

A survey of provider factors that may affect receipt of labor epidural analgesia at a large, tertiary-care center

Jessica Stockinger, MD; Sara Feldman, MD; Hannah Ford, Jong ok La, Meg Hardesty, Ashraf S. Habib, MBBCh, MSc, MHSc, FRCA; Jennifer E. Dominguez, MD, MHS

Background

- Epidural analgesia is considered the gold standard for pain management during labor.
- Patients' decisions about epidural analgesia are influenced by multiple factors.
- Provider advocacy may play a role in this decision-making process.

Lipps et al demonstrated that anesthesiologists, obstetricians, and nurses shared similar attitudes towards the timing of labor epidural placement, but had differences in beliefs about the benefit of labor epidurals in some but not all clinical scenarios.

Hypothesis

Anesthesia providers and nurses base their advocacy for labor analgesia on different factors.

Methods

Study Design:

IRB Likert scale-based survey

Inclusion Criteria:

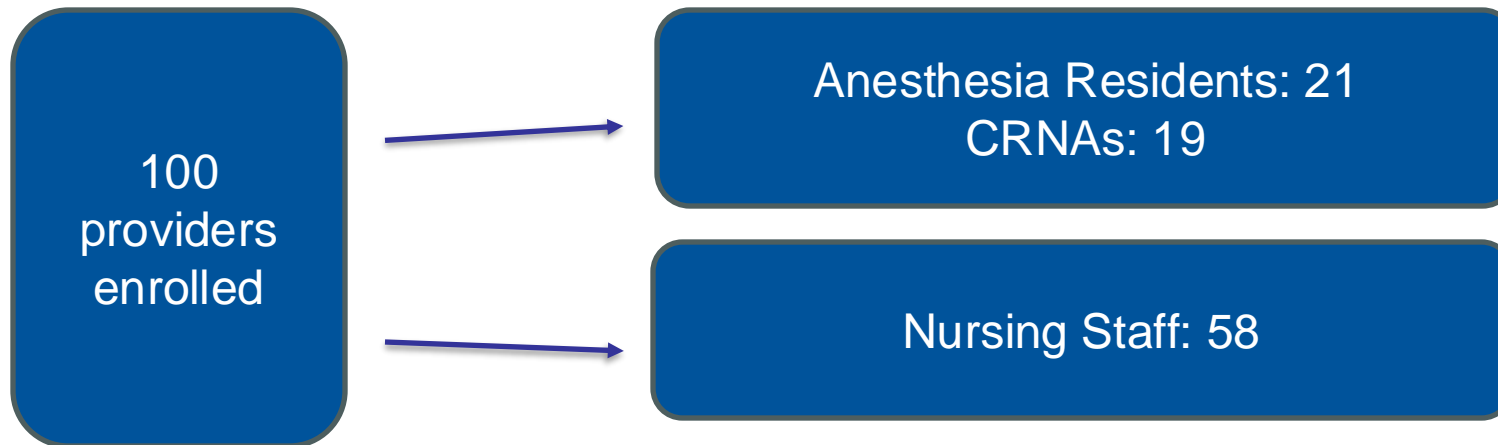
Nursing and anesthesia staff (residents or CRNAs) on labor and delivery unit

Anesthesia Residents: PGY-2 year and senior with at least one rotation in obstetric anesthesia

Statistical Analyses:

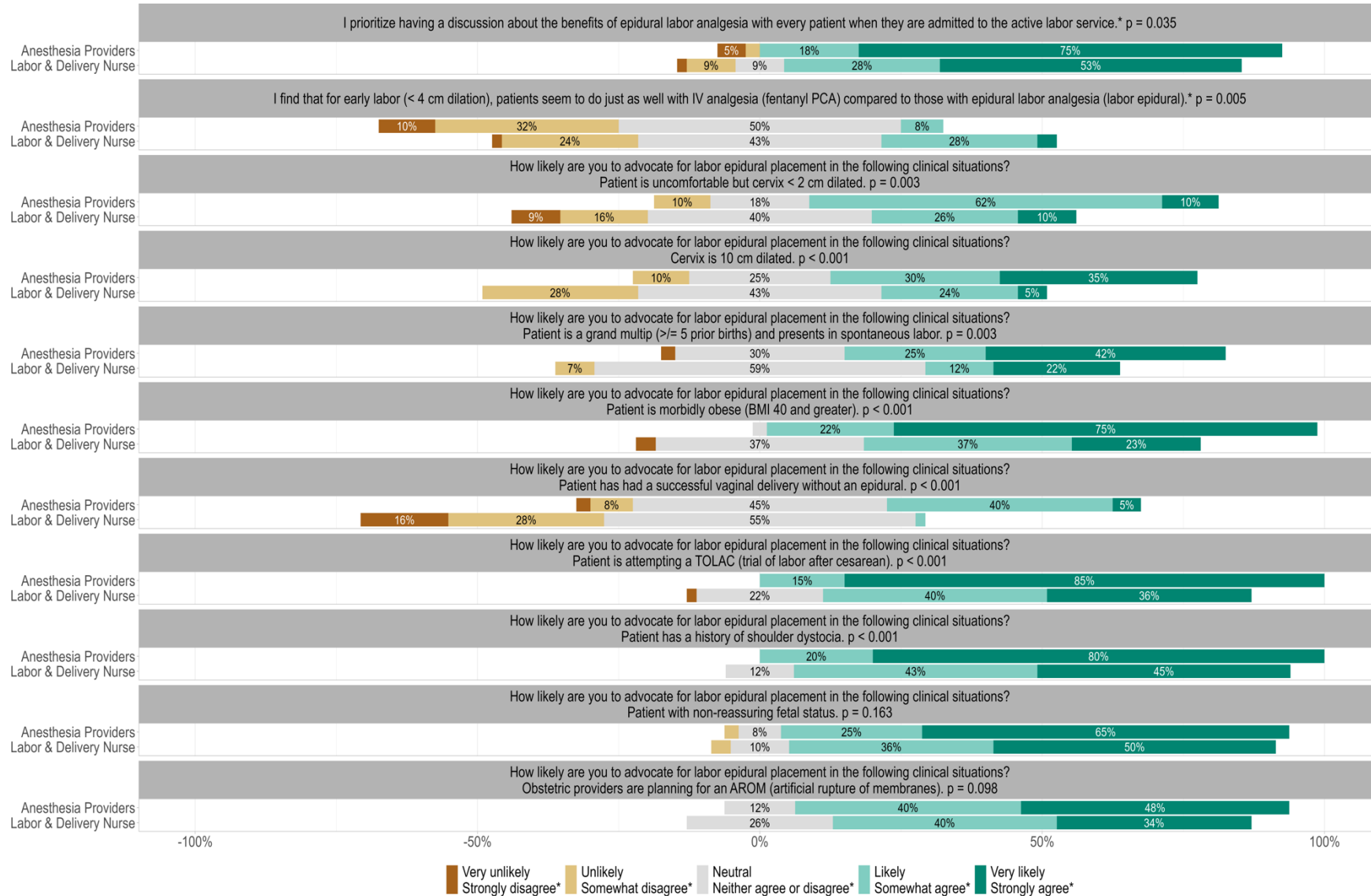
Levels of agreement were assigned numerical values and compared using Wilcoxon rank-sum test

Chi-square test or Fisher exact test were performed on categorical variables



*2 unspecified providers not used in categorical analysis

Results



Provider Experience

	Anesthesia Providers	Nursing
<1 year	25.0%	13.8%
1-2 years	27.5%	17.2%
>2 years	45.0%	69.0%
Missing	2.5%	0.0%

Conclusion and Discussion

We found differences in epidural advocacy between anesthesia providers and nursing staff in several clinical scenarios- *most notably in cases where our anesthesia providers more strongly advocated for labor epidural placement*

Clinical Implications

- Conflicting priorities between nursing and providers may exist.
- This may cause confusion for patients & lead to delays in placement.

Future Studies

- Why do these differences exist?
- Improve staff education, patient counseling & multidisciplinary advocacy.