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Support informed choices of the women for the solace of the pain of delivery

ABSTRACT

CONTEXT. The complexity of the birth event makes difficult to the woman and professionals which assist her, to predict which will be the experience of pain related to delivery.

The literature recommends that health care professionals should analyze and take into account how their values and personal ideas could affect their habit and their assistance answers regarding the strategies intended to reduce the women’s pain during the labor phase, and therefore they might be not always aligned with the choices of intervention aimed at supporting the women. Even for who is assisted, it is not always easy and in the same time possible to make an informed choices, because the offered assistance and the information are not always at support, and it is rarely possible to predict their answers.

GENERAL AIM. Analyze the needs of assistance of the women, related to the pain containment both of the labor and of the delivery, through the description of their knowledges, their expectations, their lived and their perceived quality of the assistance.

MATERIALS AND METHODS. For this research we carried out: a research and analysis of scientific literature present in the databases available online about the pain containment of labour/delivery; an analysis of the women knowledges, of their expectations, of their lived and their perceived about the pain solace of labour/delivery through a qualitative and quantitative survey; a research and analysis of the web debate (women/users/health care professionals) about pain solace of the labour/delivery arising in weblogs and Forums and finally the achievement of a focused information tool.

RESULTS. The study, conducted between 15 May to 20 August 2012 has shown that, to date, the amount of information on the subject of pain relief for women during labor and childbirth is perceived as not entirely satisfactory by women, both in relation to the active offer of information from care givers who assist women in childbirth, and in relation to the information obtained from the non-professional networks or web sources. Women report that the information given by different professionals are sometimes contradictory or partial.
Among professional care givers, midwives emerge as a prevalent source of information and the most satisfying from many questionnaires.

The pre-natal classes are cited as a source of information although not completely satisfactory; the data from this study confirm previous findings of the literature, as higher education and Italian nationality are associated with a greater chance of participation in pre-natal classes.

In relation to the experiences of labor/delivery, in agreement with the literature, the quality of information appear to play an important role on the woman's ability to participate in the choice of the method of pain relief.

The issue of pain during childbirth and of fears for the health of the unborn emerges, even in this study, among the most frequent thoughts referred by pregnant women. When comparing experiences with expectations, it emerges that pregnant women were afraid of "known" pain, as the one related to contractions or second stage of labor, and on which they express a feeling of greater coping in childbirth, as opposed of "unknown" pain, including particularly the one from vaginal exploration on which they showed a very negative experience and less coping skills during childbirth.

Finally, it emerged that many women used the web to expand their information on pain in labor; the analysis of the Forum showed that information among peers is often personalized, emotional, supportive, realistic and not banal but, frequently, not appropriate from a clinical point of view.

The information tool developed in this paper aims to provide an initial balanced and shared information about the different approaches to the pain of labor/delivery, a starting point for the necessary in-depth one-to-one meetings between professionals and users.

**CONCLUSIONS.** Globally, the study confirms that the pain of women in labor is a subjective, multidimensional experience, individually variable in intensity and quality. Its perception, expression and acceptance are strongly influenced by biological, psychological, socio-cultural, and environmental factors.

The approach to pain in labor must therefore be flexible, in order to suit the needs of each woman.

Midwives are identified from the literature and from women, in this study as in previous ones, as the main reference for information / assistance, which is why they have to work for a continuous improvement of their offer of care, identifying more effective and relevant strategies of communication with the users.