

Maternal expectations and actual experiences of pain and anxiety during childbirth

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Background and Aims

- As obstetric anaesthesiologists we aim for birth to be a safe, and comfortable experience while ensuring positive outcomes for both mother and baby
- Whilst there is some information about maternal expectations and actual experiences of pain, there is less information regarding expected and actual anxiety experienced by people during childbirth
- High anxiety levels may impact birth experience and postpartum mental health.
- This study aimed to quantify expected and actual pain scores, and expected actual anxiety levels, associated with childbirth

Methods

- After institutional ethics approval (RWH HREC 17/32) and written informed consent pregnant people completed two questionnaires regarding pain relief and anxiety during childbirth
- The first was a pre-birth questionnaire assessing expectations of pain and anxiety during childbirth
- Anticipated pain during childbirth was evaluated using a 10-point scale with 1 being the least amount of pain and 10 being worst pain ever
- Expected anxiety during childbirth was assessed using a five-point scale with 1 being not worried at all, to five being the most worried they could possibly be
- The post-birth questionnaire assessed actual experiences of pain and anxiety, asking people what their actual worst pain and anxiety score was during childbirth

Results

- 70 pregnant people completed pre-birth questionnaires and 65 (93%) people completed post-birth questionnaires. Expected and actual pain and anxiety levels are shown in Table 1

Table 1 Expected and actual pain and anxiety levels for nulliparous and multiparous people

	Nulliparous women			Multiparous women		
	Expected	Actual	P value	Expected	Actual	P value
Pain score	10 [2] (5,10)	10 [2] (0,10)	0.442	9 [2] (1,10)	10 [3] (0,10)	0.536
Anxiety score	3 [1] (1,5)	4 [2] (1,5)	<0.001	2 [3] (1,5)	4 [3] (1,5)	0.009

Data are median [IQR] (lowest, highest value). Wilcoxon matched-pairs signed rank test



Key Messages

- Nulliparous and multiparous people expected pain levels to be high in childbirth
- Anxiety levels during childbirth are underestimated by both groups. This suggests that improvements in the childbirth experience, not just through pain relief, may be made by understanding the reasons for anxiety and ways to reduce them

Conclusion and Future Work

- Collaborative studies with obstetricians, midwives, anaesthesiologists, psychologists, psychiatrists, and consumers are needed to address what might be a very serious under-recognised, but readily treated, problem of patient anxiety in the field of pregnancy and childbirth