

Epidural Tips and Tricks for Obstetricians – Exerting Indirect Influence

- ▶ Dr Paul Griffiths – Specialist Rural Generalist Anaesthetist
- ▶ Praxis Medical – Manjimup

Where I'm Coming From

- ▶ MMM5 town: Manjimup, WA
- Two GP Obstetricians — I provide all epidural cover
- VMP fee-for-service model
- Deep working knowledge of WAGMMS
- Praxis Medical opened May 6, 2025 — built for Rural Generalists

Direct Interventions Obstetricians Can Own

1. Double-strength
LA + Fentanyl
premix – for
breakthrough pain

2. Fentanyl 50 mcg
– for late perineal
discomfort

3. 5 mL 2%
Lignocaine +
adrenaline – for
instrumental
delivery/repair

4. Collecting blood
for epidural blood
patch – MBS 18297
(\$50.70) |
WAGMMS \$102.05

1. PIEB/ Infusion +/- PCEA: LA + Opioid (intrapartum)		Date:	Time:	Total Solution Volume:
Local Anaesthetic Name		Concentration (mg/ml):		
Opioid Name:		Concentration (mg/ml or microgram/ml):		
PCEA bolus (ml):		Lockout (min):		
RN/RM bolus (ml):		Frequency (min):	PRN OR max:	doses
Programmed Intermittent Epidural Bolus (ml):		Frequency (min):		
Continuous (background) minimum rate (ml/hr):		Maximum rate (ml /hr):		
Background rate increase (ml/hr):		Frequency of increases (mins):		PRN
Anaesthetist Signature:		Print Name:		Phone:
2. Top-Up: LA + Opioid		Date:	Time:	Total Solution Volume:
Indication: <input type="checkbox"/> Intrapartum <input type="checkbox"/> Breakthrough pain PRN <input type="checkbox"/> Instrumental birth PRN <input type="checkbox"/> Post-op PRN				
Local Anaesthetic Name:		Concentration (mg/ml or microgram/ml):		
Opioid Name:		Strength (mg/ml or microgram/ml):		
Top-up volume (ml):		Frequency (min):	PRN OR max:	dose/s
Anaesthetist Signature:		Print Name:		Phone:
3. Infusion +/- PCEA: Opioid +/- LA (post-op /LUSCS)		Date:	Time:	Total Solution Volume:
Local Anaesthetic Name		Concentration (mg/ml or microgram/ml):		
Opioid Name:		Concentration (mg/ml or microgram/ml):		
PCEA bolus (ml):		Lockout (min):		
RN/RM bolus (ml):		Frequency (min):	PRN OR max:	doses
Continuous (background) minimum rate (ml/hr):		Maximum rate (ml/ hr):		
Background rate increase (ml/hr):		Frequency of increases (mins):		PRN
Anaesthetist Signature:		Print Name:		Phone:
4. Top-up: Opioid only		Date:	Time:	Total Solution Volume:
Indication: <input type="checkbox"/> Breakthrough pain PRN <input type="checkbox"/> Rectal pressure in labour PRN <input type="checkbox"/> Post birth perineal pain PRN				
Opioid Name:		Concentration (mg/ml or microgram/ml):		
Top-up volume (ml):		Frequency (min):	PRN OR max:	doses
Anaesthetist Signature:		Print Name:		Phone:

MR 170.2 EPIDURAL / SPINAL PRESCRIPTION & ADDITIONAL OBSERVATION

Category 3 - THERAPEUTIC PROCEDURES

Group

T7 - Regional Or Field Nerve Blocks

[18233](#) 

EPIDURAL INJECTION of **blood** for **blood patch**

(Anaes.)

Fee: \$216.35 **Benefit:** 75% = \$162.30 85% = \$183.90

[← Previous - Item 18232](#)

[Next - Item 18234 →](#)

Category 3 - THERAPEUTIC PROCEDURES

Group

T7 - Regional Or Field Nerve Blocks

[18297](#) 

Assistance at the administration of an epidural **blood patch** (a service to which item 18233 applies) by another medical practitioner

Fee: \$67.60 **Benefit:** 75% = \$50.70 85% = \$57.50

[← Previous - Item 18296](#)

[Next - Item 18298 →](#)

Pre-Anaesthetic Planning at 36 Weeks

- Set up routine pre-anaesthetic assessments for women considering epidurals
- Structured through Automed bookings
- Builds trust, flags issues, clarifies expectations
- Excellent QI opportunity between GP Obs & RG-A
- MBS items (if in private rooms):
 - 17615 and 17690 – Pre-anaesthetic consult
- Not claimable via WAGMMS

What type of appointment do you need?

Below services are provided by **Dr Paul Griffiths**

-  Pre-Anaesthetic Phone Assessments
-  Pre-anaesthetic Caesarean and Epidural [In Clinic]

Praxis Medical



Dr Kayla Mizzi

General Practitioner - Dr Kayla Mizzi is a specialist rural GP with advanced skills in child health...

[Read More >>](#)

Select Appointment Type



Dr Paul Griffiths

General Practitioner - [Read More >>](#)

Select Appointment Type

21 Jun	22 Jun	23 Jun	24 Jun
Sat 21 Jun	Sun 22 Jun	Mon 23 Jun	Tue 24 Jun
		10:40 AM	

Timing: Real-World Frictions & Solutions

"You're not just timing it for labour — you're timing it around everything else competing for our time."

- Epidural best-case: 30 mins | real-world: 45–60+ mins
- Interruptions: theatre, ED, private rooms, family
- Most rural sites = no dedicated anaesthetist
- Possible solution with induction:
 - Insert catheter and test dose early
 - Dose once labour intensifies
 - Establish block in ~15 mins when needed

Communication: How to Talk to Your Anaesthetist

“We’re not complicated — just fragile.”

- Understand the Personality
- It takes confidence to do neuraxials rurally — egos come with it
“Stroke the ego — don’t poke it.”
- Call Like a Colleague, Not a Call Bell
- Bad call: “This lady wants an epidural now.”
- Good call:
“Mate, this is a tough one. We could use your help.
The contractions are heading on a posterior vector... I reckon an epi could settle things and help us progress.”

Pro Tip:

Say vague labour things confidently. We’ll nod and start walking.

Support Us at Fixation Points

“Even the most confident anaesthetist hits a wall sometimes.”

Where We Get Stuck:

Trying a tight space over and over

→ Suggest: “Want to try a level up or down?”

Hesitating to pull a dud

→ Quote me:

“Epidurals are fickle and humbling — sometimes you just have to pull it out and start again. It sucks, but it’s what needs to happen.”

Why It Works:

Gentle nudges can help us reset

The right voice at the right moment can redirect inertia.

Sometimes, We Just Can't Do It

“We're not failing — we're doing our best in a system that isn't always fair.”

Rural reality: We can't always guarantee access.

My Rural Generalist approach:

“I'll offer the best I can, with what I've got, when I've got it.”

Sometimes transfer is needed mid-labour — unfortunate, not failure.

Pre-anaesthetic planning sets realistic expectations.

Women may choose city certainty — and that's okay too.

Praxis Medical: A Place Built for People Like You

“If this kind of care, thinking, and teamwork speaks to you — we’ve built a place where you can do more of it.”

- Opened May 2025 in Manjimup
- Independent, doctor-led
- Purpose-built for Rural Generalists & Proceduralists
- No silos, no hierarchy — just flexibility and purpose
- High procedural volume, with a minimum burnout

- We're looking for:
 - GP Obstetricians
 - Rural Generalists and GPs

Someone needing to move closer to Perth but still wanting to stay procedural



Praxis MEDICAL





Welcome
sign in here >

Self-service kiosk with a screen and a keypad. The keypad features a red cross icon at the top, followed by icons and text for:
CHECK IN HERE
MAKE BOOKING
PAY HERE



Welcome

sign in here

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Why Manjimup? Life in the Southern Forests & Valleys

"If you're thinking about relocating — this is the kind of place people stay."

 Central to several options.
1.5 hours to Bunbury and Busselton. 2 hours to Albany.

 Southern Forests & Valleys = WA's hidden gem
Food bowl for apples, avocados, truffles and wine.
Clean air, natural beauty, real seasons.

 Family Friendly
Public and private schools to Year 12
Community-minded and safe.

 Partner Work Options
Mining, agri-business, and regional demand for skilled work.

 Convenient
Coles and Woolworths in town
All essentials without the sprawl

Let's keep the conversation going

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