Coping with Labor Pain

An Alternative to the Numeric Rating Scale for Assessing and Responding to Labor Pain

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Labor Pain is Unique

- Normal physiologic & healthy process
- More than physical sensations
- Personal response

Why Does Labor Hurt?

Some theories:
1. Humans only mammals who don’t seek isolation
2. Upright & small pelvis in relation to fetal head

Why Does Labor Hurt?

3. Labor pain leads to movement

Why Does Labor Hurt?

4. ß-endorphin & attachment

Possible Adverse Effects of Labor Pain

- Dysfunctional labor
- In the most extreme situations, fetal acidosis
- Birth trauma (PTSD)
Pain and Suffering

**Pain** – unpleasant sensory or emotional experience associated with actual or potential tissue damage

**Suffering** – negative emotion reaction
- Perceived threat to self
- Loss of control
- Distress and helplessness
- Inability to cope with a distressing situation
- Fear of the unknown
- Fear of death

(Lowe, 2002)

Pain Without Suffering

Positive modifiers: (Simkin, 2011)
- Knowledge
- Attention to other matters or goals
- Companionship
- Reassurance
- Touch
- Self-help measures
- Feelings of safety and other positive factors

Suffering Without Physical Pain

Negative modifiers
- Loneliness and isolation
- Extreme fear
- Unkind or insensitive treatment
- Unresolved past psychological or physical distress
- Acute worry or anguish

A Paradigm for Labor Pain Care

- Pain does not always equal suffering
- Labor pain is a side effect of a normal process

Physiologic Variables

**Increased** pain:
- Primipara (1st stage)
- Fatigue, hunger and poor physical condition
- Malpresentations
- Genetic variations

**Decreased** pain:
- Upright positioning (1st & 2nd stage)

(Lowry & Boling, 2004)

Psychological Variables

**Decreased** pain:
- Confidence

(Lowry, 2002)

**Increased** pain:
- Fear
- Anxiety
Environmental & Interpersonal Variables

- Familiarity or strangeness of the environment
- Noise, lighting, temperature
- Communication style
- Philosophy and policies
- Continuous labor support

Cultural Influences

- Foundation of human activities
- Interpretation of labor pain
- Behavior in labor

Labor Pain Assessment

“Pain is whatever the experiencing person says it is, and exists whenever (s)he says it does.”
(McCaffery, 1999)

Numeric Rating Scale

Advantages:
- Standardized
- Non-biased

Limitations:
- Intensity only
- Doesn’t reflect emotional, cultural aspects
- Doesn’t reflect coping
- Confusing
- Disruptive / annoying

Joint Commission & Pain Assessment

“Patients have the right to pain management.”

“[If applicable, separate specialized assessment and reassessment information is identified for the various populations served.]”

Provision of Care, Treatment and Services (PC.2.10)
Joint Commission 2008 Hospital Accreditation Standards
Observational Assessment of Pain Intensity

• Frequent discrepancies
• Wider cultural gap = less accurate interpretation (Lowe, 2002)

Proposed Adaptations

Assessment of Coping

“How are you coping with the pain of your labor?” (Lowe, 2002)

“What was going through your mind during that contraction?” (Simkin, 2008)

Observable Signs of Adequate Coping

Early Labor:
• The same type of behavior during and between contractions
• Calm facial expression
• Smooth and rhythmic breathing (Simkin, 2002)

Signs of Adequate Coping, Continued

Active Labor:
• Relaxation between contractions
• Rhythmic activity (such as rocking, swaying, moving, breathing) which is repeated with each contraction
• Attention focusing (use of focal point, visualization, vocalization)

The 3 R’s - (Relaxation, Rhythm, & Repetition) (Simkin, 2002)

When a Woman Needs Help

Early Labor
• Tensing at peak of contraction
• Ragged or strained breathing
• Expression of dread for contractions

Active Labor
• Activity unfocused, random, lacking rhythm
• Writhing, wincing
• High-pitched vocalizations / cry
• Panic
Pain Coping Style (Peterson, 1993)

Non-pharmacological

• Auditory
• Visual
• Kinesthetic
• Social/Emotional

Pharmacological

Labor pain – is a normal phenomenon, unique in the fact that it is physiological rather than pathological. The experience of labor pain is highly individualized, as it is received and interpreted through an individual woman’s emotional, motivational, cognitive, social, and cultural circumstances. Perception of labor pain is influenced by “environmental conditions, coping strategies, fear, anxiety, expectations about the experience, and, above all, a woman’s sense of self-efficacy or confidence in her ability to cope.” (Lowe, 2002)

Aurora System Pain Management Policy

Aurora Metro Intrapartum Care Policy

Nursing Documentation
Barriers to supportive care

- Inadequate staffing
- Lack of time
- Lack of training
- Provider resistance
- Policies or routines that emphasize technologic care

Patient Satisfaction and Labor Pain

Amount of pain or degree of pain relief ≠ satisfaction.
(Hodnett, 2002)

Support & partnering

Maternal Satisfaction Consistently Depends On:

1. The amount of support received from caregivers
2. The quality of relationship with caregivers
3. The degree of involvement with decision making
4. Whether personal expectations were met or unmet

Caregiver Recommendations

Pay less attention to labor pain relief. (Hodnett, 2002)

Instead, focus more attention on:
- Providing supportive care
- Strategies to involve mothers in decisions about their care
- Advocacy for the mother’s preferences

Women Remember

A long-term study showed after 15-20 years women had very clear memories of specific things their labor nurses said and did. (Simkin, 1991)

Defining supportive care

In the context of labor and birth, supportive care encompasses:
- Emotional assistance
- Physical comfort measures
- Accurate, unbiased information and explanations
- Anticipatory guidance
- Support to the woman’s partner
- Advocacy

(Simkin, 2002)
Birth Plans
How are they received/supported?

Choices about Pharmacological Interventions
- Want pain medication
- Undecided

Request = adequate indication for intervention

Choice for Unmedicated Birth
- Concern about potentially harmful effects
- Cultural norms and expectations
- Desire to feel and experience labor and birth
- Viewing birth as a rite of passage or a spiritual experience

(Carlton et al., 2005)

Changing Plans
Lack of perceived nursing support = significant factor
Length of labor & use of pitocin were also factors

(Carlton et al., 2005)

Supportive Care
- Labor support skills
- Positive encouragement and reassurance
- Believe in the mother’s ability to accomplish her pain management goals
- Be present as much as possible
- Encourage movement and upright positions
- Create a relaxed and comfortable environment
- Advocate for minimal intervention when appropriate

Questions?
References


