



## POSTNATAL WOMEN'S LABOUR PAIN EXPERIENCES IN NIGER DELTA REGION OF NIGERIA: A QUALITATIVE STUDY

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**ABSTRACT:** *Labour pain experience has posed a lot of worries for women all over the world. This study investigated women's experiences of labour pain during childbirth in three health centers in Obio-Akpor Local Government Area of Rivers State. A qualitative phenomenological study design was adopted, with a population comprising of post-natal women who came for six weeks post-delivery check-up. In-depth interviews were conducted and thematic data analysis was done. Findings showed that labour pain was described as sharp, sometimes unbearable and terrible but is a normal thing for every pregnant woman to experience during labour. In addition, pregnant women used some coping strategies such as walking up and down, and lying on their side. It was concluded that women experienced sharp and severe pain during labour but with a positive perception that such pain is normal for every woman in labour. It is recommended that, health care workers especially midwives should put more effort to inform pregnant women about the various labour pain coping strategies during their antenatal visits.*

**KEYWORDS:** Postnatal, Women, Labour, Pain, Experiences, Childbirth, Nigeria

### INTRODUCTION

Pain is an unpleasant and highly personal experience that may be imperceptible to others, while consuming all parts of the person's life (Berman et al., 2012). Pain tolerance may differ in different people and could be influenced by the individual's physical, psychological and cultural conditions (Ali-Beigi, et al., 2010). During contractions, the abdomen becomes hard, causing discomfort or a dull ache in the back and lower abdomen, along with pressure in the pelvis. Contractions move in a wave-like motion from the top of the uterus to the bottom. A publication by Health line stated that the stages of labor contractions are early, active and transition. In early labor, contractions are somewhat mild and the tightening of the stomach lasts from 30 to 90 seconds. These contractions are organized, coming at regular intervals of time, and may be spaced apart, like five minutes apart. For active labor, contractions are more intense, the cervix will efface from 4 to 6 centimeters and generally last between 45 to 60 seconds, with three to five minutes of rest in between. In the transition stage, the cervix dilates from 7 to 10 centimeters, and the pattern changes, with contractions lasting between 60 to 90 seconds, with just 30 seconds to 2 minutes of rest in-between. The contractions may even



overlap as the body prepares to push. In a study which was conducted on 288 Swedish women, 28% of them evaluated labor pain as a positive condition and 41% of them considered it as the worst experience they had (Ali-Beigi, et al., 2010). According to Robin, (2019) women's coping mechanism during labour could be environmental, physical, mental and emotional. The environment is something that one can control, they can make themselves feel comfortable, maintain lower levels of light by using dimmers, closing blinds, not being asked questions during a contraction, not subjected to conversation that is unimportant and people speaking in hushed tones to aid in labor comfort, have the support of their partner, mother, friend, or a combination. Some women find that music will relax them, while others may be annoyed by the music, however, the key here is for the woman to be able to choose the music to give birth or labor with. For physical coping, massage is almost essential in labour because, massaging certain areas of the body helps compete with pain messages in the brain for reception thereby reducing the sensations of pain. Other types of massage, such as effleurage (light, rhythmic massage on your belly), or simple light stroking provide the sensation of companionship. Use of patterned breathing in labor, that is, controlling the breathing to be slow and relaxed, positioning, mobility which enables shifting of the pelvis and speeds up labour also helps with the pain. Immersion of oneself in water is most effective after active labor has begun. Mental & emotional coping require concentration on what will help through labor, avoidance of worries and having support from people who care can be very comforting. A positive birth experience has been associated with an increased mother-child bond and high level of positive psychological functioning in the three months after childbirth (Sanchez-Cunqueiro et al., 2018). Thus, women's satisfaction and positive psychological functioning cannot be attained if a woman is not allowed to experience a normal physiologic birth. Women's experience of labour pain and coping strategies have been explored, but there is limited literature on the phenomenon of labour pain experiences of post-partum women in Rivers State. Our study explored the labour pain experiences of the women in respect to description and perception of the labour pain, coping methods and factors associated with the experience.

## LITERATURE

"Pain is whatever the experiencing person says it is, existing whenever he says it does" (McCaffery et al., 2018). So, pain is subjective. According to Albertyn, R. et al. (2012), Pain can be classified according to Duration, Underlying mechanism, and according to Situation. Different types of pain respond differently to different types of analgesia; hence the importance for clinicians to determine the types of pain that a patient is experiencing in order to prescribe the most appropriate analgesia. Pain classification according to duration could be acute or chronic. Classification of pain according to underlying mechanism could be Nociceptive or Neuropathic. Nociceptive pain is produced by stimulation of specific sensory receptors in the viscera and somatic structures (although the nerves are intact). Somatic pain originates in the superficial or close to superficial areas of the body: skin, muscles, ligaments, tendons and so on. It is typically well localized and of short duration after the damaging stimulus is removed. Visceral pain is caused by processes in the internal organs, or viscera.

Albertyn et al., (2012) opined that pain intensity should be carefully measured based on a thorough assessment. The Goals of pain assessment *is to* understand the experience of the patient and the underlying holistic factors and pathophysiology contributing to the pain. Pain management is the alleviation of pain or a reduction in pain to a level of comfort that is



acceptable to the patient. Pain management depends largely on a comprehensive assessment of the patient, the disease and the pain experience.

Lowe et al., (2013) stated that Pain of childbirth ranks among the most intense pain experiences. The experience of labor pain is a complex, subjective and multidimensional response to sensory stimuli generated during childbirth. Some studies claim success in using various pain-coping techniques for reducing labor pain. Categories of strategies described by women include touch, relaxation, distraction, breathing techniques, control, focusing and so on.

According to Akadri et al., (2018) labour pain perception is influenced by a variety of factors; hence women experience and cope with labour pain differently. The positive influence of birth pain is the establishment of a strong contact between a mother and a child, the change of woman's self-esteem, the change of her role in life. Therefore, it is good to focus on birth pain in a comprehensive way, to help women to work with birth pain and better manage childbirth. (Šalanská et al., 2019).

## METHODOLOGY

This study was carried out in three (3) selected Primary Health Care centers (PHCs) in Obio-Akpor Local Government Area, Rivers State. These PHCs enjoy high patronage from the residents of this most populous and one of the richest local government in the Niger Delta region of Nigeria. The major occupation of the indigenous residents are farming, fishing, and trading. The qualitative phenomenological study design was employed to collect data from six (6) purposively selected postnatal clinic attendees from these PHCs. These included women who had normal labour and delivery, were clinically stable at the time of this postnatal clinic visit and were able to understand and communicate well using English Language. Women who had stillbirth, neonatal death or premature delivery were excluded from the study. A pilot tested in-depth interview guide, two pretested tape recorders, biros and notebooks, checklist for participants' socio-demographic data were used to obtain data. The interview guide was developed using open-ended unstructured questions to generate responses and these were probed until a full understanding was achieved. As such leading questions were not asked which ensured that the participants were allowed to express themselves freely. Each interview section lasted between 25 – 30 minutes, the venue and time of the interviews were at the convenience of the participants in a quiet place without the interruption of staff and family members. The in-depth interview was tape recorded and notes were also taken. The interview notes and recordings were transcribed verbatim, prepared as a manuscript, coded and analyzed. Words or phrases which related to the phenomenon were distinguished and desired codes ascribed to them. The responses were coded and identified, then patterns and themes from the participants' perspective was developed and recoded; and dependability was ensured. The data was analyzed using the thematic method of analysis which include familiarization, coding, generating themes, reviewing themes, defining & naming themes and writing up. The findings were described with the following themes: nature of labour pain; perception about labour pain; coping with labour pain; expectation of labour pain intensity; knowledge of coping strategies before labour commenced; perceived influence of labour pain on relationship with child and perceived factors that associated birth experience. Ethical approval was obtained from the Ethical Review Board of University of Port Harcourt and Primary Health Care Management Board, Rivers state, Nigeria. Written informed consent was obtained for both interviewing and



recording of data after due explanation was given to the participants. The services of a psychologist were employed to handle the emotional challenges that may arise as the participants were expected to recall their painful experience. Confidentiality, anonymity and privacy were assured and maintained. The tape recorders, manuscripts and notebooks were kept under lock and key during the report writing period and were accessible to the researchers only but were destroyed after the process was completed.

## RESULTS

### Participant's Socio-Demographic Data

Table 1 shows the summary of the six (6) participants in the in-depth interview. The findings showed that three (3) were between 26 – 30 years, 2 were 31 – 35 years, five (5) were Christians while only one (1) participants was a Muslim. With reference to educational status, three (3) participants had secondary and tertiary education each, interestingly, three (3) of them were housewives, two (2) civil servants while one (1) had a business. All the six (6) participants were married and five (5) were dependents.

**Table 1: Participant's Socio-demographic data** n = 6

Variables	Frequency	Percentage
<b>Age (in years)</b>		
20 – 25	1	16.7
26 – 30	3	50.0
31 – 35	2	33.3
<b>Religion</b>		
Christianity	5	83.3
Muslim	1	16.7
<b>Educational Status</b>		
Secondary	3	50.0
Tertiary	3	50.0
<b>Occupation</b>		
Civil servant	2	33.3
Business	1	16.7
Housewife	3	50.0
<b>Marital status</b>		
Married	6	100.0
<b>Dependents</b>		
Yes	5	83.3
No	1	16.7

### Nature of Labour Pain

This theme described the nature of labour pain women experienced. Women in labour said that it may be difficult to describe the nature of the pain, but that the pain is very severe and sharp.



Participant 1: *“describing the nature of the pain is just that when the labour pain comes it’s a very painful experience that you cannot describe. It is sharp, the pain wasn’t much. It was just mild as if, it was comfortable for me, there was no problem at all”*.

Of the 6 women, 2 said that, at the initial stage, there was no pain but when it got to 6cm, the pain became unbearable. It was further explained that the pain came with heaviness in the stomach as if something was dragging out of the stomach. Two women opined that the labour pain makes them feel like going to toilet, terrible biting at the waist.

Participant 2: *“At 4cm, I was telling them no pain oh, you said that am in labour but no pain. At a time when the thing went to 6cm the pain started, heaviness, all this my waist was heavy on me. I told them the pain was much, I cannot endure it again. “The heaviness was as if something wants to pull out from my tommy.”*

Participant 4: *“it was really biting at my waist terribly and it was just doing as if I want to go to toilet. If I go to the toilet it will not come out”*

### **Perception about labour pain**

Of the 6 women in this study, 5 perceived labour pain as normal and so, should be endured. Two of them were of the view that they were to be quiet and not allow others to realize they were in pain. Hence two participants were advised not to allow other people notice that they were experiencing labour pain. A participant considered labour pain expression *as memorable and likable* and expected women to bear the pain without making it an issue.

Participant 2: *“it is a normal thing every woman should experience. So, one will not show people that she is in labour or whatever. It is something that we can endure, it comes to everybody. Everybody will pass through it. It is not something the person will behave as if something has happened.”*

Participant 4: *“I feel that everybody should endure it because it is the joy of womanhood so you have to make sure that you endure the pain and not shout”*

Participant 5: *“women have to endure it. For some women, when they have labour pain, they will just draw their cloth or their wrapper and throw it away due to how it is paining them while some use to endure it. It is normal, for every woman that is pregnant must have labour pain”*.

Four of the women perceived that screaming during labour pain does not help and can equally lead to screaming in subsequent deliveries.

Participant 1: *“as you are crying, you are putting your hand on your head, running and crying and hitting the bed, you are incurring more pain”*.

Participant 3: *“the elderly women around us, the ones that are very close, will always come to me and tell me, it is not easy oh but you have to bear it because the moment you start crying, you cry all through”*

Participant 6: *“it will be showing on their face they will be knocking their legs on the ground, or try to pull off their clothes but you need to comport yourself a little bit. So that the man*





***beside you will not know that you are in labour. They said if you shout on that first time, the rest of your delivery you will continue shouting”***

Three of the women believed that the pain perception is based on individual differences. Some may perceive it as unacceptable while some welcome it because it usually ends in joy, it is a necessity as soon as you get pregnant or desire to be a mother.

Participant 1: ***“I think it depends on individual. Some people will like to express theirs while some people will like to endure theirs. Like mine, I like enduring mine.”***

### **Coping with Labour Pain**

During painful contractions, a participant said she paced continually and rested when the pain subsided; because, they could not bear it when they stay in one place. Three of the women felt relieved and were able to cope better when their waist was rubbed either by a friend, care giver or husband.

Participant 1: ***“rubbing the back, either your husband is there to rub the back or sometimes the nurses will be there to help you out”***

Participant 2: ***“he just took me there (to the health center) and rubbed my back. But the labour did not take too long. Just 2 hours”***

Participant 4: ***“I couldn’t even stay in one place. I continued roaming up and down to make sure the pain stops but it continued. I called my friend, my friend helped me to rub my waist to make sure that thing stopped but if the thing stops, it will continue again.”***

A participant said that she did exercise before labour started and that helped ease her pain when the actual labour started.

Participant 3: ***“I was already doing some exercises in the evening and early in the morning. So, the thing helped me a little to enable the pains to be a bit easier for me”***

Five of the participants who had knowledge of deep breathing exercises breathed through the mouth during painful contractions. Three of them were taught this measure during antenatal class while two were instructed by elderly women.

Participant 1: ***“Sometimes they say don’t shout, don’t shout, open your mouth, and close your mouth that is all”***

Participant 2: ***“In antenatal, they said if the pain comes, start panting, when that pain comes, I will do like that.... Anytime that I am pregnant and I notice such pain, I will do like that till my baby comes out.”***

Two out of the 6 participants said that lying by their sides helped them to cope with the labour pain. Another participant mentioned that playing her favorite music was of great benefit

Participant 2: ***“When I lie down it was less painful because I did not notice that pain like that as I was lying on one side”***



Participant 5: ***“lying at my left-hand side, that is the one I coped with, it is what helped me.”***

A participant attended antenatal clinic in a facility where they have different departments. One of the departments in existence there is doula for continuous labour support though she did not subscribe to it. Also, panting makes the pain seem as if it is divided thereby reducing the pain experience.

Participant 2: ***“where I went for my antenatal, there are many departments. If you want rubbing, they used to come and talk to us but I did not go there..... people that need extra care for easy labour. I will still be using them especially this panting of a thing because as am doing the panting, it will do as if the pain is divided”***

### **Factors that Affect Birth Experience**

Of the 6 women, 3 believed that age has an influence in the experience women have concerning labour. A participant said that a matured woman will be able to endure pain more than a teenager while another said that a younger woman will be able to endure the labour pain more than an elderly woman.

Participant 1: ***“when you are matured or maybe when you have had one or two, of your own you will advise yourself unlike somebody that it is her first child, she will tend to express herself with every available means. ...but I think that this pregnancy of a thing has to do with age also, like my last baby now, I think it was horrible just as I indicated. I don’t know whether just as I am getting older, some things try to change”***

Participant 3: ***“a small girl of 14 years and a lady of 25 years having labour pain .... will take it differently. There are so many things the elderly lady will endure than the teenager”***

Participant 6: ***“Somebody like elderly primip, like 48 years, someone who is experiencing it for the first time, the pain will be so severe. The person cannot endure it because the body is now shrinking.”***

Three of them believed that age can affect the nature of the pain. Two of them believed that the younger you are, the more bearable the pain will be. A participant said that women experience pain alike despite the age at which they were when they were pregnant.

Participant 5: ***“Age will not stop the person from having the pains. Although some use to say old age. Whether old age or tender age all I believe is that every woman has pain”***

Four of the women said that the labour pain does not have anything to do with either education, religion or social class. A participant said that the only way that labour pain will be influenced by social class is by the individual opting for a caesarean section

Participant 1: ***“I don’t think, it has anything to do with education, it has nothing to do with church..... Once labour pain comes, you won’t even remember where your Bible is”***

Participant 2: ***“I don’t think educational background will prevent women from having pains.”***

Participant 6: ***“In terms of finance, the person might say I don’t want to have that pain, I don’t want my body to stress, I don’t need that pain they should rather do me c/s.”***



A participant said that labour pain does not discriminate against individuals even when you have gone through it before.

Participant 2: ***“labour pain doesn’t respect anybody. Like where I had the first one, this woman has had five children but she was asking me, madam how do you do it”***

A participant said that education can have influence on labour pain experience because with education, you must have read or gone through things that will help you endure labour pain unlike a non-educated who may not have acquired any knowledge of such.

Participant 3: ***“Education helps a lot because when you are educated, you will pass through so many courses that will enable you endure what you are going to pass through, unlike somebody that is not educated.”***

Four of the participants did not experience abuse from the healthcare workers, while a participant recalled how badly she was attended to. It was believed that whatever treatment given to them was to ensure successful delivery of live baby and mother in good condition.

Participant 1: ***“No abuse of any kind, the nurses that attended to me were wonderful people. They helped me rub my back. They tell me open your mouth, they tell me close your mouth and all that”***

Participant 3: ***“I was irritated. They will put hand, every minute and then, I didn’t like it but all the same, that is their job but. I didn’t like it.”***

Participant 4: ***“When I gave birth to my second child, the nurses there really gave me hard time. They made me angry in-fact if I had the opportunity to slap them, I would have slapped them. .... this people, they shouted at me, ... they wanted to beat me in-fact, because for my first child they gave me something we call fundal pressure, so I told them that this my second child that they should help me and give me that fundal pressure so that I will be able to give birth to my child but they didn’t agree. They said I must use my hand to give birth to my child so I was really really angry. In short, they just left me in the delivery room. I was there alone, lying down and calling them, but at the end, they later came and prayed for me. Immediately they prayed for me. I now gave birth to my child”***

Participant 5: ***“Nobody abused me when I was in labour”***

## DISCUSSION

The finding of this study shows that the respondents described labour pain as being sharp and sometimes unbearable and terrible and this is in line with a study by Ali-Beigi et al (2010) in which respondents reported that delivery pain is really hard to endure, it is not similar to other pains and is the most severe pain ever tolerated its pain is unbearable and indescribable. However, the finding of this study is at variance with that of Lowe et al (2013) in which ten women reported never experiencing pain of any type before childbirth. These women experienced significantly less sensory, affective, and total pain during labor than other women.

In addition, the study showed that women had a positive perception about labour pain as they described it as a normal thing for every pregnant woman to experience pain during labour. This





study is different from a study by Akadri et al., (2018) in which women perceived labour pain to be so severe. It is also different from a study by Aziato et al (2017) which showed that women's experiences with labour make them anticipate the pain with intense worries, panics, and depression, mostly when the progression of labour is delayed.

It was discovered in the course of the study pregnant women used some coping strategies during childbirth to cope with labour pain such as walking up and down, calling on friends to help rub the waist and back, engaging in mild exercises prior to the start of labour, deep breathing exercises, lying by the sides. The finding of this study is also in line with that of Aziato et al (2017) which showed that pain reliefs such as pethidine (Meperidine) was occasionally given. Non-pharmacologic measures employed included walking around, deep breathing, side-lying, waist holding, squatting, taking a shower and chewing gum (Aziato et al 2017). The women used various strategies to effectively manage their labour pain such as praying to God to help reduce the severe pain, some women endured the pain, cried inwardly and others showed no sign of pain. Some women believed that crying during labour is a sign of weakness.

### **Implication to Research and Practice**

This study has contributed to the body of knowledge on labour pain by providing comprehensive information on the experiences of labour pain among women during childbirth as it will serve as a guide and working document for interventions aimed at improving maternal health in Nigeria especially in Obio-Akpor. This study has also provided an additional insight on the subject matter with a focus on the women in Obio-Akpor for scholars in terms of making reference.

### **CONCLUSION**

In conclusion, women experienced sharp and severe pain during labour but with a positive perception that such pain is normal for every woman in labour to experience and they adopted some coping strategies such as walking up and down, calling on friends to help rub their waist and back, engaging in mild exercises prior to the start of labour, deep breathing exercises and lying on their the sides.

### **Future Research**

There should be further studies to explore on how age affects pain experience in labour. A study should be conducted to know the readiness of women on the use of other coping strategies during labour.



## REFERENCES

- Akadri, A. A. & Odelola, O. I. (2018). Labour pain perception. *The Pan African Medical Journal*, <http://doi:10.11604/pamj.2018.30.288.16672>.
- Albertyn, R., Ddungu, H., Downing, H., Gwyther, L., Jagwe, J., Merdlin-Ali, Z., Mwangi-Powell, F., Namukwaya, L. & Thambo, L. (2012). *Beating pain*. Uganda: African Palliative Care Association.
- Ali-Beigi, N. M., Broumandfar, K., Bahadoran, P. & Ali Abedi, H. (2010). Women's experience of pain during childbirth. *Iranian Journal of Nursing and Midwifery Research*, 15(2), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093177/>
- Berman, A. & Snyder, S. (2012). *Fundamentals of Nursing* (9th ed.). Courier: Kendaville.
- Cresswell, J. W. (2014). *Qualitative inquire and research design. Choosing among five traditions*, London: Thousand Oaks. CA Sage Publications.
- Edet, C. (2017). Rivers have adequate Primary Health Care Centers. <http://www.pulse.ng.news>.
- Lowe N.K., Melzack R., Niven C., Baker A., Bonnel A.M., Fridh G. & Waldenström, U. (2013). Nature of labour pain. <http://www.allaboutepidural.com/main-content/nature-of-labor-pain-why-it-hurts-and-what-to-expect>.
- McCaffrey, M & Pasero, C. (2018). *American Journal of Nursing*. Volume 118(3), <https://doi:10.1097/01.NAJ.0000530929.65995.42>
- Robin Elise Weiss, (2019). *Ways to Cope With Labor Pain*. <https://www.verywellfamily.com/ways-to-cope-with-labor-2753069>
- Šalanská, E., & Moravcová, M., (2019). Coping strategies in midwife care for women with labour pain. *Journal of nursing and social sciences related to health and illness*, <https://www.researchgate.net/publication/333897145>.
- Sanchez-Cunqueiro, M., Comeche, M. I. & Docampo, D. (2018). Original research on the relationship of self-efficacy and coping with the experience of childbirth. *Journal of Nursing Education and Practice*.