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CURRENT KNOWLEDGE AND ATTITUDE OF OBSTETRICIANS ABOUT PRACTICE OF LABOUR ANALGESIA

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ABSTRACT

This is a survey to assess the current knowledge and attitude of obstetricians about Labour analgesia conducted in Tamilnadu. Questionnaire was given to practicing obstetricians and information was obtained to create database. Analysis of the data concluded that though the obstetricians have adequate knowledge of labour analgesia the practice of it is not satisfactory because of deficiency of staff and monitoring and lack of practical exposure

KEY WORS: labour analgesia, Obstetritians, Questionnaire.

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INTRODUCTION

Labour is one of the most painful process in parturient. Though pain relief methods for labour has advanced from use of Ether by James Young Simpson in 1847 and chloroform by John Snow in 1853[1] to neuroaxial analgesia now but it is still not widely practiced by Obstetricians at many institutions in India. Although obstetricians feel that labour was very painful and it needs analgesia and epidural labour analgesia is the gold standard technique many obstetricians do not practice it due to various reasons. This survey was conducted to assess Obstetricians knowledge and attitude towards labour analgesia in Tamilnadu.

METHODOLOGY

The survey was conducted in Tamilnadu where hundred obstetricians in different institutions were approached. Questionnaire was given to them and the information was collected. 80 percent obstetricians answered to the questionnaire.

Questionnaire

S. No.	Questionnaire		Answers
1	Duration of practice of obstetrics(in years)	0 – 5	
		5 -10	
		>10	
2	Do you practice labour analgesia		Yes/No
3	No of years of practice of labour analgesia(in years)	0 -5	
		5 -10	
		>10	
4	What modes of analgesia for labour pain do you practice?	Systemic narcotics	
		Epidural analgesia	
		Entonox	
		Others	
5	Your opinion about epidural labour analgesia	a) Is epidural labour analgesia needed	Yes/No
		b) does it Interferes with progress of labour	Yes/No
		c) Increased incidence of instrumental delivery	Yes/No
		d) Increased incidence of LSCS	Yes/No
		e) has adverse maternal outcome	Yes/No
		f) has adverse neonatal outcome	Yes/No
6	Do you prefer epidural labour analgesia for your patients		Yes/ No
7	If yes why	Improved maternal outcome	Yes/No
		Improved foetal outcome	Yes/No
		Trial labour in high risk cases	Yes/No
8	If you don't prefer epidural analgesia than why	Greater staffing and monitoring required	
		Non availability of anaesthesiologists	
		Any other reason	
9	At what stage of labour pain you ask for epidural analgesia	Early 1st stage	
		Late 1st stage	
		2nd stage	
10	Knowledge about most common complication of epidural analgesia	Nausea & vomiting	
		Hypotension	
		Urinary retention	
		Difficulty in mobilization	
		Sedation	

RESULTS

In this prospective survey hundred obstetricians were questioned about labour analgesia. The response rate was 80% (80 answered to the questionnaire). Out of the 80 practicing obstetricians 30(37.5%) had 0 - 5 years experience, 35(43.75%) had 5 – 10 years experience and 15(18.75) had more than 10 years of experience of obstetric practice. Among them 65 obstetricians (81.25%) were practicing labour analgesia and 15 (18.75%) were not practicing it. Out of 65 obstetricians 76.9% had less than 5 years, 15.38% had 5 – 10 years and 7.69% had more than 10 years experience of labour analgesia practice. Among the obstetricians who were practicing labour analgesia 42(64.6%) were using systemic opioids as a mode of labour analgesia. Epidural, Entonox and other modes of labour analgesia was practiced by 18(27.69%), 3(4.6%) and 2(3.07%) obstetricians respectively. When questioned about their opinion on epidural labour anaesthesia 87.5% said it is needed but 12.5% said it is not needed.31.25% felt that labour analgesia interferes with the progress of labour and 68.75% said it does not interfere. 22(27.5%) respondents answered that labour analgesia increases the chance of instrumental delivery and 58(62.5%) said it does not increase.18(22.5%) felt epidural analgesia increase the rate of LSCS but 62(67.5%) felt it will not do.28.75% said epidural analgesia has adverse maternal outcome and 65% said there is no adverse outcome.6.25% did not comment about it.10 % of the respondents felt there are adverse foetal outcomes, 85% said there is no adverse foetal outcome and 5% did not answer this question. Among the respondents 67(83.75%) prefer epidural labour analgesia and 13(16.25%) did not prefer it. When we asked the

obstetricians the reason for preference of epidural analgesia for labour 45(67.14%) said it improves maternal outcome, 15(22.38%) said it improves both maternal and foetal outcome and 25(37.3%) felt that it also can be used for trial labour among high risk patients due to different comorbid conditions. 51.25% obstetricians preferred to activate epidural analgesia at the early 1st stage, 43.75% preferred it at late 1st stage and only 5% said they want it at the second stage. Among the respondents who did not prefer epidural analgesia when we asked the reason for this 69.13% said there is lack of availability of staff and monitoring facilities, 23.07% said unavailability of anaesthesiologist and 7.69% said other reasons like lack of practical knowledge. About most common complication of epidural analgesia 30% respondents said nausea and vomiting, 38. 75% said hypotension, 13.75% said urinary retention, 11.25% said difficulty in mobilization and 6.25% felt sedation as the most common complication.

DISCUSSION

Labour pain is the intense pain experienced by a parturient[2]. Melzack from his study found out that around 80% parturient both primigravida and multigravida felt labour pain as the most severe, very severe or excruciating pain. The clinical audit done by Bharti Taneja et al reveals that most of the obstetricians agree to this[3]. Pain has deleterious effects on cardiovascular system. In our study 81.25% obstetricians practice some form of labour analgesia. Out of which 64.6% were using systemic narcotics as analgesia. Mainly they were using IM Tramadol and few were using Buterphanol. More potent narcotics like Pethidie, Fentany[4] and Remefentanyl were not commonly used. So respondents felt pain relief was not satisfactory. They did not use potent drugs because of a lack of practical exposure and monitoring facilities. Among the available techniques Central neuraxial analgesia is the gold standard technique for labour pain management[5].In our survey 83.75% respondents felt the need of Epidural labour analgesia but only 27.69% were practicing it which is very less. This is because of lack of staff and monitoring facilities and unavailability of practicing anaesthesiologists. Even though labour analgesia is included in the teaching curriculum the practical exposure of epidural analgesia is not significantly increased. In our survey we found that many obstetricians still thought that epidural labour analgesia increases the rate of instrumental delivery and LSCS. But Cochrane study and other metanalyses reveals that there was no direct relationship of epidural and increased caesarean section[6]. Data from COMET study reveals that the introduction of a low dose of epidural infusion was associated with a 25% decrease in the instrumental vaginal delivery[7]. In our survey around 43% respondents prefer to activate epidural in late 1st stage of labour i. e after a cervical dilatation of 4- 5 cm thinking that early activation delays progress of labour. Study by Wong *et al*. concluded that there is no difference in rate of the operative delivery and caesarean section when neuraxial analgesia was administered early in labour (at cervical dilatation of 2cm)[8]. So based on results from different metanalyses the ACOG and the American Society of Anesthesiologists (ASA) have concluded that it is not required to wait for a cervical dilation of 4–5 cm. Epidural should be activated at Maternal request for pain relief[9].Most of the respondent in our study felt that epidural labour analgesia has less maternal and foetal adverse outcome.

CONCLUSION

Our survey revealed that most of the obstetricians have adequate knowledge about labour analgesia. Still the practice of standard techniques of labour analgesia is not satisfactory. This is mainly because of lack of facilities for proper monitoring and unavailability of anaesthesiologists. Also many obstetricians do not have practical exposure of labour analgesia. So improved staffing pattern and monitoring facilities along with proper collaboration between anaesthesiologists and obstetricians is needed to have better results. It also needs proper training about labour analgesia. This study was conducted to create better understanding about epidural labour analgesia among obstetritians and to improve its use in clinical practice.

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