Aligning Labor Analgesia With Patient Preferences: Evidence From Puerto Rican Women

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Background

- Epidural use in Puerto Rico (PR) is 28.3%, far below the U.S., where neuraxial analgesia predominates.[1,2]
- Hispanic women are less likely to be offered or receive epidurals. This is driven by structural and communication barriers, not preference.[3,4]
- Aim: describe how PR women experience labor pain care, and how it shapes future reproductive decisions.

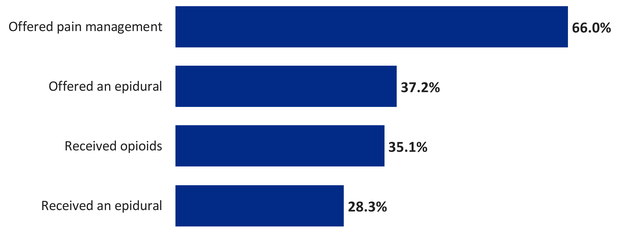
Methods

- Retrospective cross-sectional analysis of a de-identified QI survey
- OB/GYN Dept., Centro Médico Episcopal San Lucas, Ponce, PR
- Hispanic women ≥21 and with ≥1 prior delivery in PR
- SPSS: t-tests, χ^2/Fisher's exact tests

Results

191	41.1	58%	25%
women	mean age (yrs)	vaginal births only	Cesarean births only

What women received

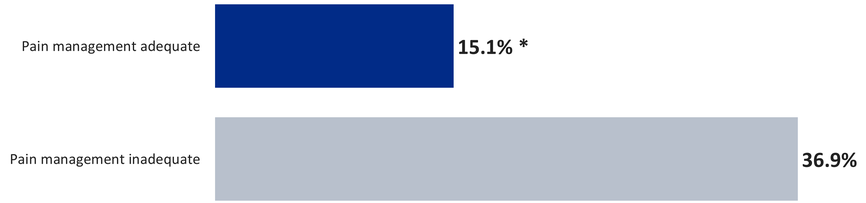


Pain scores (1-10 scale) from women who received epidurals vs women who did not, were not significantly lowered (7.70 vs 8.27 respectively; p = 0.225). The same was true for opioid pain scores (8.60 vs 7.98; p = 0.104).

Women who reported adequate labor pain management had 70% lower odds of letting fear of labor pain influence future pregnancy decisions.

Yet only 28% received an epidural and just 37% were offered one.

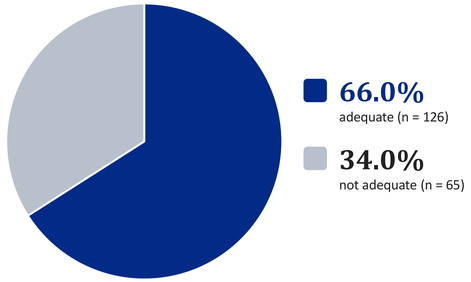
Fear of labor pain influenced future pregnancy decisions



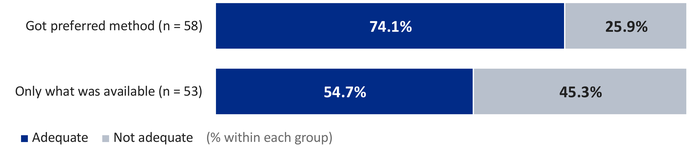
OR 0.30 (95% CI 0.15–0.61), p < 0.001

Scan for the full abstract, methods & references
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1 in 3 rated their pain care inadequate



Patient preference in pain management matters



Additional Results

- Labor pain was severe (~8/10), yet only 37% were offered and 28% received an epidural, well below U.S. neuraxial use.
- Neither epidurals nor opioids significantly lowered reported pain; although not significant, epidural recipients had the highest rate of adequate care (68.5%, p = 0.641).
- Limitations: Single-center, retrospective, self-reported recall.

Conclusion

- Adequate labor pain control is tied to less fear of future childbirth (OR 0.30).
- Improved counseling on labor analgesia options, greater availability of epidural analgesia, and incorporating women's preferences may enhance patient-centered obstetric anesthesia care in Puerto Rico

References

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