

Perception of Painless Labor in Rural India

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ABSTRACT

Natural labor is physiological process but is associated with intense, excruciating pain. Epidural analgesia was introduced four decades ago as a method for relieving pain.

In developed countries, the focus is on the choice of methods and complications, while in developing countries, the agenda still revolves around awareness, acceptability and availability of labor analgesia.

Availability and affordability of epidural analgesia to combat, it is a major hindrance behind its low popularity.¹

The patients do not demand for it and the obstetricians are not keen to routinely practise it for several reasons. In developing countries so many centers lack availability of epidural anesthesia for labor and patient load is so much that equipment are less.

At our setup in spite of availability and very low cost of epidural analgesia very few people opted for it.

That is why, this study has been done to find out their perception and opinion for low acceptance of epidural analgesia.

Aims

- To assess the level of awareness, knowledge and acceptance of antenatal women to labor analgesia.
- To analyze the different hindrances to make it a routine practise in our institute for labor analgesia.

Materials and methods: After institutional ethics committee approval, 1000 consecutive parturient, attending antenatal clinic of our hospital were included in this cross-sectional survey from August 2013 to August 2014. Those not willing to take the survey were excluded. They were interviewed and counseled using a questionnaire that determined their knowledge of and attitudes regarding labor analgesia. A questionnaire was prepared in English and was translated and explained to patients in their mother tongue.

Results: Majority of the participants (73%) fell in the age group of 21 to 25 years and 52.5% of them belonged to the rural area. Most of them (67%) had no idea about labor analgesia but 48% of the participants expressed their interest to learn about the technique and its advantages. Most of them were primigravida who showed interest. The confidence interval (CI) value of attitude toward labor analgesia was 13.5 and knowledge of labor analgesia is CI = 20.14.

Level of acceptance of labor analgesia after full information was found to be significantly correlated with the level of education

and socioeconomic status, fear of delivery complications, and fear of labor pains, and their eagerness to deliver without suffering from labor pains.

Conclusion: This discrepancy in the level of awareness and acceptance concluded to the fact that child birth is still viewed as a physiological process which is to be managed with as little interference as possible, pain associate with it is well accepted as compulsory associated agony.

Educational status does have a positive correlation with the acceptance of the methods for pain relief during childbirth.

Considering the level of education in our population, dedicated childbirth educators could help in improving obstetric care, help in allowing women to make their own decisions regarding childbirth and also sensitize them to access analgesia.

Lots of efforts from obstetricians will be required to make poor parturient believe that the process can be painless and this is one of their right. And we can conquer over this pain beyond the boundaries of rich, poor, literate and illiterate.

Keywords: Labor, Painless, Perception.

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INTRODUCTION

Epidural analgesia is the technique capable of relieving labor pain. It has been introduced 4 decades ago. Several methods of labor analgesia have evolved over the years, but pain relief in labor is still controversial. In developed countries, the issue is focused on the choice of methods and complications; while in developing countries, the issues revolve around awareness, acceptability and availability of labor analgesia.¹

Epidural analgesia by relieving labor pain decreases blood catecholamine levels and significantly increases intervillous blood flow in healthy parturient.²

The patient load always outweighs the available resources in the developing countries and many centers still lack sophisticated equipment's, such as infusion pumps and devices for patient-controlled epidural analgesia (PCEA).

In addition to fear of childbirth, women may not be aware of the analgesic options for labor. Culture, ethnic

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group, age and education may have a strong influence on the attitude toward pain relief in labor.²

The following statement from American Society of Obstetric and Gynecology summarizes that the 'labor results in severe pain for many women. There is no other circumstance where it is acceptable for people to experience such unbearable untreated pain amenable to safe intervention under physicians eye and care.'¹

Number of patients who demand labor analgesia is very less in our hospital in spite of labor analgesia service being available.

The aim of this study was to find out the awareness and attitude toward labor analgesia of pregnant women attending antenatal clinic of our hospital and to find out the reasons for woefully less demand for labor analgesia in spite of this service being available.

MATERIALS AND METHODS

After institutional ethics committee approval, 1000 consecutive parturient, attending antenatal clinic of our hospital, were included in this cross-sectional survey from August 2013 to 2015. Those not willing to take the survey were excluded. They were interviewed using a questionnaire that determined their knowledge of and attitudes regarding labor analgesia. A questionnaire was prepared in English and was translated and explained to patients in their mother tongue, i.e. Marathi. Confidentiality of the participants was maintained.

Primary outcome measure was awareness about epidural labor analgesia, and secondary outcome measures were demographics, willingness for ELA after giving complete information to them with or without expenses and the reasons for unwillingness for ELA.

Our hospital was selected, because it is a tertiary care teaching hospital and patients attending antenatal clinic represent most of the rural population. Labor analgesia service is provided by the department of anesthesiology and OBGY is merely 4200 INR.

RESULTS

One thousand consecutive participants willing to participate in the survey were served the questionnaire. Though the response rate was 100% and all the forms were returned, not all participants answered all questions. One to four responses were missing for some questions.

SOCIODEMOGRAPHIC DATA (TABLES 1 TO 10)

Table 1: Age (years)

Age group	No. of cases	Percentage
18–20 years	180	18
21–25 years	730	73
26–36 years	90	9

Table 2: Geographical distribution

Area	No. of cases	Percentage
Rural	525	52.5
Urban	475	47.5
Total	1000	100

Table 3: Socioeconomic status

Monthly income	No. of cases	Percentage
≤5000	600	60
5000–10000	370	37
≥10000	30	3
Total	1000	100

Table 4: Level of literacy

Level of literacy	No. of cases	Percentage
Illiterate	570	57
12th	330	33
Graduation and above	100	10
Total	1000	100

Table 5: Awareness of labor analgesia

Level of awareness	No. of cases	Percentage
Not at all	670	67
To some extent	310	31
Fully aware	20	2
Total	1000	100

Table 6: Source of information

Source of information	No. of cases	Percentage
Previous labor	80	24.24
Friends and relatives	173	52.42
Media, internet	77	23.34
Total	330	100

Table 7: Parity

Parity	No. of cases	Percentage
Primigravida	650	65
Second gravida	310	31
Third gravida	40	4
Total	1000	100

Table 8: Attitude of the participants

Attitude	No. of cases	Percentage
Very much like to	330	33
May like to	480	48
Want to	50	5
Not at all	140	14
Total	1000	100

Table 9: Reason for refusal (multiple options)

Reason for refusal	No. of cases
Methods do not work	30
Harmful to baby	30
Relatives refused	120
Want to experience natural pain	680
Weak contractions	40
Others	100

Table 10: Common myths (multiple options)

Sl. no.	Myth and misconception	No.
1.	Strong belief that the labor is a natural process and does not need any intervention for analgesia	680
2.	Strong belief that to become a mother one has to suffer the pains	420
3.	Fear of getting the fetus affected	338
4.	Fear of need for instrumental delivery	34
5.	Fear of need for LSCS	570
6.	Cannot give any reason	227

DISCUSSION

Although similar to every other pain of medicine world, epidural analgesia is a pain relief for labor pains but practise of it is not so popular. In our study, 1000 full-term pregnant women visiting the OPD were subjected to the interview after written valid consent. Out of which 730 patients were from age group of 21 to 25 years. Since our is a tertiary care center so maximum patients come from rural area, i.e. in this study, it was around 525 patients. With single parity, i.e. primigravida about 65% that even states that they had no previous exposure to pain. Six hundred and seventy patients had no clue about the labor analgesia which can be correlated to the fact that around 57% of patients were illiterate. Out of thousand, only 330 patients had knowledge about labor analgesia out of which 173 patients got information from friends and relatives. Out of 1000 patients, 330 patients were very much keen to know about labor analgesia and to even to pursue it during labor while 480 patients were still in the delusion to opt for it or not. After giving full information, the main reason of refusal was that they wanted to experience natural pain, i.e. 680 patients because from childhood they were taught that they have to undergo this pain, it is mandatory and everybody experiences it and they are not undergoing through anything new many patients looked forward toward their relatives as till now women do not know about their basic right. They are raised from birth to accept and endure the pain of childbirth and other pain, i.e. 120 got refusal from their family side and the common reason given by their husband was that his mother, sister-in-law have undergone thorough this situation so she has to also, and hence were left with no choice. Since our hospital have maximum inflow of patients from rural area so less of acceptance was also related to socioeconomic status, i.e. the maximum monthly income was not so much 600 patients had monthly income less than 1000 and hence refused for labor analgesia.

Lack of teaching, a low level of practical exposure and a prevailing confusion/ignorance regarding the maternal and neonatal benefits of ELA seem to be the

biggest hurdles toward acceptance of labor analgesia among obstetricians.

Results of a survey conducted by Pirbudak L et al also indicate that education regarding epidural analgesia, both during and after obstetric specialty training, could be improved, and this education would best be provided by anesthetists in collaboration with obstetricians. Despite receiving full information about labor analgesia, most of the participants were still not ready for ELA.³

Results from Shidhyae RV concluded that majority of the participants (85%) fell in the age group of 19 to 25 years (17–36 years) and 89.5% of them belonged to the rural area. Most of them (98%) had no idea about labor analgesia but 95% of the participants expressed their interest to learn about the technique and its advantages. Level of acceptance of labor analgesia socioeconomic status, fear of delivery complications, and fear of labor pains, and their eagerness to deliver without suffering from labor pains ($p < 0.05$). It, however, do not correlated to age, geographical distribution, parity, time required for last delivery and perception of intensity of labor pains during last delivery ($p > 0.05$).¹

Okeke et al⁴ also had similar results. Only 175 (38.9%) participants from their study knew of obstetric analgesia. They found a significant association between educational status and knowledge of obstetric analgesia ($p = 0.000$). There was no association between age, educational status and parity with acceptance ($p > 0.05$).⁴

Study of Oladokun et al shows that the knowledge of labor epidural analgesia among Nigerian women is low.⁵

Minhas et al in their study found that majority of the pregnant females delivering at Aga Khan University Hospital (in an metropolitan setup) were aware of epidural analgesia for labor. However, only a small proportion were availing this service, due to fears and misconceptions.⁶

Mugambe et al⁷ found that most of the women gained knowledge regarding pain relief from past experience or from friends and relatives. Even though the few women who received information about what to expect during labor found the information useful, most expressed little confidence in labor pain relief.

CONCLUSION

This discrepancy in the level of awareness and acceptance concluded to the fact that child birth is still viewed as a physiological process which is managed with as little interference as possible.

Educational status does have a positive correlation with the acceptance of the methods for pain relief during childbirth.

Considering the level of education in our population, dedicated childbirth educators could help in improving obstetric care, help in allowing women to make their own decisions regarding childbirth and also sensitize them to access analgesia.

Lots of efforts from obstetricians will be required to make poor parturient believe that the process can be painless and this is one of their right. And, we can conquer over this pain beyond the boundaries of rich, poor, literate and illiterate.

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