1 or day 2 (Decreased to 17.9% from 35%)
3. Clients received regular pain assessment (Increased to 84.6% from 56.8%)
4. Clients received reassessment (Increased to 61.3% from 19.7%)
5. Clients received education on post CS PM (Increased to 64.7% from 19.2%)
6. Clients received intrathecal or epidural morphine if C/S performed by RA (Increased to 99.3% from 88.6%)
7. GA clients received TAP block (Increased to 84.4% from Zero)
8. Clients prescribed with regular analgesics post-operatively (Increased to 99.1% from 3%)
9. Patient satisfaction (Increased to 99% from 91%)