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A Survey of Women's Views of Epidural Analgesia in the Middle East

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Abstract

Background

There is little information on the factors that influence epidural uptake in the Middle East. Anecdotal evidence suggests that the uptake is low, overall, but rising due to socio-economic change and increased awareness of analgesia options in labour. The low prevalence of epidural in labour is influenced by many factors; however, there is a general lack of information about epidurals, both risks and benefits.

Methods

This study was a questionnaire -based study eliciting women's knowledge of epidural analgesia immediately post-delivery. It was based on a survey using a questionnaire with, largely, closed questions, with one final section inviting open-ended comments.

Findings

Almost half of the women stated that they did not want an epidural in labour (49.2%, n=125). About a fifth of the respondents (18.1%, n=46) stated that they planned to have an epidural. However, 44 women were undecided (17.3%) and 39 women (15.4%) stated that they did not know about epidurals.

The main reason given for considering an epidural was for pain relief (37.7%, n=95), although the same percentage of women (37.8%, n=96) were clear that they did not want an epidural. Other reasons attracted few responses.

Discussion

This study demonstrated the lack of knowledge and understanding of epidurals by women in this region. However, some of the reasons for reluctance in accepting epidural analgesia may have cultural roots and this warrants further investigation. Pain relief options available to women should be discussed early in pregnancy by doctors and midwives, who understand the cultural societal norms and who are able to give evidence-based information about the choices available.

Keywords

Epidural, pain relief, pregnancy and labour

Introduction

Intrapartum analgesia remains a controversial issue and the most appropriate method that could be recommended to women is open to debate. Epidural analgesia is the most effective method with good pain relief for most women¹. However, epidural analgesia in labour is associated with a clear increase in risk for obstetric intervention and is associated with longer term dissatisfaction with the birth in women¹.

The choice of analgesia in labour for women is affected by many factors including their demographic background, access to information and the quality of the information that they receive, and the source of information, such as medical professionals or family and friends^{2, 3}. In this context, there is additional evidence that indicates a link between low educational achievement, ethnic origin, and the decision making process for women requesting an epidural⁴⁻⁸.

There is little information on the factors that influence epidural uptake in the Middle East. However, anecdotal evidence would suggest that the uptake is low, overall, but rising due to socio-economic change and increased awareness of analgesia options in labour. The low prevalence of epidural in labour is influenced by many factors, however, there is a general lack of information about epidurals, both its risks and benefits. This study, explored the knowledge and the influencing factors that may affect a woman's choice around analgesia in labour.

Methods

This was a retrospective, observational, questionnaire-based study using mixed methodology, in which all newly delivered women who gave birth vaginally to a live born infant at >37 completed weeks gestation were asked to complete a simple semi-structured questionnaire regarding intrapartum pain management (Appendix 1). Women were recruited on the postnatal wards, within 24 hours of delivery, and asked to complete the questionnaire. This included mainly quantitative questions regarding their antenatal knowledge and predetermined plans as well as identifying factors which influenced their decision making regarding their choice of analgesia in labour. The questionnaire also had an area for comments and these comments were analysed separately. The questionnaire was offered in English and Arabic and an Arabic interpreter was present with one of the authors (GE) to assist in the translation.

The aim of the study was to explore women's knowledge and views regarding the management of pain in labour and to identify factors which may influence women's choice of pain relief. The quantitative data were coded and analysed using SPSS (Statistical Programme for Social Scientists.) version 22.1. For the comment responses a thematic analysis approach was used to scrutinise the data and identify the common issues and main themes that emerged.⁹ Three main themes emerged: "sources of information", "it's not natural", and "fear of epidurals".

Ethical Approval was granted by the Corniche Hospital Research Ethics Committee.

Results

Quantitative

A total of 254 completed questionnaires were returned. The median age was 29 (range 17 to 43). Women from 21 nationalities completed the questionnaire. Of these 49.2% (n=125) were local Emirati women and 51.8% (n=129) were expatriate women. A quarter of the women (24.8%, n=63) had finished their high-school education, three quarters had been to college or university (75.2%, n=191). Two fifths of the women (42.9%, n=109) were primi-gravida, while 57.1% (n=145) women were multi-gravida. Of the women who had previously given birth, only 2.4% (n=6) had had an epidural in a previous pregnancy. Almost half of the women stated that they did not want an epidural in labour (49.2%, n=125). About a fifth of the respondents (18.1%, n=46) stated that they planned to have an epidural. However, 44 women were undecided (17.3%), and 39 women (15.4%) stated that they did not know about epidurals (see Table 1).

Table 1

Demographic Information Survey Participants

	Number	%
Emirate Women	125	49.2
Expatriate Women	129	51.8
Completed High School Education	63	24.8
Primigravida	109	42.9
Multigravida	145	57.1
Previous epidural	6	2.4
Women who did not want to have an epidural	125	49.2
Women who planned to have an epidural	46	18.1
Women who were undecided about epidural	44	17.3
Women who did not know about epidural	39	15.4

Reasons for Considering an Epidural

The main reason given for considering an epidural was for pain relief (37.7%, n=95), although almost the same number of the women (37.8%, n=96) were clear that they did not want an epidural. Other reasons attracted few responses (Table 2)

Table 2

Main reasons why women would consider an epidural

Reason	Number	%
To control pain	95	37.7
To relieve stress	8	3.1
Previous experience	4	1.6
Encouraged to have epidural by friends or family	2	0.8
Encouraged to have epidural by health professionals	3	1.2
Encouraged to have epidural for medical reasons	4	1.6
I did not want to have an epidural	96	37.8
I don't know about epidurals	39	15.4

Concerns about Epidurals

Women were asked to identify any concerns that they had about epidurals. Just over one third of the women (35.1%, n=91) had concerns of risk to themselves, an additional small number of women expressed concern for their baby (3.1%, n=8), fear of delay in labour or increased risk of caesarean section (5.1%, n=13), and fear of pain from the procedure (2.8%, n=7). However, almost a quarter of the respondents (23.2%, n=59) stated that they had no concerns. A number of women were discouraged from having an epidural by their family (6.7%, n=17) or a health professional (3.9%, n=10), as highlighted in Table 3.

Table 3

Main concerns about epidural

Concerns	Number	%
Risk to women	91	35.1
Risk to baby	8	3.1
Pain from procedure	7	2.8
Afraid of delay or increased risk of Caesarean section	13	5.1
Discouraged to have epidural by friends/family	17	6.7
Discouraged to have epidural by health professional	10	3.9

No concerns	59	23.2
Other concerns	19	7.5

Main Sources of information about Epidurals

The main sources of information about epidurals that women accessed were as follows. One third of women (33.5%, n=85) cited family or friends as the main source of information. The next most common source of information was midwives (22.8%, n=58), followed by obstetricians (7.9%, n=20), anaesthetists (7.9%, n=20), and family doctors (1.6%, n=4). Antenatal classes were mentioned by 4.3% of the women (n=11), although 39 women (15.4%) had attended parent craft sessions, with 3.5% of the women (n=9) mentioning the Internet. Other sources of information included books and magazines (2.4%, n=6) and personal experience (0.8%, n=2).

Nature of Advice around Epidurals

Women were asked if the advice they had been given was positive or negative advice. Slightly more women (43.7%, n=111) had received positive advice, with 41.3% (n=105) receiving negative advice. Thirty eight women (15%) did not answer this question. Advice received from clinicians was positive about epidurals. Advice from anaesthetists was 100% positive (n=20) with 86.2% of the midwives (n=50) also giving positive advice about epidurals. Other doctors were also more likely to give positive advice (62.5%, n=15). Family and friends were more likely to view epidurals as negative, with 76.5% (n=65) advising against epidurals.

Forty six women (18.1%) wanted an epidural for their labour, but of these, nine women (19.6) did not receive it. Four women stated that the unit was too busy or that there was a delay, three women progressed too quickly and two women refused the epidural because the anaesthetist was male.

In this survey, 37 (14.6%) women actually had an epidural in their labour. When asked the reason for their decision, 83.8% of these women cited pain relief as the main reason (n=31), 8.1% mentioned to relieve stress (n=3), and 8.1% had it on medical advice (n=3).

Qualitative:

Theme 1- Sources of information

Almost half of the respondents had not wanted an epidural in labour. The main reasons cited were that women did not know enough about epidurals (if at all) or that family and friends had advised the woman not to have an epidural. One woman commented:

“My husband discouraged epidural because he had heard many cases of headache and back pain” (Respondent 45)

Another woman stated:

“I have heard lots of bad things about epidurals” (Respondent 66)

Despite encouragement from clinicians, some women had already decided not to have an epidural:

“I have read a lot about epidurals and was concerned about the effect on myself and my baby. The midwife tried to encourage me to have it” (Respondent 70)

Theme 2- It's not natural

Many of the women (particularly Emirate women) mentioned that labour should be natural and epidural was somehow viewed as not being this. As one woman said:

“I wanted a natural birth without the back injection” (Respondent 184)

Another respondent explained:

“To me it looked that the process of having the injection was painful enough so I thought natural birth is best” (Respondent 253)

Another woman who had had one previous Caesarean Section (CS) under epidural and 3 normal births said:

“I had epidural for my CS but not for normal births. I did not want an epidural for this normal birth” (Respondent 183)

Theme 3 Fear of Epidurals

Several women had expressed fear about the short and long term effects of having an epidural. This was probably due to lack of knowledge and information around epidural:

“I would be too scared when they actually inject me as this is a very sensitive area”. Respondent 29)

Another woman, who had obviously researched the topic and had found information from the NCT (National Childbirth Trust), a national charity advocating normality in childbirth in the UK, commented:

“I was scared of delaying my labour. The Natural Childbirth Trust (NCT) does not recommend epidural” (Respondent 177)

Discussion

Overall, the findings suggest that women in Abu Dhabi are not well informed about epidural analgesia for pain relief in labour and so do not consider it. Many women said they did not know about epidurals or that they did not know enough to consider the option for pain relief. Advice, when sought, was positive from health professionals, but negative from family and friends. These findings reflect other research that suggests that women have a poor understanding of the role of epidural analgesia in labour.¹⁰⁻¹¹

A study by Sheiner and colleagues suggests that women with religious backgrounds are less likely to use epidural analgesia and cites lack of information and lack of support

from religious leaders¹². This is certainly an interesting perspective to consider with this study, where almost half of the women were from the Emirates and childbirth amongst Muslim women is often a rite of passage with a strong spiritual context as women rely on Allah for support during labour¹³. Another research found that health professionals tended to under-estimate the level of pain experienced by Bedouin women, who tended to endure intrapartum pain with stoicism. Pain intensity levels were significantly underestimated by staff when compared to women's self-assessment¹⁴. This may be a significant factor in the UAE (United Arab Emirates). As women tend not to express vocally the pain in childbirth, rather they endure it.

Some of the decision making by women regarding pain relief in labour may have ethnic roots, a theory supported by other research. A prospective study in Chicago, USA, found that women from Hispanic backgrounds anticipated using epidural analgesia at a significantly lower rate compared to Caucasian women¹⁴. This supported the findings of other studies which documented racial and ethnic disparities in the uptake of epidural analgesia^{15, 16, 17}

Conclusion

Although this is a relatively small study, it demonstrates the lack of knowledge and understanding about epidurals by women in this region. Some of the reluctance to accepting epidural analgesia may relate to the various side-effects,¹ another reluctance has cultural roots and this warrants further investigation. Pain relief options available to women should be discussed early in pregnancy by doctors and midwives, who understand the cultural societal norms and who are able to give evidenced-based information about the choices available.

References

1. Anim-Somuah M, Smyth RMD, Howell CJ. Epidural versus non-epidural or no analgesia in labour. *Cochrane Database of Systematic Reviews*. Issue 4 2005.
2. Henry, A. and Nand, S. L. Women's antenatal knowledge and plans regarding intrapartum pain management at the Royal Hospital for Women. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 2004;44:314–317.
3. Stark M. Exploring Women's Preferences for Labor Epidural Analgesia *Journal of Perinatal Education*. 2003; 12(2): 16–21.
4. Le Ray C, Goffinet F, Palot M, Garel M, Blondel B. Factors associated with the choice of delivery without epidural analgesia in women at low risk in France. *Birth*. 2008; 35(3):171-178.
5. Lally JE, Murtagh MJ, Macphail S, Thomson R More in hope than expectation: a systematic review of women's expectations and experience of pain relief in labour. *BMC Medicine* 2008; 14;6:7.

6. Glance LG, Wissler R, Glantz C, Osler T, Mukamel DB, Dick AW Racial Differences in the Use of Epidural Analgesia for Labor *Anesthesiology* 2007; 106(1): 19-25.
7. Rust G, Nembhard WN, Nichols M, Omole F, Minor P, Barosso G, Mayberry
8. Racial and ethnic disparities in the provision of epidural analgesia to Georgia Medicaid beneficiaries during labor and delivery. *American Journal of Obstetrics and Gynecology* 2004;191:456–462.
9. To WWK. A questionnaire survey on patients' attitudes towards epidural analgesia in labour *Hong Kong Medical Journal* 2007;13:208-215.
10. Steen M and Roberts T . *The Handbook of Midwifery Research*, Wiley Blackwell. UK. 2007
11. Raynes-Greenow CH, Nassar N, Torvaldsen S, Trevena L, Roberts CL. Informed decision making for labour analgesia: a randomised controlled trial of a decision aid for labour analgesia versus a pamphlet *BMC Pregnancy and Childbirth* 2010;10:15. <http://www.biomedcentral.com/1471-2393/10/15> (accessed November 5 2014)
12. Sheiner E, Sheiner EK, Shoham-Vardi L, Gurman G, Press F, Mazor M, Katz M Predictors of recommendation and Acceptance of Intrapartum Epidural Analgesia *Anaesthesia Analgesia* 2000; 90:109-13.
13. Khalaf I, Callister LC . Cultural meanings of childbirth: Muslim women living in Jordan *Journal of Holistic Nursing* 1997;, 15(4):373-388.
14. Sheiner E, Sheiner EK, Shoham-Vardi. Ethnic differences influence care giver's estimation of pain during labour. *Pain* 1999; 81: 299-305.
15. Toledo P, Sun BA, Grobman WA, Wong CA, Feinglass J, Hasnain-Wynia R. Racial and Ethnic Disparities in Neuraxial Labor *Analgesia* .2012; 114(1):172-8.
16. Oladokun, Eyelade I, Morhanson-Bello O, Fadare J, Akinyemi B, Adedokun B Awareness and desirability of labor epidural analgesia:A survey of Nigerian women *Journal of Obstetric Analgesia* 2008; 18, 38-42.
17. Glance LG, Wissler R, Glantz C, Osler TM, Mukamel DB, Dick AW Racial differences in the use of Epidural Analgesia for Labor *Anesthesia & Analgesia* 2007; 106 19-25.
18. Sharma S, Mohamed N, Monga D. Acceptability of Epidural Analgesia for Pain Relief During Labour among Kelantones Women, *Medical Journal of Malaysia* 1996; 51(4):453-456.