Assessment of Potential Factors that Effect Women Response to Labor Pain at Al-Elwyia Maternity Teaching Hospital

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Abstract

This study aims to assess the potential factors that effect on women response to labor pain. A descriptive design was conducted on non-probability (Purposive Sample) of (60) pregnant women admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain. The data were analyses used descriptive & inferential statistical. The study results show a highly significant differences concerning factors aggravate labor pain regarding positive and negatives items generally, and there source factors have highly assessed completely as very enough which accounted (94%), and service provider factors also extremely assessed good. The study concluded that there are many factors effect on women's coping with labor pain. The study recommended developing educational program for pregnant women teach them about all changes during period of pregnancy and labor, and initiation of childbirth classes in primary health care centers

Keywords: *Assessment, factors, labor Pain.*

Introduction

Labor pain is a part of a normal process in spite of the fact that it predictable during labor process, it is considered as the most unwanted part of the labor trial during childbirth.(1) There are many factors that influence labor pain, include socio-demographic factors (such as age, education), physiological factors, parity, rupture of membranes, fetal factors, maternal position, psychological factors, non-preparation toward labor, expectations of labor, nursing support, family support, and cultural factors.(2)

Methodology

Descriptive designs was conducted on non-probability (purposive sample) of (60) pregnant women that admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain for the period of (4th July 2018 through 24th October 2018). Data were collected through used a questionnaire format, which consist of four parts. The pilot study was executed between the 25th June 2018, to 1st July 2018 on (10) women to determine the reliability, and content validity was achieved through the 12 experts. Descriptive and inferential statistical analyses were used to analyze the data.

Results

Table (1): Distribution of the socio-demographic data

Variables	Groups	(n=60)	
		No.	%
Age Groups (Per Years)	< 20	30	50%
	20-24	21	35%
	25-29	6	10%
	30-34	3	5%
Educational level of wife	Illiterate	2	3.3%
	Read & write	5	8.3%
	Primary school	20	33.3%
	Intermittent school	16	26.7%
	Preparatory school	7	11.7%
	Bachelor	9	15%
	Higher studies	1	1.7%
Occupation status of wife	Housewife	56	93.3%
	Employee	1	1.7%
	Free job	3	5%

*% = Percentage

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Table (1) shows that the highest percentages (50%) which are (< 20) years old. (33.3%) which are primary, schools' graduates, (93.3%) were housewives.

Table (2): Summary Statistics for Factors that Aggravate Labor Pain

Factors		**MS**	**SD**	**P-value**	**Ass**
Psychological Factors	Anxiety	1.6500	.48099	0.040	NS
	Fear of Birth Process	1.8333	.37582	0.000	HS
	Sense of loss of Control	1.4500	.50169	0.640	NS
	Stress	1.4000	.49403	0.210	NS
Physiological Factors	Cervical dilation	1.9833	.12910	0.000	HS
	Decent of presenting part	2.0000	.00000	.00000	HS
	Frequency, Intensity, duration of Uterine Contraction	1.9667	.18102	0.000	HS
	Position, presentation of Fetus	2.0000	.00000	.00000	HS
	Stretching the perineum area, pressure on the Bladder	2.0000	.00000	.00000	HS
Cultural and religious beliefs	Family Support	1.9000	.30253	0.000	HS
	Family Problems	1.1167	.32373	0.000	HS
	Lack of Medical Support	1.2833	.45442	0.000	HS
	Mental Preparation	1.7667	.42652	0.000	HS
	Non-Preparation toward Labor	1.5667	.49972	0.470	NS
	Use Medication to Augmented Labor	1.9333	.25155	0.000	HS
	Cry	1.7500	.43667	0.000	HS
	Pray or call God	1.7333	.44595	0.000	HS
	Scream	1.8667	1.28177	0.000	HS
Other Factors	Urination	1.3667	.48596	0.080	NS
	Eating	1.0167	.12910	0.000	HS
	Change Position (Sitting, Standing, rolling in bed, Lying Down, Walking)	1.7500	.43667	0.000	HS
	Lack of sleep/Tiredness	1.9333	.25155	0.000	HS
	Massage	1.3000	.46212	0.000	HS
	Heat Pack/Pad	1.0833	.27872	0.000	HS
Environment Factors	Bright Lights	1.0667	.25155	0.000	HS
	Noise	1.2000	.40338	0.000	HS
	Temperature (Cold)	1.2167	.41545	0.000	HS
	Temperature (Hot)	1.0333	.18102	0.000	HS

(*)HS : Highly Sig. at P<0.01; S: Sig. at P<0.05; NS: Non Sig. at P>0.05, MS: Mean Score, SD: standard deviation, Asse. Assessment.

Table (2): The results show the factors that aggravate labor pain,assigned that the observed responses regarding positive and negatives items are high significant generally, while left over items named (anxiety,sense of loss of control, and stress) in psychological factors and item named (non-preparation toward labor) in cultural and religious beliefs and item named (urination)have no significant differences are obtained at P>0.05.

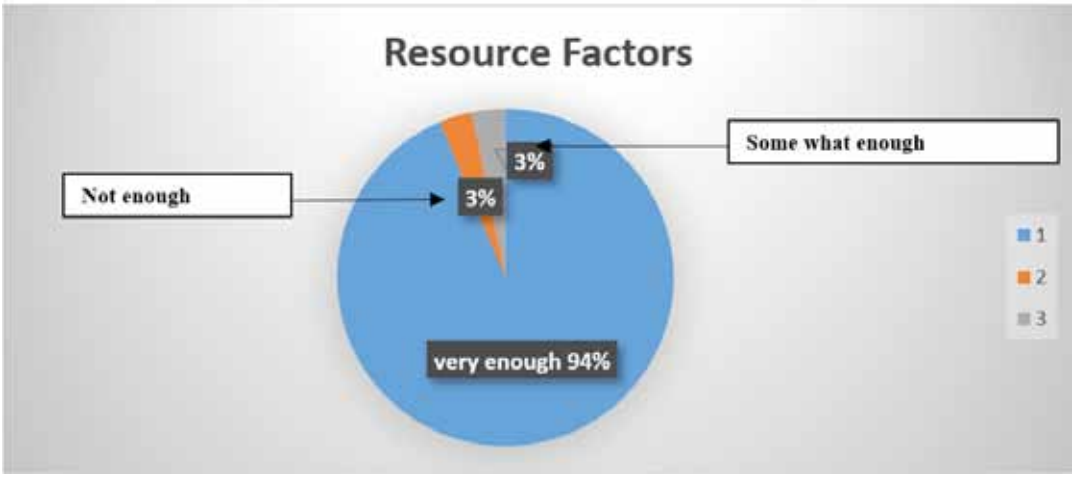

Figure (1): Summary Statistics for Resource Factors influencing laboring women perception on quality of intrapartum care

Figure (1) show that resource factors influencing laboring women perception on quality of intrapartum care's items concerning study group assigned that observed response has highly assessed completely as very enough which accounted (94%) that named "The number of service providers, and availability of drugs, delivery beds, equipment and supplies", while, some women reported (3%) for both somewhat enough, and not enough for the same items.

Table (3): Service provider factors influencing the laboring women perception on quality of intrapartum care

Service provider factors influencing the laboring women perception on quality of intrapartum care	Good		Moderate		Poor	
	No.	Freq.	No.	Freq.	No.	Freq.
Preparation for admission	42	70%	16	26.7%	2	3.3%
Efficiency of the admission procedure	44	73.3%	10	16.7%	6	10.0%
Attention of admitting	43	71.7%	12	20.0%	5	8.3%
Staff to individual needs	37	61.7%	19	31.6%	4	6.7%
Provision of information by nurses	33	55.0%	22	36.7%	5	8.3%
Concern and caring by the nurses	32	53.3%	22	36.7%	6	10.0%
How well the nurses listened	29	48.3%	24	40.0%	7	11.7%
Nurses attention to mothers' condition	32	53.3%	22	36.7%	6	10.0%
Availability of nurses when needed	31	51.7%	24	40.0%	5	8.3%
Nurses response to mothers, calls	31	51.7%	24	40.0%	5	8.3%
Skills and competence of the nurses	44	73.3%	14	23.3%	2	3.3%

Freq.=Frequency

Table (3): The results show that all quality of intrapartum care observed responses has highly and extremely assessed good.

Discussion

Regarding socio-demographic data: Table (1): Several demographic characteristics of women may have effect on women's perception to labor pain. Therefore,

the demographic characteristics and their relations to labor pain have been studied, as the current study has reported a highest percentage (50%) were at age group (< 20) years old[3]. This finding is in consistent with study which indicated that labor pain was found to be more severe in younger age as compared to those above 20. The highest percentages (33.3%)are primary schools graduates. These finding is in consistent with study show that women with low educational level will have minimum level of performance to cope with pain during childbirth process[4]. The height percentage of occupational status is "Housewives", and they are accounted (93.3%). This finding is in constant with the study that found that majority of women (sixty percent in study group, and sixty four percent in control group) were not working. They explain that the occupation factor is one factor that can influence women to experience labor pain.

Factors that Aggravate Labor Pain: Table (2): This study is in agreement with a descriptive study made at Iraq governorate, (2007) for (100) pregnant women at three hospitals in Baghdad city which "The main results of the study reported a high mean of scores in women's fear on herself concerning labor (such as dystocia, demise during labor, uncontrolled uterine contractions, protracted labor, fear of being left alone, an episiotomy, and exposure to infection) and fear on their newborn from delivery of unhealthy or abnormal newborn delivery, shoulder dystocia, asphyxia, and exposure to cold and infection), so that a current study recommended program to teach the pregnant women aboutpsychological & physiological changes during the pregnancy period and childbirth process[6]. In addition to that, this study is in agreement with Australian and Swedish study that results suggest that psychological factors are significant factors concerning to birth consequence, due to have a passive effect on women's emotional health through pregnancy and increased the negative birth experience, so that must be clarify by health providers during the antenatal period to assist women in childbirth preparation[7]. Also, this study is agreement with study made in, (2004) which indicates that (7%) of the sample had a passive birth experience that concern to many factors such as (Induction, Augmentation of labor, transfer of infant to neonatal care, unwanted pregnancy, loss of control, and take of obstetric analgesia.[8] Furthermore, studies in Hong Kong, (2017) and study in Jordan (2005) present that labor pain is apprehension to have both psychological & physiological origin, that contractions of uterus and dilation of cervix which are consider a physiological source[9&10] On top of that the women's perception toward labor pain can be effect by religious and cultural beliefs, In some culture, the women are shout and cry uncontrollable, while in other cultures they not explicit much distress the women's perception toward labor pain can be effect by religious and cultural beliefs, In some culture, the women are shout and cry uncontrollable, while in other cultures they not explicit much distress. Cultural factors can play important role in cope of women with pain during labor[11]. Finally, a significant positive relationship was found between labor stress & pain and from environmental factors in primiparas and in multipara's women in study made in 2009.[12]

Resource Factors influencing laboring women perception on quality of intrapartum care: Figure (1) show that resource factors named "the number of service providers, and availability of drugs, delivery beds, equipment and supplies" have highly assessed completely as very enough which accounted (94%) which mean that women agreed that these resources are available in maternity wards, and not effect on their perception of labor pain while just (3%) of sample said unavailability of supplies and equipment. This result is agreement with result of study that has shown that some women experiences good health services during pregnancy, labor, and postpartum period. However, the lack of space, medical supplies, goods, human resources, and the passive behavior of health care providers is what most women face challenges while using services [13].

Service provider factors influencing the laboring women perception on quality of intrapartum care: Table (3): The results show that all quality of intrapartum care observed responses has highly and extremely assessed good, this mean that the women copy positively with labor pain. This results agreement with study revealed that midwives' attitude and practice arise affirmative effect on women during labor, which gave a positive impression on the pregnant women's perception. Also, supportive relationship and high-quality care will empower the women in labor, thus assist the women to copy with her labor pain.[14]

Recommendation: The study recommended developing educational program for pregnant women teach them about all changes during period of pregnancy and labor, and initiation of childbirth classes in primary health care centers.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: Is obtained from the (ALElwyia maternity Teaching Hospital), and all pregnant women participants in the research - have been approved before the questionnaire is started.

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