

# Qualitative study of the knowledge and expectations of the pain of labour, in urban Xhosa primigravidae

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## Introduction

Although various modes of analgesia for labour are well established in the black population of South Africa, there are few analyses of the knowledge and expectations of labour and labour pain. Considerable literature suggests that the experience of labour pain is influenced by many factors other than pharmacological, including antenatal education, social circumstances, attitudes to the baby, and the presence of medical and non-medical persons. These impact on anxiety, coping mechanisms, and the experience of pain.

The aim of this study was to establish the level of knowledge and expectations of labour, in a group of urban Xhosa primigravidae at a Cape Town midwifery obstetric unit. The results of this study will form the basis for the development of future interventions aimed at improving analgesic care.

## Methods

After approval from the University of Cape Town ethics committee, informed consent was obtained from each patient. Thirty ASA Class 1 primigravidae were interviewed by an investigator, assisted by a professional interpreter. The interviews were in-depth and semi-structured, using an interview guide to aid data capture. The analysis was based on common themes identified. For the presentation of findings, numerical and operationally defined verbal counting was utilised.

## Results

The majority of subjects expected labour pain but a few did not expect pain at all. Knowledge of the nature and duration of pain was

poor. There was considerable conflict as to whether pain should be endured or relieved. Several felt that the endurance of pain was necessary to bond with the infant, but still preferred pain relief as an option. Much anxiety was expressed. While most knew of some analgesic methods, only a few referred vaguely to regional analgesia and none had heard of epidural analgesia. All were confident of medical staff support. Most expressed the desire for the presence of a family member. While a few subjects were in favour of traditional medicine, many were not, and a few were ambivalent. Some expressed overtly negative feelings about the pregnancy.

## Conclusion

Knowledge of the labour process and available analgesic methods was generally poor and expectations were accordingly unrealistic. Patients were often confused as to what they wanted in terms of pain relief. This indicates a need for better antenatal education about the labour process and analgesia options.

## References

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