



اسم السياسة /الخطة: سياسة إدارة الألم أثناء المخاض Pain management During Labor
رقم السياسة/ الخطة: OSD-PP- 03

المعنيين بالسياسية: كوادر قسم النسائية والتوليد	المجموعة: رعاية المرضى	
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Purpose: .1

- 1.1 To lessen the pain intensity during the progress of labor.
- 1.2 Enhancement of physical function
- 1.3 Proper use of medication and proper timing according to stages of labor

2. Policy:

- 2.1 Pain assessment & management is basic reference written order by Doctor' is a must . Hospital Narcotic Policy. is basic reference
- 2.2 Naloxone (Narcan) antidote for Pethidine must be available on hand and ready for use at all time. Epidural analgesic policy is basic reference
- 2.3 Patient and family education about the types of pain relief early at admission (pharmacological and non-pharmacological)and the possible side effects of drugs
Pain assessment is done early at admission use numeric pain scale and (face pain scale when strong uterine contraction present)
- 2.4 Pain assessment performed by resident doctors and registered midwife ,anesthesiologist
- 2.5 The frequency of pain assessment shall be indicated by the intensity of labor pain in latent first stage usually mild to moderate pain reassessment every 2-4 hours and in active stage every 1-2 hours ,30-60 minutes after narcotic injection or according to woman's complain of pain at any time, and according to effectiveness of pain relief strategies
- 2.6 Assessment of labor pain during transient stage and during second stage must be continuous
- 2.7 assessment of pain after delivery (4th stage of labor) and reassess q 30 minutes
- 2.8 Woman's report of pain will be accepted and respected as key indicator of the amount of pain she experiencing
- 2.9 Epidural are effective in relieving pain in labor and may be requested at by mother at any point during first stage of labor
- 2.10 Epidural analgesia is coordinated by resident doctor with anesthesia department
- 2.11 Narcotic drugs should not be given if there is a sign of fetal distress.

3. Scope:

- 3.1 This policy is applicable to all women in labor.

4. Responsibility:

- 4.1 It is responsibility of head department unit to assure applied this policy.
- 4.2 It is responsibility of all midwives who interact with patient.
- 4.3 It is responsibility of nursing supervisor to prepare narcotic drugs.
- 4.4 It is responsibility of resident doctors
- 4.5 It is responsibility of anesthetic doctors in epidural analgesia

5. Definitions:

- 5.1 Pain assessment:-multi dimensional observational assessment of patient experience of pain
- 5.2 Non pharmacological pain relieve methods: is the comfort measures that provide natural pain relieve during labor
As :-Relaxation techniques(patterned breathing)
Back massage,

Focus and distraction,
psychological social support

6. Equipments/Forms/Attachments:

- 6.1** Obstetric admission notes
- 6.2** Nursing flow sheet labor
- 6.3** Narcotic prescription.
- 6.4** Epidural equipment's
- 6.5** Sphygmomanometer pulse oximeter
- 6.6** Consent form as needed
- 6.7** Pain Assessment & Management flow sheet
- 6.8**

7. Procedure:

- 7.1** Assessment of client's perception of pain / discomfort. Using appropriate scale
- 7.2** Baseline vital signs for comparison
- 7.3** Explain any procedure done to mother and her relatives
- 7.4** Prepare all equipment needed
- 7.5** Epidural analgesia
 - 7.5.1** Resident doctors coordinate with anesthetic department for epidural analgesia
 - 7.5.2** Patient signs on consent form for epidural analgesia by anesthesiologist
 - 7.5.3** An intravenous infusion of crystalloid fluids is commenced prior to sitting the epidural to reducing the risk of hypotension
 - 7.5.4** The mother positioned in left lateral or sitting position to reduce the risk of supine hypotension
 - 7.5.5** Fetal heart rate and blood pressure must be recorded throughout the procedure.
 - 7.5.6** After complete insertion of epidural by anesthetics blood pressure and pulse should be measured every 5minutes for 15 minutes and then every 30 minutes
 - 7.5.7** Temperature should be recorded regularly and as needed
 - 7.5.8** The mother may adopt any position she finds comfortable aorto-caval compression
 - 7.5.9** Encourage to change position regularly to avoid soft tissue damage
 - 7.5.10** Continuous electronic monitoring to fetal heart
 - 7.5.11** Insured emptying bladder regularly to avoid urine retention post-delivery (catheterization by resident doctor as ordered)
 - 7.5.12** Strict monitoring to uterine contraction by midwife due to pelvic muscle relaxation and decrease sensation to contraction
 - 7.5.13** Observe of progress of labor (vaginal exam) by resident doctor or midwife according to contraction on continuous monitoring
 - 7.5.14** Side effects of epidural includes :-
 - 7.5.14.1** Increase incidence of thrombosis(must change position frequently)
 - 7.5.14.2** Allergic reaction(rash)
 - 7.5.14.3** Hypotension
 - 7.5.15** Removed epidural catheter after delivery by anesthetics.

7.6 Opiate drugs:

7.6.1 Considered power analgesia during childbirth

7.6.2 Pethidine is the most frequent use and take 20 minutes to have an effect.

7.6.3 Administer intramuscular or intravenous (intravenous faster effect)

7.6.4 Side effects:

7.6.4.1 Nausea and vomiting

7.6.4.2 Drowsiness,

7.6.4.3 Reduction of fetal heart viability and depression of respiratory center at birth A sleepy baby affecting the established of breast feeding

7.7 Proper documentation on patient file

8. References: -

8.1 NICE 2024