

FRAMEWORK FOR MIDWIFE CERTIFICATION IN EPIDURAL MAINTENANCE

Maintenance of continuous infusion pumps and associated clinical assessments required for epidural administration and monitoring is considered an elective competency of registered midwives. Midwives should ensure that they are familiar with all institutional guidelines, policies and protocols as related to epidurals in the hospitals where they work.

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 maintaining the continuous infusion pump and performing related client assessments associated with epidural use, the midwife is also responsible for notifying the anesthesiologist if concerns arise.

Specialized practice certification in this area may be obtained through a course or program approved under the authority set out in the *Bylaws for the College of Midwives of BC* (CMBC) that meets the requirements set out in this framework.

Certification

The process for specialized practice certification for monitoring epidurals includes completion of a competency-based skills assessment and orientation at the BC hospital where the midwife holds privileges. This competency-based skills assessment and orientation should include:

Demonstrated knowledge and understanding of:

1. the anatomy of the epidural space;
2. the pharmacology, action, and side effects of local anesthetics and narcotics used in epidural analgesia;
3. anesthetic requirements for preparation of the client for epidural analgesia including:
 - a. patient history, physical, and laboratory tests;
 - b. resuscitation equipment and drugs;
 - c. intravenous access and volume loading;
 - d. equipment for placement of the epidural catheter under sterile conditions;
4. recognition of, response to, and management of immediate anesthetic complications of epidural analgesia including:
 - a. hypotension;
 - b. seizures;
 - c. high spinal anesthesia;
5. 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;
6. initiation of epidural block to include:
 - a. positioning;
 - b. monitoring the test dose and the initial therapeutic dose;
7. maintenance of analgesia to include monitoring of:
 - a. bolus dose and top-ups;

- b. continuous infusions;
 - c. catheter integrity monitoring;
 - d. patient-controlled anesthesia (PCA);
8. postpartum management to include:
- a. catheter removal and care of epidural site;
 - b. ambulation; and
 - c. management of late complications of epidural analgesia.

Orientation to:

- 1. the location of equipment for resuscitation;
- 2. set-up and functioning of the epidural infusion pump;
- 3. monitoring during the process of epidural infusion;
- 4. documenting epidural care;
- 5. how to implement appropriate interventions;
- 6. how and when to call anesthesiologist; and
- 7. removal of epidural catheter.

Proof of successful completion of a competency-based skills assessment must be submitted to CMBC before specialized practice certification is granted and the skill is practiced. Documentation of specialized practice certification must be provided to and recognized by the hospital in which the midwife holds privileges.

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 attendant in the hospital. Likely this second birth attendant will be a registered nurse.