Review Article

Perception about pain relief during normal labour among health care providers conducting delivery

Tasnim D S[1]

Abstract:

Pain during labour is a physiological phenomenon that varies in intensity among women and subjected to many social and cultural modifiers.

The objective of the study was to explore the perception and practice of the primary level health care providers who conducts normal vaginal delivery regarding pain relief during labour.

A cross sectional questionnaire survey was done at institute of child and mother health during May and June 2009 among a group of senior staff nurses and family welfare visitors.

Among 97 respondents 75.3% were senior staff nurses and 24.7% were Family welfare visitors. Only 6.2% thought a women with labour pain should receive an analgesic, 7.4% gives an analgesic and 10.5% reported to receive such drug during their own childbirth. About 58.6% reported to use injection hyoscine butyl bromide and 6.9% uses injection Pethidine. analgesia during labour. Forty percent reported to carry out some activity to comfort women in labour. Those were giving assurance (88.7%), explaining the mother about the process of labour (84.5%) and 77.3 % would allow companion in the labour room. About two thirds respondents thought that pain relief may delay progress of labour, 69.5% apprehend fetal distress while 60% are of the opinion that women should endure the natural pain.

Key words: Analgesia, labour pain, supportive care, health care provider

Introduction:

In 1591, eufane MacAyane of Edinburgh was dragged from her home, her pleas for mercy was ignored and she was buried alive into a pit because she asked for pain relief during her difficult labour of twin sons[1]. The church teachings of that day regarded the pain of childbirth as a punishment justly inflicted by God to women and asking for relief from pain was presumably against God's wishes and eufane was punished for that sin[2].

1. Dr Saria Tasnim. FCPS. M MEd. Diploma in Community epidemiology
Associate Professor, Gynae. ICMH.Bangladesh

Pain during labour is a physiological phenomenon. The evolution of pain during first stage of labour is associated with ischaemia of the uterus during contraction as well as effacement and dilation of Cervix[3] . In the second stage pain is caused by stretching of the vagina, perineum & compression of pelvic structures. However, pain sensation is a response of the total personality and a subjective phenomenon. In a study from Nizeria 70% women rated labour pain as moderate to sever, 32% said they would not want any pain relief and 33% would want it to be eliminated[4]. Sever pain is common affecting some 66-70% nulliparous and 35-40% multiparous labours[5].

Pain relief in childbirth is subject to many social and cultural modifiers, which continue to change. There is no other circumstance in which it is considered acceptable for a person to experience untreated severe pain even while under a physician's care[6]. Control of pain rather than absolute amelioration is seen by many to provide greater satisfaction. The importance of analgesia as a contribution to overall satisfaction has been recognized increasingly in the last 50 years[7]. Sir James Simpson, professor of Obstetrics at the university of Edinburgh first advocated the use of ether for Obstetric analgesia in 1850's[2]. Queen Victoria in 1853 had the pains of childbirth relieved by intermittent whiffs of Chloroform and thereafter the opposition from churches regarding obstetric analgesia remained silent.

Analgesia is the loss or modulation of pain perception and its use during labour should produce optimum pain relief with minimum side effects to mother & baby[3]. There are both pharmacological and non pharmacological methods. Pharmacological methods include opiods, inhalation analgesia and regional analgesia. Pethidine (Demerol or Meperidine) is commonly recommended drug for relieving pain during labour. Pain relief is more satisfactory if hyoscine is given at same time and by using hyosine the dose of Pethidine can be reduced[6,8]. Lumbar epidural analgesia for painless labour have been introduces since 1990s in developed countries and the number of women receiving an anaesthetic procedure for pregnancy increased to more than 60%[5]. Among the non pharmacological methods there are Psychoprophylaxis, Hypnosis and natural child birth that emphasized the reduction of tension to induce relaxation[4].

In Bangladesh use of analgesic drug to relieve pain during labour is not a routine practice. The current study was

carried with the purpose of exploring perception and practice of the primary level health care providers who conducts normal vaginal delivery regarding the pain relief during labour.

Method:

This was a cross sectional self administered questionnaire survey among the senior staff nurses and family welfare visitors who participated in different short courses of training at institute of child and mother health during May and June 2009.

Results

Among 97 respondents 75.3% were senior staff nurses and 24.7% were Family welfare visitors (Fig.1). Eighty four percent works in the labour room. Only 6.2% thought a women with labour pain should receive an analgesic, 7.4% gives an analgesic to labour patient and 10.5% received such drug during their own childbirth (Table 1). However, 58.6% reported to use injection hyoscine butyl bromide and 6.9% uses injection Pethidine (Table 2). Forty percent stated to employ some activity to comfort women in labour. Those were assurance (88.7%), explaining the mother about the process of labour (4.5%) and 77.3 % would allow companion in the labour room (Table 3). About two thirds respondents thought that pain relief may delay progress of labour, 69.5% feared fetal distress while 60% are of the opinion that women should endure the natural pain of labour.

Figure 1: Profile of respondents (n= 97)

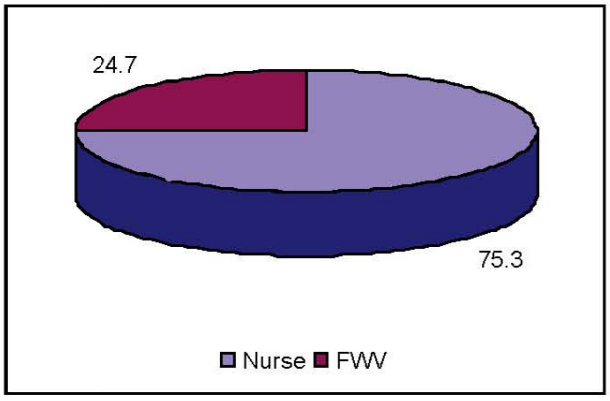


Table 1: Attitude regarding use of analgesic during labour

Statement	Percentage
Every patient at normal labour should receive analgesic	6.2
Gives analgesic to patients at labour	7.4
Received analgesic during her own labour	10.5
Use non pharmacological method for pain relief during normal labour	40.6
Use of analgesic will influence progress of normal labour	85.2

Table 2: Type of medicine used for pain relief during normal labour*

Name of medicine	Percentage
Injection Pethidine	6.9%
Injection Hyosine butyl bromide	58.6%
Inj Diclofenac	3.4%
Tablet Butapan	60.9%
Tablet Paracetamol	4.6%
Others	5.7%

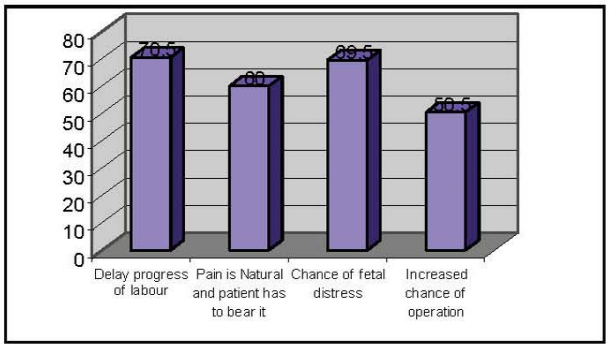
Multiple response

Table 3: Type of non pharmacological method for pain relief during normal labour

Method used	Percentage
Give assurance	88.7
Massage the back	53.6
Allow patient to move freely	78.4
Show the patient to take deep breath	40.2
Show the patient how to bear down	72.2
Help to do labour exercises	74.2
Explain the process of labour	84.5
Allow companion of her choice	77.3
Rebuke for screaming	9.2

Multiple response

Figure 2:Opinion regarding effect of analgesia on outcome of labour



Discussion

Common attitude of health care providers were restrictive towards using analgesic for normal labour, and they also thought it would interfere with normal progress of labour. However, they expressed positive attitude to help mothers to cope with labour pain through assurance and carry out some activities to comfort the women in labour. The drug

Hyoscine butyl bromide was reported to be commonly used but there is lack of evidence to show any analgesic effect on labour pain. In developed countries there is an increasing trend of using epidural and other regional anesthesia for painless labour. In a study from Sweden it was found that among all women who had vaginal deliveries between 1983- 1986 lumbar epidural was used in 16%, paracervical block in 12%, pethidine or morphine in 49% and pudendal block in 62%9.

American college of obstetrician and gynaecologist suggested that maternal request should be sufficient justification for pain relief during labour and should not be denied because of absence of other medical indications[10]. However, there are simultaneous movements to ensure natural childbirth as much as possible. Effective pain relief does not ensure a satisfactory birthing experience rather the interpersonal relationship established between patient and health care provider are more important in the determination of satisfaction with management [11'7].

In most developing countries home birth is a norm. Typically in home birth the woman's mother, sister, aunts, and female friends remained with the parturient women throughout labour and offer her social support[12]. The social support includes emotional support and reassurance, comfort measures (e.g., bath or shower, massage, soothing touch, breathing and relaxation techniques), and encouraging the woman to change positions and work with her body[13]. On the other hand in most hospital setting the women in labour is alone and often frightened by the intermittent appearance and disappearance of unknown people, including obstetricians; midwives; nurses; and medical, nursing, or midwifery students[14]. Studies have demonstrated that labor nurses in some institutions spend as little as 6.1% of their time performing supportive activities for the laboring women in their care[15, 16]. Some negative experiences regarding hospital delivery was reported that in the labour room women are compelled to adopt birthing position according to the existing policy, privacy are not well maintained and health care providers are often rude, impatient and reluctant to their concerns[17] .

In Bangladesh majority of births takes place at home and 83% are conducted by traditional birth attendants[18]. Study has revealed that the preference for such births were that mothers felt at ease with their near ones at home, the traditional birth attendant was either a relative or like a kin to them accustomed with their customs and the women would enjoy more control over her own childbirth[19] .

Recognizing the importance of continuous human companionship during labour in some countries for example in USA 'Doulas' are being employed in hospital based labour and are part of the delivery team[20]. A doula is a woman who do not perform clinical tasks but has been professionally trained to provide continuous social support to the birthing family during labor and delivery and their role complements that of the medical care providers [20]. Ther is evidence that Doula care has resulted in significant reductions in requests for epidurals and delay in their administration[21,22]. Childbirth has historically been a deeply entrenched social event in which women bonded as they shared a rite of passage. It is often stated that as culture advances the labour becomes painful, for in women it primitive races pain was absent.

Conclusion

The health care providers in this study were conservative in recommending use of analgesia in normal labour and opined that the women should perceive pain of childbirth as a natural process that should be endured. However, they were in favour of supportive care to comfort the mother. In the spectrum of uninterrupted natural labour pain to intervened painless labour what is the choice of our mothers and what options can be made accessible in the present context needs to be explored.

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