

Awareness, Attitude and Knowledge of Antenatal Women towards Labour Analgesia In A Medical College Hospital In India

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Abstracts: Background & objectives: Providing effective and safe analgesia during labour has remain an ongoing challenge. This study was done to assess the level of awareness, attitude, knowledge and acceptance of antenatal women to labour analgesia. Methods: Following IRB approval, cross section study was conducted using a questionnaire in 200 antenatal women. Informed consent was taken The patients were interviewed in their local language. Results: Most of our patients were from lower socioeconomic class and not highly educated. The younger age group and primipara are inexperienced and not psychologically prepare for labour. In our study, Majority of parturient (89.5%) were aware that labour is painful out of which 78% experienced as severe. Only 8.5% parturient had knowledge of labour analgesia of which 47.05% parturient were aware of pain relief given as an injection. very less knowledge about other methods of pain relief. The commonest source of information was previous labour, friend and relatives. Even after giving knowledge about painless labour, only 21.5% of parturient agreed that labour pain should be relieved. Conclusion: Antenatal women should be educated about various methods of labour pain relief. We need to target out education against the myths and misbelieves. [G Panjabi, Natl J Integr Res Med, 2018; 9(4):20-24]

Key Words: Antenatal women, Attitude, Awareness, Knowledge, Labour analgesia.

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Introduction: Natural labour is painful process. Providing effective and safe analgesia during labour has remain an ongoing challenge. The pain of childbirth is the most severe pain women will endure in their lifetimes. The American college of Obstetrician and Gynaecologist and the American society of Anaesthesiologist have collectively noted that "parturition is the only circumstance in which it is considered acceptable to experience severe pain, amenable to safe relief, while under a physician's care"¹.

A educated woman may understand the pain relief methods during labour. A lack of knowledge regarding the labour analgesia can influence a woman's attitude to pain relief. Culture, ethnic group, age and knowledge about labour analgesia may have a strong influence on the attitude towards pain relief in labour². Young women in some cultures are taught that labour pain is natural and inevitable and that ability to accept and endure it is sign of womanhood³. Pain, a sense of accomplishment and enjoyment are all experienced during labour and, as a result, some women may refuse pain relief.

In developing countries healthcare providers are either ignorant or consider educating women on pain relief methods in labour in low priority issue. Therefore even women who had prior antenatal visits

with healthcare provider did not aware of analgesic options for labour⁴. The Aims of the study was to assess the level of awareness, attitude, knowledge and acceptance of antenatal women to analgesia during labour.

Methods: Following IRB approval from hospital committee, the cross section study was conducted in 200 antenatal women in medical college in India that spanned in 3 Months (14th September to 13th November 2017).

This study was based on a semi structured interview using questionnaire, assuring voluntary anonymous response to assess the awareness, attitude, knowledge and acceptance towards labour analgesia among antenatal women between 18-40 years. Informed consent was taken. Mentally challenged and women not giving consent were excluded from our study.

A questionnaire had two parts, including details of patients demographic characteristics and awareness, attitude, knowledge and acceptance of labour analgesia as shown in Appendix 1. The patients were interviewed in their local language.

Parturient were asked about types and severity of labour pain and whether it should be relieve or not. If

no, then reason for not asking pain relief were noted. Patients were also asked about knowledge of various pain relief methods and their information source. After providing knowledge parturient were asked whether they would like to receive labour analgesia or not and if yes, then by which method.

Statistical analysis: Data and descriptive responses were expressed in absolute numbers and percentage scale. Taking the population size as 45000 according to the parturient attending the antenatal clinic of our hospital in one year, the calculated sample size required was 91. However this study was conducted in 200 prospective antenatal patients, to increase the chances of accuracy.

Result: Total 200 antenatal women of age group 18-40 years were interviewed. The demographic characteristics are summarized in table 1. Awareness of nature of labour pain, attitude towards it, beliefs regarding pain relief during labour are noted in table 2.

Table 1: Demographic characteristics of parturient

Variables		Number of patients (%)	(%)
Age	18-25	64	32%
	26-30	84	42%
	31-35	44	22%
	>35	8	4%
Parity	Primipara	43	21.5%
	Multipara	157	78.5%
Religion	Hindu	119	59.5%
	Muslim	64	32%
	Others	17	8.5%
Geographical distribution	Urban	47	23.5%
	Rural	153	76.5%
Education status	Illiterate	19	9.5%
	Primary	100	50%
	Secondary	65	32.5%
	Higher secondary	5	2.5%
Gestational age(Weeks)	Graduation	11	5.5%
	Up to 12	0	0
	13-28	31	15.5%
	>28	169	84.5%

Table 2: Awareness and nature of labour pain and attitude towards labour pain

Awareness about labour pain	Number of patients	(%)
No idea	21	10.5%
Pain free	0	0
Painful		
Mild	0	0
Moderate	23	11.5%
Severe	156	78%
Should labour pain be relieved?		
No opinion	4	2%
Yes	37	18.5%
No	159	79.5%

The parturient knowledge of labour analgesia and its different methods and the source of their information are given in table 3.

Table 3: knowledge, methods and source of information about labour analgesia

Knowledge	Number of patients	(%)
Yes	17	8.5%
No	183	91.5%
Source Of Information About Labour Analgesia**		
Previous labour	9	52.94%
Friends and relatives	08	47.05%
Media/ textbook	1	5.88%
Doctors/Health care workers	0	0%
Other	2	11.76%
Methods Of Labour Analgesia*[N=17]		
Conventional methods		
Systemic analgesia(IV injection)	08	47.05%
Regional technique	04	23.53%
Inhalational methods(Entonox)	03	17.65%
Alternative or complementary methods		
Mind body intervention		
Breathing exercise	02	11.77%
Hypnosis	00	0%
Relaxation, concentration, meditation	00	0%
Music therapy	00	0%
Bioelectromagnetic		
Acupuncture	00	0%
Transcutaneous Electrical	00	0%

nerve stimulation(TENS)		
Physical		
Massage	00	0%
Warm baths	00	0%

** some parturient get knowledge about labour analgesia from multiple sources

The acceptance of labour analgesia after providing knowledge are noted in table 4.

Table 4: Acceptance of labour analgesia after giving knowledge

Acceptance of labour analgesia after giving knowledge		
	Number of patients	(%)
No	157	78.5%
Yes	43	21.5%
If yes, then by which method*[N=43]		
Conventional methods		
Systemic analgesia (IV injection)	18	41.86%
Regional technique (Epidural)	15	34.88%
Inhalational methods (Entonox)	10	23.25%
Alternative or complementary methods		
Mind body intervention		
Breathing exercise	19	44.19%
Hypnosis	0	0%
Relaxation, concentration, meditation	25	58.14%
Music therapy	0	0%
Bioelectromagnetic		
Acupuncture	0	0%
Transcutaneous Electrical nerve stimulation(TENS)	0	0%
Physical		
Massage	0	0%
Warm baths	10	23.25%

*some parturient ask for multiple methods for pain relief e.g. both injection and breathing exercise etc.

Discussion: Labour pain represents one of the most severe form of pain and discomfort experienced by a women in her life time. The pain of the birthing process from earliest times has been aptly described as distressing and intensely excruciating^{5,6}. Even though many obstetric units do not offer obstetric

analgesia routinely. Pain relief management during labour undergone various advancements since 1847, when Simpson administered Ether to a woman in childbirth and later in chloroform in same year. Queen Victoria was given chloroform by John Snow (1853) for the birth of her 8th child.

The pain of labour is associated with reflex increases in blood pressure, oxygen consumption and liberation of catecholamine. Which could adversely affect uterine blood flow. The healthy parturient tolerates increase in cardiac work but high risk parturient specially cardiopulmonary disease may not tolerate these changes. The pain of labour should be alleviated to make the birthing process more bearable, comforting and decrease hemodynamic changes.

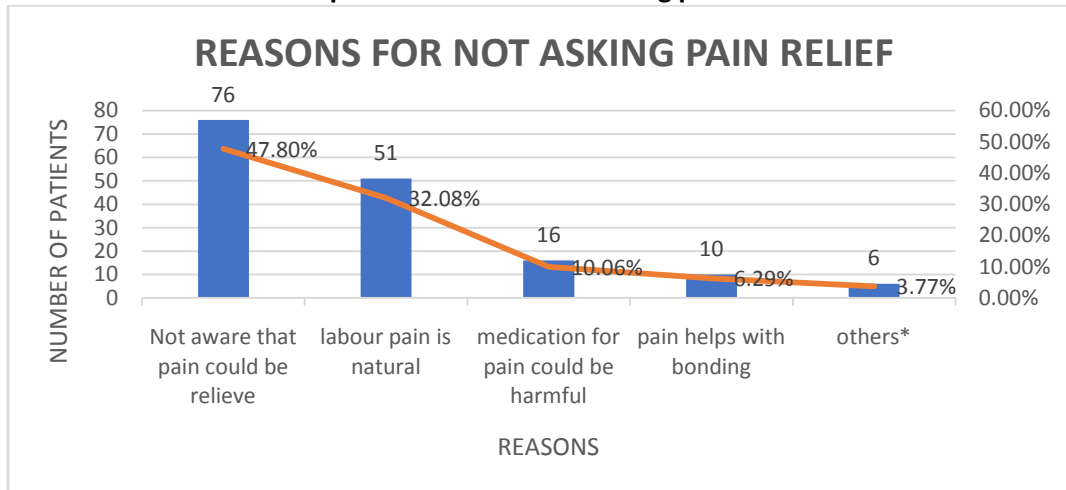
In our study, we conducted a semi structured interview by a questionnaire format in 200 antenatal women, to assess the awareness, attitude and knowledge of labour analgesia among Indian population. Most of our patients were from lower socioeconomic class and not highly educated. The younger age group and primipara are inexperienced and not psychologically prepared for labour.

Majority of parturient (89.5%), were aware that labour is painful. Severe to excruciating pain is experienced by more than half the patients (78%). Majority (79.5%) parturient were not willing for labour analgesia. Pain in labour is usually considered a positive feature of labour and idea of relieving it is opposed in developing country reflecting traditional belief, according to which labour pain helps in bonding with the baby. Further, they believe labour pain in natural, labour analgesia is against the will of God and pain relief medication could harm the baby.

A study from south Africa showed that women gained knowledge of pain relief from previous experience or from friends and relatives². Similar results indicating the major source of information being from their friends and relatives were found in earlier studies too^{7,8}. In contrary, a study done in Northern Nigeria showed the majority of women have heard of pain relief mostly from their caregivers and during the current pregnancy⁹.

In our study, only 8.5% parturient had knowledge of labour analgesia. The parturient (47.05%) were aware of pain relief given as an injection. This is not

Graph 1: Reasons for not asking pain relief



*Others: Like to enjoy the experience, non-acceptance by family members, analgesic methods are against the will of God.

surprising as this is the most commonly given form of labour pain relief because of ease of administration. Knowledge of regional method was similar and may indicate that women who had experienced epidurals would prefer the technique. Only 23.53% parturient had concept of injection in lower back and 17.65% parturient had concept of placing some mask over nose and mouth. Very few parturient had knowledge about alternative or complementary methods of labour analgesia. Only 11.77% of parturient had knowledge about breathing exercise. None of the parturient had knowledge about relaxation, concentration and meditation, hypnosis and music therapy, acupuncture and warm baths technique. Some parturient ask for multiple method for pain relief e.g. both injection and breathing exercise etc.

The commonest source of information was previous labour (52.94%) and friend and relatives (47.05%). Only 11.76% of parturient have information from other sources like pamphlets, Newspaper etc. and even fewer (5.88%) from media and textbook. some parturient get knowledge about labour analgesia from multiple sources. The most ironical finding that none of the parturient received information from doctors/ health care worker which is a wakeup call for changing the practice pattern for the benefit of parturient.

Even after giving knowledge about painless labour, only 21.5% of parturient agreed that labour pain should be relieved. Out of which 41.86% parturient accept systemic analgesia, 34.88% regional technique and 23.25% inhalational method. Low level of acceptance level is due to various traditional beliefs.

Due to ever rising population in India, healthcare providers in developing countries are either ignorant or do not get adequate time to prioritize the issue. Therefore antenatal parturient did not have increased awareness.

Conclusion: Most of Indian parturient do not accept labour analgesia due to lack of awareness, knowledge and negative attitude. Creating awareness by giving proper information regarding painless labour would surely improve the acceptance level among the parturient. There should be mass media and Newspaper coverage for providing information about labour analgesia. Information can also be provided through pamphlets or booklet distributed at antenatal clinics for the lay person. This should be done at routine antenatal visit by health care workers, obstetrician and anesthetist.

To conclude with, Antenatal women should be educated about various methods of labour pain relief. We need to target out education against the myths and misbelieves.

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