Labour: Can we make it a better experience?
Enhancing knowledge, expectations and use of natural pain relief in labour
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INTRODUCTION
• While a large body of research has explored risk factors for poor birth outcomes and catastrophic birth events, less attention has been paid to positive birth experiences and maternal satisfaction.1
• Between 10-20% of all Women have negative birth experiences.2
• The reported prevalence of posttraumatic stress disorder after childbirth ranges from 1.5% to 6%,3
• Given the lack of regular use of labour analgesia and poor availability of childbirth education classes in Guyana, it is important that patient have positive expectations and adequate knowledge of the labour process and strategies of natural pain relief.
• These factors not only impact on the resulting experience, but on the quality of subsequent mothering, attitudes toward modes of future deliveries and on caesarean section rates

OBJECTIVES
• To assess knowledge of the labour process and non-pharmacologic pain relief
• To examine expectations regarding labour pain and pain relief
• To determine the association between socio-demographic characteristics and the level of knowledge and expectation of labour and non-pharmacological pain relief

MATERIALS AND METHODS
• Study Design: cross - sectional
• Study Population: Pregnant women attending the Georgetown Public Hospital antenatal clinic
• Inclusion criteria:
  o Patients in 1st, 2nd and 3rd trimester of pregnancy
  o Willingness to participate
  o Ability to converse in English
  o Patients of mixed gravidity
• Exclusion criteria:
  Patients booked for elective caesarean section
• Sampling Technique: Simple random
• Calculated sample size: 151
• Materials: Interviewer-administered questionnaires
• Statistical Analysis:
  o The frequency, percentage, mean and standard deviation were used to summarize data on socio-demographic characteristics, knowledge and expectation scores
  o Association between levels of knowledge and expectation with socio demographic characteristics was determined using the Chi square and Fisher’s exact tests where applicable.

RESULTS
• Knowledge of childbirth

<table>
<thead>
<tr>
<th>knowledge of:</th>
<th>Percentage/No of patients</th>
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</thead>
<tbody>
<tr>
<td>Signs of labour</td>
<td>77%, n=127</td>
</tr>
<tr>
<td>Stages of labour</td>
<td>26%, n=43</td>
</tr>
<tr>
<td>Cervical dilation</td>
<td>53%, n=90</td>
</tr>
<tr>
<td>Duration of the 1st stage</td>
<td>31%, n=55</td>
</tr>
<tr>
<td>Duration of 2nd stage</td>
<td>33%, n=54</td>
</tr>
<tr>
<td>Duration of 3rd stage</td>
<td>55%, n=90</td>
</tr>
<tr>
<td>Best position in the 1st stage</td>
<td>39%, n=65</td>
</tr>
<tr>
<td>When to push</td>
<td>54%, n=84</td>
</tr>
<tr>
<td>Non-pharmacologic relief</td>
<td>67%, n=111</td>
</tr>
<tr>
<td>Ability to use non-pharmacologic methods</td>
<td>28%, n=46</td>
</tr>
</tbody>
</table>

• Expectation regarding childbirth

<table>
<thead>
<tr>
<th>Expectation regarding:</th>
<th>Percentage/No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain severity</td>
<td>40% (n=66) predicted severity scores of 8 – 10</td>
</tr>
<tr>
<td>Willingness to tolerate labour naturally</td>
<td>76%, n=126</td>
</tr>
<tr>
<td>Pain duration</td>
<td>25% (n=42) expected ≥ 5hrs</td>
</tr>
<tr>
<td>Relief of labour pain</td>
<td>39%, agreed</td>
</tr>
<tr>
<td>Ability to cope with pain</td>
<td>60%, n=108</td>
</tr>
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Distribution of knowledge and expectation of labour among patients

• Knowledge was found to have a significant relationship with age (p=0.032), education (p=0.044) and gravidity (p=0.016)
• Expectations had a significant relationship with occupation (p=0.005)

CONCLUSIONS
• Women attending the Georgetown public hospital antenatal clinic were poorly informed and hence poorly prepared for the experience of labour.
• Most expected pain, but had no concept of the severity or duration of the pain.
• Most women were highly motivated to cope with labour but knew very little about natural pain relief.
• Patients’ age, education and gravidity impacted on knowledge while occupational exposure may lead to better expectations.
• Even though many women have ideal hopes of what they would like to happen during labour, they still need to be prepared for what might actually happen

REFERENCES

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