

# Midwives and Gynecologists: Knowledge about Sterile Water Injections for Pain Relief in Labor

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## ■ ABSTRACT:

Presently, there is great interest in nonpharmacologic methods of pain relief during labor. The aim of this study was to determine whether gynecologists and midwives are aware of the use of sterile water injections for pain relief during childbirth, whether they use this pain relief method, and if not, would they do so in the future. We designed a quantitative, observational, descriptive, prospective and transversal study. Study participants were recruited from the 16th Health Department of Alicante, Spain. The data collection method used was a questionnaire of self-realization. The most relevant results indicate that those with less working experience ( $8.06 \pm 6.82$  years) used the technique most often compared with the group with more working experience ( $16.92 \pm 11.90$  years;  $p = .04$ ). The results determined that women have more knowledge about the technique (79.3%), whereas only 33.3% of men are aware of it ( $p = .02$ ). The results of this study showed a lack of knowledge regarding this technique, as well as educational interest in the fact that women have more knowledge than men. Increased use was observed in younger, less experienced professionals.

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## BACKGROUND

In today's world, we expect to live without pain, which is why we consume thousands of painkillers, tranquilizers, and other methods of pain relief annually. However, labor and delivery must be recognized as a physiologic process of women's reproductive life and not as a disease.

Despite recent advances in public hospitals to establish epidural anesthesia services, at the Hospital Marina Baixa (Alicante, Spain), this service is only available from 8 a.m. to 7 p.m. Use of this service is restricted to women in labor who

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are present during that timeframe; have previously attended a lecture regarding what an epidural is, how it is performed, the risks associated with it, as well as other issues; and have signed the informed consent at least 24 hours in advance.

There is currently an increasing interest in non-pharmacologic methods for pain relief during labor. Women are increasingly using some of these methods during delivery so they can be more aware and in control during the birthing process. The use of nonpharmacologic methods for intrapartum pain relief involves simple, low-cost, safe techniques, that do not result in side effects for mothers or babies. Among these techniques is the use of sterile water injections (Reynolds, 2002)

Among the nonpharmacologic methods currently used at Marina Baixa Hospital are mobilization, use of Pilates balls, and massage. It would be helpful to have an additional nonpharmacologic method for pain relief such as sterile water injections (SWIs).

Midwives should have a broad knowledge of alternative pain relief methods that they can offer their patients (Hodnett, 2002; Lally, Murtagh, Macphail, & Thomson, 2008; Leap & Anderson, 2008; Lowe, 1996, 2004; Pérez, 2006).

For women who want to delay epidural analgesia or when it is contraindicated or not available, the use of SWIs can be especially helpful in relieving severe back pain that may occur in the early stages of childbirth. Sterile water injection is easy to perform, inexpensive, and has no known risks, except transient pain at the puncture site (SEGO, 2008).

Reynolds (2000) pointed out that because this technique has shown efficacy when used for intrapartum pain relief in the lower back, the challenge at present is to get hospitals to include this technique in their menu of pain relief therapy. Many caregivers are skeptical because they do not believe in nonpharmacologic methods or because they are unaware of their mechanism of action. However, this technique should be promoted among health care workers in an environment that is open to change. Sterile water injections could also be an important technique for use in third world countries where pain relief is a outstanding issue. Because this technique does not require substantial economic cost, materials, or staff, it can be useful for health services in general.

Fogarty (2008) said that although the exact method of action is unknown, the technique has consistently demonstrated efficacy as a method of analgesia during labor.

Reducing or relieving the mother's pain during childbirth is one of the objectives of midwives. The SWI technique offers a safe and effective instrument

to achieve this goal; thus, determining whether staff working with women during pregnancy and childbirth have this knowledge is important. If a lack of knowledge is detected, training on the use of SWIs along with other nonpharmacologic methods of pain relief during labor should be encouraged.

The main objectives of this study were to determine whether gynecologists and midwives employed at the 16<sup>th</sup> Health Department of the Valencia Health Agency are aware of the use of SWIs for pain relief during childbirth, and if so, whether they use it or whether they would do so in the future.

## MATERIALS AND METHODS

To meet the objectives of this study, we designed an observational, descriptive, prospective, and transversal study.

In the first part, with descriptive purposes, we analyzed the knowledge among health professionals related to alternative methods of pain relief during labor and especially SWIs, the use, and the characteristics of the population in the sample.

In the second part, we analyzed the influence of caregiver sex, profession, and professional experience compared with the knowledge of alternative methods and their use.

The study population consisted of those health professionals, gynecologists, and midwives from the 16th Health Department of Alicante, who met the following criteria of being employed by the 16th Health Department of Alicante in January 2010.

Gynecologists who worked in family planning centers were excluded because they were not in contact with pregnant women or present at births.

Because it was a specific population, we were able to contact the entire study population; thus, it was not necessary to use any type of sampling.

The staff of the 16th Department of Health includes 16 gynecologists and 4 gynecology and obstetrics residents, 15 hospital-based midwives, and 10 community midwives. After getting in touch with all of them, all but 10 responded to our questionnaires.

Participants were informed orally about the study and guaranteed anonymity and confidentiality of all information. The decisions of the Declaration of Helsinki were followed.

The surveys of gynecologists and hospital-based midwives were delivered in person. The return box was placed in the office of the supervisor of the labor ward, facilitating the deposit and anonymity, as it is located inside the delivery room.

Sending out surveys for community midwives was conducted by the internal office of the Department of

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