

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

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Content

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

Supplementary materials

Participant's code	Date	Gender			M	F				
Age groups in years	<20	21-25	26-30	31-35	36-40	41-50	51-55	>55		
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	After 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	Moving	Position		
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	N		
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				