

# **PAIN RELIEF IN LABOUR**

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## **Introduction**

Pain of parturition is one of the worst types of pain that may be experienced by a human being, including pathological pain (Melzack et al., 1981). All women do not react to pain in the same manner; women with a high pain threshold might not require any form of pain relief.

It is well known that anxiety, fear and apprehension exacerbate labour pain. One of the most frequent cases of anxiety and fear is ignorance or misinformation about the process of pregnancy and parturition and the significance of labour pain. A study carried out by Melzack et al., 1981, showed that pain was reduced by 30% on average in mothers who received instruction in psychoprophylaxis, i.e., those mothers who attended preparatory classes. However, in spite of this, these classes are by no means a clear substitute for artificial analgesia.

Five studies were performed.

### **Study 1**

#### **Study carried out in Maternity Hospitals in Malta and abroad**

The aims of the study were:

- a) to evaluate methods by which hospitals in Malta and abroad hand antenatal education with particular reference to labour analgesia
- b) to find out which pharmacological and non-pharmacological analgesic methods are used during labour
- c) to establish parturients' attitudes towards analgesia during labour

### **Study 2**

#### **Study carried out among Maltese obstetricians**

The aims of the study were:

- a) to investigate the relationship between the obstetrician and the gravida

- b) to find out obstetricians' opinions about antenatal education
- c) to find out how obstetricians handle the topic of labour analgesia

### **Study 3**

#### **Study carried out among midwives**

The aims of the study were:

- a) to find out midwives' opinion about antenatal education
- b) to establish midwives' attitude towards labour analgesia
- c) to find out how parturients behave during antenatal classes as well as during labour

### **Study 4**

#### **Study carried out among Maltese pharmacists**

The aims of the study were:

- a) to find out if the pharmacist can contribute to antenatal education

### **Study 5**

#### **Study carried out among mothers at KGH**

The aims of the study were:

- a) to establish the percentage of women who attend antenatal classes as well as their opinion of these classes and their attitude towards them
- b) to assess their knowledge and experience of labour analgesia
- c) to investigate parturients' relationship with health professionals

## Methodology

Study 1: A questionnaire was distributed to maternity hospitals and units in Malta and the United Kingdom.

Study 2: A questionnaire was sent to all practising obstetricians in Malta and Gozo.

Study 3: Questionnaires were handed out to the head officers at the antenatal, labour and post-natal wards in Malta and Gozo and at the Nursing School, Midwifery Department, in Malta. The questionnaires were then passed on to midwives.

Study 4: A questionnaire was sent to each pharmacy in Malta and Gozo.

Study 5: A survey was carried out at the Post-natal ward at Karin Grech Hospital. Only parturients who had normal vaginal deliveries were included. 100 mothers were interviewed 24 - 48 hours after delivery.

## Results

### Study 1

The Maternity Hospital in Malta provides antenatal education but a greater variety in the types of classes offered is recommended. In Gozo no classes are held.

Labour analgesia is discussed at the classes held at KGH, but only 10 minutes are allotted to this topic. Conversely, almost half the UK hospitals which participated in the surveys stated that an average of 1 - 2 hours' discussion is carried out at these classes.

Pharmacological labour analgesia available in Malta is not as advanced as one would wish since only pethidine (with chlorpromazine in most cases) and a nitrous oxide/oxygen mixture are available. Epidural block is only provided if requested previously. In Gozo the latter method is not used at all. Most UK hospitals provide all these three methods mentioned and 34.2% also provide other methods of pain relief such as (TENS) Transcutaneous Electrical Nerve Stimulation.

Non-pharmacological aids such as ambulation, free choice of position and respiratory exercises are applied in Malta. In Gozo, only the latter

two aids are used. Most UK hospitals provide physiotherapy in addition to the other aids mentioned.

In Malta, most parturients have some knowledge or experience of labour analgesia but still seek midwives' advice about it when in labour. On the other hand, in Gozo, almost all parturients have no opinion about pain relief and leave it to the midwife/obstetrician to decide.

In UK hospitals, the general feeling appears to be that gravida have a clear idea about analgesia and they adopt a wait-and-see attitude, i.e., they take a decision about use of analgesia as labour progresses.

## **Study 2**

The mothers-to-be and the obstetricians they visit share a relationship in which the women feel free to air any problems they may have. Analgesia is one of the topics discussed. Furthermore, the obstetricians believe that antenatal education does help the parturient during labour. They also believe in the woman's right to take her own decision about the use of analgesia.

Finally, most obstetricians believe that antenatal education should be provided by obstetricians and midwives but not by pharmacists.

## **Study 3**

All the midwives stated that they believe that antenatal education is very important in helping the parturient to cope better with labour. Besides, they feel that information about labour analgesia is also important since parturients welcome analgesia during labour. They often ask for it and rarely refuse it.

Finally, the pharmacist's role lies in advising pregnant women about the benefits of antenatal education rather than in actually passing on information.

## **Study 4**

Patients seek the pharmacist as a source of information. However, they only seek his/her advice about minor ailments. Nonetheless, the pharmacist is still in an ideal position to promote antenatal education

and thus help to reduce the fear, anxiety and apprehension most women experience prior to labour.

### Study 5

Most mothers have good relationships both with their doctors as well as with their pharmacists.

### Conclusion

The former two health professionals believe that antenatal education is very important for the parturient during labour.

Results of Study 4 indicate that the pharmacist is in a perfect position to promote antenatal classes. In practice, many mothers do not have a basic knowledge of what to expect in labour, which is why the importance of this role of the pharmacist should not be overlooked. It is encouraging to note that a large percentage of mothers who attended classes felt that these proved helpful during labour.

Parturients welcome analgesia while in labour. This underlines the necessity for mothers to be well informed so as to make wise decisions on the choice of pain relief during labour. Antenatal classes held at KGH should lay more emphasis on this topic and strive to improve methods of passing on information. With regards to Craig Hospital in Gozo, antenatal classes should be started without delay.

A wider selection of analgesic drugs than that presently provided at KGH or Craig Hospital would certainly be of benefit to parturients since it is common knowledge that reaction to pain varies according to the individual.

Finally, one should encourage the addition of a clinical pharmacist to the hospital team as an expert on drug actions and uses.

## References

Bonica JJ. Obstetric Analgesia and Anaesthesia. 2nd edition. (Edited by Bonica JJ). World Federation of Societies of Anaesthesiologists. Amsterdam, 1980.

Melzack R. et al. Labour is still painful after prepared childbirth training. Can. Med. Assoc. J. 1981; 125: 357.