

# Pain relief on Lady Mary Ward after operative delivery: a quality improvement project to introduce Self Administration of Medicines (SAM) to our post-natal ward

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## The Problem [Part 1]: 2013

Local GPs reporting women seeking advice for pain relief soon after discharge from The Rosie after caesarean section or instrumental delivery.

- No analgesia issued on discharge
- Lack of clear information about what to take
- Confusion over safety of drugs in breast feeding

### Looking into this:

Trust-approved telephone survey showed 89% of women had adequate pain relief with paracetamol and ibuprofen bought over the counter, but for 11% of women this was not sufficient.

### What we did:

- Formalised Trust guidelines for post-natal analgesia
- Ensured both paracetamol and ibuprofen both given 4 x daily, regularly
- Improved information about post-natal analgesia for mothers at antenatal appointments and on The Rosie website
- Changed practice to provide weak opiate analgesia on discharge for those women who had required multiple doses while on the ward

## The Problem [Part 2]: 2016

- Many women still finding analgesia while on Lady Mary ward inadequate
- Regular simple analgesia (paracetamol and ibuprofen) usually correctly prescribed but not always given at regular intervals as drugs rounds missed if woman sleeping or off the ward
- High workload for midwives meant frequent delays
- Many women requiring rescue doses of weak opiate as background simple analgesia missed

### Looking into this:

Service evaluation for 2 weeks showed no women received all 8 doses of paracetamol and ibuprofen that they should have done on the first day following operative delivery.

### What we did:

- Recognised women needed to be in control of their own pain relief after operative delivery, just as they would be at home
- Started process of introducing Self Administration of Medicines (SAM) to Lady Mary Ward

## The SAM Project 2016 - 2019

### SMART Aim:

**Specific:** Introduce Self Administration of Medicines (SAM) to the Lady Mary post-natal ward to improve quality of analgesia for women after operative delivery

**Measure (Process):** Number of doses of simple analgesia on 1<sup>st</sup> postoperative day

**Measure (Outcome):** Patient Satisfaction

**Achievable:** Most other CUH wards use SAM

**Realistic:** Most other wards at CUH use SAM

**Timely:** by end summer 2016, by April 2017, by.....2019!

### How we went about it:

1. Secured hardware: lockers, keys, key safe
2. Met with other wards where SAM already embedded to learn process and share experience
3. Provided training for midwifery staff to use the SAM tools within the electronic patient record
4. Found local champions to deliver the message that SAM will improve care for women

### Launch! - January 2019

- All women admitted to Lady Mary ward after operative delivery assessed for suitability for SAM and converted to SAM if appropriate
- All regular medications issued to women in packs to keep in the cupboards at their bed space and to administer themselves
- All extra rescue opiate analgesia still provided by the midwives on request

### How are we doing?

Service evaluation 2 weeks April 2019:

**65% of women established on SAM within 24 hours of delivery.**

Reasons for exclusion:

- 11% insufficient medication stock on the ward
- 10% technical difficulties with the IT system
- 8% expected early discharge
- 5% declined the offer to use SAM
- 2% no reason provided

### Where do we go from here?

- Streamlining electronic patient record entries for SAM
- Case of Need for ward pharmacy technician to help with medication supplies and troubleshoot problems

**Satisfaction Survey of women to be conducted Autumn-Winter 2019**