



**JOURNAL DLUB** presentation.

# **Women's experiences of pharmacological and non- pharmacological pain relief methods**

**for labor and childbirth: a qualitative systematic  
review**



# Study's purpose

01

For most women, labor pain is the most severe pain they will ever experience.

02

Many women use pharmacological or non pharmacological pain relief during childbirth.

03

Evidence from Cochrane reviews shows that effective pain relief is not always associated with high maternal satisfaction scores.

04

However, understanding women's views is important for good quality maternity care provision.

05

We undertook a qualitative evidence synthesis of women's views and experiences of pharmacological (epidural, opioid analgesia) and non-pharmacological (relaxation, massage techniques) pain relief options, to understand what affects women's decisions and choices and to inform guidelines, policy, and practice.

# Setting

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This review was informed by four separate searches into women's experiences of using epidurals, opioids, massage, and relaxation.



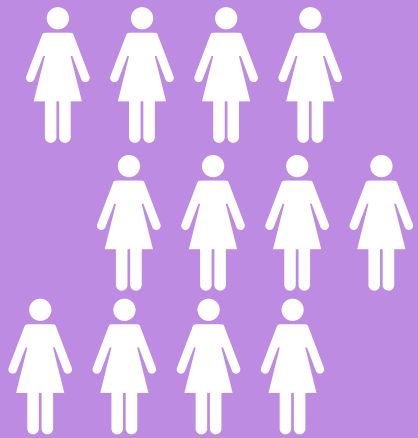
Our methods incorporated a predesigned search strategy, quality appraisal techniques, and an assessment of confidence in the findings using the GRADE-CERQual tool.



Data analysis was carried out using thematic and meta-ethnographic techniques.



# Population



01

We included 24 good quality studies, all from high and middle-income countries (HMICs).

02

We developed review findings for each method.

03

We then examined differences and similarities in women's experiences of different pain relief methods.





# DISCUSS

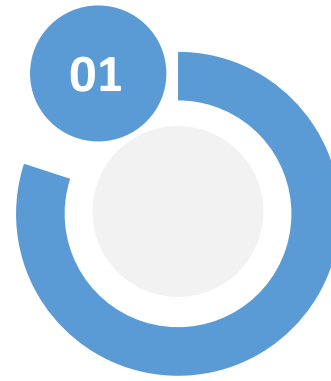
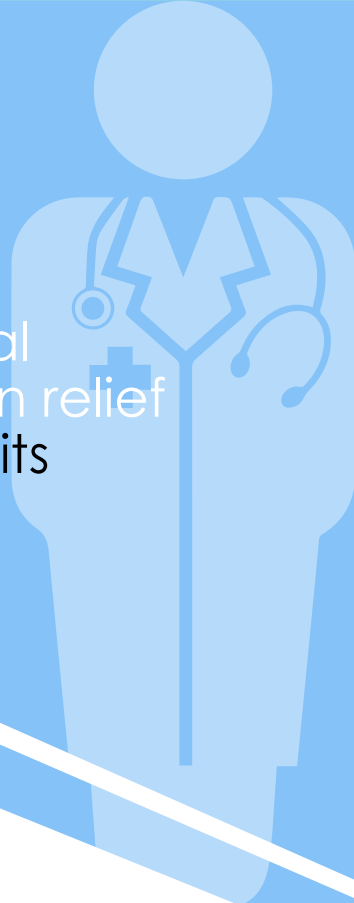
major findings

**01** PHARMACEUTICAL pain relievers

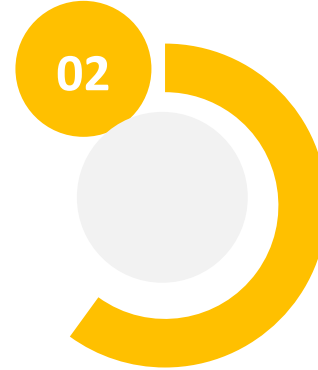
**02** The non-pharmacological

# Pharmaceutical pain relievers

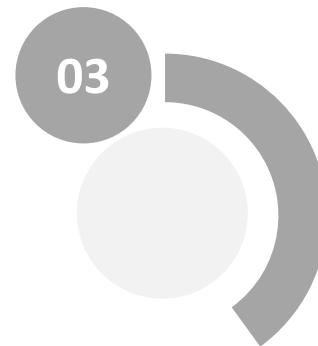
Pharmacological  
searches for pain relief  
yielded 5,914 visits



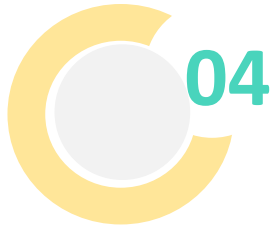
After examination and quality assessment, 12 studies met the inclusion criteria for the epidural review (n = 1,507 women).



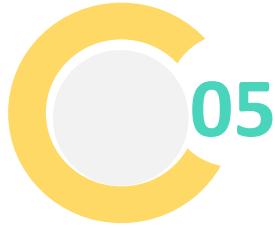
The studies were conducted in the USA (n = 7), the United Kingdom (n = 2), Denmark (n = 1), New Zealand (n = 1) and Canada (n = 1).



Three studies were included in the review of opioids (n = 412 women) conducted in the United Kingdom (n = 1), Australia (n = 1) and South Africa (n = 1).



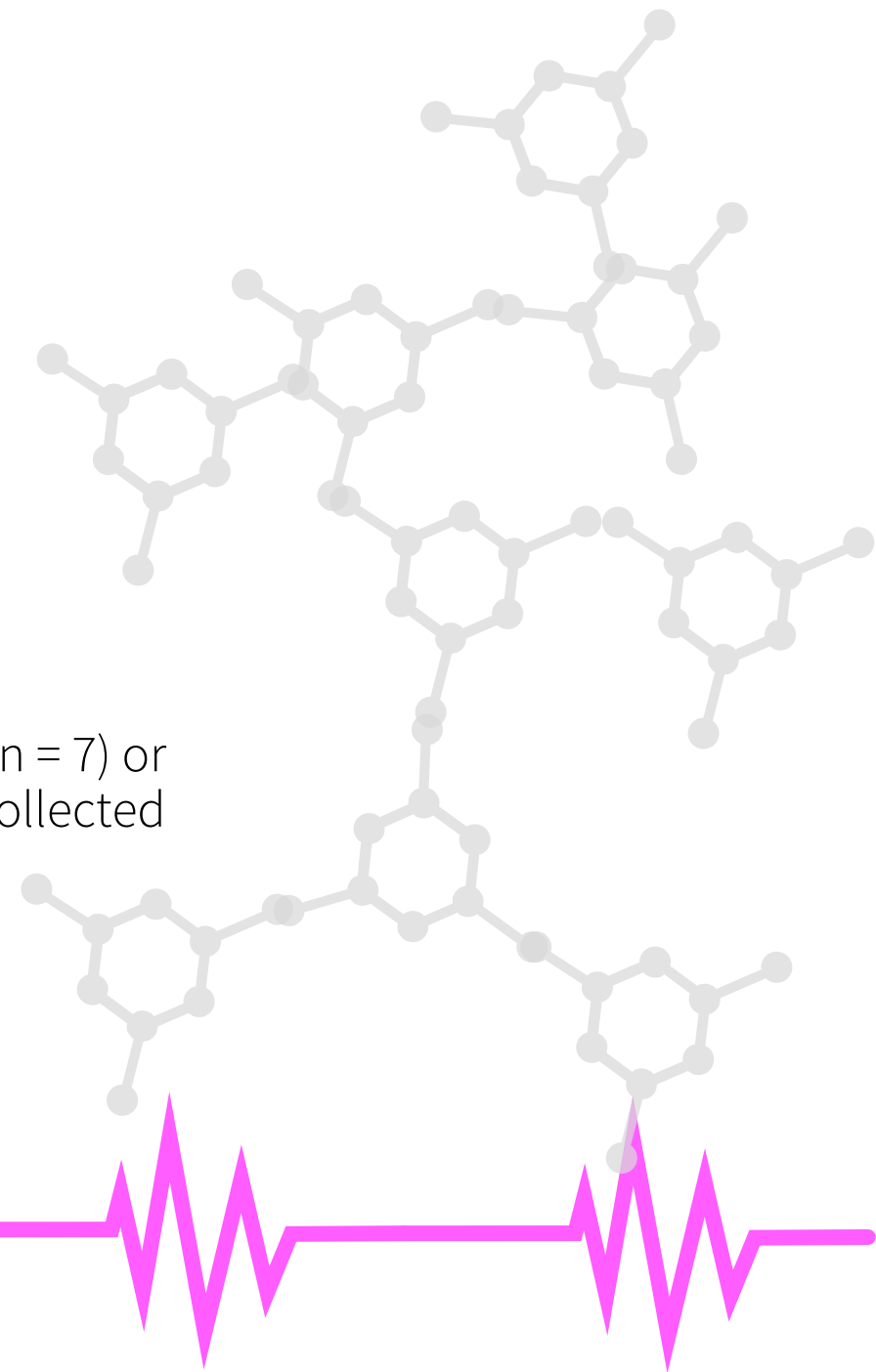
One study contained data relevant to the two reviewers.



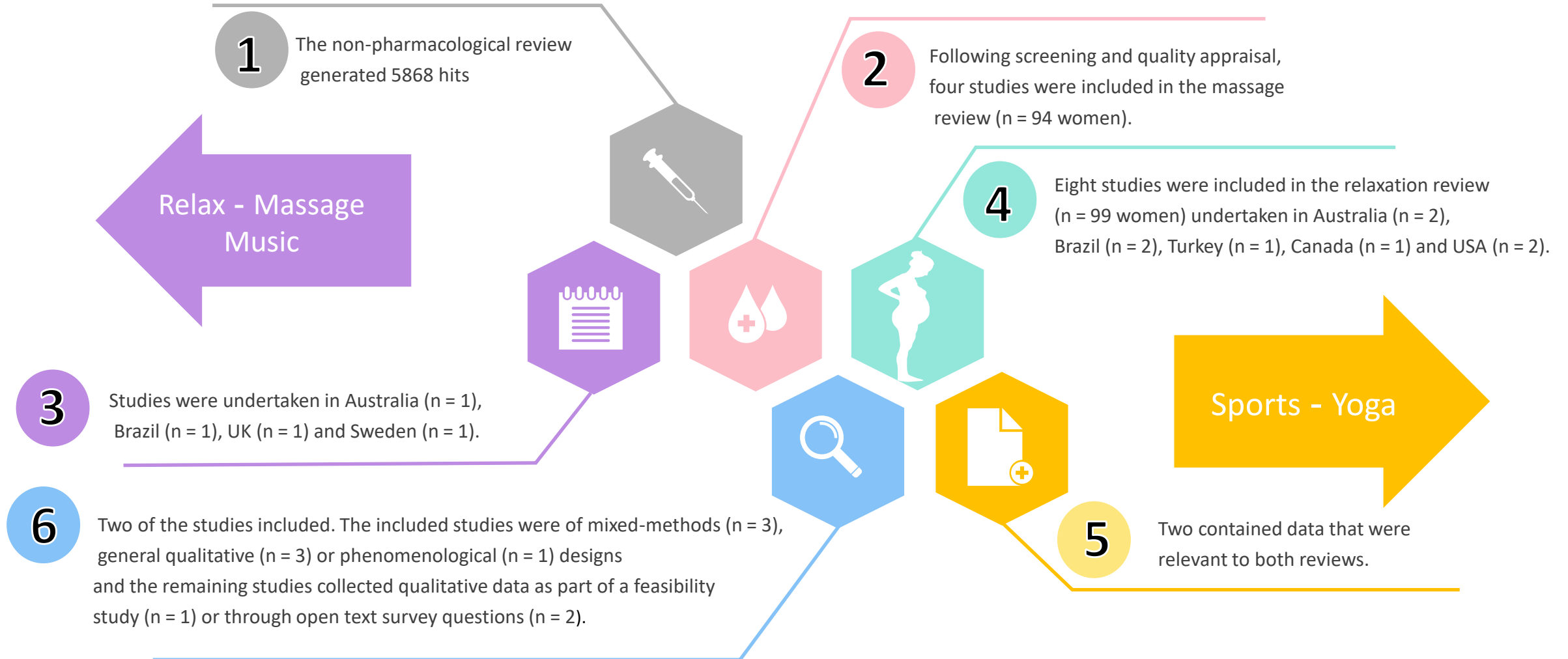
We also excluded three studies that were rated D on quality assessment.



The included studies were mixed methods (n = 1), generic (n = 7) or phenotypic designs (n = 1), and five qualitative data were collected through open-text questions in the survey..



# THE NON-PHARMACOLOGICAL







- We searched for published studies on women's views and experiences of epidurals, opioid injections such as pethidine, relaxation and massage techniques.
- We included 24 good quality studies, all from high and middle-income countries (HMICs).
- We developed review findings for each method. We then examined differences and similarities in women's experiences of different pain relief methods.
- A qualitative evidence synthesis that comprised four separate searches into women's views and experiences of pharmacological (epidural and opioids) and non-pharmacological (relaxation and massage techniques) pain relief methods used during labor and childbirth were undertaken.

# IMPLICATIONS

on practice in terms of;

DOCUMENTATION

DELEGATION

PATIENT EDUCATION

Patient satisfaction

Patient family centered care

Interdisciplinary collaboration



# 01 DOCUMENTATION



In 2016 the World Health Organization recognized the importance of shaping new antenatal guidelines through finding out what mattered to pregnant women.



This work involved quantitative systematic reviews to inform the safety, efficacy and cost of antenatal interventions, together with qualitative evidence syntheses relating to the views and experiences of service users and service providers to inform the values, equity, and acceptability components of each guideline recommendation.



A similar mixed evidence approach has been used for the forthcoming WHO intrapartum guidelines for healthy women and infants.



## 02 DELEGATION

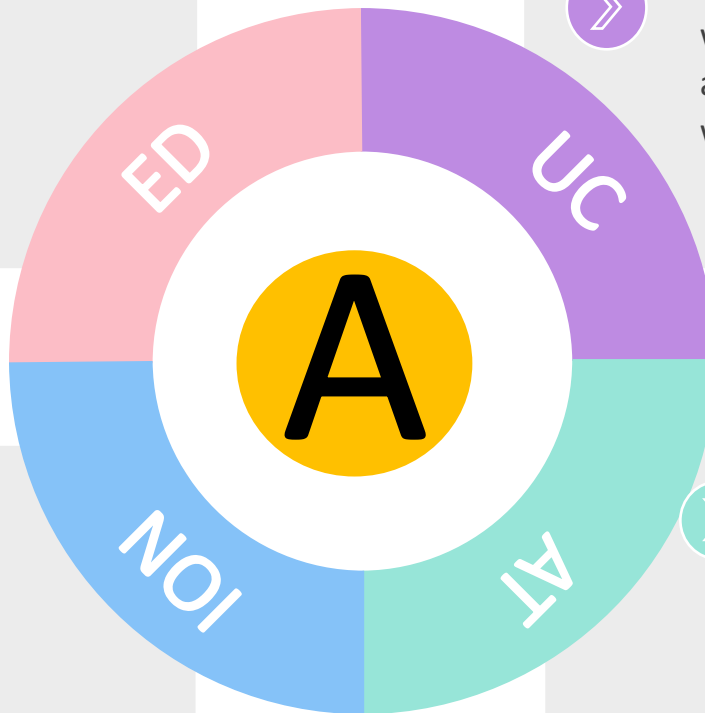
An epidural block relieves lower body pain without significantly slowing labor.



You will remain awake and alert, and you will still feel pressure and some tension during the birth.



A double spinal epidural block - which starts working faster than a normal epidural block and contains fewer doses of anesthetic - may wear off, leaving your muscles stronger.



Your experience with an epidural block may be inadequate or fail.



An epidural block may cause your blood pressure to drop, which may slow your baby's heartbeat. You may develop a fever, itch, or have a postpartum pain in your back. In some rare cases, you may feel a severe headache. .



**B**

# Opioids



*Opioid analgesics*

A central graphic with a blue background. It features a large white circle with the letter 'B' inside. Below the circle, the word 'Opioids' is written in a large, white, sans-serif font. Underneath the text, there is a white silhouette of a fetus. At the bottom of the graphic, the text 'Opioid analgesics' is written in a green, italicized font. The background of the graphic is a blurred image of white pills and a syringe.

- Opioids enhance the feeling of comfort. Most of them take effect within minutes. No anesthesiologist is needed to administer these medications.
- Opioids do not completely get rid of labor pain and usually do not work for pain that occurs during childbirth.
- It is common to cause;



Nausea



Vomiting



Drowsiness

Some women made the decision to have an epidural analgesia (EA) in labor while they were pregnant.

This decision was based on a woman's previous positive experience of EA, or a negative experience of a medication-free labor.

Common reasons for a pre-birth desire for EA were fear of pain, a need to remain in control, and wanting pain-free labor.

These women opted to receive medication at a critical point in their labor when they felt out of control, depleted of energy, and the level of pain was intolerable and unmanageable.

04  
Patient  
satisfaction



# 05 Patient family centered care

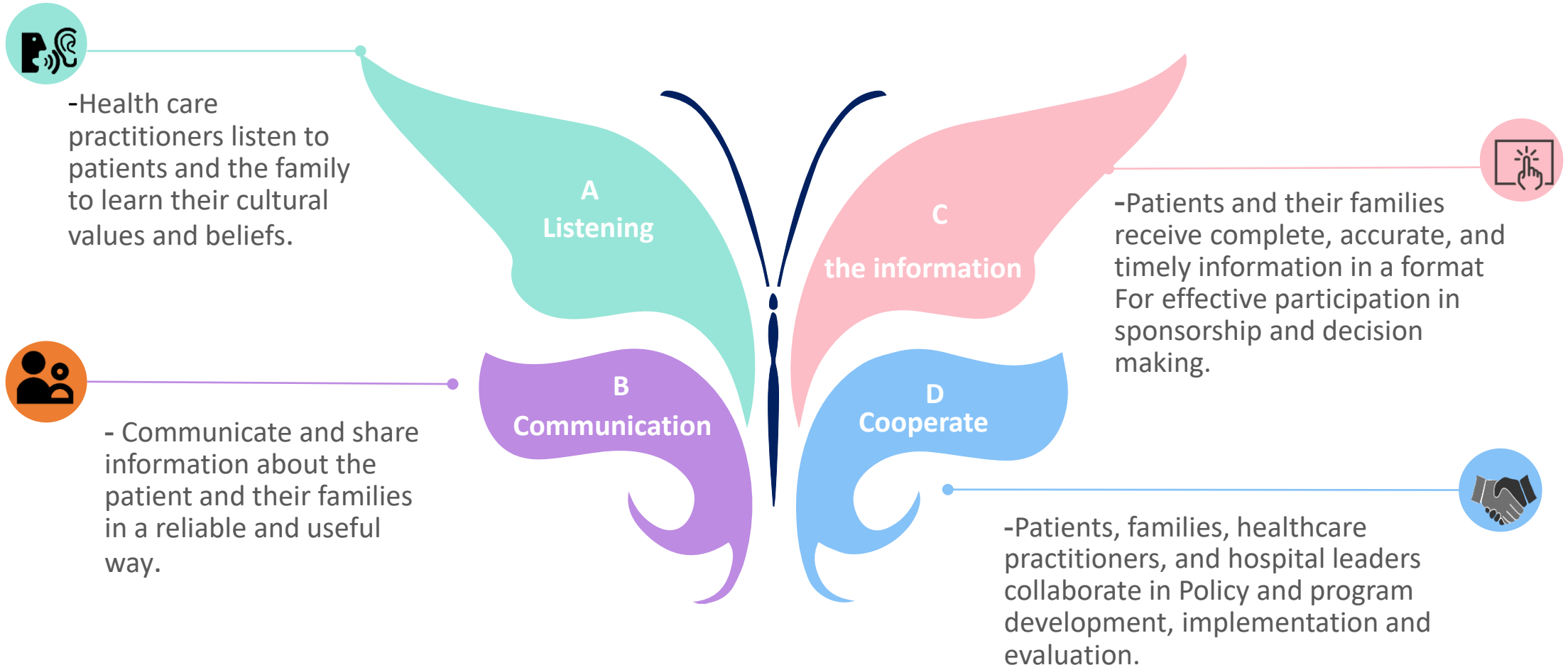


PFCC is a hospital-wide approach to pediatric care based on the knowledge that the family is the child's primary source of strength and support.

To create partnerships between health care practitioners, patients and families that will lead to the best outcomes and enhance the quality and safety of health care.



# One of the most important principles of care:



## Interdisciplinary collaboration

The authors considered their views and opinions on methods of pain relief from women's perspectives.

All authors believe in endeavors that support women to have a positive birth experience.

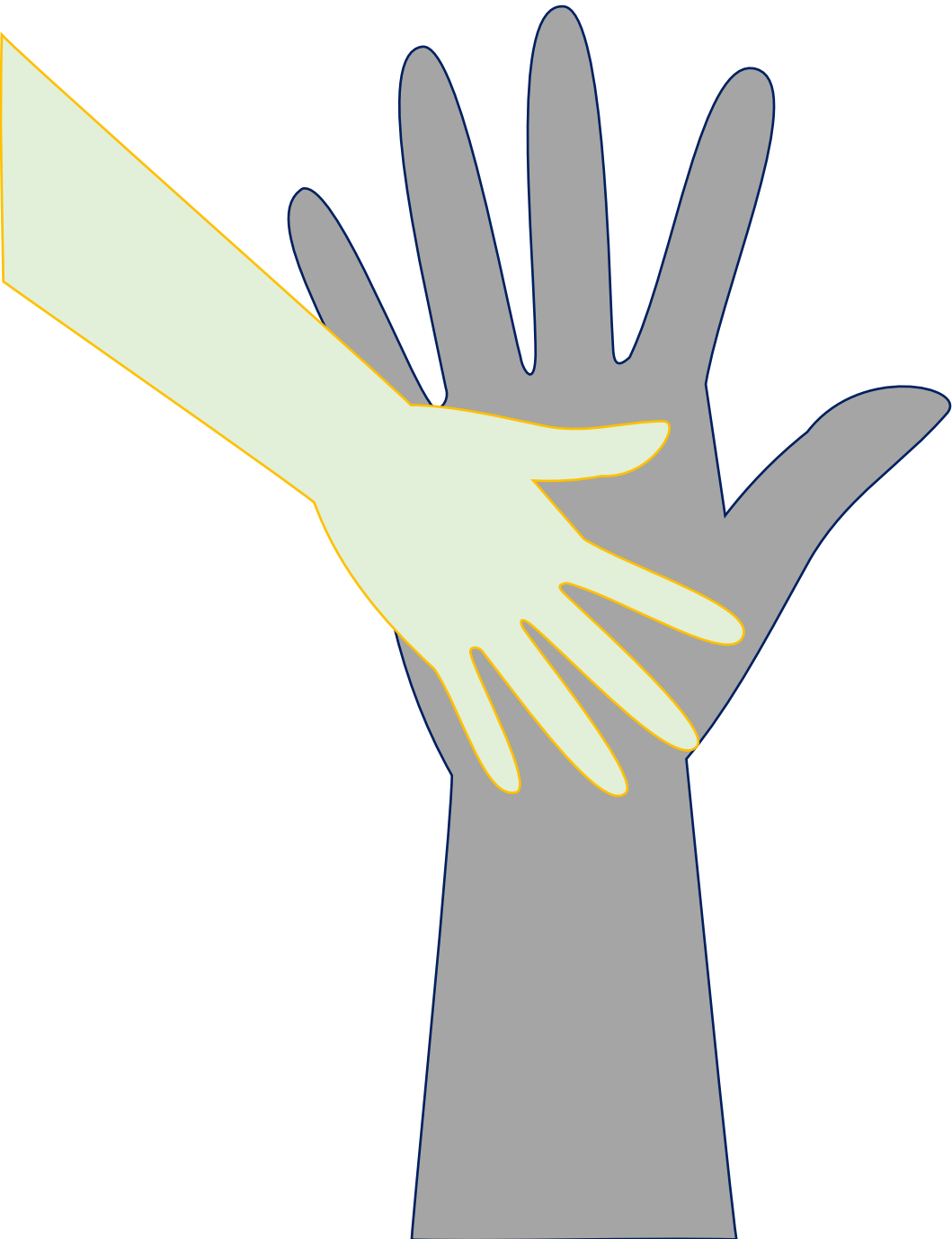
While all authors have concerns about rising intervention rates, we consider it important for women to have their individual needs met, whether that is access to pharmacological pain relief, or not.

We believe that women's individualized needs are best served through respectful, meaningful relationships with caregivers who are able to respond and deliver pain relief methods as required.

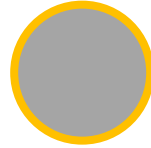


# Group Discussion Questions

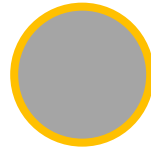




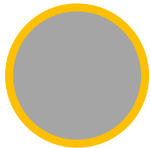
# CONCLUSION



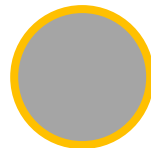
The women differed in their opinion on whether different pain relief methods were effective in reducing labor pain.



Various pain relief methods can enable women to relax and feel in control. However, women who used the medication were more likely to experience negative side effects.



Women need to be fully informed about the risks as well as the benefits of the range of techniques that will be available to them in labor that are consistent with their values and beliefs.



There are two types of treatment materials used for labor pain Pharmacological and non-pharmacological.



THANK YOU

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