

Perception of Labour Pain by Pregnant Women in Southwestern Nigeria

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Abstract

Objectives: This study was conducted to determine the Yoruba woman's perspective of labour pain, to ascertain what methods of pain relief in use during labour and the effectiveness of these methods.

Methods: With the help of an epidemiologist, we designed a questionnaire to apply to women who have had at least one normal delivery. Women attending the antenatal booking clinic in three big hospitals in South-western Nigeria, with a predominant population of Yorubas, were interviewed. Questions asked were: (1) Labour pain rating using a 3-point Verbal rating Scale (VRS), (2) what they would want done to pain when in labour, (3) analgesic use in previous labour(s), (4) patient's greatest worry during labour.

Results: A total of 486 multiparous women were interviewed. Over 70% rated labour pain as moderately to severely painful. 32% would not want any pain relief while in labour but another 33% would want it eliminated. Labour pain was the greatest worry of 14% during labour while 40% claimed they had no worries. 95% claimed not to have had any analgesia during previous deliveries. All those who had analgesia were given only intramuscular injections while in labour.

Conclusions: Though most Nigerian women find labour painful, they appear to tolerate it well. Methods available for pain relief in developed countries are not in use here. The only method in use is not very effective.

Key Word: Labour Pain, Analgesia, Verbal Rating Scale. [Trop J Obstet Gynaecol, 2004; 21:153-155]

Introduction

Labour pain has been known to mankind from the earliest times. The holy book says to women "----- in pain you will have your baby". Many women have intense pain which is invariably associated with reflex increases in blood pressure, oxygen consumption and the liberation of catecholamines, all of which may adversely affect uterine blood flow.^{1,2}

Over the years, many methods which have been devised to manage this pain include prepared childbirth training, parenteral and inhalational analgesia and central neuroaxial blocks in labour. It is however known that many of these methods are not often used for the Nigerian woman when in labour. This study aims at investigating the Nigerian woman's perception of labour pain and the need to alleviate the pain.

Patients and Methods

This study was carried out over a six month (April Sept 2001) period at three different referral hospitals based in Ile-Ife, Ilesa and Ibadan, three towns in South-western Nigeria. It was a questionnaire based study involving multigravidae women who were attending ante-natal booking clinics in these hospitals. To be included in the study, a woman must have had at least one delivery by spontaneous vertex and must be willing to take part in the study.

The questionnaire which aimed at assessing the women's perception of labour pain was devised with the help of an epidemiologist. It comprised of two parts: (a) demography (b) Specific questions aimed at assessing women's description of labour pain. Using the sample size formula, a sample size of 253 was found to be high

enough to make significant deductions from. questionnaires were administered by the investigators. Labour pain was to be rated using the 3- point verbal pain rating scale. The information obtained was analysed using appropriate statistics such as mean, mode, student's t and chi-square tests.

Results

A total of 1640 women were booked for antenatal care in the three centres during the period. Ninety per cent (1480) of these women were of the Yoruba ethnic group. Four hundred and eighty six of these women met the inclusion criteria and gave verbal consent for the study. Their ages ranged between 16-45 years and parity from 1 to 7. The mean weight was 62.38±11.034kg.

Table 1 shows the women's description of labour pain. Over 70 % of the women describe the pain as being moderate to severe. However, as many as 311 (65.3%) want labour pain left alone or simply reduced. Only 14.3% of the patients show any concern for labour pain. Only twentyfive women (5.3%) claimed to have requested for a pain killer in their previous pregnancy. They were only given intramuscular injections which they reported reduced the pain.

More severe. (P<0.00009). The occupation did not significantly influence the recall of labour pain in previous pregnancy (p>0.05). The level of education

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Table 1: Distribution of Patients Description of Labour Pain, what to do to The Pain When in Labour and Greatest Worry During Labour

Parameters	Frequency	%	Response Rate
How would you describe labour pain?			
Mildly painful	131	27.3	
Moderately painful	186	38.4	
Severely painful	167	34.5	99.6
When in labour what would you want done to the pain?			
Left alone	160	33.6	97.9
Reduced	165	34.7	
Taken away (eliminated)			
What is your greatest worry during labour?			
Nothing	186	39	
Labour pains	68	14.3	98.2
Fear of complications	68	14.3	
Survival of baby	155	32.5	
Did you have any form of pain killer during your previous labour?			
YES	25	5.3	
NO	447	94.7	

Was however significantly related to the recall of pain in previous pregnancy as shown in Table 4 (p=0.015). Tables 2, 3, 4 show the details of the pregnant women's age, parity and education respectively, in relation to their recall of labour pain from previous labour experiences. Parity and age did not significantly influence pain perception. (P=0.72) as shown in tables 2 and 3. Parity was not significantly related to the greatest worry during labour (P=0.16). However, those who worry more about labour tend to describe it as being

Table 2: Influence of Age on Description of Labour Pain Among Parous Women in South Western Nigeria.

Age (yrs)	Pain Ratings (%)		
	No (%)	Mild-Moderate (%)	Severe
15 -24	57 (13.1)	41 (71.9)	16 (28.1)
25 -34	313 (64.6)	203 (64.9)	110 (35.1)
35 -44	110 (22.3)	70 (63.6)	40 (36.4)
Total	480* (100)	314 (65.4)	166 (34.6)

*6 non -responders (Response rate 98.8%

$\chi^2 = 127$

DF = 2

p = 0.530895882, ns

Table 3: Influence of Parity on Description of Labour Pain Among Parous Women in South Western Nigeria.

Parity	No	Mild (%)	Moderate(%)	Severe(%)
1	133	39 (29.3)	51 (38.3)	43 (32.4)
2-4	309	80 (25.9)	120 (38.8)	109 (32.5)
5+	30	10 (33.3)	9 (30.0)	11 (36.7)
	472	129 (27.3)	180 (38.1)	163 (34.6)

Chi -square =5.36

DF =8

p =0.71893498, ns

Table 4: Influence of Education on Description of Labour Pain Among Parous Women in South-western Nigeria.

Education	No (%)	Mild-Moderate(%)	Severe(%)
NIL -primary	119 (25.8)	84 (70.6)	35 (29.4)
Secondary	216 (46.9)	150 (69.4)	66 (30.6)
Tertiary	126 (27.3)	70 (55.6)	56 (44.4)
To tal	461*	304 (65.9)	157 (34.1)

*Response rate = 94.8%

$\chi^2 = 8.38$

DF = 2

p=0.01517515, s

Discussion

The women interviewed in this study appear to cope quite well with labour pain and do not require the use of methods aimed at complete elimination of labour pain. The finding may be due to the general perception of labour pain in Yoruba culture where it is often regarded as divine and a source of joy.³ Some of the statements made by the women during interview reflected the strong influence of the Yoruba culture on the women's perception of labour pain. Such statements include "labour is painful but God makes us forget it."; "only lazy people see labour as painful". Previous studies have confirmed the strong influence of ethnocultural diversities on pain perception^{4, 5}. A 20 year medline search did not reveal any study on labour pain among various ethnic groups in Nigeria. The strong cultural influence on pain may partly explain why age and parity have no significant influence on the women's perception.

The study involved women who were not in labour and there had been some time lapse between their last confinement and this interview. There may thus be an

Labour pain are widely debated even though clinicians often use such retrospective information in their practice⁶. Although literature on memory for labour pain is limited, Niven and Murphy-Black concluded that inductive analysis suggested that women do not completely forget labour pain and recall is often vivid but not always entirely accurate.⁴

In a study using the Magill Pain Questionnaire (MPQ) to assess the accuracy of memory for labour pain context and quality in women who had given birth 3-4 years previously, the subjects displayed very good memory for the context of labour pain but poor memory for its quality⁷. Women have available semantic information about labour pain which may influence their pain recall or even their assessment of a pain experience⁷.

While studying post-surgical patients in Korea, it was found that patients and their relations tried to cope with pain as best as they could, without analgesics⁸. However the attitude changed when Korean practitioners in acute pain services began to inform patients and health care providers that post-operative pain was unnecessary and can even have adverse physiologic effects. The attitude of our women can also be changed with proper education particularly during antenatal classes. Women should be informed about the various methods available for pain relief and the need to request for analgesia during labour if necessary.

The fact that the women who requested for analgesia in this study were given only intramuscular injections reveals the limitations in our practice. Other appropriate methods such as inhalational gases, prepared childbirth training and central neuro-axial blocks should be utilized in our labour suites. That parity and occupation were not significantly related to labour pain suggest that labour pain does not get better with increasing number of experiences and occupation. In reality this is indeed so. However pain rating was significantly related to the greatest worry during labour, suggesting that those who find labour very painful tend to worry more about it. This may be the group that will require active therapy. It is interesting to note that educational status was significantly related to pain perception. This may be because educated women have

great expectations from the hospital and expect that the establishment should be able to meet such. This study was conducted during a period in Nigeria when narcotics were not available in the whole country. It can only be inferred then that those who claimed to have received analgesia in the intrapartum period were given non-narcotics which are known not to be as effective for pain relief. The high number of parturients who experience labour pain without any drug to alleviate it in a country as big as this gives one a cause for concern. It is suggested that efforts should be made to ensure that analgesics are always available for use during labour. It will be necessary to conduct this same study in women who are in the immediate post partum period. The results in that study can then be compared with this in order to eliminate the influence of time lapse on memory. This has already commenced in the same hospitals.

In conclusion, most Yoruba women tolerate labour pain fairly well. Introduction of invasive obstetric analgesic protocols such as epidurals, which have the aim of pain elimination, should be done with prudence.

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