

Abstract

Introduction- Labor is a challenge to women's physical and psychological reserves. Prior beliefs and understanding regarding labor can have direct effects on the medical outcome of labor as well as emotional experience of giving birth. Anxiety during labor is known to be associated with increased pain perception. Birth education classes are conducted in view of preparing women to face the labor with confidence. Most of Sri Lankan pregnant mothers are provided with antenatal classes in the field setting. But the quality of the inputs on the birthing process itself is not satisfactory. Evidence on the effects of birth education on Sri Lankan and other south Asian countries are not available.

Objectives- To assess the effects of birth education on severity of labor pain and mode of delivery.

Method- A randomized controlled study was conducted among the primi antenatal mothers who booked in Teaching Hospital Peradeniya. Intervention group received education on the labor process while control group received standard care. Labor pain was assessed using a visual analog score. Pain scores and mode of delivery were compared between the two groups.

Results- A total of 216 participants were involved in the final analysis. Intervention group included 100 participants while remaining were in the control group. Mean age of the participants was 27 years while 78.3% received advanced level education or higher. Nearly 95% of the participants were fluent in reading. Mean labor pain score was 6.6. Pain score of 8, which corresponded with the 75th percentile was defined as the cut off for severe pain.

A statistically significant reduction of the pain perception in the labor education group, (R.R-0.473,C.I- 0.303-0.740) was observed. Risk of operative vaginal delivery or caesarean section was not statistical significant between the groups. But there was a slight, yet significant increase in normal vaginal deliveries among the labor education group (R.R-1.123,C.I-1.004-1.255).

Conclusions- Hospital based birth education classes, reduced the number of mothers with severe pain during labor and increased the normal vaginal delivery rate among the primi who delivered at teaching hospital Peradeniya. Our sample may not represent average Sri Lankan pregnant women since the study was conducted in a setting with higher socio economic background. Thus further studies involving more divers populations are needed before inferring the results to national level. However, hospital based birth education classes should be considered as a potential low cost intervention to improve the rate of vaginal deliveries and the quality of the birthing experience.