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Awareness About Labour Analgesia, Role of Anesthesiologist in Labour Analgesia and Neonatal Resuscitation Among the General Public of Metropolitan City (Pune) of Maharashtra

KEYWORDS: Labour analgesia, Awareness, Role of Anesthesiologist

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ABSTRACT *Labour analgesia has not been yet fully accepted and practiced in developing countries like India, because patients have limited knowledge about labour analgesia and role of the anesthesiologist. Aim of the study was to find out the knowledge of general public about labour analgesia, role of anesthesiologist in labour analgesia as well as in neonatal resuscitation and to find out the cause behind why labour analgesia is not much popular. Methodology: Two hundred people above the age group of 16 including males were included in the survey in metropolitan city (Pune) of Maharashtra Result: Only 30% total participants, 38% of female and 34% of male knew about the concept of painless labour. Amongst the Nulliparous 77% participants wanted painless labour. Only 31% participants knew that painless labour can be provided by Anesthesiologist. Unfortunately only 11% participants knew that an anesthesiologist can also give neonatal resuscitation and only 17% knew that anesthesiologist can save the mother in hemorrhagic shock. Conclusion: Awareness program should not be limited to ante natal clinic. Anesthesiologist and gynecologist (obstetrician) jointly should do counseling in early month of pregnancy. It is essential to increase the awareness of population about multi centric role of anesthesiologist.*

INTRODUCTION:

FOR ALL THE HAPPINESS MANKIND CAN GIVE IS NOT PLEASURE BUT IN REST FROM PAIN – Yohn Dryden. Service to humanity is to give pain free life and anesthesiologists are serving humanity since 3000 B.C. With invention of recent scientific researches, availability of safe drugs, interest and willingness of anesthesiologist to serve mankind in better and better way, role of anesthesiologist has become vast i.e. starting from pain relief, provide anesthesia, protect vitals during surgery, saving lives in ICU, saving lives in big natural calamities like earthquake, fire etc. These days, anesthesiologists are playing a major role in labour analgesia and neonatal resuscitation. But alas! It is unfortunate that general population in India is unaware about valuable role of anesthesiologists in their precious life. WHY DOES THIS HAPPEN? The same applies for the awareness of role of an anesthesiologist in labour analgesia.

LABOUR ANALGESIA – YES, it is something precious which anesthesiologists have invented…. AS ACT OF GRATITUDE TOWARDS THE MOTHER, A REAL GOD, something in return to give to motherhood, indeed a real act of worship! Not only this, role of anesthesiologist in neonatal resuscitation is also precious and important.

During labour analgesia, anesthesiologist's experienced hands are also available to save mother in emergency and for neonatal resuscitation to save a baby, a precious gift to mother. But general population is unaware of this Why? Patients rarely demand labour analgesia and gynecologists (obstetrician) are not keen to practice it for several reasons.[1,2] As gynecologists (obstetrician) themselves are explaining about labour analgesia to the patients, patients assumes that labour analgesia is given by gynecologists (obstetrician) only. Since gynecologists (obstetrician) explain about labour analgesia in last one to two months of pregnancy or even at the time of labour, there is insufficient time for a patient to gain detailed information and gain confidence about labour analgesia.

Present study was conducted with the aim to find out the knowledge of general public about labour analgesia, role of anesthesiologist in labour analgesia and neonatal resuscitation and to find out the cause behind why labour analgesia is not much popular.

MATERIAL AND METHOD:

Present cross-sectional study was conducted by ASHWIN MEDICAL FOUNDATION, among the general public of metropolitan city, Pimpri-Chinchwad, Pune of Maharashtra state. Sample size was decided to be 200. Sample size of 200 was supported by previous similar study.[3,4,5] RV Sidhaye, Joshi Smita et al described that large scale multicentric study in metropolitan cities is required.[3]

This was the first study about labour analgesia and role of anesthesiologists in labour analgesia, where the knowledge of male participants was assessed. Participants belonging to age group above 16 were involved irrespective of their gender & socio-economic status. Why we involved males and all age groups above 16 is explained in the discussion.

All of them were interviewed by pre-designed questionnaire. In few participants, a mediator help was taken for getting answers. Statistical analysis was done by calculating percentages.

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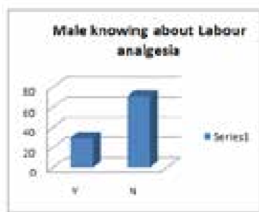
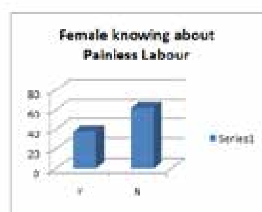
Graph 1

RESULTS:

See graph (1): Only 30% of general population knew about painless labour. Even though these findings were positive as compared to the study of Sidhaye RV, Joshi SS et al which showed that only 1.5% rural women in antenatal clinic knew about labour analgesia, these results were poor. EFFORTS REQUIRED TO HASTEN POPULARITY OF LABOUR ANALGESIA



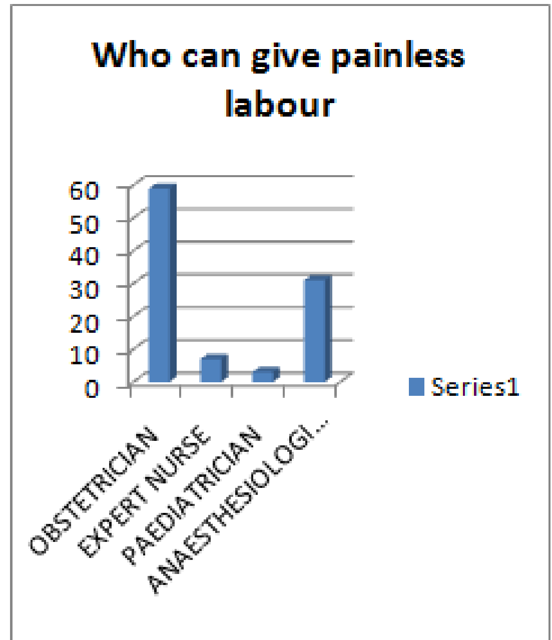
Graph 2



Graph 3

See graph (2) and (3): Among all the males only 34% knew about labour analgesia. Since males are having a convincing role in female's life, result of the survey could not be neglected and shows necessity of awareness programs among males.

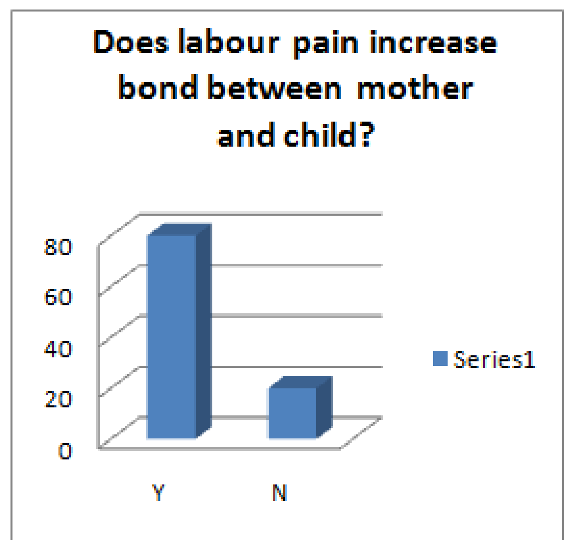
Only 38% of female knew about painless labour which itself indicates the necessity to increase awareness about labour analgesia.



Graph 4

See graph (4): Only 31% knew about role of anesthesiologists in painless labour. 59% were of the opinion that gynecologist (obstetrician) provides labour analgesia. This could be because

1. Only gynecologists (obstetrician) explain about labour analgesia
2. Anesthesiologists depend upon gynecologists (obstetrician) to explain about labour
3. General awareness about multi-aspect role of anesthesiologist is low



Graph 5

See graph (5): 80% including males said YES. But this could not be the reason to reject labour analgesia because

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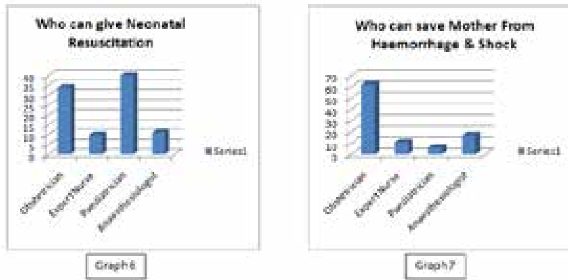
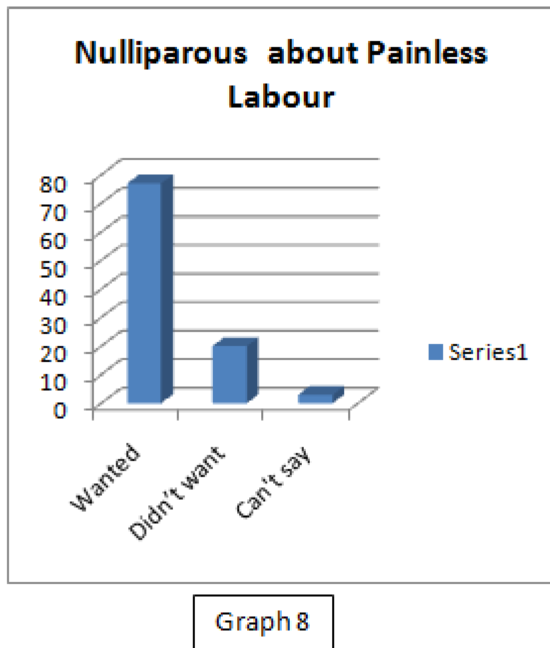
77% of nulliparous in our study showed their willingness towards labour analgesia.



Graph 6 Graph 7

See graph (6) and (7): Only 11% knew about the role of anesthesiologist in neonatal resuscitation and only 17% about his role to save mother during emergency. From above two findings, can we say that, IF MOTHER KNEW THAT PERSON WHO CAN PROVIDE LABOUR ANALGESIA CAN ALSO SAVE LIFE OF MOTHER AND CHILD DURING EMERGENCY, SHE WOULD BE THE MOST HAPPIEST TO CHOOSE LABOUR ANALGESIA!



Graph 8

See graph (8): Even though 77% nulliparous showed their interest towards labour analgesia, why is the frequency of labour analgesia less?

1. Gynecologists (Obstetrician) do not show interest[4]
2. Awareness is less
3. Enthusiasm of anesthesiologists could be less
4. Low socio-economic conditions could not be the problem because services of anesthesiologists are available at all charitable hospitals and medical colleges.

DISCUSSION:
Labour analgesia is a precious gift by anesthesiologist to the mother; even then its popularity is low. This low popularity prompted us to take up this study. Even though 50% primi para experiences severe to excruciating pain.[6] Epidural Labour Analgesia has not been fully accepted and is not routinely practiced in many centers in developing countries.[7] Why does this happen?

Sidhaye R.V, Joshi SS et al demanded study in metropolitan city. Again in their study, they said neighbors, relatives and anganwadi sevika could not be source of information for their study as they themselves may not have suitable knowledge.[4] Our findings also revealed that even a few staff nurses did not have suitable knowledge. Taking this point into consideration, it is essential to give knowledge to all age groups above 16. Until now, limiting education only to pregnant women, the speed of popularity of labour analgesia has not much increased. If the senior citizens know details about labour analgesia, they can convince their daughters and daughters-in-law. A maid can tell her pregnant mistress, "Ma'am, I heard about labour analgesia. You can go for it." Or maid who had experienced labour analgesia can share her experience with mistress. This was the reason to include all age groups of all socio-economic statuses in our questionnaire. A DAY SHOULD ARRIVE WHEN EVERYBODY WOULD BE KNOWING ABOUT LABOUR ANALGESIA, THIS WILL AUTOMATICALLY INCREASE SPEED OF POPULARITY OF LABOUR ANALGESIA.

In this era of nuclear family, who could be better counselor than husband? Who could be better supporter than husband? Not only this, involvement of male reminds them about their paternal responsibility. THESE WERE THE REASONS WHY MALES WERE INVOLVED IN QUESTIONNAIRE:

70% of participants across all age groups were unaware that labour can occur without pain. It was like enlightenment for them. Mass education of public of age group more than 16 irrespective of gender and socio-economic status can drive away this ignorance.

In our study 77% nulliparous showed their interest towards labour analgesia. Then why is the frequency of labour analgesia less? Study of Taneja B et al shows that the existing attitude and knowledge of obstetrician regarding labour analgesia emphasized the need for better co-ordination between triad of Obstetrician, Anesthesiologist and Patient. Lack of teaching, low level of practical exposure, prevailing confusion and ignorance regarding maternal and neonatal benefit of labour analgesia seem to be biggest hurdle towards the acceptance of labour analgesia among obstetricians.[4] He further said in his study that many obstetricians were not taught labour analgesia during training and practical exposure to them was limited -> Here again we come to the point that to have a better practical exposure, number of patients for labour analgesia should be more and if we want to increase patients, education about labour analgesia should be given to all age groups above 16 irrespective of gender and socio-economic status.

Again, many obstetricians are reluctant to labour analgesia, reason being many folds. If at all, they explain their patients about labour analgesia, they explain them in last month of pregnancy or just before parturition. This gives insufficient time to patients to gain confidence about labour analgesia because for them it is new concept. As suggested by our study, if population of all age groups above 16 is educated, then labour analgesia will not be new concept for patients. Many gynecologists (obstetrician) do not explain that anesthesiologist is the person who provides labour analgesia. That's why many patients

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assume that labour analgesia is given by gynecologists (obstetrician) or by nurse. This co-relates with our finding where 69% of participants did not know about role of anesthesiologists. Hence anesthesiologists should also involve themselves to educate patients about labour analgesia. So, MASS EDUCATION OF PEOPLE BY ANESTHESIOLOGISTS WITH THE HELP OF ALL AVAILABLE MEDIA IS ESSENTIAL.

In our study, most of the patients were unaware of role of anesthesiologists, during neonatal resuscitation and during shock due to hemorrhage. So it is essential for anesthesiologists to explain public about their precious skill in neonatal resuscitation and during shock. If the patients come to know that anesthesiologists give labour analgesia and also can save neonate and mother in emergency, then acceptance of labour analgesia will increase because, for them during labour analgesia, a skilful person who can save life of mother and baby is with them!

Study with our participants showed that many participants refused to take labour analgesia. Many participants' including male participants were of the opinion that the labour pain increases bond between mother and child. Some did not bother about pain and some said labour pain is essential. According to them, anything in life which we achieve after pain is having greater value!

CONCLUSION:

1. Awareness program should not be limited to ante natal clinic
2. Anesthesiologist and gynecologist (obstetrician) jointly should do counseling in early month of pregnancy.
3. It is essential to increase the awareness of population about multi centric role of anesthesiologist.

LIMITATION OF OUR STUDY:

Survey of enthusiasm of Anesthesiologist to provide labour analgesia is essential.

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