

The awareness and desirability of pain relief in labour among pregnant women in Zaria

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Abstract

Background: It is generally believed in third world countries that labour pains are well tolerated and so analgesia in labour is unnecessary. Studies have shown high levels of awareness but poor utilisation among parturients. This study assessed the level of awareness, desirability and barriers to the use of labour analgesia among pregnant women in Zaria.

Methods: This was a prospective, cross-sectional and descriptive study carried out on 368 antenatal clinic clients at Ahmadu Bello University Teaching Hospital, Zaria, from November, 2011 to January, 2012. A semi-structured, pre-tested questionnaire was administered, and the data collected were analysed using the Statistical Package for Social Sciences software version 16.

Results: The mean age of the respondents was 29.1 ± 5.5 (standard deviation) years. Majority (41.3%) were Hausas, 61% were Muslims, 56% were aware of labour analgesia and most (34.8%) got their information from nurses. The most common method of pain relief known was music and hypnosis, constituting 97.3%. Only 13.3% of the clients (49) have ever experienced any form of analgesia administered during labour and half of which got their experience overseas. About 62.5% of the clients desired pain relief in labour, but the major obstacle to its uptake was unavailability of the methods.

Conclusion: Although patients are aware of labour analgesia, most have not experienced it mainly due to nonavailability of the methods. Clients need further education, and pain relief in labour should be made available in maternity centres.

Keywords: Awareness, desirability, labour, pain relief

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Introduction

All women worry about how much pain they will experience during labour and how they will cope with it.¹ Severe pain is common, affecting 60%–70% of nulliparous and 35%–40% of multiparous labours.^{2–4}

Pain is a major part of giving birth which is accepted as stated in the scripture that God told the woman, 'I will greatly multiply your pain in childbearing, in pain, you shall bring forth children'.⁵ Although severe pain is not life-threatening in healthy parturients, it can have neuropsychological consequences.

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The American College of Obstetricians and Gynecologists and the American Society of Anesthesiologists state 'There is no other circumstance where it is considered acceptable for an individual to experience untreated severe pain, amenable to safe intervention, while under physician's care. In the absence of a medical contraindication, maternal request is a sufficient medical indication for pain relief during labour'.⁶

In Nigeria, it is generally assumed that labour is well tolerated and pain relief is not usually considered an important part of intrapartum care.⁷ This cannot be true as a study done in this country actually showed that over 80% of the parturients would actually want pain relief.⁸ Factors which can influence analgesia in labour include parity, duration of labour, experience in previous labour and induction.⁸

Unaddressed pain can lead to certain morbidities and complications in labour. Severe pain in the first stage of labour can make the parturient to bear down prematurely against an undilated cervix leading to tears and subsequent postpartum haemorrhage which is an important cause of maternal death in our environment. Other morbidities such as uterine rupture and neuropsychological consequences can happen. If such pain is unattended to, it can also signal an underlying problem such as obstructed labour.^{1,7,9}

Chigbu and Onyeka¹⁰ in Southeastern Nigeria showed in their study that 34.1% of antenatal clients were aware of their right to labour analgesia but only 33.5% were granted. Ignorance and the fear of the labour caregivers were identified as the main obstacles. Obuna and Umeora¹¹ also in Southeastern Nigeria reported that 67.6% desired labour analgesia, 38% requested for it and only 27% received it during labour. The most common pain relief method used was intramuscular pentazocine. A similar finding was made by Ogboli-Nwasor and Adaji¹² in northern Nigeria: 87.3% had heard of labour analgesia but only 4% had received it. The most common method known was epidural analgesia. The adverse effects of the methods used was the main reason for nonconsent. Oladokun *et al.*¹³ in Southwestern Nigeria reported that 38.3% of antenatal clients were aware of labour analgesia and 47.5% desired it. Their main source of information was the media and occupation was the only factor that significantly affected their level of awareness.

A study of this nature in Northwestern Nigeria will identify the level of awareness and the reasons behind its poor utilisation and may become a stimulant to improving service delivery and patient satisfaction.

The aim of this study was to determine the awareness and desirability of pain relief in labour among antenatal care (ANC)

attendees with a view to improving intrapartum care in Ahmadu Bello University Teaching Hospital (ABUTH), Shika-Zaria. The objectives were to assess the awareness of pain relief in labour and delivery, to determine the desirability of pain relief and to determine barriers to accepting pain relief methods in labour and delivery among women attending ANC in ABUTH.

Methods

Following ethical approval from the Health research and Ethics Committee of the ABUTH, Zaria, a prospective, descriptive and cross-sectional study was carried out in the antenatal clinic at ABUTH, Shika-Zaria. It was carried out from November, 2011 to January, 2012. It included all consenting pregnant women attending the antenatal clinic in ABUTH, Zaria. Women who were excluded from this study were non-consenting pregnant women. The sampling technique was consecutive. A structured questionnaire was administered to obtain information about the personal data and other relevant information about the participants. Eligible participants were required to give informed consent to participate in the study after being educated on the study. All participants continued with routine antenatal visits/care.

The data obtained included patients' sociodemographics and were analysed using the computer software programme Statistical Package for Social Sciences version 16, (SPSS Incorporation) and the results were displayed on tables in numbers and percentages.

Results

A total of 410 questionnaires were administered, but 379 were returned, of which 368 were analysed. This gave a non-response rate of 7.5%. The modal age group was 26–35 years which formed 61.7%. The mean age was 29.1 years \pm 5.5 (standard deviation) [Tables 1 and 2].

Two hundred and six (56%) participants were aware of pain relief in labour. The most common method of pain relief known was music and hypnosis, both of which stood at 358 (97.3%). Only 13.3% of the respondents have ever experienced pain relief in labour. The most experienced method of pain relief method among the respondents was exercise/relaxation technique. Only 1.6% of the participants have used the epidural method of painless labour and all of them experienced it outside this centre. Hence, the uptake of epidural analgesia in labour and delivery in our centre is 0%.

Among those who experienced painless labour, 6% experienced it throughout labour.

Two hundred and thirty participants (62.5%) would desire pain relief in labour while 86 participants (23.4%) would not.

Table 1: Sociodemographics of respondents

Characteristics	Frequency	Percentage
Age (years)		
16-25	94	25.5
26-35	227	61.7
≥36	47	12.8
Ethnicity		
Hausa	152	41.3
Igbo	56	15.2
Yoruba	41	11.1
Others	119	32.3
Religion		
Islam	225	61.1
Christianity	141	38.3
Others	2	0.6
Marital status		
Married	356	96.7
Single	10	2.7
Divorced	1	0.3
Widow	1	0.3
Occupation		
Health worker	32	8.7
Professional	98	26.6
Artisan	12	3.3
Trader	48	13.0
Unemployed	178	48.4
Parity		
Multipara	154	41.5
Primipara	79	21.5
Nullipara	135	36.7
Number of living children		
0	131	35.6
1	89	24.2
≥2	148	40.2

Table 2: Source of knowledge of respondents

Source of knowledge	Frequency	Percentage
Doctor	57	15.5
Nurse	128	34.8
Internet	11	3.0
Print media	15	4.1
Television/radio	17	4.6
Not specified	140	38.0

The major obstacle identified by respondents as hindrance to acceptability of pain relief was unavailability of methods in 351 participants, (95.4%) and majority, i.e. 95 (25.8%) rated the effects of these factors as moderate.

Discussion

Labour pain is one of the most imaginable pains to humans.⁵ Pain in labour contributes significantly to many morbidities and mortalities experienced during labour and childbirths. The recent developments in medicine have made available several methods for reducing and abolishing pain in labour and delivery though not widely spread or available but have been known for some decades.^{3,9}

In this study, 56% of the respondents have heard about or are aware of pain relief in labour as against 38.3%¹³ reported

from a previous study in a public tertiary institution in Ibadan comparable to our own. This may be due to the fact that this study is more recent than the one quoted which was carried out in 2007 when awareness was still very low as compared to the 80% awareness rate quoted from developed countries.^{14,15} This difference signifies the urgent need for advocacy and enlightenment by healthcare providers to their clients. It is also noted that the majority of the clients who knew about pain relief in labour acquired their knowledge through healthcare workers (56.1%). This is an improvement from the previously quoted study, in which most people acquired their knowledge through friends, media and the internet.¹³ This can be explained from the fact that our antenatal health talks have been revolving around this subject for the past 6 months due to the recent introduction of epidural analgesia in labour in our centre.

This shows that healthcare providers have a major role in enlightening the populace and that availability of these methods will aid the spread of the 'gospel' of painless labour.

Nearly 62.5% of the respondents would desire pain relief in labour which is higher than 47.5%,¹³ which was quoted from a previous study. This study showed a higher level of desirability probably due to the fact that the majority of our respondents (41.5%) were multiparous when compared to the other study which showed that a significant proportion of their respondents were nulliparous who have never experienced labour.

The most common method of pain relief method experienced by our respondents was the exercise and relaxation technique as against the use of intramuscular injection quoted from a previous study.¹³ This may be because most of our parturients are encouraged to walk about the ward intermittently during labour in the initial stages when they have not approached the second stage and the fact that most of the respondents desire more natural methods of treatment.

The main factor that significantly hindered the acceptability and use of pain relief methods was its unavailability. This may be because epidural anaesthesia was just introduced in our centre for parturients and not many of them have known about its existence. Even methods such as use of Entonox are not readily available. In instances where some of these methods are available, only few of our anaesthetists are trained to administer them and some are limited by its cost and epileptic supply of the equipment. This shows that a lot needs to be done in the area of making these pain relief methods more available, training of anaesthetist in proficiency of their use and making the costs more affordable.

The above study was limited in that it was questionnaire based and so the respondents' understanding of the questions may

vary. In addition, the sampling technique was a non-probability type and so may not be representative of the study population.

Conclusion

Efforts need to be intensified on the part of the healthcare providers on making their clients more aware of these pain relief methods. Anaesthetists will play a major role in the administration of these methods and so will need adequate training to make them more proficient. The government will need to intervene in subsidising the rates of these methods and ensuring regular supply of equipment used by healthcare providers. In the meantime, simpler and cheaper methods of pain relief such as use of Entonox and intramuscular injections which do not need a great deal of expertise in their administration should be made more available.

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Conflicts of interest

There are no conflicts of interest.

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