

Labour pain management practices in a teaching tertiary hospital in Botswana: a cross-sectional study

 Mamo Woldu Kassa *et al.*

Corresponding author:  Mamo Woldu Kassa

Email: mwoldu@ymail.com

Available online: <https://www.panafrican-med-journal.com/content/article/53/11/full/>

Content

Annex 1: the practice of labour pain management in the largest teaching referral hospital: the Princess Marina Hospital experience



Participant's code	Date		Gender		M	F
Age groups in years	<20	21-25	26-30	31-35	36-40	>40
Position	Midwife	G. Nurse	MO	Resident	Obstetrician	
Years of Experience	<1	1-5	6-10	11-15	16-20	>20
Have ever counselled a woman about labour pain relief/management?					Yes	No
If Yes	Before labour	Y	N	During labour	Y	N
What type of pain relief did you offer to the patient?						
	1st Stage		2nd Stage		1st stage	2nd stage
Pharmacological					Non-Pharma	
Both					None	
What type of pharmacological labour pain relief you offered at PMH?					Pethidine	Morphin
Fentanyl	Paracetamol	Aspirin	Diclofenac	Epidural	Other	
What type of non-pharmacological labour pain relief you offered at PMH?						
Psycho	Exercise	Massage	Breathing	Reassurance	Bear down	Heat
Is there a labour pain management unit at PMH?					Yes	No
Have you ever been trained or take part in any workshop in labour pain management?						Y
How often is labour pain management is discussed at the PMH?						
Never	Sometimes	Often	Very often	Always		
How often is labour pain control offered to a labouring mother at PMH?						
Never	On request	Sometimes	Often	Very often	Always	
Which of the following labour analgesia options are offered at PMH?			Epidural	Cervical block	Intrathecal	
Which of the following barriers are affecting labour analgesia practice at PMH?						
Lack of training and skills			Increased duration of labour			
Lack of equipment and supplies			Lack of appropriate monitoring			
Fear of fetal distress			Concern about cost			
Fear of respiratory depression for the mother			No maternal request			
Risk of fever/infection in mom			Shortage of trained staff			
Increased risk of caesarean section (epidural)						
If there is a shortage of staff, indicate which ones.						
Midwife	MO	Obstetrician	Anaesthesiologist	Resident	G. Nurse	
Which of the following is/are barrier/s to apply epidural labour analgesia practice at PMH?						
Lack of Knowledge	Lack of epidural kit	Lack of anaesthesiologist	Lack of monitors			
Setting up labour analgesia at PMH: Please indicate you agreement/disagreement.						
			Disagree	Agree		
It is necessary & beneficial						
Epidural analgesia should be offered						
It is feasible to set up labour analgesia service						
Who should be in charge for labour analgesia at PMH?			Anaesthesiologist	Obstetrician	Midwife	
Availability of trained nurses/midwives at PMH			Yes	No		
Availability of Epidural Equipment - catheters, ECG, bupivacaine			Yes	No		