LABOUR ANALGESIA: KNOWLEDGE, ACQUIRED INFORMATION AND CHOICE OF PARTURIENT

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Introduction

Changing social values and medical technology have influenced birth-related pain management options and choices. It is recommended that the method used for analgesia should be individualised to each woman's wishes, needs and circumstances [1]. A woman's lack of knowledge about the risks and benefits of the various methods of pain relief can increase anxiety. Midwife is a reliable source of information about labour analgesia

Goal and objectives

- ❑ To investigate parturients knowledge about labour pain relief methods, choice of analgesia method and the reasons of such decision.
- ❑ To evaluate the information that midwives provide for parturients about labour pain relief methods, their advantages and disadvantages.

Materials and Methods

A prospective cohort study was carried at 2015 08 - 09 in the Department of Obstetrics of a teaching hospital. The questionnaires were given to all parturients after vaginal delivery. The questionnaire consisted of three parts: social demographic data, questions about pharmacological and non-pharmacological labour analgesia methods, information about labour analgesia provided by midwife. Parturients were classified into 2 groups according the choice of labour analgesia: pharmacological or non-pharmacological. Data were analyzed using SPSS 17.0 software. To find the association between two categorical variables the Chi-square independence test was used, $p < 0.05$ was considered statistically significant.

Results

The number of given questionnaires was 110, returned - 104, the response rate was 96%.

Table 1. Social demographic data according to labour analgesia method

	Non-pharmacological methods n=47 (45.2%)		Pharmacological methods n=57 (54.8%)		X ² p	
	n	%	n	%		
Age:						
≤ 30 year	26	44.8	32	55.2	0.00	0.933
>30 year	21	45.7	25	54.3	7	
Marital status						
Married	44	44.4	55	55.6	0.46	0.495
Single	3	60.0	2	40.0	5	
Household location						
Urban	39	44.8	48	55.2	0.02	0.866
Rural	8	47.1	9	52.9	9	
Education						
University	32	44.4	40	55.6	0.05	0.818
High school	15	46.9	17	53.1	3	

Parturients knowledge about labour analgesia (self-assessment): sufficient - 73.1% (n=76), insufficient - 15.4% (n=16), didn't know anything 11.5% (n=12) ($\chi^2=0.2788$, $p=0.248$).

Known natural pain relieving methods were: breathing exercises for 89.4% (n = 93) of parturients, physical activity for 72.1% (n=75), massage - 68.3% (n=71), hydrotherapy - 28.8% (n=30), acupuncture - 11.5% (n=12), acupressure - 10.6% (n=11), application of hot and cold compresses to the perineum - 8.7% (n=9) ($\chi^2=0.488$, $p=0.647$).

Known pharmacological labour analgesia methods were epidural analgesia for 90.4% (n = 94) of parturients, and 80.8% (n=84) consider it as most effective, spinal analgesia for 49.0% (n=51) and nitrous oxide for 42.3% (n=44) of parturients.

Table 2. Information provided for parturients by midwives

	Available labor pain relief methods	Advantages and disadvantages of labor pain relief methods	
		Non-pharmacological	Pharmacological
Enough information	36.5% (n=38)	22.1% (n=23)	33.7% (n=35)
Partially informed	20.2% (n=21)	24.0% (n=25)	57.7% (n=60)
Not provided	43.3% (n=45)	53.8% (n=56)	8.7% (n=9)
χ^2	8.788	19.750	37.519
P* value	0.012	<0.001	<0.001

Choice of parturients: 54.8% (n=57) pharmacological labour analgesia, 45.2% (n=47) ($\chi^2=0.327$, $p=0.962$). natural methods. Most of the parturients - 95.2% (n=99) - will chose the same method during next delivery. The choice of labour analgesia method is determined by the fear of labour pain 54.8% (n=57) and fear to make harm for baby 53,8% (n=56).

Discussion

- ❑ While the drugs aim at relieving the pain, the non-pharmacological therapies aim at enabling the women cope with the pain [1].
- ❑ Inaccurate or unrealistic expectations about labour pain may mean that women are not prepared for labour appropriately.
- ❑ Effective ways of supporting pregnant women in making decisions during labour is needed and midwife could be a proper source of information during antenatal period.

Conclusions

- ❑ Almost all women know epidural labour analgesia, but they know just a few natural methods. The choice of analgesia method is affected by a fear of pain and fair to make a harm for baby mostly.
- ❑ Most parturients don't get enough information about advantages and disadvantages of different labour analgesia methods [2].
- ❑ Midwives should provide more information for women during pregnancy.

References

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2. Leap N. Working with pain of labour. An overview of evidence. New Digest 49. 2010, Validation of the Lithuanian version of the Edinburgh Postnatal Depression Scale. Medicina (Kaunas). 2010: 22-25.