

Evaluation of an Information Pamphlet for Women Considering Epidural Analgesia in Labour

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Abstract

Objective: This study sought to assess change in knowledge and preference for epidural use associated with use of an information pamphlet and to explore women's decision-making and information needs regarding pain relief in labour.

Methods: Six focus groups with women who were pregnant or had given birth during the past 12 months were conducted in three northern communities in British Columbia. Following completion of a five-item knowledge pretest, women were randomly assigned to read either a short version or a detailed version of the pamphlet and then complete a post-test. After reading the alternate pamphlet they participated in a moderated discussion. Pretest and post-test knowledge scores were compared, and a thematic analysis of focus group data was conducted.

Results: Knowledge scores increased (2.12 points out of a possible total of 10; standard deviation 2.38; 95% CI 1.38 to 2.87). There was no difference in knowledge change or epidural preferences according to which version participants read first. Women preferred the detailed version and indicated that its information was more balanced. Four themes related to decision-making and information needs arose from the focus groups: *making an informed choice, being open-minded, wanting comprehensive information, and experiencing pressure to have/not have an epidural.*

Conclusion: An illustrated information pamphlet can significantly increase women's knowledge of benefits and risks of epidural analgesia, but it is not associated with change of preference. Women prefer to receive comprehensive information prenatally to support informed choices in labour.

Key Words: Epidural, focus groups, qualitative evaluation, knowledge, decision making

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Résumé

Objectif : La présente étude avait pour but d'évaluer le changement dans le niveau de connaissance sur la péridurale et le choix d'y recourir à la suite de la lecture d'un dépliant d'information, et d'étudier le processus décisionnel sous-jacent et les besoins en information concernant l'analgésie pendant le travail.

Méthodologie : Six séances de discussion entre des femmes qui étaient enceintes ou avaient accouché dans les 12 mois précédents ont eu lieu dans trois localités du Nord de la Colombie-Britannique. Après avoir répondu à un test de connaissances de dix questions, les participantes ont lu la version courte ou la version détaillée d'un dépliant, selon une répartition aléatoire. Elles ont ensuite répondu une nouvelle fois au test, puis ont pris part à une discussion animée. Les résultats du pré-test et du post-test ont été comparés, et les données issues des séances de discussion ont fait l'objet d'une analyse thématique.

Résultats : Les résultats au test de connaissances ont augmenté (de 2,12 points sur un maximum de 10; écart-type : 2,38; IC à 95 % : 1,38 à 2,87) après la lecture. Le changement dans le niveau de connaissance et le choix de recourir à la péridurale était le même, peu importe la version du dépliant lue en premier. Les participantes ont préféré la version détaillée, précisant que son contenu était mieux équilibré. Enfin, les séances de discussion ont permis de dégager quatre thèmes en lien avec le processus décisionnel et les besoins en information : *la prise de décision éclairée, l'ouverture d'esprit, le désir d'obtenir de l'information complète et la pression de recourir ou non à la péridurale.*

Conclusion : La lecture d'un dépliant d'information illustré peut entraîner une hausse significative de la connaissance des avantages et des risques de la péridurale, mais n'est pas associée à un changement dans la décision d'y recourir ou non. Les femmes préfèrent obtenir de l'information complète sur le sujet pendant la grossesse afin d'être en mesure de faire un choix éclairé pendant le travail.

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INTRODUCTION

Epidural analgesia has become an increasingly popular method of pain relief during labour. A 2011 study reporting on birth certificate data for 27 US states indicated that 61% of labouring women used epidural analgesia for pain management during labour.¹ In Canada, epidural analgesia was used in 56.7% of labours ending in vaginal delivery in 2011, as reported by the Canadian Institute for Health Information.² A 2011 Cochrane systematic review of 38 randomized controlled trials concluded that epidural analgesia provided superior pain relief when compared against other pain relief methods.³ Epidural analgesia is performed by injecting a local anaesthetic into the epidural space of the lower spine. The anaesthetic blocks sodium channels in the nerve fibres from conducting pain from the pelvis and thus blocks transmission to the central nervous system.³ Potential side effects include itchiness, drowsiness, shivering, fever, maternal hypotension, urinary retention, and, less frequently, post-dural puncture headache. Epidural analgesia is associated with a prolonged second stage of labour and increased instrumental vaginal delivery.³

In their systematic review of women's expectations and experience of pain and its relief in labour, Lally et al.⁴ highlighted the discrepancy between expectations and experiences of pain. Among women who planned not to use pharmacological pain relief, 52% actually used it.⁵ The review concluded that knowledge about pain management helped women make informed choices and that consideration and evaluation of options also helped women cope physically and psychologically.⁴

Many women seeking information about epidural analgesia during labour tend to rely on friends and family, antenatal classes, or the Internet.⁶⁻⁸ Attendance at childbirth classes is declining,⁹ and qualitative studies have shown that women felt that prenatal classes were not adequately preparing them or their partners for childbirth.¹⁰ Friends and family can have a strong influence on choosing⁷ or refusing¹¹ an epidural. Fear of adverse consequences of epidural analgesia are significant deterrents to its use, including fears of needles, paralysis, chronic back pain, or increased risk of caesarean.^{7,11} These findings, in conjunction with consistent associations of higher rates of epidural use with increasing levels of maternal education,^{7,11,12} suggest a need for more accessible evidence-based information to inform decision making about epidural analgesia. Mahomed et al.⁶ illustrated that women often could not recall information regarding epidural analgesia given by anaesthetists during labour as part of the informed consent process.

To address gaps in women's knowledge about epidural analgesia, we developed and evaluated a pamphlet intended

for review before the labour experience. We measured change in women's knowledge of risks and benefits of epidural analgesia in labour after reading the pamphlet and assessed their preference for a short version versus a more detailed version. We also explored women's decision-making and information needs regarding pain management strategies for labour.

MATERIALS AND METHODS

Setting and Participants

We conducted six focus groups in three rural British Columbia communities purposely selected to reflect the ethnic, socioeconomic, and geographic diversity of childbearing women in the northern region of the province. The Northern Health Authority (NHA) is the largest health region in the province, covering over two thirds of British Columbia, and access to antenatal care and education is a significant issue for women in this rural region.¹³ Participants included English-speaking women who were pregnant or had given birth in the past 12 months and who lived in the NHA. Recruitment strategies included the following: (1) third-party recruitment by public health nurses; (2) passive recruitment using study posters in community settings frequented by pregnant women and new mothers; and (3) passive recruitment through posting of recruitment posters to Facebook message boards on the subjects of childbirth, parenting, and community events. Ethics approval for the study was obtained from the behavioural research ethics boards of the University of British Columbia and the NHA [H14-03404]. All participants read and signed a study consent form. They received a \$25 honorarium for their participation. Participants were also reimbursed for childcare costs and/or for travel expenses if they attended by transit or from an outlying community.

Development Process

We developed an epidural patient information pamphlet with the support of Optimal Birth BC (www.optimalbirthbc.ca), a multidisciplinary team consisting of academic and clinician researchers and specialists in health education who are funded in British Columbia to enhance informed decision making among parturient women and their families. The aim of the pamphlet is to increase women's knowledge of epidural analgesia to ensure that they have accurate knowledge of the risks, benefits, and alternatives for pain relief in labour. The pamphlet is intended to support discussions among women, their families, and their primary maternity care providers well in advance of labour and delivery.

Content for the pamphlet was developed from a review of the literature,¹⁴ examination of existing provincial patient resources, and discussions with anaesthetists. We developed a long, detailed version of the pamphlet (1565 words)

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