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Predictors of women's positive childbirth pain experience: Findings from an Icelandic national study

Sigfrídur Inga Karlsdóttir^{a,*}, Herdis Sveinsdóttir^b, Hildur Kristjansdóttir^b, Thor Aspelund^{c,d}, Olof Asta Olafsdóttir^b

^a Faculty of Nursing, School of Health Sciences, University of Akureyri, Solborg, P.O. Box 224, 602 Akureyri, Iceland

^b Faculty of Nursing, School of Health Sciences, University of Iceland, Eiríksgata 34, 101 Reykjavík, Iceland

^c Icelandic Heart Association, Iceland

^d School of Health Sciences, University of Iceland, Sæmundargötu 2, 101 Reykjavík, Iceland

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ABSTRACT

Background: Pain in childbirth has been identified as one of the major components in the childbirth experience and an important topic that needs to be addressed during pregnancy, birth and the after-birth period.

Aim: The aim of the study was to describe women's childbirth pain experience and to identify predictors of women's positive childbirth pain experience.

Method: A population-based cross-sectional cohort study design was implemented, with convenient consecutive sampling, stratified according to residency. Pregnant women were recruited through 26 health care centers. Participants were sent a questionnaire by mail during early pregnancy and another one five to six months after childbirth. A multiple regression analysis was done, with women's childbirth pain experiences as the dependent variable.

Findings: Altogether 726 women participated in the study, with a response rate of 68%. The strongest predictors for women's positive childbirth pain experience were positive attitude to childbirth during pregnancy; support from midwife during childbirth; use of epidural analgesia and low intensity of pain in childbirth.

Discussion: The majority of the women in the study experienced childbirth pain as a positive experience, which is in line with studies that have demonstrated that pain in childbirth is different from other kinds of pain. In addition to epidural use as a predictor for positive childbirth pain experience, many other strong predictors exist and must be acknowledged.

Conclusion: When planning pregnancy and childbirth services, predictors of positive experience of childbirth pain should be considered and investigated further.

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Statement of significance

Problem or issue

Women's experience of childbirth pain is a multifocal phenomenon. Studies have indicated that women expect labour to be painful and that women can experience pain in childbirth either positively or negatively. But research is

lacking on what predicts women's positive childbirth pain experience.

What is already known

The perception of pain is one of the strongest predictors of the overall childbirth experience. Women describe pain in labour as being different from any other pain that they have experienced. The experience of childbirth pain as been linked to women's health after childbirth.

What this paper adds

Our study provides an overview of multiple predictors of women's positive experience of childbirth pain.

* Corresponding author.

E-mail address: inga@unak.is (S.I. Karlsdóttir).

1. Introduction

Identified as one of the major components in the childbirth experience, pain is a topic important to women and health professionals alike and need to be addressed during pregnancy, birth and the postnatal period.^{1–3} Women describe pain in labour as being different from any other pain with some reporting that it is the most memorable pain they have ever experienced.⁴ A review of ten studies, investigating women's ($n = 135$) experiences of coping with pain during childbirth show that many women have a positive outlook on and pragmatic acceptance of childbirth pain.⁵ Women expect to encounter pain in labour and may have positively or negatively attitude to it.⁶ Thus studies notwithstanding, a dearth of research exists on what predicts women's positive experience of childbirth pain.

Women's childbirth pain experience is a multifocal phenomenon. Klomp et al.⁷ found that four main themes explained women's efforts to reduce labour pain: preparation, support, control and decision-making. A systematic review of women's childbirth pain experience found strong correlations between personal control and satisfaction with pain relief.⁸ The perception of pain has also been identified as a strong predictor of overall childbirth experience.⁹

Various forms of pain management with medication are available for women during birth, with epidural analgesia being the most commonly administered form during the first stage of birth. Pain experience during childbirth and its connection to women's childbirth satisfaction are complex phenomena. Women's sense of control, how they cope with labour pain,¹⁰ and the choices that they have regarding pain relief during labour¹¹ have all been linked to overall childbirth satisfaction. In a study by Karlsdottir et al.¹² only 35% of pregnant women had a positive attitude to pain management with medication, while 77% had a positive attitude to pain management without medication. Furthermore, pain management with medication does not automatically imply increased childbirth satisfaction.¹³ An intervention, such an epidural, also seems to increase women's negative childbirth experience in the long-term, as women that use epidural more often rate their experience as bad or very bad, five years after birth, than six weeks after.¹⁴

Women's experience of childbirth pain has been linked to women's health after childbirth. Women who felt much pain during childbirth and women who experienced birth negatively were more likely to suffer from postpartum posttraumatic stress syndrome than those who experienced less pain or had a good childbirth experience.³ Studies have also indicated that women's perceived high level of pain during birth is one of the factors that makes a birth experience traumatic.^{15–17}

A systematic review shows that women generally experience a higher level of labour pain than they expected before birth.¹⁸ This gap between expectations and experience can be one cause of an adverse childbirth experience.¹⁹ Experiences of pain during the first stage of labour, feelings of powerlessness and lack of social support have been identified as predictors for traumatic childbirth experience.^{20,21} The results of other studies have indicated that midwives quality of their care greatly influences women's experience of pain.²² Supporting a woman through birth is no easy task. Midwife care that is respectful of and sensitive to a woman's physically and emotionally needs has shown to be important to women and healthcare professionals.²³ To cite one example, midwives continuous support during birth has been shown to reduce epidural use and to increase women's positive experience of childbirth.²⁴

Along with the gaps in research on women's childbirth pain experience, there are also research lacunae on what predicts these experiences. Midwives and other health care professionals need to

be knowledgeable of the factors that have a propitious influence on women's experience of labour pain. The aim of this study is to describe women's pain experience in childbirth and to identify predictors of women's positive childbirth pain experience.

2. Method

2.1. Study design

This study is part of the Childbirth and Health Study in Primary Care in Iceland,²⁵ which is based on the "KUB" study ("Kvinnors upplæfing av barnaföðingd"/"Women's experience of childbirth") on pregnant women carried out in Sweden between 1999–2000.²⁶ We implemented a population-based cross-sectional cohort study. The catchment area covered approximately 60% of maternity care for healthy women, serving around 3000 pregnant women per year. The sampling was a convenience sample stratified by residence from 26 health care centres out of 45, distributed evenly around the country. All 17 health care centres offering prenatal care in the capital were invited to participate and 13 accepted. The health care centres outside the capital area were chosen to ensure that each health care area in the country to be represented and large centres i.e. Western part of the country were all captured through the centre in Akranes and so on for the whole country. The health care centres were chosen to attain a distribution similar to births distribution in the country i.e., with a ratio of 70:30 for the capital and rural area respectively.

2.2. Setting

Iceland has about 325,000 inhabitants and approximately 4500 women give birth each year. Forty-five primary health care centres around the country offer antenatal care for healthy pregnant women. Midwives are the primary caregivers during a normal pregnancy, childbirth and post-partum period. Almost all pregnant women regularly attend antenatal care throughout their pregnancy, part of which are scheduled meetings with the same midwife. Seventy to seventy-five percent annual births take place at the Landspítali National University Hospital of Iceland, (hereinafter called Landspítali), which is located in the capital area of Reykjavik. The remaining 25–30% of births take place in seven other hospitals around the country, each with different levels of service. The home birth rate is 1.9% for the whole country and the caesarean section rate has been 15–17% for the last few years.²⁷ In Iceland, midwives attend all hospital and planned homebirths.

The live birth rate per 1000 population is 13.1 and the perinatal mortality rate is 3.1 per 1000 births, including all perinatal deaths after 22 gestational weeks (first week deaths, stillbirths, after 22 weeks or children born weighing 500 grams or more).²⁸

2.3. Participants

Women 18 years of age or older and fluent in Icelandic were considered eligible as study participants. Antenatal care midwives introduced the study to participants in their first antenatal visit. Participants were sent one questionnaire by mail during early pregnancy and another five to six months after childbirth. Data from both these questionnaires are published in this paper.

Women were asked to answer a comprehensive questionnaire on the following items: socio-demographic and obstetric background; manifestation of a sense of security; expectations and attitude to the impending childbirth; and attitude to pain and pain management with and without medication. Five to six months after childbirth, the women who responded to the questionnaire

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