

INTRODUCTION

BACKGROUND

Australia has about half the rate of epidural analgesia (EA) request in labour compared to Canada and the USA^{1,2,3}. There is little Australian data to explain this.

AIM

Explore potential factors influencing pregnant women's choices to request or decline EA in labour at a North Queensland tertiary centre

OBJECTIVES

Identify current and recently pregnant women's reasons for accepting or rejecting EA in labour

METHOD & RESULTS

Mixed methods study over 3 Phases

PHASE 1

METHOD (Interviews)

- **Phase 1:** Interviews were conducted with 12 pregnant/post-partum women regarding attitudes toward labour, analgesia decision-making and epidurals. Transcripts were thematically analysed.

RESULTS

Themes regarding labour decision-making :

- 'Whose choice is it?'
- 'I want the safest option for me and bub'
- 'I trust my carer'
- 'Labour is unpredictable'

Themes regarding epidural analgesia:

- 'I'd have it again' vs. 'It's my last resort' vs. 'It's a possibility'
- 'It's a risky choice'
- 'It's the easy way out'
- 'I don't want an epidural because I want a natural birth'

PHASE 2 & 3

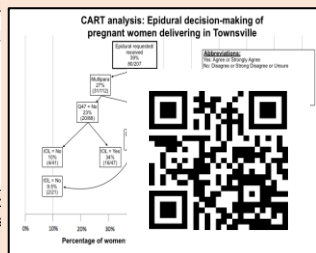
METHOD (Surveys)

- **Phase 2:** Survey developed from Phase 1 data and distributed to 3rd trimester pregnant women at Public & Private antenatal clinics
- **Phase 3:** Chart Review of survey participants to record birthing method and epidural request and indication
- Results from 207 survey participants analysed with Chi-square tests, binary logistic regression and CART analysis.

RESULTS

Predictor model for EA request in Townsville labouring women

Predictor	Odds Ratio [95% C.I.]	P-value
Epidural is first choice	3.032 [1.216 – 7.560]	0.017
Doctor involvement in antenatal care	2.974 [1.268 – 6.975]	0.012
Belief that SOME pain relief will be needed	2.961 [1.295 – 6.770]	0.010
Primiparity	2.486 [1.245 – 4.963]	0.010
No concern about post-epidural headache	2.413 [1.077 – 5.407]	0.032
Induction/Augmentation of labour	6.070 [2.845 – 12.947]	<0.001



Scan QR code (above) for enlarged CART analysis

CONCLUSIONS

- Australia's EA usage rates reflect prominent shared-care and midwife-led antenatal care models
- Multiple predictors consistent with literature were identified. Induction/augmentation of labour is the strongest predictor for EA request.

Contact: Diane Quach
 (93dquach@gmail.com)

Scan QR code (right) for Reference List

