



PAINLESS DELIVERY; KNOWLEDGE AND ATTITUDE OF OBSTETRICIANS AND MIDWIVES

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Article received on:

26/10/2015

Accepted for publication:

17/02/2016

Received after proof reading:

12/04/2016

ABSTRACT....: One of the most severe pain that a woman experiences in her lifetime is labor pain which leads to increase their desire to perform caesarean section. In the present study we assessed the attitudes and awareness of obstetricians and midwives by raising their knowledge and skills, to increase the rate of vaginal delivery and reduce the cesarean. **Methods: Study Design:** Qualitative study. **Setting:** Obstetricians and Midwives from throughout the Shiraz City, South of Iran, were participated by completing the questionnaire. **Period:** 6 months in 2015. Statistical analysis was performed using the SPSS software, version 20.0. The results were presented as frequency (percentage). **Results:** 118 individuals including 25 (21%) Obstetricians and 93 (79%) Midwives were participated in the current study. Both obstetricians and midwives preferred normal vaginal delivery (NVD) (83.9%). 91% of subjects believed that the reason of preference of NVD is the safety of mother and child. 34.7% of individuals was fully aware of painless labor. 21.2% had average information. Most of the subjects was agreed with the painless labor method (92.4%) and 4.2% was disagreed. Lack of pain and calmness during labor (62.2%) and reduction of fear of natural childbirth (50.5%) were the main reasons of agreements. 85.2% of obstetrics and midwives believed that the number of painless labor in Iran in comparison to international standards is less than desired. **Conclusions:** Although the majority of obstetricians and midwives were agreed with the painless labor in hospitals, almost half of them were aware of the painless delivery. Raising the knowledge of health care providers about painless delivery can influence on awareness and attitude of them and parturient toward normal vaginal delivery.

Key words: Painless Labor, Awareness, Attitude, Obstetrician, Midwives

Article Citation: Dehghanpisheh L, Sabetian G, Fatahi Z. Painless delivery; knowledge and attitude of obstetricians and midwives. Professional Med J 2016;23(4):467-471. DOI: 10.17957/TPMJ/16.3141

INTRODUCTION

One of the most severe pain that a woman experiences in her lifetime is labor pain which leads to increase their desire to perform caesarean section. According to statistics released by the Ministry of Health and Medical Education in 2001 the rate of caesarean in urban areas was 41.9% and in rural area was 22.5%.¹ The increase in cesarean rates is associated with increase in its negative side effects on the mother and baby and considerable economic costs for society.² The painless labor has made a great progress since 1847 that Simpson used chloroform to reduce the pain of labor.³ Many studies were performed to assess the knowledge and attitude of women towards painless labor, and the sources which make them familiar with painless labor. In a study in Nigeria women were mostly became familiar

with painless labor by their friends.⁴ In another study by Minhas et al. around 40% of women became familiar with painless labor from their obstetricians and 64% from friends or relatives.⁵ It is better to become familiar by physicians to select a correct and appropriate treatment for each individuals according to their condition.

As gynecologists and obstetricians and midwives can have an effective role in raising awareness of mothers, in the present study we assessed the attitudes and awareness of obstetricians and midwives by raising their knowledge and skills, to increase the rate of vaginal delivery and reduce the cesarean.

METHODS

In this qualitative study, Obstetricians and

Midwives from throughout the Shiraz city, south of Iran, were participated by completing the questionnaire, during 6 months in 2015. A signed written informed consent was obtained from the participants, and their information were remained confidential. The exclusion criteria were as follow: unwillingness of obstetrics or midwives to participate in the project, and midwives who were spent their training courses at hospital. The questionnaire was consisted of 15 demographic questions about awareness and attitudes of the obstetricians and midwives towards the painless labor. 4-point Likert scales from 1 to 4 were used to gather the responses to the items. The reliability of the questionnaire was measured through Cronbach's alpha coefficient which was 83%. Content validity was determined by a nominal group of five experts using professional judgment.

Statistical analysis

Statistical analysis was performed using the SPSS software, version 20.0, for windows (SPSS Inc., Chicago, IL). The results were presented as frequency (percentage).

RESULTS

118 individuals including 25 (21%) Obstetricians and 93 (79%) Midwives were participated in the current study. Table-I shows the demographic features of participants. Number of normal vaginal and cesarean section which the obstetricians and midwives faced with in a month is presented in Table-II.

The preference of the obstetricians and midwives for normal vaginal delivery and cesarean section is demonstrated in Figure-1. Both obstetricians and midwives preferred NVD (83.9%). As shown in Figure 2, 91% of subjects believed that the reason of preference of NVD is the safety of mother and child and the 9% believed that ease of method is the main reason. Among those who preferred the cesarean, 54.4% believed that the safety of mother and child is the reason and 45.5% believed that the ease of method is the reason.

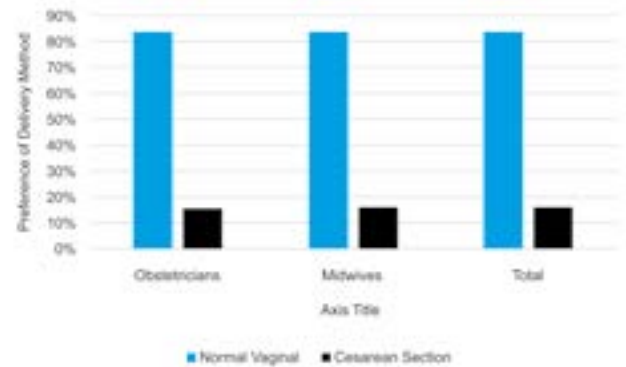


Figure-1. The Preference of the Obstetricians and Midwives for each Delivery Method

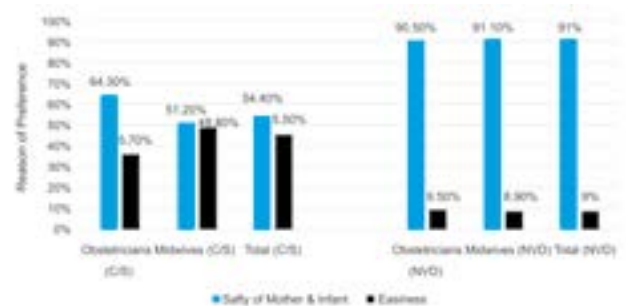


Figure-2. The Reason of Preference of Cesarean Section (CS) and Normal Vaginal Delivery

34.7% of individuals was fully aware of painless labor. 21.2% has average information. 33.9% had low awareness and 10.2% had no information about painless labor (Table-III). The level of awareness of subjects about different methods of painless labor is as follow: entonox (68.1%), epidural (51.3%), narcotics injection (36.1%), and spinal (18.5%) (Table-III). No differences were seen between the awareness of midwives and obstetricians about different methods of painless labor ($P = 0.151$).

Most of the subjects was agreed with the painless labor method (92.4%) and 4.2% was disagreed (Table-IV). Lack of pain and calmness during labor (62.2%) and reduction of fear of natural childbirth (50.5%) were the main reasons of agreements. The main reason of disagreement was prolonged delivery process (42.9%) (Table-IV). The rates of agreement with different types of painless labor including epidural, spinal, narcotic injection, and entonox were 84.9%, 72.6%, 75%, and 79.3%, respectively (Table-IV). 85.2%

of obstetricians and midwives believed that the number of painless labor in Iran in comparison to international standards is less than desired.

Variables	Values, No. (%)
Age, y	
≤ 30	53 (44.9)
30-39	35 (29.7)
40-49	22 (18.6)
≥ 50	8 (6.8)
Number of Children	
1	21 (17.6)
> 1	29 (24.4)
0	69 (58)
Mode of Delivery	
Normal vaginal delivery	28 (57.1)
Cesarean section	17 (34.7)
Both	4 (8.2)
Experience of Working in the Maternity Ward, Y	
< 1	10 (8.4)
1 - 5	43 (36.1)
> 5	66 (55.5)

Table-I. The Demographic Features of Obstetrics and Midwives

	Obstetricians	Midwives	Total
Normal Vaginal Delivery			
0	0 (0)	11 (12)	11 (9.6)
1-10	11 (47.8)	44 (47.8)	55 (47.8)
> 10	12 (52.2)	37 (40.2)	49 (42.6)
Cesarean section			
0	0 (0)	10 (11)	10 (8.6)
1-10	9 (36)	6 (6.6)	15 (12.9)
> 10	16 (64)	75 (84.4)	91 (78.4)

Table-II. The Amount of Normal Vaginal Delivery and Cesarean Section which the Obstetricians and Midwives Faced with in a Month [No. (%)]

DISCUSSION

Painless labor is a very important issue in the management of pregnant women in delivery. The severe pain of the delivery shifts mothers toward cesarean section. According to a report by World Health Organization (WHO) in 2012, 33% of deliveries in United States were performed through cesarean section and 48% of all childbirths in Iran

were performed via cesarean section.⁶ The factors decrease the tendency for performing vaginal childbirth in Iran are including: it is considered as a painful and lengthy process, with low cultural acceptance and resulting in less income for obstetricians.⁷ In this study the awareness and attitudes of obstetricians and midwives towards the pain relief labor was evaluated.

	Obstetricians	Midwives	Total
Perception of Labor Pain			
Average	1 (3.8)	10 (10.9)	11 (9.3)
Severe	19 (73.1)	66 (71.7)	85 (72)
Unbearable	6 (23.1)	16 (17.4)	22 (18.6)
Awareness of Painless Labor			
Full	11 (44)	30 (32.3)	41 (34.7)
Average	5 (20)	20 (21.5)	25 (21.2)
Low	8 (32)	32 (34.4)	40 (33.9)
Not at all	1 (4)	11 (11.8)	12 (10.2)
Awareness of Methods of Painless Labor			
Epidural	18 (69.2)	43 (46.2)	61 (51.3)
Spinal	10 (38.5)	12 (12.9)	22 (18.5)
Narcotics Injection	11 (42.3)	32 (34.4)	43 (36.1)
Entonox	18 (69.2)	63 (67.7)	81 (68.1)

Table-III. The Awareness of Obstetricians and Midwives towards the Painless Labor

	Obstetricians	Midwives	Total
The idea about performing painless labor			
Totally agree	15 (57.7)	41 (44.6)	56 (47.5)
Somewhat agree	9 (34.6)	44 (47.8)	53 (44.9)
Indifferent	0 (0)	4 (4.3)	4 (3.4)
Somewhat disagree	2 (7.7)	2 (2.2)	4 (3.4)
Totally disagree	0 (0)	1 (1.1)	1 (0.8)
The reason of agreement			
Lack of pain and calmness during labor	21 (84)	48 (55.8)	69 (62.2)
Reducing elective cesarean	7 (28)	17 (19.8)	24 (21.6)
Improvement in childbed	3 (12)	4 (4.7)	7 (6.3)
Reduction of fear of natural childbirth	17 (68)	39 (45.3)	56 (50.5)
The reason of disagreement			
Prolonged delivery process	3 (33.3)	15 (45.5)	18 (42.9)
Requires instruments	1 (11.1)	6 (18.2)	7 (16.7)

Increased risk of emergency cesarean	4 (44.4)	8 (24.2)	12 (28.6)
Lack of facilities for painless labor	6 (66.7)	6 (18.2)	12 (28.6)
Agreement with Epidural method			
Totally agree	13 (50)	13 (14.1)	26 (22)
Somewhat agree	11 (42.3)	63 (68.5)	74 (62.7)
Indifferent	0 (0)	5 (5.4)	5 (4.2)
Somewhat disagree	1 (3.8)	5 (5.4)	6 (5.1)
Totally disagree	1 (3.8)	6 (6.6)	7 (5.9)
Agreement with Spinal method			
Totally agree	6 (24)	14 (15.9)	20 (17.7)
Somewhat agree	14 (56)	48 (54.5)	62 (54.9)
Indifferent	2 (8)	15 (17)	17 (15)
Somewhat disagree	14 (15.9)	5 (5.7)	6 (5.3)
Totally disagree	2 (8)	6 (6.8)	8 (7.1)
Agreement with Narcotics injection			
Totally agree	11 (44)	22 (24.2)	33 (28.4)
Somewhat agree	8 (32)	46 (50.5)	54 (46.6)
Indifferent	3 (12)	9 (9.9)	12 (10.3)
Somewhat disagree	3 (12)	6 (6.6)	9 (7.8)
Totally disagree	0 (0)	8 (8.8)	8 (6.9)
Agreement with Entonox method			
Totally agree	15 (60)	33 (36.3)	48 (41.4)
Somewhat agree	5 (20)	39 (42.9)	44 (37.9)
Indifferent	1 (4)	10 (11)	11 (9.5)
Somewhat disagree	4 (16)	5 (5.5)	9 (7.8)
Totally disagree	0 (0)	4 (3.4)	4 (3.4)
The attitude toward the number of painless labor in Iran in comparison to international standards			
In accordance with international standards	1 (4)	7 (7.8)	8 (7)
Less than desired	18 (72)	80 (88.9)	98 (85.2)
More than desired	6 (24)	3 (3.3)	9 (7.8)

Table-IV. The Attitude of Obstetricians and Midwives towards the Painless Labor

In current study both obstetricians and midwives preferred natural vaginal delivery as the best method of delivery. Previous studies revealed that natural vaginal delivery is preferred among

health care staff. In a study by Dickson and Willett, the midwives were strongly believed that vaginal delivery is a better choice for mothers. It was obvious to midwives that mothers who delivered vaginally were generally in a better condition to care for their newborn babies.⁸ In another study by Harder et al., German-speaking midwives preferred vaginal mode of delivery due to the following reasons: it is the natural and physiological way of delivery, the personal experience of labor, the greater risks of caesarean section and the opportunity of a later caesarean section in case of fetal distress during first or second stage of delivery.⁹ However, in the current study the main reason of NVD preference is the safety of mother and child and only 9% believed that the reason is ease of method.

In the present study only 34.7% of individuals was fully aware of painless labor and 21.2% had average information but the others had low or no information about painless labor. Also the level of awareness of subjects about different methods of painless labor is as follow: entonox (68.1%), epidural (51.3%), narcotics injection (36.1%), and spinal (18.5%). In the study of Ogboli-Nwasor et al. the most awareness of health care providers about pain relief agents was as follow respectively: systemic opioids, regional anesthesia, and opioid with adjuvants, non-pharmacologic techniques, and ect.¹⁰

In this study most of the subjects was agreed with the painless labor method. Ogboli-Nwasor et al. revealed that majority of health care providers believe that pain relief in labor is essential.¹⁰

In present study the reasons of agreement with painless labor were mostly lack of pain and calmness during labor, reduction of fear of natural childbirth and to a lesser extent reducing elective cesarean. While prolonged delivery process was the main reason of disagreement.

According to the attitudes of obstetricians and midwives towards the frequency of painless labor in Iran, the amount is less than international standards. Previous studies have shown that the

awareness of parturient about painless labor is low. In our previous study on 232 pregnant women in Iran it was found that their knowledge and awareness about painless labor is not enough.¹¹ In another study in Iran by Masoumi et al. the level of knowledge of pregnant women about safe and physiological delivery was very low.¹² Naithani et al. revealed that the awareness and acceptance for labor analgesia was reasonably low among the prospective parturients and the higher education level had a significant influence on their decisions regarding delivery.¹³


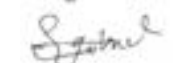
According to the results of the current study although the majority of obstetricians and midwives were agree with the painless labor in hospitals, almost half of them were aware of the painless delivery and among them only one third of the individuals had complete information about it. Since health care providers are in contact with mothers, they can increase their awareness about painless labor, which can reduce their fear of vaginal delivery and as a result the rate of cesarean sections. Therefore, raising the knowledge of health care providers about painless delivery can influence on awareness and attitude of them and parturients toward normal vaginal delivery.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
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2	Golnar Sabetian	Designing survey, supervisor study conduction of study, Writing draft of article	
3	Zeinabosadat Fatahi	Designing survey, Collecting data Writing draft of article	