A54  WHAT DO PREGNANT WOMEN KNOW ABOUT PAIN RELIEF AND EPIDURAL ANALGESIA? Celeste, M.C.1; Scaruzzo, H.G.2; Fernandez, C.L.1 1 Hosp. R. Sardà, Bs As, Argentina; 2 Hosp. Menén, Bs As, Argentina. Introduction: Pregnant women often do not have complete knowledge of the modalities available for pain relief during labor. In the current study, we evaluated the awareness of pregnant women for labor to be painful and the methods available for pain relief. Method: A confidential survey form was administered to 80 pregnant women who attended the pre-natal classes at the Maternidad del Hospital Almán (Paid Private hospital, Group "A" = 40 patients) and at the Maternidad R. Sardà (Free Public Hospital, Group "B" = 40 patients). Results: 89% of the patients from Group "A" and 80% of the patients from Group "B" recognized that labor and delivery could be a painful process. About 92% of the patients from Group "A" and 72% from Group "B" considered that pain relief was suitable. About 85% of the patients from Group "A" and 67% from Group "B" were generally aware of the existence of epidural analgesia for delivery. However, the information they had been given only allowed 44% of the patients in Group "A" and 25% in the Group "B" to have specific knowledge about the techniques, risks, and benefits of epidural analgesia. Indeed, an overwhelming proportion of women, 98% of the patients from Group "A" and 88% from Group "B" requested additional specific information on epidural analgesia. Conclusions: Both groups acknowledged that labor and delivery could be painful. However, patients often had little information about the existing methods of pain relief during labor and the information they had was not always correct. The anesthesiologist, by attending childbirth preparation classes, can provide patients with more specific information about options for pain relief during labor. Reference: Reynolds Felicity. Labour pain and analgesia in Pain Relief in Labour. BMJ 1997; pp. 1-13 (more references available)

A56  POSTDURAL PUNCTURE HEADACHE: USING THE DATABASE AS A QI TOOL TO CHANGE PRACTICE Obohfolab, A.; Belt, E.; Muir, H. Anesthesiology, Duke University, Durham, NC. Introduction: Headache (PDH) following dural puncture (DP) is a recurring morbidity in obstetric anesthesia. Could patient characteristics and practice patterns be identified and changes made to reduce its incidence? Method: Retrospective analysis of patients' weight, operator, technique (difficulty encountered), time of epidural placement, period from DP to EPB and duration and pattern of symptoms were undertaken for the period including 09/99 - 12/2000. Results: Incidence - 50 of 3200 (1.6%) blocks were associated with either DP or PDH. Operator - Most DP occurred with residents - 39/45 (86%) Patient - 7% weighed < 200 lbs. Technique - 1st attempt at LOR and immediate dural puncture occurred in 15/50 (30%) 9/15 were <200 lb, with 70% of DP occurring with multiple attempt Time - time of placement was available for only 31 patients, 20/31 (60%) of blocks were placed at end of shift or at night. Symptoms -24/50 patients had an EPB with 4/24 requiring a 2nd EPB, all on day 4 post DP. 4/7 who had EPB on day1 or 2 required a 2nd patch. 18/50 (36%) patients identified continued to have significant symptoms at or after day 5. 20% of patients had persistent non-positional symptoms following an EPB. Conclusions: Operator experience and level of fatigue are factors associated with DP. Patient size does not appear to be a factor, but perceived technical difficulty may be. Based on these findings we recommended and instituted the following changes to improve outcome of care: We altered the anesthesia record to identify the operator at time of DP Operators with persistent complications are identified for closer supervision. Attendings are encouraged to rescue blocks from residents when >2 attempts are made. Performing EPB before day 3 increases risk of 2nd EPB. An extended telephone follow-up (minimum 7 days) was initiated to identify persistent symptoms. Maximum shift length on OB is 12 hours.

A57  QUALITY IMPROVEMENT USING AN OBSERVATIONAL DATABASE: TREATMENT OF PDPH Obohfolab, A.; Belt, E.; Muir, H. Anesthesiology, Duke Medical Center, Durham, NC. Introduction: Headache (PDH) following dural puncture (DP) is a recurring morbidity in obstetric anesthesia. Could patient characteristics and practice patterns be identified and changes made to reduce its incidence? Method: Retrospective analysis of patients' weight, operator, technique (difficulty encountered), time of epidural placement, period from DP to EPB and duration and pattern of symptoms were undertaken for the period including 09/99 - 12/2000. Results: Incidence - 50 of 3200 (1.6%) blocks were associated with either DP or PDH. Operator - Most DP occurred with residents - 39/45 (86%) Patient - 7% weighed < 200 lbs. Technique - 1st attempt at LOR and immediate dural puncture occurred in 15/50 (30%) 9/15 were <200 lb, with 70% of DP occurring with multiple attempt Time - time of placement was available for only 31 patients, 20/31 (60%) of blocks were placed at end of shift or at night. Symptoms -24/50 patients had an EPB with 4/24 requiring a 2nd EPB, all on day 4 post DP. 4/7 who had EPB on day1 or 2 required a 2nd patch. 18/50 (36%) patients identified continued to have significant symptoms at or after day 5. 20% of patients had persistent non-positional symptoms following an EPB. Conclusions: Operator experience and level of fatigue are factors associated with DP. Patient size does not appear to be a factor, but perceived technical difficulty may be. Based on these findings we recommended and instituted the following changes to improve outcome of care: We altered the anesthesia record to identify the operator at time of DP Operators with persistent complications are identified for closer supervision. Attendings are encouraged to rescue blocks from residents when >2 attempts are made. Performing EPB before day 3 increases risk of 2nd EPB. An extended telephone follow-up (minimum 7 days) was initiated to identify persistent symptoms. Maximum shift length on OB is 12 hours.