

Pregnant women unaware of labor pain relief options

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By Martin F. Downs

NEW YORK (Reuters Health) - Many women may not know all their options for pain relief during childbirth, researchers report.

Doctors at the Texas Tech Medical Center in El Paso surveyed 200 pregnant women who visited the hospital, asking them what they knew about the various ways of coping with labor pain and what they thought of those methods.

Sixty-two percent of the women were not aware of all the options, even though 75% of all those surveyed had given birth before. Of the women who had given birth previously, less than half had ever received an epidural anesthetic--an injection that numbs the lower body--during labor. But of those who had, most said that getting the epidural was a good experience.

When asked about "natural" birthing techniques, 80% of the women said they knew about such things, and 83% said they would prefer to give birth naturally. Nevertheless, "the patients don't know what exactly natural birth is," lead author Dr. Phool Chandra told Reuters Health. "Even the doctors were not 100% clear what natural means."

But he said that natural birthing, in general, may be understood as any way of managing labor pain that doesn't involve drugs--such as breathing exercises and relaxation techniques.

Chandra said he thinks the women's age and ethnic background might explain why so few had used pain relief during labor, and why they expressed a preference for natural birthing techniques. Nearly three quarters of the women identified themselves as Hispanic, and about one half were aged 21 to 30.

He said there may be a cultural bias in favor of natural birthing, "in the sense of what has been told to the young mother by their older relatives who had the experience."

Giving a woman anesthetic during labor carries some risk. For example, if she takes a narcotic, the baby may have trouble breathing when it is born. "Any medication that you give to the mother is going to affect the baby, depending on how much and how long," Chandra said.

But he said, "The pain has to be somehow managed." Among all the options available, Chandra added, "we think that the local anesthetic epidurally is probably the better one, with a minimum effect on the baby, and giving the mother the best chance of enjoying the process."

Considering the survey results, Chandra and his colleagues intend to create a pamphlet to inform women about anesthetics in the hospital's prenatal clinic. But he said education about pain management should go beyond the hospital walls. "It should be at an earlier stage," he said. "It becomes kind of late when the patient is already in agony."

Chandra presented the study this weekend at the New York State Society of Anesthesiologists' 56th Postgraduate Assembly in Anesthesiology.

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