

Introduction

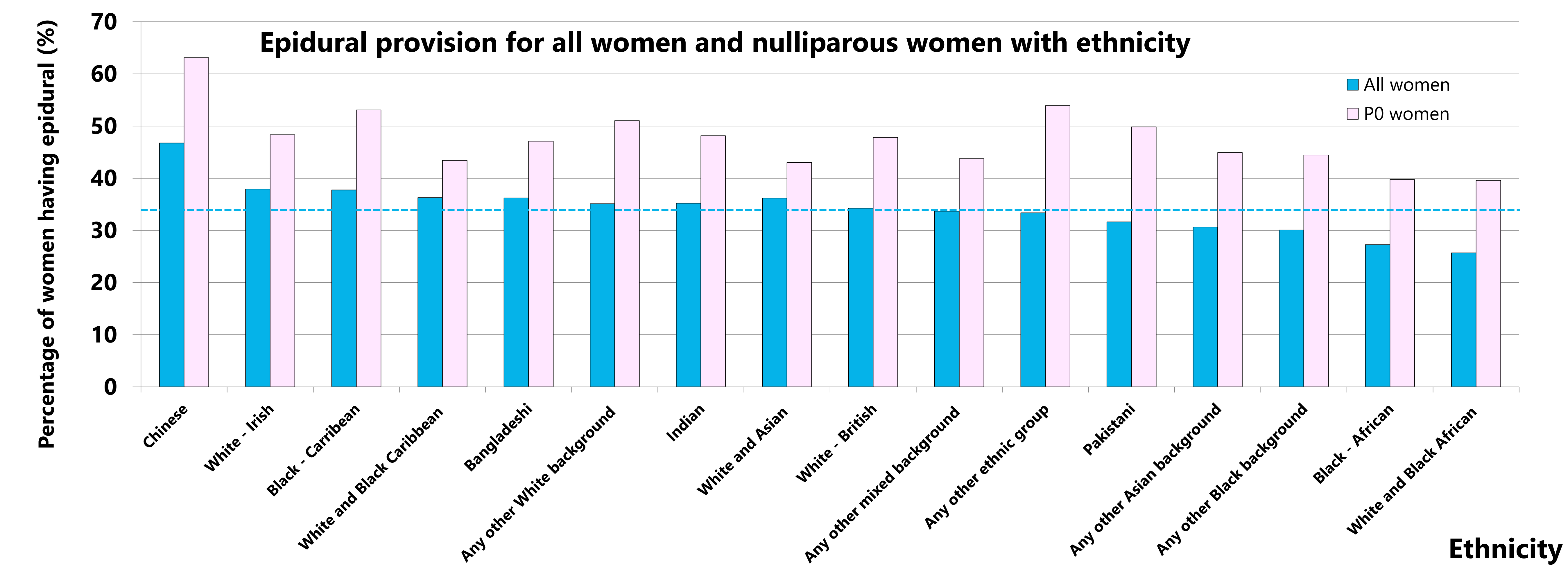
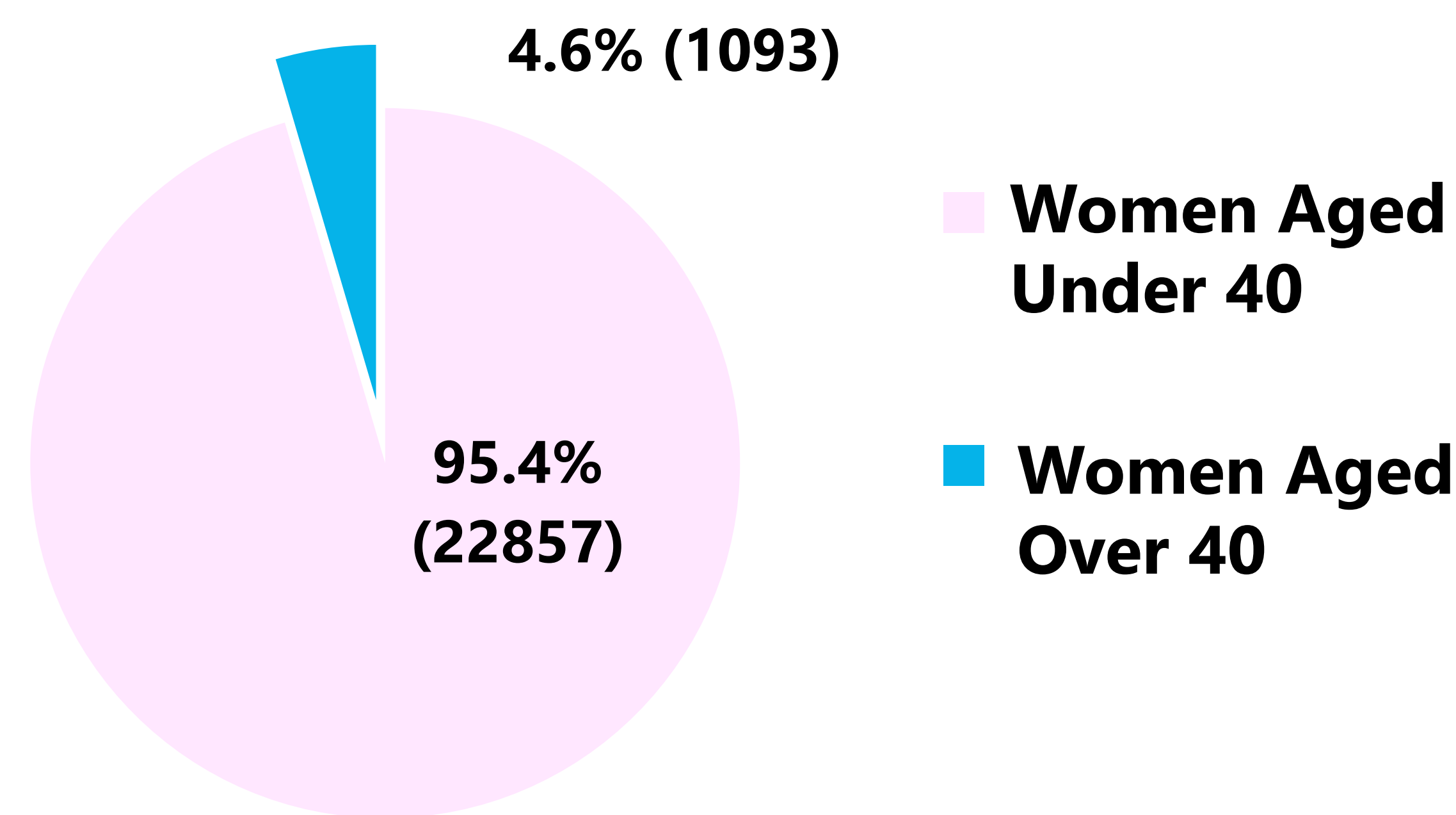
- 8500 labouring women give birth annually at Leeds Teaching Hospitals NHS Trust (LTHT).
- Research has shown that provision of labour epidural analgesia (LEA) may not be equitable [1].
- MBRRACE highlighted inequities in maternal mortality for black, older or more socio-economically deprived women [2].
- This project will investigate differences in provision of LEA.

Methods

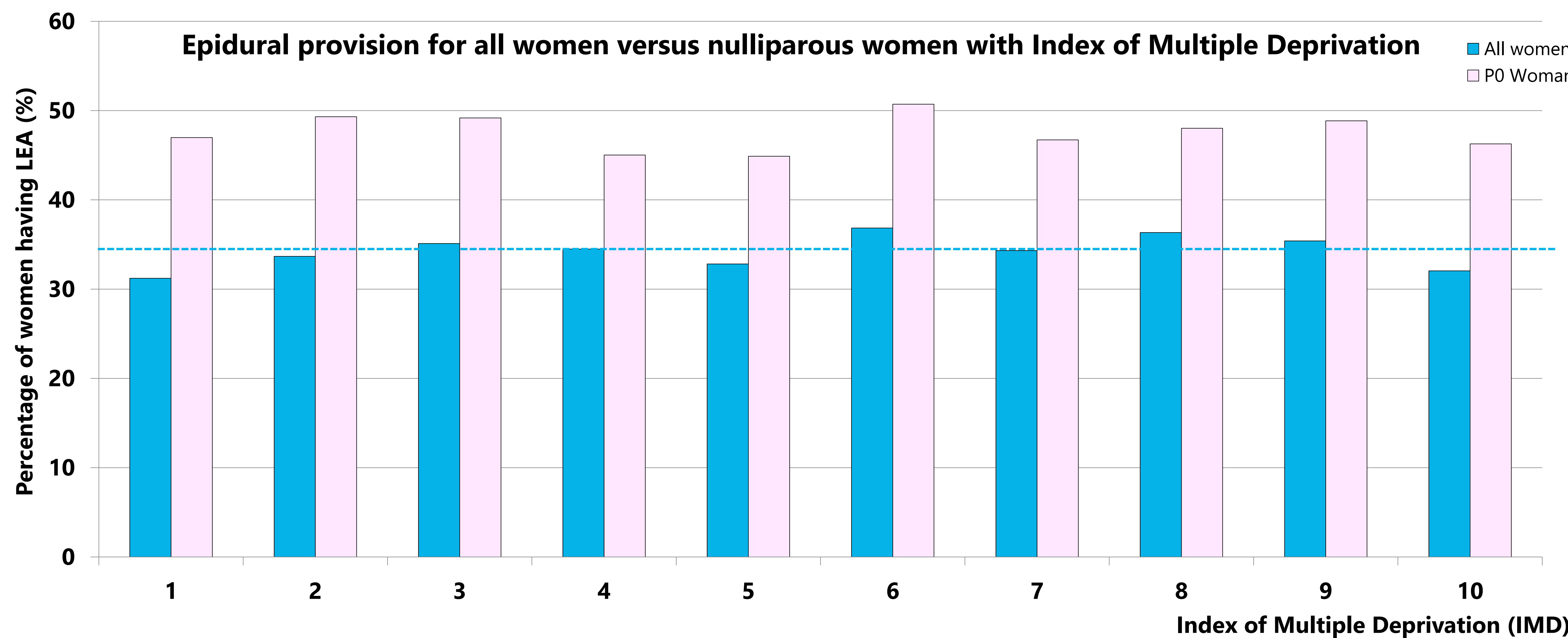
- Data for women labouring in LTHT between April 2022 and March 2025 were collated via a Patient Level Information and Costing System (PLICS) analyzer tool.
- Filters were added to assess parity and LEA.
- The Index of Multiple deprivation (IMD) was used to assess socio-economic deprivation.

Results

- Between April 2022 and March 2025 there were 23,950 labouring women.



Chi Squared analysis indicated a significant difference in LEA provision between multiparous women of differing ethnicity versus expected uptake of 34% ($p < 0.05$). This was also true for nulliparous women. Note expected value of 34% represented by blue dotted line.



Chi Squared analysis indicated a significant difference in LEA provision between multiparous women of differing IMD versus expected uptake of 34% ($p < 0.05$). This was also true for nulliparous women. Note expected value of 34% represented by blue dotted line.

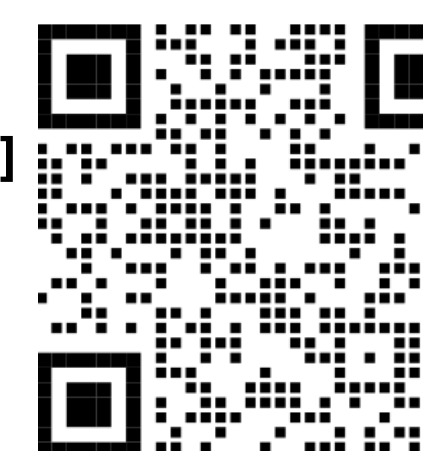
Discussion

- We found statistically significant differences in LEA provision amongst nulliparous and multiparous women analyzed by age, ethnicity and IMD
- LEA is associated with a reduction in severe post-natal maternal morbidity [3].
- Studies have been undertaken to investigate the impact of ethnicity on LEA provision [4]
- Are women in our study representative the United Kingdom (UK)?
- Are the observed relationships region specific?
- The impact of unknown/not stated Ethnicity and IMD on the observed relationships?

Conclusion

- We used routine data from widely available NHS services to identify significant differences in the provision of labour epidurals.
- We plan co-produced quality improvement work with women, obstetricians and midwives to work towards reducing inequity.

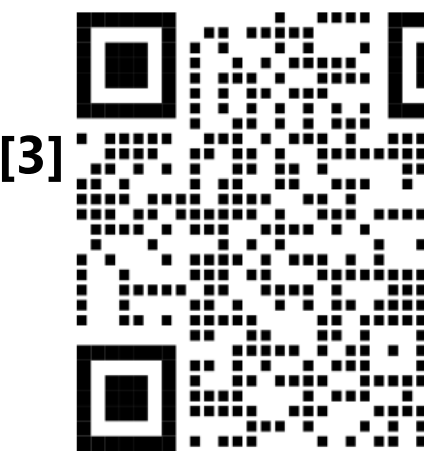
References



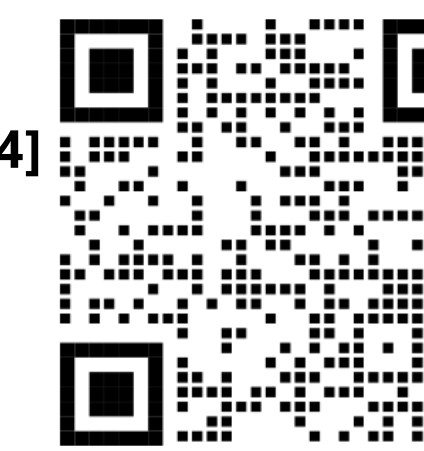
[1]



[2]



[3]



[4]