Written Information Regarding Pain Relief - Are We Giving Women What They Want?

Abstract Type: Original Research
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Introduction: The amount of written information about pain relief in labour which women tell us they receive antenatally, seems to vary hugely within our unit. Given the importance of properly informed consent, we undertook an audit to ascertain exactly what information women were receiving and its source. We wanted to know if they would have preferred more information about regional analgesia before labour, and if so, in what format and when.

Methods: A brief anonymous questionnaire was given to labouring women after pain relief was achieved with a CSE. Ethics committee approval was not required as the study was judged to be for audit purposes.

Results: 54 questionnaires were collected over an 8-week period. Of the 54 respondents (38 primips, 16 multips) 26 (48%) intended to have an epidural prior to labour.

Only 30/54 (56%) said that they had received any written information prior to labour, mostly in the form of a leaflet. Of those who specified, most had received this from a midwife (7/19) or at an antenatal class (8/19).

Most women (25/30) who received written information were offered it. 24/30 remembered reading it and 21/30 said that they had understood it. Of the 24 women who did not receive any written information, only 4 remembered being offered any.

Half of all respondents stated that there were aspects of pain relief that particularly worried them. Of these 27 women, 15 had received written information, and the majority (11/15) had had their fears allayed by that information.

Only 10 women (19%) stated that they would have preferred more antenatal information about epidurals. When given a choice of format (leaflet, antenatal class, website, DVD, magazine, other) most (70%) would have preferred a leaflet, generally around the 20-week milestone.

Conclusions: A large number of women (44%) did not recall having received written information about epidurals. It is difficult for us to know whether this was due to a lack of recall or if they actually did not receive such information. All women should have been given a pregnancy information book at their initial clinic appointment. This book contains a section on the options for pain relief during birth, but it is a small component of a detailed publication. It surprised us that so few women wanted more information antenatally. This was perhaps due to the fact that the women had just had a CSE sited, preceded by a full explanation by the anaesthetist.

Despite this, given that those women who had worries about pain relief generally had them allayed by written information, we recommend that all women should be given specific pain relief literature (as advocated by the OAA/AAGBI2), and encouraged to read and discuss it at any available opportunity, preferably with an anaesthetist.

References: