

AWARENESS OF WOMEN REGARDING ANALGESIA DURING LABOUR

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Background: Delivery pain is one of the most severe pains that women experience during their life so a change can affect all dimensions of pregnant women and her family life. Aim of this study was to assess the women's knowledge of pain relief during labour, and their beliefs, fears, and misconceptions regarding epidural analgesia. **Methods:** It was descriptive study conducted in Obstetric and Gynaecology OPD of Liaquat University of Medical and Health Sciences, Hyderabad from September 2007 to January 2008. Women were selected randomly. All pregnant females who had delivered previously were interviewed. Primigravida were excluded from study. Information was collected on self-made questionnaire after an informed consent. Information was collected on computer software programme of SPSS 11. frequencies and percentages were calculated to express the results. **Results:** Total 131 women were included in this study. Out of these 65, (49.6%) had no education while 41 (31.2%) had primary education. Majority of women (82, 62.5%) had knowledge about injections while few (12, 9.1%) women had knowledge about epidural analgesia. Seventy-nine (60.3%) had chosen the injections as preferred method during next labour. Regarding attitude towards labour pains, 61 (46.5%) feels that labour pains as severe pain. Regarding epidural analgesia 4 (3%) women thought that epidural analgesia will lead to weakness of limbs and 3 (2.2%) women thought that it will cause permanent backache. **Conclusion:** There was poor general awareness of women about the role of epidural analgesia in labour leading to a low patient demand for such services. Most of the women had gained knowledge regarding pain relief from past experience or from friends and relatives.

Keywords: Labour pains, epidural analgesia, awareness

INTRODUCTION

Labour pain is one of the most severe pains that women experience during their life. So a change can affect all dimensions of pregnant women and her family life. Pain relief management during labour has undergone various advancement since 1847, when Simpson found that chloroform could help relieve the pain women felt during labour. His findings were not received favourably on religious and medical grounds.¹ Childbirth was viewed as a physiological process best managed with as little interference as possible.^{2,3}

Lack of knowledge regarding birth process can influence a woman's attitude to pain relief. A knowledgeable woman may understand labour pains, and positively view her pain as a sign of progress. Pain, a sense of accomplishment, and enjoyment are all experienced during labour, as a result some women may refuse pain relief.^{4,5}

Most women are very satisfied that they can benefit painless delivery methods while they are conscious and aware during delivery and labour, but using epidural analgesia is not without risk. In most of the countries now it is the preferred technique of analgesia for labour.^{6,7} In the United Kingdom 90% of obstetric units offer 24-hour epidural service with a high level of acceptance.⁶ The benefits of a collaborative approach between anaesthetist, obstetricians, midwives

and nuns for providing information regarding epidural analgesia to pregnant females.⁸⁻¹⁰

In Pakistan epidural analgesia is a relatively new concept being available in few hospitals. Although information on epidural analgesia is provided to parturients, refusal rate is high. Studies conducted so far in the field of labour analgesia have focused on drug trials which have evaluated the efficacy of various drugs that are used in epidural analgesia.^{11,12} Research in western countries has assessed the knowledge of the obstetricians and the nursing staff regarding epidural analgesia.^{8,9} Very few studies have been conducted focusing on the parturient's views regarding labour analgesia in general and epidural analgesia in particular.

This study was designed to assess the women's knowledge of pain relief during labour and their beliefs, fears, source of information, and misconceptions regarding epidural analgesia.

PATIENTS AND METHODS

This descriptive study was performed at Obstetric Out-Patients Department of Liaquat University of Medical and Health Sciences, Hyderabad from 2nd September 2007 to 1st January 2008. Women were selected randomly. All pregnant females who had delivered previously were interviewed. Primigravida were excluded from study. Information was collected on a questionnaire after an informed consent. Information was collected regarding women's knowledge and

different pain relief methods, source of information, and myths and misconceptions regarding epidural analgesia.

Data were analysed using SPSS 11. Frequencies and percentages were calculated to express the results.

RESULTS

Total 131 women were included in this study. Out of these 65 (49.6%) had no education while 41 (31.2%) had primary education. Majority of women (72, 54.9%) were housewives, 94 (71.7%) belonged to poor class and 23 (17.5%) belonged to middle class. (Table-1)

Table-1: Socio demographic details of the patients

Variable	Number	%
Educational Status		
No Education	65	49.6
Primary	41	31.2
Middle	22	16.7
Graduation	3	2.2
Occupation		
Unemployed	72	54.9
Employ	59	45.0
Socio economical condition		
Poor	94	71.7
Middle	23	17.5
Upper class	14	10.6

Majority (76, 58.0%) received information regarding methods of pain relief from relatives, 23 (17.5%) from their previous labour, 15 (11.4%) from media, 12 (9.1%) from literature and 5 (3.8%) women received information from doctors.

Table-2 shows knowledge of women regarding pain relief during labour and preferred method to be used in next labour. Eighty-two (62.5%) women had knowledge about injections while 12 (9.1%) had knowledge about epidural analgesia. Seventy-nine (60.3%) patients had chosen injections as preferred method during next labour. Sixty-one (46.5%) women feel labour pains as severe pain. (Table-3)

Table-4 shows myths regarding epidural analgesia. Four (3%) women thought that epidural analgesia will lead to weakness of limbs and 3 (2.2%) women thought that it will cause permanent backache.

Table-2: Knowledge regarding pain relief during labour and preferred method for next labour

Variable	Number (%)	
	Yes	No
Have knowledge		
About injections	82 (62.5)	49 (37.4)
About epidural analgesia	12 (9.1)	119
Breathing exercise	19 (14.5)	112
Preferred method to be used in next labour		
Injection	79 (60.3)	
Epidural	4 (3.0)	
Breathing exercise	2 (1.5)	
Elective C/section	6 (4.5)	
None	41 (31.2)	
Method used in previous delivery		
Injection	61 (46.5%)	
Epidural	1 (0.7%)	
None	67 (51.1%)	
Elective C/section	2 (1.5%)	

Table-3: Attitude and beliefs towards pain relief during labour

Labour pains	No.	%
Pain free	11	8.3
Mild pain	6	4.5
Moderate pain	4	3.0
Severe pain	110	83.9
Labour pain is natural	61	46.5
Not aware pain could be relieved	51	38.9
Medication for pain could be harmful	7	5.3
Labour pain cannot be relived by any method	12	9.1

Table-4: Myths regarding epidural analgesia

Variables	No.	%
Fears related to epidural analgesia:		
Cause permanent backache	3	2.2
Causes weakness of limbs	4	3.0
Headache	2	1.5
Labour end up in caesarean section	2	1.5
Instrumental delivery	1	0.7
Don't know	119	90.8
Misconceptions related to epidural:		
Painless delivery cause adverse effect on:		
Health of baby	3	2.2
Health of mother	5	3.8
Don't know	119	90.8
Pain must be present otherwise delivery will not take place	4	3.0

DISCUSSION

Pain relief in labour is an important issue in the management of pregnant women in childbirth. This study showed that less than half of the women were aware of labour pain relief methods. The women's upbringing, culture and ethnic group largely influence the attitude towards the pain relief in labour. In the 3rd world access to knowledge and the availability of medical care can influence attitudes to pain relief. The results of our study are comparable to study conducted at Ibadan University College Hospital in Nigeria, whose results showed that out of 1,000 respondents, only 271 were aware that labour pain can be relieved.

The women in our study were mostly aware of pain relief given as an injection in buttock, presumably an opiate like pethadine. This is not surprising, as this is the most commonly given form of labour pain relief because of its ease of administration. Few women mentioned inhalation techniques or no pharmacological methods. This level of knowledge is similar to that in the Nigerian study, where 80% of the respondents who had an awareness of obstetric analgesia knew the opiates, but only 10% and 14% were aware of epidural and inhalation respectively.¹³

Most of the women had gained knowledge of pain relief from previous experience or from friends and relatives, with only a few gaining knowledge from media textbooks. The literature cites the most useful source of information as friends, family, midwives, books and information booklets.¹⁴

Women who experienced a preference for pain relief, majority preferred some form of injection. This

choice is most likely because injections may be the only form of pain relief they know or have experienced. Majority of women expressed no concern about problems associated with pain relief methods. This is consistent with large number of women who knew nothing or very little about pain relief in labour. An Australian study found that the antenatal period is an important time to provide information of pain relief and that the recall of information given in labour was improved if women attended antenatal classes.¹⁵

Most of the women had little or no confidence in labour pain relief. This particular question was meant to determine if women would be confident to go through labour comfortably expecting to have little or no pain. This response shows that the majority does not believe that labour with minimal pain is possible.

Although few number of our study participants knew about epidural analgesia as a pain relief method. Many misconceptions and fears associated with epidural analgesia use were prevalent. Most of the females think that epidural analgesia result in permanent backache, has a detrimental effect on the baby, prolongs labour and ends up in caesarean section or instrumental delivery. Studies conducted even in developed countries have shown, similar misconceptions related to epidural analgesia.^{12,16} Literature shows that information leaflets and the antenatal education classes are the main source of knowledge on epidural analgesia for the parturients.¹² However, our study has shown that the main source of information for the study participants were friends or relatives. This can be attributed to our cultural practices as majority of the females feel comfortable to discuss personal matters with friends while doctors have a strong influence over decision making in health seeking practices. Obstetricians can play an important role in disseminating appropriate and accurate knowledge regarding epidural analgesia and eliminating the fears and misconceptions of pregnant females.

CONCLUSION

This study showed poor general awareness of women about the role of epidural analgesia in labour, leading to a low patient demand for such services. Most of the women in this study had gained knowledge regarding pain relief from past experience or from friends and relatives.

It is recommended that information leaflets as application of epidural analgesia for labour can be formulated and distributed among females coming for antenatal checkups. A collaborative approach between anaesthetists and obstetricians to disseminate the appropriate knowledge regarding epidural analgesia will be helpful.

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