

INTRAPARTUM ANALGESIA : SOME UNASKED QUESTIONS

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SUMMARY

A retrospective analytical study was carried out at a large teaching hospital in central Bombay to assess the need for and to evaluate the effectiveness in terms of patient satisfaction of intrapartum analgesia. 75 patients who had a normal vaginal delivery were administered a questionnaire to assess the objectives.

74 (98.67%) women expected labour to be painful. 73 (97.33%) did not expect the administration of or were unaware of the existence of intrapartum analgesics. 65 (86.67%) experienced more pain than expected. 65 (86.67%) experienced unbearable pain. Analgesics were demanded by 14 (18.67%) patients, but was administered to 1 (7.14%) patient who reported satisfactory analgesia. The study showed that the case for intrapartum analgesia is very strong. Majority of women experience pain in labour and in an overwhelming number it is unbearable in character. The number of cases where pain relieving agents are administered is next to nil at present. Almost all women have it ingrained in their psyche that labour will be a painful process.

INTRODUCTION

It has been a hitherto widely believed and an oft - quoted axiom that the Indian woman is more tolerant of labour pain

than her Western contemporaries and can suffer pain in labour without undue distress, thus obviating the need for pain relief.

Although no study has been conducted into the intensity of pain perceived by women, perhaps by virtue of the difficulty

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Accepted for Publication on 20.1.96

in its measurement, a blind belief on the part of the obstetrician in the greater pain threshold of the Indian woman has been the basis for the less widespread use of pharmacological pain relieving agents during labour.

We wished to test the truth of this aphorism and establish the case for intrapartum analgesia. To this end, we set out to determine attitudes towards labour pain and evaluate

the knowledge and expectations concerning pain relief in labour. We also wished to assess the extent of use of analgesics and patient satisfaction resulting from the same.

PATIENTS AND METHODS

Only patients having a delivery per viam naturelem were to be included in the study. This necessitated the exclusion of all cases

Figure 1
STANDARD QUESTIONNAIRE USED FOR THE STUDY

- | | | |
|---|---|--------|
| A | 1. Patient's age | |
| | 2. Her GPAL status | |
| B | 1. Did you, prior to the onset of labour, expect it to be a painful process? | Yes/No |
| | 2. Were you aware that analgesics can be administered to decrease the intensity of labour pains ? | Yes/No |
| | 3. If yes, did you expect analgesics to be given to you in labour ? | Yes/No |
| C | 1. Did you experience pain during labour ? | Yes/No |
| | 2. If yes, how would you rate the maximum intensity of labour pains experienced by you, if | |
| | 0 = absence of pain | |
| | 100 = presence of unbearable pain | |
| | 3. Was labour more painful than you expected ? | Yes/No |
| D | 1. Did you ask for analgesics to be given to decrease labour pains ? | Yes/No |
| | 2. If yes, was your request complied with ? | Yes/No |
| | 3. If yes, how would you rate the efficacy of the analgesics, if | |
| | v = very good | |
| | 2 = good | |
| | 3 = poor | |
| | 4 = very good | |
-

of abdominal delivery. Furthermore, cases of instrumental delivery were excluded since a proportion of them would have been performed to cut short the second stage of labour.

A total of 76 patients was chosen by a simple random sampling method. One patient was later excluded from the study sample in view of the fact that she possessed a septate uterus.

The quantification of labour pain is difficult owing to difficulties and deficiencies in communication. To obtain as accurate a data as possible and to increase the response rate, it was thought necessary to have direct doctor - patient interaction. Accordingly, a questionnaire was devised (Figure 1) and it was personally administered by the patient's bedside in a language which the patient could understand. The questionnaire was constructed to have as little ambiguity as possible.

The parturition - interview time interval is directly proportional to the accuracy and efficacy of patient recall. To minimise

errors resulting from poor patient recall, all 75 patients were questioned within 30 hours after delivery; 70 having been questioned less than 24 hours following delivery.

The institution mainly caters to the needs of middle class women. An average of 4.5 minutes were required per patient to administer the questionnaire.

Details of analgesics administered and their dosages were obtained from the patients case records. Efficacy of analgesics had either a positive or a negative rating with no in-between value.

RESULTS

The response rate was 100%.

I. ATTITUDES AND EXPECTATIONS

Our investigation into the attitudes concerning labour shows that the overwhelming majority of women were unaware of or did not expect pain relief in labour.

Table 1

Almost all patients expected to undergo a painful labour.

Table I
ATTITUDES AND EXPECTATIONS : ADMINISTRATION
OF ANALGESICS

| | Class | Cases |
|---|---------------------------------|------------|
| A | Expected and aware | 02 (2.67) |
| B | Not expected and / or not aware | 73 (97.33) |
| | Total | 75 |

Figures in parentheses indicate percentages

Table II
ATTITUDES AND EXPECTATIONS : PAINFUL LABOUR

| | Class | Cases |
|---|--------------|------------|
| A | Not expected | 01 (1.33) |
| B | Expected | 74 (98.67) |
| | Total | 75 |

II EXPERIENCE OF PAINFUL LABOUR

In a large number, the process of labour was more painful than had been anticipated.

III INTRAPARTUM ANALGESICS

Analgesics were not sought by the majority of women (81.33%). Perhaps this reflects the belief in the minds of women that labour is, by necessity, painful.

Table III
**PAIN DURING LABOUR EXPERIENCE VIS-A-VIS EXPECTATION :
MORE IN THE FORMER THAN THE LATTER ?**

| | Response | Cases |
|---|----------|------------|
| A | Yes | 65 (86.67) |
| B | No | 10 (13.33) |
| | Total | 75 |

A tremendous majority of women surveyed reported the experience of an unbearable degree of pain.

Whereas the majority of gravida 1 and 2 women experienced pain of an unbearable character, the incidence sharply declined in women who had delivered two or more times.

Of 14 (18.67%) women who sought analgesia, only 1 had her request complied with.

The patient who had analgesics administered to her reported their effectiveness as "good".

Table IV
DEGREE OF PAIN EXPERIENCED

| Score | Cases |
|--------------|------------|
| 0 | 0 |
| 10 | 0 |
| 20 | 0 |
| 30 | 1 (1.33) |
| 40 | 0 |
| 50 | 5 (6.67) |
| 60 | 1(1.33) |
| 70 | 0 |
| 80 | 3 (4.00) |
| 90 | 0 |
| 100 | 65 (86.67) |
| Total | 75 |

Table V
GRAVIDITY AND PARITY STATUS VS.
DEGREE OF PAIN EXPERIENCED

| Gravida | Para | Score | | Cases |
|--------------|------|------------|-----------|-----------|
| | | = 100 | <100 | |
| 1 | 0 | 33 (97.06) | 1 (2.94) | 34 |
| 2 | 1 | 25 (86.21) | 4 (13.79) | 29 |
| 3 | 2 | 05 (55.55) | 4 (44.45) | 09 |
| 4 | 3 | 02 (66.67) | 1 (33.33) | 03 |
| Total | | 65 | 10 | 75 |

Table VI
DEMAND FOR ANALGESIA

| | Class | Cases |
|---|-----------------------|------------|
| A | Analgesics sought | 14 (18.67) |
| B | Analgesics not sought | 61 (81.33) |
| | Total | 75 |

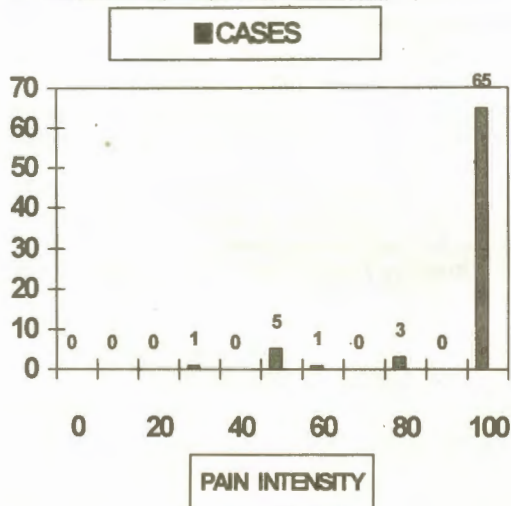


Figure 2 Degree of pain experienced

DISCUSSION

It is surprising that analgesia in labour should in any way be a controversial subject. However, in the last 5 years, only four papers have appeared in this journal about labour analgesia. Labour analgesia has been offered to women in labour as a rule as it is considered an essential part of the care of the parturient.

In the National Birthday Trust Survey (Chamberlari G et al 1993) in out of 282 units, 116 units reported no patient completing labour without analgesia. In 223

units, less than 10% of women completed labour without analgesia. 99% units reported at least one method (Entonox) for labour analgesia. In the same survey, only 14% women planned to use no pain relief method, manage or relaxation. Of these few, only 32% could ultimately succeed. Ethnic background did influence the decision to use or not use analgesia. 39% of Pakistani and 30% of Indian women chose no analgesia method. The survey recommends availability of analgesic methods like epidural, 24 hours in the delivery room.

Effective pain relief in labour is not provided in order to incur lasting gratitude, but rather to heal distress with compassion at the time and to minimize the resulting stress for both mother and baby. Morgan et al (1982) showed that of those mothers experiencing what was judged at that time to be severe pain, more than 90% viewed the experience with satisfaction in retrospect. However, that labour pain may later be forgotten does not lessen presentsuffering.

Effective pain relief can have sound medical advantages, particularly to the baby (Reynolds F. 1991). The National Birthday Trust Survey reported that only 10% of

mothers noted an effect of pain relief on the baby, half of whom thought that the pain relief had made the baby sleepy. These findings are reassuring in that the effects of analgesia on the baby were not very striking.

Whereas most women had planned the method of analgesia in the National Birthday Trust Survey 94.34%, only 2.67% of our women were aware and expected pain relief in labour. This was so in spite of the fact that almost all (98%) expected labour to be painful. In conclusion we can infer that -

1. Almost without exception, women have it ingrained in their psyche that labour is and will remain a painful process.

2. Ignorance about intrapartum analgesia is almost total.

3. The majority of women experience pain in labour and in most, this is of an unbearable character.

4. It seems that the underuse of labour analgesia is more because of patients' attitudes and ignorance than its necessity or otherwise.

5. The perceived lack of need for intrapartum analgesia must cease as the case for the latter is very strong.

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