

Epidural Painless Delivery: A Phenomenology Research**R. Hasanzahraei***, **N. Mehran****, **N. Fathizadeh*****, **H.A. Abedi********Abstract**

BACKGROUND: Regarding the recent increase in elective cesarean and satisfaction of women and physician, the Iranian government has tried to solve this problem by epidural painless delivery (E.P.D). Because of opposite views of people and society about epidural, this Study was done to find the real experiences of people. Its aim was description of mother's experiences of epidural painless delivery.

METHODS: This is a qualitative, phenomenological study. We selected 12 pregnant women that under went epidural painless delivery in Shabihkhani Hospital. We used sampling method of based on object and continued until reaching fullness of information. We used depth interview for collection of information. Data analysis was done via collaizzi seven-stage method.

RESULTS: findings of these interviews were classified in 195 codes and 9 themes and 3 main concepts, consisting of choice of painless delivery, nature of painless delivery, the role of human resources and managing system.

CONCLUSIONS: Mothers' good experience of epidural painless delivery leads to choosing this kind for the next delivery, suggesting it to others and results in decreasing elective cesarean rate.

KEY WORDS: Painless delivery, epidural, phenomenology

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Pain, this wonderful phenomenon which most of the time save human and inform us about external harmful factors, sometimes its intolerance limits our life and the interest to live will be vanished. Delivery pain is one of the most severe pains that women experience during their lives so a change can affect all dimensions of pregnant woman and her family life. Regarding the recent increase in elective cesarean and satisfaction of women and physicians, persons responsible in the health and treatment have tried to solve this problem by anesthetic methods especially by epidural painless delivery (E.P.D). But its usage is very low in Iran in contrast to its increasing statistics in American and European countries. It was determined in previous studies that the statistics of

E.P.D are approximately 40-45 ⁽³⁾. and 37 ⁽⁴⁾ percent in America and France, respectively.

The women experiences of painless delivery methods are very complicated and different. Most of the women are very satisfied that they can benefit painless delivery methods while they are conscious and aware during delivery and labor, but using EPD is not without danger. Some risks such as headache, chronic backache, bleeding, spinal cord injuries and etc are followed with this method. As every person has special perception of her/him self and knows about her/his experiences more than others; the perception of delivery is not something exceptional. Since in different studies, people's experiences differed from each other in this case. People's experiences, beliefs and interpretations greatly affect

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all aspects of their life but some dimensions of humanistic values, culture and correlations can be only examined through close observation of persons' real life and doing qualitative-examination researches. Regarding all mentioned notes and considering the fact that no study have been carried out about the persons' experiences of painless delivery in Iran and relying to the point that nowadays the aims of all countries and international organizations such as Iranian Ministry of Health and Medical Sciences Education is to decrease cesarean rate to the optimistic range of world health organization which is approximately 10-15 percent and noting to the researcher observations of people and society beliefs, news and reports of collective media based on existing contrary opinion about epidural anesthesia and curiosity to discover the real experiences of the persons who have elected and experienced this kind of painlessness for delivery, this qualitative, phenomenological study was carried out the purpose of describing mothers' experiences of EPD. With performing a framework to use these experiences and their descriptions, we will have a step in planning an increase in using this method and decrease in elective cesareans. The aim of the investigation was to describe mothers' experiences of EPD.

Methods

This was a qualitative, phenomenological study. The research was carried out in some places of Kashan which were calm and private whether personal homes or hospitals. Among the women delivered using epidural anesthesia in Shabihkhani maternity hospital of Kashan, we selected 12 women who had a normal vaginal delivery without any side effects after pregnancy period, delivered an alive and healthy infant without using aid tools, interested to participate in this study and had the ability to remember and describe their experiences of epidural painless delivery. Our sampling method was simple consecutive sampling. In the stage of interview, the researcher introduced herself, stated the goal of the study

and assured the participants of the secret interview, the freedom to exit the study whenever they want and observed moral issues. The interview was carried out in a calm and private environment with open questions during two minutes. The questions were asked generally, for instance; why did you select EPD? Which positive or negative experiences did you acquire by epidural? The interviews were recorded on a cassette tape and then listened precisely and transferred on the paper. Sampling started from 21.4. 2005, and it continued until 31.7.2006, reaching full information needed. It meant that after the interview with 12 participants, no other new experiences were seen among women's talks and their previous stated experiences were repeated. Data analysis was done via Colaizzi seven-stage method involved: reading important findings and feelings the same as the participants to comprehend persons and extracting fundamental sentences related to the study phenomenon, giving special meaning to extracted sentences, classifying obtained concepts and formulas, referring to the main issues and comparing the ideas, describing the studied phenomenon, returning the phenomenon description to the participants to examine the reliability of the results.

For reliability of the data, after doing each interview the researcher would analyze them and then return to the samples once again, if a new data was gained from the study samples she would consider it in final description (Test-retest method).

Results

The mean age of the women participated in this study was 25 years old (rang: 18-32). 8 persons had only experienced pregnancy once, 2 persons twice, 1 person 3 times and 1 person 4 times. The mean time between delivery and interview was 19 months (24 hours after delivery till 31 months after it). The education level of one of the participants was General Practitioner four of them were diploma, two of them graduated at grade 3 of guidance school and five graduated at grade 5

of elementary school. From 12 participants in this research, 2 women were occupied and the rest were householders. All of the participants underwent epidural for the first time.

In this study using Collaizzi method, after reading the context of the interviews for several times, informations related to the studied phenomenon were extracted. To feel the same as the persons, the researcher gave special concepts to the extracted sentences. For example from the sentence "when they anaesthetized me, all of my body even the tip of my fingers was anaesthetized and when I wanted to rise my feet, I couldn't, I was heavy" the sense of heaviness in feet followed by anesthesia was described as "disability to move feet during painless delivery" and "disability to contract perineum muscles and effective force"; So 195 codes were extracted. In the fourth stage the extracted codes were classified. For instance the codes like "creating bony pains after painless delivery, "sever depression after painless delivery for at least 3.5 year", "over bleeding after painless delivery", "disinterest to the infant until 1 month after painless delivery" and some related sentences were categorized in group of "epidural side effects". Nine categories were clarified included: the reasons of the selection, the feelings related to the selection, the technique of epidural, emotional fallowness, satisfactions (and advantages), side effects, views and beliefs, possibilities and planning and the interaction with treatment team. In the fifth stage nine obtained categories were divided in three more general categories based on the basic concepts of this study included: 1- election of epidural painless delivery, 2- The nature of epidural painless delivery, 3- The role of humanistic sources and managing system.

Discussion

This study showed that pregnant women select EPD for different reasons. They select epidural merely for releasing of the delivery pains. It was selected consciously and after being informed by different ways such as from their friends and relatives, the personnel

of hospitals, physician, medical books, hospital boards, and etc. Some believed that the pain of the labor in some women result in changing their mind so they demand epidural anesthesia contemporary of beginning their pain though they are not interested in methods of reducing pain previously. In some writers' opinion, the women who have little awareness of delivery process will use some views and experiences of other mothers or women in labor ⁽⁵⁾. By choosing epidural, some feelings such as fear of backache, injection in back, realizing of the associations talk and etc will be experienced by mothers. In this case, Thomas Blank believes that there is a baseless fear of selection epidural and spinal anesthesia in general population derived from having no awareness ⁽⁶⁾. Pregnant women reach to a series of positive and negative experiences related to the epidural technique after electing it included the time of doing anesthesia, connecting to the monitor and etc and they experience a series of positive or negative feelings related to the epidural such the curiosity in the manner of doing anesthesia, the similarity of epidural anesthesia with the anesthesia of cutting a tooth, the need of presence a family member in her side and etc. Negative and positive feelings of labor can be contemporarily existed with each other and this shows the multiple aspects of delivery experiences and its painlessness ⁽⁷⁾. The persons who select epidural have gained various experiences of its advantages and side effects and they meet a series of positive and negative views. The experience of stopping pains followed by anesthesia, comfort table breast feeding after delivery, fine pain at the time of epidural injection, much interesting in child, the sense of calmness for the presence of husband or one of the family members in her bedside or vice versa, the experience of backache, scratching the mark of epidural injection, disability in effective force, hate of husband and etc are the factors that create some views in pregnant women and their associations such as uselessness of painless delivery or the opportunity of no side effects and etc.

Moreover, women who underwent epidural have different views and beliefs rather than women who have no experience of it ⁽⁸⁾ as the person's views and associations can affect positively on her experience of epidural. This study showed that departed of the epidural matters, the behavior of the personnel, students, planning system and hospital equipments can also affect positively or negatively on the epidural experience of the person. As the rudeness in manner, improper eye or speech contact, no explanation of future affairs or happening, delay in suggestion or doing anesthesia and so on, can leave out bad experience of epidural. Finally, in this research it was recognized that obtained experiences of selection and nature of epidural anesthesia and persons' experience of team therapy and management system of hospital will result in making positive and negative experiences of epidural that cause the person to suggest it to others and choose epidural method for her next delivery or recommend others not to select it and she herself use other painless methods for her next delivery, too, or even may not use any kinds of painless methods and prefer cesarean to normal delivery.

The present study showed that some mothers elect epidural anesthesia merely to get away from delivery pain without sufficient information. Beverley believes that most of the women select epidural to get the ability to face delivery pain while they have no awareness of it ⁽⁹⁾. Uninformed selection of this method can create anxiety and many side effects during delivery or after it for mother or even infant. Performed examinations in our country showed that the source of getting information in low educated or illiterate persons are often husband, friends, relatives, radio and TV and for high educated the books and writings are at the first priority ⁽¹⁰⁾. As giving information especially about pre-term and post-term side effects of epidural not only results in informed election of it but also provide a better correlation between women and midwives, so it is advised to designers and executors of medical sciences educational

programs to use the findings of this study and rely on other performed researches then plan some training programs for students and other members of therapy team to familiarize them with epidural anesthesia, its technique, advantages, side effects, indications and control, necessity of giving sufficient explanation of this method to pregnant women and their husbands, receive written consent from them, making good relationship with mothers, substituting the correct views and beliefs related to painless delivery especially as a good substitution to decrease elective cesarean resulted from the fear of delivery pain. During prenatal period, some classes should be conducted by midwives to familiarize pregnant women especially who experienced it for the first time. In clinics, the duty divisions should be also performed in some extent to provide sufficient opportunity to answer the mother's questions and present more information about delivery and painlessness. Moreover, it is suggested that the husbands of pregnant women have been also participated in the readiness classes before birth to comprehend the labor and delivery stages, painlessness and the infant birth, precisely.

Furthermore, this study like other related studies has shown that the presence of a companion (husband or one of the family members) by mother side during labor can cause calmness of pregnant women and according to the some participants' words can make more perception by husband and family. Lawrence Leeman in his article related to the presence of a companion in labor, stated that despite of the various researches proved the presence of a companion in labor can improve the maternal and infancy results and increase the mother satisfaction but only a limited numbers of the women profited by these cases ⁽¹¹⁾. Naghibi et al has also believed that the anxiety and fear of the pregnant mother would reduce by the care and spiritual methods before delivery, the presence of husband on mother bed during labor and spiritual support of the personnel. Continuous spiritual support during labor has a lot of values and

though this method is not always effective but its access for the willing persons should be taken into account ⁽¹²⁾. So, it is suggested to relevant persons in charge to consider some policies for presence of these persons in mother side to make the process of the painless delivery better. Another reason of dissatisfaction of the most persons underwent epidural anesthesia in this research was disability to force in the second stage of the labor. Sarah Buckley in her study discovered that epidural causes the anesthesia of the legs and pelvis muscles and disability to move the legs and force then results in a long time of the labor especially at the second stage so increase the necessity of using oxytocin or forceps to 3 times. Thus, it is advised to anesthesiologist to use the new methods of epidural (epidural with the ability of walking) with an acceptable drug dose that lets the parturient feel the contractions at the second stage and have the ability of proper force; so the 2nd stage will not be prolonged. In this study, some of the participants complained from disability or having insufficient motivation for breast feeding after painless delivery. In the opinion of the author, epidural anesthesia in spite of having the effect on mother can result in some influences on infant which are ranged from breast feeding to behavioral disorders during infancy up to six weeks. Moreover, the decrease of the maternal cares of infant may be observed to one month after delivery ⁽¹³⁾. So it is advised to the responsible persons of the post-delivery wards to do necessary action to make a correlation between mother and infant as soon as possible in post-delivery stage and if the mother is disable to breast feeding for the weakness, faintness or pain and etc, the should try to remove these problems to intimate correlation between mother and infant very soon. This study showed that the planning system and equipments of the hospital can negatively affect on mother's experience of epidural in some cases such as delay in doing or suggesting epidural and limiting the mother on the bed during epidural. About the delay of doing or suggesting epidural anes-

thesia, Robert et al state that although there is not any unanimity on the time of beginning epidural anesthesia but most of the physicians believed that after getting the written consent and beginning the active labor phase doing epidural anesthesia should not be delayed and it should not be done when the labor is imminent and the parturient has tolerated all pains. Therefore, after women's satisfaction all necessary agreements should be quickly performed between anesthesiologist and midwife ⁽¹⁴⁾. Serdar Ural also believes that when the person decides to undergo epidural, she should know that the possibility of walking, changing position, eating and drinking will be disturbed ⁽¹⁵⁾. So, it is suggested that the necessary agreements and plans should be carried out for doing on time anesthesia and also in pregnancy period, mothers should visit delivery ward and be informed about the importance of observing the rules to clarify them the difference between considering principles with having no plan.

In this study, it was also determined that one of the most prevalent reasons of participants dissatisfaction during delivery process is the improper contacts of the personnel and having no eye or speech contact with mothers and not presenting an explanation about incoming happens or affairs which are going to be performed. Jan Dickinson believes that the women experiences of the personnel behaviors have no relation with their experience of epidural ⁽¹⁶⁾. In Eloise view, feeling no engagement and responsibility from the personnel would cause the decrease of anesthesia influence. He believes that the reason of the difference between the real experienced painlessness with the expected painlessness should be found in the relationship between the personnel and patient and their responsibility ⁽¹⁷⁾. Effective relationship is the key of presentation desirable and satisfactory level of services that can create an acceptable experience of delivery for the women. On this ground, Salemi says that the most common reason of the patients' satisfaction derives from good behavior and honest contact of the

personnel and their work conscious and listening to the words and explanations of the person ⁽¹⁸⁾. Therefore, it is suggested to the relevant responsible persons to consider this issue seriously and emphasize especially on eye or speech contact of the personnel with mothers. Midwifery educators and responsible residents of the interns are recommended to supervise precisely on students' correlation skills and contact manner. If possible, necessary training related to making adequate relationship with patients through some conferences should be given to them. Determination of the real effects of the nursing and midwifery affairs and cares needs more studying and without doing these studies the knowledge of nursing and midwifery will not be developed. So, the researcher hopes that the findings of this study

would provide a background to develop other studies related to painlessness labor and epidural anesthesia such as the role of the companion's presence during labor and decrease amount of the epidural anesthesia drug, the role of the husband's presence during labor and his perception of mother after delivery, the effect of pre-delivery classes in choosing and selecting painless delivery, the effect of pre-delivery training classes on women satisfaction of epidural painless delivery, the comparison between the expectations of pregnant women of epidural painless delivery with their experiences after labor, the role of team therapy in mothers' satisfaction of epidural painless delivery, the experiences of team therapy in epidural painless delivery on mothers.

References

1. Mirzadeh S. Deliver painlessly. *Women J* 2004; 123.
2. Health chancellor. Kashan epidural statistics. Tehran: Ministry of Health and Medical Education; 2004.
3. Goldberg AB, Cohen A, Lieberman E. Nulliparas' preferences for epidural analgesia: their effects on actual use in labor. *Birth* 1999; 26(3):139-143.
4. Palot M, Chale JJ, Colladon B, Levy G, Maria B, Papiernik E et al. -Anesthesia and analgesia practice patterns in French obstetrical patients-. *Ann Fr Anesth Reanim* 1998; 17(3):210-219.
5. Yerbi M. New approach of painless delivery. Trans. Davoud Abadi Farahani M. Iran. Arak Medical Sciences University Publication; 2002.
6. Popovic J; Morimoto M; Blanck TJJ; Rosenberg AD. "Advances in ultrasound guided regional anesthesia". *NYSSA Sphere*. 2006; 58: 40.
7. Goodman P, Mackey MC, Tavakoli AS. Factors related to childbirth satisfaction. *J Adv Nurs* 2004;46(2):212-219.
8. Heinz SD, Sleigh MJ. Epidural or no epidural anaesthesia: relationships between beliefs about childbirth and pain control choices. *Journal of reproductive and infant psychology* 2003; 21(4): 323-333.
9. Beech BAL. Epidurals - Dead from the waist down. *AIMS* 1998; 10(1).
10. Zanjani H. Population, development and health of productivity. Tehran: Boshra Publication; 2003.
11. Leeman L, Fontaine P, King V, Klein MC, Ratcliffe S. Management of labor pain: promoting patient choice. *Am Fam Physician* 2003; 68(6):1023, 1026, 1033.
12. Naghibi K. Painless delivery or cesarean, which one is better? 2001. P.92.
13. Buckley S. All about epidural [on line]. [Cited Nov 1998]. Available from: <http://www.compleatmother.com/epidural.htm>.
14. Vincent RD JR, CHESTNUT DH. Epidural Analgesia during labor. *AFP* 1998; 58(8):1785-1794.

15. Ural S. Birthing centers and hospital maternity services [on line]. [cited August 2005]. Available from: http://www.kidshealth.org/parent/system/doctor/birth_centers_hospitals.html.
16. Dickinson JE, Paech MJ, McDonald SJ, Evans SF. Maternal satisfaction with childbirth and intrapartum analgesia in nulliparous labour. *Aust N Z J Obstet Gynaecol* 2003; 43(6):463-468.
17. Carr EC, Thomas VJ. Anticipating and experiencing post-operative pain: the patients' perspective. *J Clin Nurs* 1997; 6(3):191-201.
18. Salemi P. Experiences of contraceptive methods' users. MS Thesis. Isfahan. 2005; 93.