

# Survey of the Patients' Views on Awareness, Information, Choices and Care During Labor in a Teaching Hospital

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**OBJECTIVE** – To know the views of women in labor on awareness, information and care during their labor, to know about their level of satisfaction with the care provided, and to improve the care to their satisfaction. **METHODS** – One hundred women including 43 primigravidas (14 with a high level of literacy, 29 with a low level) and 57 multigravidas (9 with a high level of literacy and 48 with a low level) were interrogated about their views on awareness, information, choices and care during labor. All the women were admitted to the labor room of the hospital for their delivery. They were also asked their preferences for rituals like shaving, enema etc. **RESULTS** – It avoidable, 87% would not like to have enema before labor, 91% would not like shaving and 87% would not like to have episiotomy during labor. A total of 36% were not aware of the events of labor, 91% were satisfied with the sex of the baby and 98% were coping well as a new mother. About pain relief in labor, 77% found pain to be more than expected, none had any knowledge of pain relief in labor, 67% would opt for pain relief if offered and 39% would like epidural analgesia. Overall 59% found the labor room to be unsatisfactory. The behavior of doctors, nurses and paramedical staff was found unsatisfactory by 44%, 22% and 29% women respectively. **CONCLUSION** – Women would like to be involved in their care during labor and want to be counseled about any deviation from normal care.

**Key words:** patients views, information, choices

## Introduction

Pregnancy and delivery is a physiological process which most women face during their life time. We should strive to make it more and more enjoyable for them and should not medicalise it. Involvement of women in their health care is routine in western countries but it is still not practiced in third world countries, especially in the government hospitals<sup>1,2</sup>. The doctors are very busy managing emergencies and don't have the time to communicate with the women or think it is not required. With the Consumer Protection Act looming large, it is still more important that we involve women more frequently in decision making and communicate with them and their partners more often about the progress of labor and any abnormality in it. She should be told of the sequence of events during and after labor and the various complications which can be expected. These simple tips will improve her faith in the system with better patient satisfaction rates.

## Material and Methods

One hundred women admitted in labor were

interrogated for their views on awareness and information about labor events, pain relief choices and need for improving the services rendered to them. Only women who had normal delivery were taken into the study excluding those having instrumental or abdominal delivery. They were divided into primigravidas and multigravidas and further subdivided into high literacy (those who studied further than 10<sup>th</sup> standard) and low literacy (those who did not study up to the 10<sup>th</sup> standard). The results were compiled to see the findings in different groups.

## Results

Group I included 14 primigravidas with high literacy, group II included 29 primigravidas with low literacy, group III constituted 9 multigravidas with high literacy and group IV had 48 multigravidas with low literacy. The age of women ranged from 18 years to 36 years, the mean being 26.4 yrs., while the gravidity ranged from one to eight, the mean being 3.2. It was heartening to note that most women didn't like to have enema, shaving and episiotomy if they were not necessary (Table I). Thus if given a choice only 1 (7.14%), 4 (13.79%), 2(22.22%) and 6 (12.5%), 1(7.14%), 5(17.24%), 0 and 3 (6.25%), 1 (7.14%), 12(41.37%), 0 and 4(8.33%) would opt for enema, shaving and episiotomy in labor in groups I, II, III and IV respectively (Table I). The awareness of women

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about events of labor and satisfaction with the sex of the baby are shown in Table II. While all multigravidas were aware of the events of labor, 50% and 100% women in group I and II were not aware of the events of labor. While all women were happy with the sex of the baby if it was a male, only 9% were not satisfied if it was a female and all of them belonged to the low literacy group. Almost all women (98%) were coping well with the care of the new born baby. The knowledge and expectations about pain relief in labor are shown in Table III. As expected, most women (77%) found labor pain to be more severe than expected. None of the patients had any knowledge of pain relief in labor. Overall 14 (100%), 18 (62.06%), 8(88.88%) and 27 (50.25%), 12 (85.17%), 11(37.93%) 8 (88.88%) and 8 (16.00%) would opt for pain relief and for epidural analgesia in labor in Group I, II, III and IV respectively. The women's perception of labor room care and behavior

of caregivers is shown in Table IV. Unfortunately, 5 (35.71%), 23 (79.31%), 6 (66.66%) and 25(52.08%) women found labor room care unsatisfactory in groups I, II, III and IV respectively. The behavior of doctors, nurses and paramedical personnel was found to be unsatisfactory in 6 (42.85%), 10 (34.48%), 0 and 28 (58.33%), 4 (38.50%), 7 (24.13%), 4 (44.44%) and 7 (14.58%), 9(31.03%), 4(44.44%) and 7 (14.58%) in group I, II, III and IV respectively.

The demands of women in labor are shown in Table V. Eleven (78.57%), 12(41.37%), 7(77.77%) and 10(20.83%), and 9(57.14%), 5(17.24%), 1(11.11%) and 9 (18.75%) women would like to reduce overcrowding in the labor rooms and allow access to a relative in labor room groups in I, II, III and IV respectively. Other demands were safe drinking water (16%), improvement of sanitary conditions (7%) and free supply of expensive drugs like anti-D and cerviprime.

**Table - I: Showing Acceptability of Routine Procedures in Labor by Women (Percentage in Brackets)**

Characteristics	Group I N = 14	Group II N = 29	Group III N = 9	Group IV N = 48	Overall and percent
<b>Enema before labour</b>					
Would like	1(7.14)	4(13.79)	2(22.22)	6(12.25)	13
Would not like	11 (78.57)	12(41.37)	4(44.44)	12(25)	39
No Answer	2(14.28)	13(44.82)	3(33.33)	30(82.5)	48
<b>Shaving Before Labour</b>					
Would like	1(7.14)	5(17.24)	0	3(6.25)	9
Would not like	12 (85.71)	14(48.27)	6(66.66)	20(41.66)	52
No Answer	1(7.14)	10 (34.48)	3(33.33)	26(54.16)	40
<b>Episiotomy</b>					
Would like	1 (7.14)	12(41.37)	0	4 (8.33)	17
Would not like	13(92.85)	20(68.96)	7(77.77)	23(47.91)	63
No Answer	0	7(24.13)	2(22.22)	21.(43.75)	30

Figures in brackets are percentages.

Table II – Awareness of Women About Events of Labor and Satisfaction with the Sex of the Baby

Characteristics	Group I N = 14	Group II N = 29	Group III N = 9	Group IV N = 48	Overall and percent
Awareness of Events of labor					
Yes	7(50)	0	9(100)	48(100)	64
No	7(50)	29(100)	0	0	36
Satisfaction with the sex of the baby					
Male baby					
Yes	6(42.85)	14(48.27)	2(6)	5(10)	27
No	0	0	0	0	0
Female baby					
Yes	8(57.14)	12(41.37)	4(44.44)	16(54.16)	40
No	0	3(10.34)	0	6(12.25)	9
Coping well with the new born					
Yes	12(85.71)	29(100)	9(100)	48(100)	98
No	2(14.28)	0	0	0	2

Figures in brackets are percentages.

Table III – Showing Knowledge, Experience and Expectations about pain relief in labor

Characteristics	Group I N = 14	Group II N = 29	Group III N = 9	Group IV N = 48	Overall and percent
Experience of labor pain					
More severe than expected	14(100)	29(100)	6(66.66)	28(58.37)	77
Less severe	0	0	3(33.33)	20(41.66)	23
Knowledge of pain relief in labor					
Yes	0	0	0	0	0
No	14(100)	29(100)	9(100)	48(100)	100
Choice of pain relief if offered					
Yes	14(100)	18(62.06)	8(88.88)	27(56.25)	67
No	0	6(20.68)	0	8(16.66)	14
No answer	0	5(17.24)	1(11.11)	13(27.08)	19
Choice of epidural analgesia if offered					
Yes	12(85.71)	11(37.93)	8(88.88)	8(16.66)	39
No	0	4(13.79)	0	8(16.66)	12
No Answer	2(14.28)	14(48.27)	1(11.11)	32(66.66)	49

Figures in brackets are percentages.

Table IV – Showing Women's Perception of Labor Room Care and Behavior of Caregivers

Characteristics	Group I N = 14	Group II N = 29	Group II N = 9	Group IV N = 48	Overall and percent
Labor room care					
Good	6 (42.85)	5 (17.24)	3(33.33)	23(47.91)	37
Acceptable	3(31.42)	1(3.44)	0	0	3
Unsatisfactory	5(35.71)	23(79.31)	6(66.66)	25(52.08)	59
Behavior of attending doctor					
Good	5(37.71)	10(34.48)	5(55.55)	9(18.75)	29
Acceptable	3(21.42)	9(31.03)	4(44.44)	11(22.19)	27
Unsatisfactory	6(42.85)	10(34.48)	0	28(58.33)	44
Behavior of attending nurse					
Good	8(57.14)	12(41.37)	1(11.11)	29(60.41)	50
Acceptable	2(14.28)	10(34.48)	4(44.44)	12(25)	28
Unsatisfactory	4(28.56)	7(24.13)	4(44.44)	7(14.58)	22
Behavior of paramedical staff					
Good	3(21.42)	14(48.27)	1(11.11)	31(64.58)	49
Acceptable	2(14.28)	6(20.68)	4(44.44)	10(20.83)	22
Unsatisfactory	9(64.28)	9(31.03)	4(44.44)	7(14.58)	29

Figures in brackets are percentage.

Table V : Showing Demands of women in Labor (Percentage in Brackets)

Characteristics	Group I N = 14	Group II N = 29	Group II N = 9	Group IV N = 48	Overall and percent
Reduce overcrowding	11(78.57)	12 (41.37)	7(77.77)	10(20.83)	40
Provide drinking water in labor room	0	7(24.13)	0	9(18.75)	16
Improvements in sanitary conditions	2 (14.28)	2(6.89)	0	3(6.25)	7
Allowing a relative in the labor room	8(57.14)	5(17.24)	1(11.11)	9(18.75)	23
Shorter labor period	0	1(3.44)	2(22.2)	0	3
Expensive drugs like anti-D, cerviprime should be provided free	1(7.14)	2(6.89)	0	1(2.08)	4

### Discussion

Due importance is not given to involvement of women in their healthcare in third world countries specially in public hospitals. The reasons are extensive workload, lack of staff and the misconception amongst the junior

doctors that this aspect of health care is not much important in patient care. They feel that they know what is best for their patient and do their best in the given circumstances. They often consider it a waste of time to discuss things with their patients. With the Consumer:

Protection Act coming in vogue, this aspect of health care is getting more and more important. In fact, many complaints and medico-legal cases can be avoided, provided the patients and their partners are explained about the delivery process, the expected complications and their management. While rituals like enema, shaving and episiotomy are still universal in India, although without any scientific evidence in their favor, only 13%, 9% and 17% women in the present study opt would for them if given a choice. A high 67% would opt for pain relief in labor if offered and 77% found the pain to be more than expected. This clearly shows that our women are no less wise than their western counterparts. As the behavior of doctors, nurses and attending staff was found to be unsatisfactory by 44%, 22%, and 29% women respectively, it shows that our women want better services, better behavior and information about labor. Our hospital caters to poor socioeconomic status patients. The expectations are going to be even higher in private setups catering to educated and upper socioeconomic class women. The results are comparable to the previous study by the author about patient awareness and involvement in care during cesarean section. More women these days want to attend to their babies early and 98% were coping well with neonatal care in the present study, which is helpful as delayed contact with the baby can hamper breast feeding. Mothers having normal vaginal delivery tend to perceive the delivery experience more positively than cesarean section mothers. Most women prefer to deliver vaginally these days even after a previous cesarean section.

Questionnaires have been used to know the views of doctors and patients and important data have been collected by their use. The result of present study are comparable to the recommendations from Cochrane Database which clearly shows that international scientific evidence is against rituals like enema, shaving and episiotomy etc.<sup>11</sup>

This study stresses the urgent need of involving women in their healthcare and decision making process. They

should be explained about the events of labor, availability of pain relief and should be counselled about any deviation from normal labor and their opinion sought, in case cesarean section is required. This will go a long way in better patient satisfaction without any financial burden and with minimum extra time. Junior doctors should be given some training about communication skills.

## References

1. Sharma JB, Sharma K, Sarin U et al. A study of maternal awareness and participation during cesarean sections. *J. Obstet Gynecol Ind.* 2001; 51(1): 37-9.
2. Chamberlain G. Organization of Antenatal Care. In: *A B C of Antenatal Care*, 2nd ed. *BMI Publishing Group, London*. 1994; pg. 1-4.
3. Mukherjee GG, Chakravorty S. Ways to minimize medical litigation in Obstetrics and Gynecology. In: Mukherjee GG, Soonawala R P, Tank D K eds. *Medicolegal Aspects in Obstetrics and Gynecology*, Jaypee Brothers, Delhi. 1997; pg 204-10.
4. Gathwala G, Narayanan I. Delayed Contact and breast feeding. *Ind Pediatr* 1992; 29: 155-9.
5. McClain CS. Patient decision making. The case of delivery method after a previous cesarean section. *Cult Med Psychiatry* 1987; 11: 495-508.
6. Young A, Das S, Carroll S et al. A national survey to assess current use of computerized information system in obstetrics. *Br J Obstet Gynecol* 1993; 100: 205-8.
7. Sharma JB, Newman MR, Bouchier JF et al. A national audit in breech deliveries in the United Kingdom. *Int J Gynecol Obstet* 1997; 5: 103-8.
8. Rogers AS, Israel E, Snath CR. Physician knowledge, attitudes and behavior related to reporting adverse drug events. *Arch Intern Med* 1988; 148: 1789-92.
9. Sharma JB. Normal labour protocol. In: Sharma JB ed. *The Obstetric Protocol*. *Jaypee Brothers, Delhi* 1998; pg. 233-47.