

Comparative study of psychological perception of birth in induced and spontaneous labor

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Abstract

The number of patients who are being induced for labour has increased in the present days as compared to the past. Generally patients are being induced for medical or obstetrical indications. Maternal satisfaction in these cases is not taken into prime consideration. The level of patient satisfaction is an important determinant of the proper functioning of the healthcare system. In our study we aim a factorized comparison of the level of maternal satisfaction in induced and spontaneously progressing patients. Antenatal mothers admitted in our hospital for safe confinement during the time period from January 2015 to May 2015 were enrolled in our study. Minimum 50 patients who spontaneously progressed and 50 induced patients were studied. It is a prospective study and descriptive analysis and comparative study were used to analyze the results. Sampling method used was purposive sampling. Questionnaire method was used to collect data. Patients planned for elective cesarean section were not included in the study. All patients going into spontaneous/induced labor were taken into consideration.

Key Words: Induction of Labour, Maternal satisfaction, Psychological perception.

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INTRODUCTION

Childbirth is a very important event in a woman's life. Different women perceive pregnancy and labor in different ways. For some it is an excitement of welcoming a new born in their life, whereas for some it is a traumatic experience. Always importance is given to monitoring maternal vital parameters and maternal and fetal outcome. However psychological impact of labor and maternal satisfaction are given less importance. Induction of labor is defined as iatrogenic stimulation of uterine contractions in order to bring about delivery. Roman physician Soranus, mentioned the first written record of induction and augmentation in 2nd century¹.

From then onwards various noninvasive and invasive methods have been developed. The ideal method of induction of labor which mimics physiology is yet to be discovered. Obstetric care should be woman centered and measuring maternal satisfaction is a step to ensure this. RCOG 2008² has advocated that maternal satisfaction survey should be integral part of maternity survey. As the number of patients being induced has increased in the recent years maternal satisfaction in these cases has to be evaluated. The stress of labor and unexpected outcomes in the form of cesarean delivery, meconium aspiration syndrome in the baby, NICU admissions, instrumental delivery, failed induction, etc have to be studied in detail. Psychological stress is found to increase more in induced labor compared to spontaneous labor.

MATERIALS AND METHODS

Fifty term patients (37 completed to < 42 weeks) with spontaneous labor were compared with 50 induced patients, either by Prostaglandins or Pitocin. A modified version of Mackey child birth satisfaction rating scale was used as questionnaire for assessment³ Questionnaire was prepared in local language and English. Inclusion criteria included women above 18 years of age and who

consented for the study. Satisfaction in various sub dimensions are measured: general satisfaction, satisfaction with self, baby, physician and partner. There are various maternal satisfaction questionnaires that have been developed. Most of them have developed questionnaires which evaluated communication, respect and safety of patients. The questionnaire used in this study was developed to assess the level of satisfaction in various stages of childbirth varying from level of participation in decision making to satisfaction after seeing the baby. Data was collected from post natal mothers before discharge from hospital.

Data Analysis

Among the 100 patients studied, majority were in the age group of 20-25. 62 % of patients were multiparous and 38 % were primiparous.

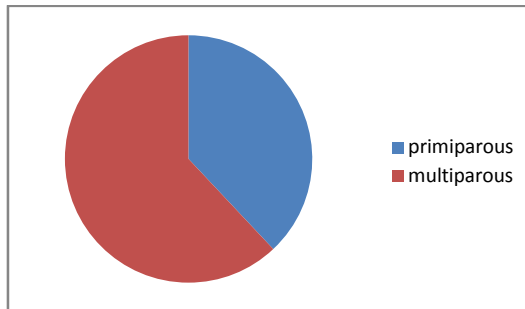


Figure 1: Parity

Out of 100 patients 53 were not induced, 47 were induced. All the inductions were found to be done after taking consent from patient and attenders.

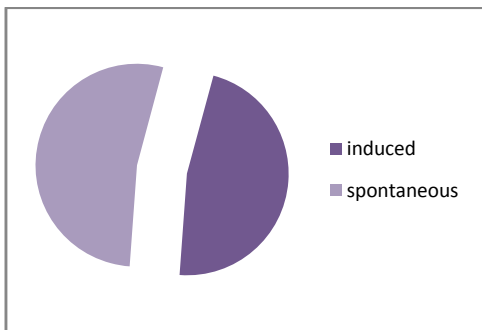


Figure 2: Induction

Among the induced patients 2 were induced for Gestational diabetes mellitus, 3 for Gestational hypertension, 16 were induced for PIH, 18 were induced for postdates, 6 patients were induced for premature rupture of membranes and 2 for IUGR. Prostaglandins were used as the agent for induction for 16 patients and oxytocin was used for 31 patients.

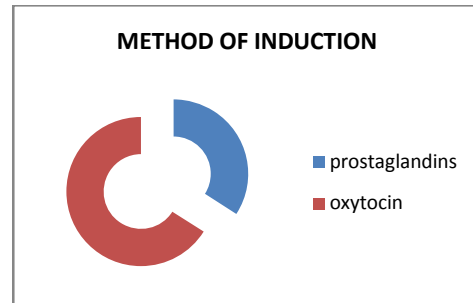


Figure 3:

Induction to delivery interval was less than 6 hours for 5 patients, 6-12 hours for 33 patients and above 12 hours for 7 patients. Among 100 patients, 86 patients underwent normal vaginal delivery and 14 patients had to undergo cesarean section. The most common indication for cesarean section was meconium stained liquor and the second most common indication was failure to progress: the others being arrest of descent and fetal heart rate changes.

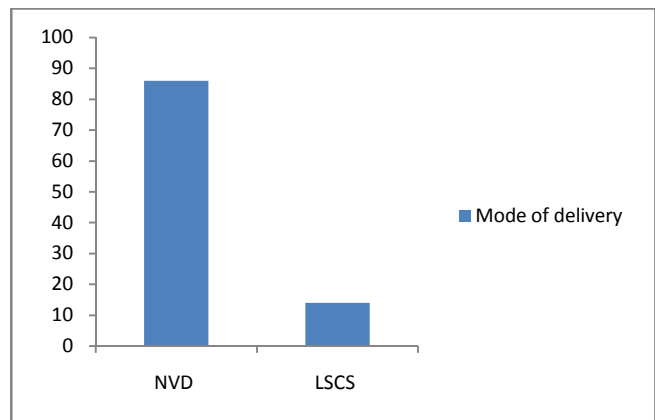


Figure 4: NICU admissions were needed for 16 babies and one baby had shoulder dystocia

On analysing patient satisfaction, 82 % of the multiparous patients had good satisfaction rates, about 11% multiparous patients had moderate satisfaction and 7 % multiparous patients reported poor satisfaction about childbirth.

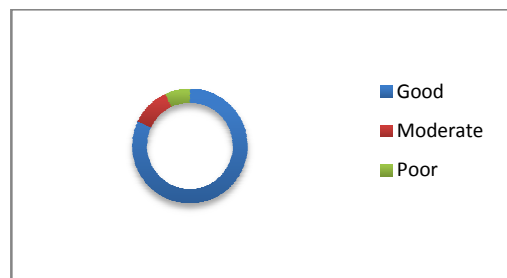


Figure 5

Among primiparous patients 89.5% had good satisfaction rates, 2.6% patients had moderate satisfaction scores and 7.9% patients had poor satisfaction scores.

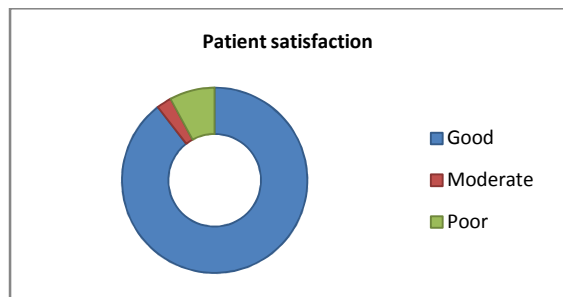


Figure 6

92.5% of patients who had spontaneous progress of labor had good satisfaction rates, 7.5 % patients had moderate satisfaction scores and no patient reported poor satisfaction. Among induced patients only 76% patients had good satisfaction scores, 8.5 % patients had moderate satisfaction and 14.9 % patients had poor satisfaction scores. This shows that patients who had spontaneous progress of labor had better satisfaction rates compared to induced patients (p value: .007) No patients among the spontaneous progress group had poor satisfaction compared to 14.9% patients in the induced group who had poor satisfaction scores.

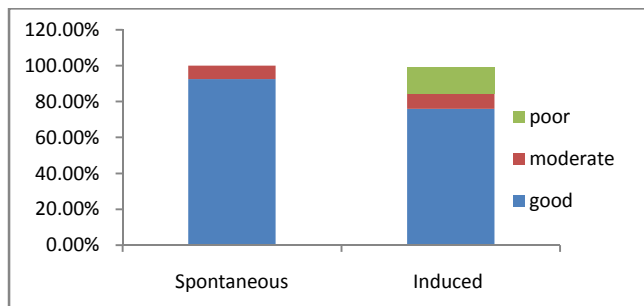


Figure 7

Among patients induced with prostaglandins 75 % had good satisfaction scores whereas 25 % had poor satisfaction scores. Among Pitocin induced patients 77.4% patients had good satisfaction rates, 12.9% patients had moderate satisfaction scores and 9.7% patients had poor satisfaction scores. 71.4% of patients who underwent LSCS reported good satisfaction rates, 14.3 % of patients reported moderate and poor satisfaction rates each. 87.2% patients who had normal vaginal delivery had good satisfaction rates, 7 % reported moderate and 5.8% reported poor satisfaction scores.

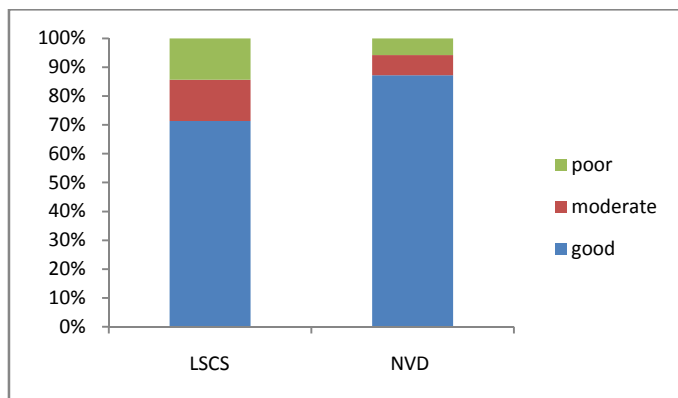


Figure 8

DISCUSSION

Study of the stress levels related with labor induction and spontaneous labor will help in assessing the psychopathology of women. Majority of patients in our study belonged to the age group of 20-25 years. Sixty two percentage of patients were multiparous (fig no: 1) In order to avoid bias patients were asked questions at the time of discharge. Evidence suggests that the time interval from birth to completing satisfaction questionnaire makes no difference while women are inpatients⁹. Psychological perception in women is an important factor of quality clinical care: health care providers play an important role in this perception. Perception by women on operative deliveries performed by junior doctors may not be bad as regular communication leads to good results. The SAFE study demonstrated that training maternity staff in the management of obstetric emergencies improved team and individual performance, individual knowledge and patient perception of safety^{10,11}. This study made it compulsory for health care providers to have basic training programme to learn communication with patients. Some factors other than communication with staff which influence the maternal satisfaction are physical outcomes, pain relief, partner presence and support and personal control^{12,13}. Many studies have shown that, faced with concerns about their health or their babies, most women prefer safety and good communication with clinicians over making autonomous choice^{14,15}. In the present study, among primiparous women, 89.5% had good satisfaction rate. Of patients in spontaneous labour, 92.5% had good satisfaction. 14.9% in the induced group had poor satisfaction, whereas 76% had good satisfaction scores. Among patients induced with prostaglandins 75% had good satisfaction rate, whereas 25% had poor satisfaction scores. 71.4% patients who underwent LSCS had good satisfaction rates. In normal vaginal delivery group, 87.2% had good satisfaction rates. The sense of satisfaction in the prostaglandin induced group was 75%.

Sense of satisfaction in non-prostaglandin group (oxytocin) was 77.4%. Among patients with good satisfaction scores pitocin induced patients had a greater score of 28.2%. Patients who were counselled reported a greater satisfaction score in the induced group compared with non-counselled group with a p value of .020. This is an indicator that good communication with the patient can make a difference in the way they perceive labour and delivery. Women who were induced with prostaglandin (PGE2) perceive a greater sense of satisfaction with labour than those who experienced spontaneous labour and delivery. Women induced perceived a greater sense of control than those who experienced spontaneous labour and delivery. Satisfaction with delivery and satisfaction with labour as separate components also revealed no significant difference between level of satisfaction, both spontaneous delivery group and induced group experienced moderate sense of control.

CONCLUSION

Induction of labour, when done for rightly indicated cases, can make a great difference in the progress and outcome of a pregnancy. Spontaneous labor has better reported satisfaction scores compared to induced labor where the stress levels are found to be high. Improper counseling and communication differences can bring poor satisfaction scores among induced group of patients. Patient must be appropriately informed about the need for induction and should be explained about the merits and demerits of the same. Patient should be allowed to make an informed decision. The satisfaction scores can improve when the patient is allowed a part in decision making. Spontaneous vaginal deliveries are found to be associated with better patient satisfaction. Cesarean sections done for indications which were well informed to the patient have also been associated with good outcomes. Method of induction was not seen to affect the satisfaction scores much in our study. This could be because only two methods of induction were compared in our study. A well informed patient is likely to have better satisfaction throughout the process of labor and delivery. Patient should be given priority in decision making and should be allowed to make informed choices. Health professionals should take time and effort to explain the risks associated and the need for induction of labor when the need arises.

This will help the patients to make the right decisions and trust their caregivers better. Enhanced labor satisfaction will help the mothers welcome their newborns to this world in a better way.

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