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CHALLENGES TO IMPLEMENTATION OF NON-PHARMACOLOGICAL STRATEGIES IN MANAGEMENT OF PAIN IN LABOR: A STUDY AMONG MIDWIVES IN LUBAGA HOSPITAL, KAMPALA DISTRICT. A CROSS- SECTIONAL STUDY.

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Abstract

Background:

The study investigated the challenges to the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital — Kampala District. The focus of the research was on midwives, health facilities, and maternal-related challenges.

Methodology:

The research employed a descriptive cross-sectional study design where a purposive sampling procedure technique was used to obtain a sample of 30 respondents. Data was collected with the use of a questionnaire. Data collected was analyzed quantitatively using Microsoft Excel (2013) and results were presented in the form of tables, figures, and pie charts.

Results:

The majority, 17(60%) of the midwives expressed no need for reducing such pain and therefore, this is a midwife-related challenge to the use of NPLPM. Few of the respondents, 14(46.7%) revealed that uncooperative staff is a health facility-related challenge, while 19(63.3%) reported that, inadequate staff against the high number of mothers in labor is a health facility challenge, also 20(67%) reported lack of special training of staff as a health facility related challenge. The majority, 27(90%) reported that socio-economic status is a maternal-related challenge to the implementation ofNPLPM.

Conclusion:

Midwives' believe that there is no need to reduce such pain hence being the greatest midwife challenge. Lack of special training of staff in non-pharmacological pain management is the greatest health facility-related challenge while low socio-economic status is the greatest maternal-related challenge to implementation of NPLPM.

Recommendation:

CMEs, should be done to acquit midwives with the knowledge on the use of NPLPM. Health facilities to employ enough midwives who will be able to work on the number of women in labour to ensure proper use of NPLPM. Furthermore, midwives should embark on using affordable non-pharmacological strategies in the management of pain women go through during labor hence solving the maternal-related factors affecting the implementation of NPLPM.

Keywords: Non-pharmacological management strategies, Labour pain, Child birth, Lubaga Hospital, Submitted: 2023-08-22 Accepted: 2023-08-31

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1. BACKGROUND OF THE STUDY.

Labor pain is an intermittent, regular, rhythmic pain occurring during the process of childbirth (Anarado et al, 2015). It is associated with anxiety, fear, and tension that lead to the release of stress hormones such as catecholamines. Labor means an inevitable physiological process that most women do not want to think about because of the bad experience they face largely due to the pains that accompany it.

Non-pharmacological management strategies of labour pain management are the measures midwives employ to reduce labour pain without using drugs/ medicines and these range from continuous labour support, breathing exercises, educating the mother, and allowing freedom of movement and positioning according to maternal preference.

Health workers especially midwives are those with the responsibility to provide pain management support to women during labour. Laboring women have to be helped by midwives in various strategies to manage severe labour pains and non-pharmacological management strategies are part which ranges from continuous labour support, breathing exercises, educating the mother, allowing freedom of movement and positioning according to maternal preference (Konlan et al, 2021).

Globally, pain and discomfort are a dominant concern for all women and it is estimated that very few midwives 26% implement strategies for non-pharmacological management of pain during labour, without involving other medications. Several circumstances contribute to the decision of non-pharmacological management of pain in labor and include; healthcare providers' time, knowledge, mothers' obstetric conditions, mother's preference, history of adverse drug reactions in previous pregnancies, workload around the facility, and attitude of the midwives among others.

In Africa, previous results from Ethiopia discovered that less than half of midwives, 46.8% utilize non-pharmacological labour pain management (NPLPM). Several circumstances were established to be behind such a sub-optimal involvement in this great and safe practice, which included; inadequate knowledge at 51% and, a negative attitude that hindered the use of NPLPM (Getu et al., 2020). In Nigeria, midwives did not give adequate knowledge to mothers regarding NPLPM as very few mothers could mention some strategies like exercises, 21%, massage, 36.7% and relaxation exercises, 26.5%, most midwives said they were preoccupied with too much work hence lacked time to implement NPLPM (Bishaw, et al, 2020).

In East Africa, findings in Kenya discovered a low rate of implementation of NPLPM among midwives, at 23%, circumstances behind this included a lack of additional training in NPLPM. In Tanzania, findings by Mwakawanga et al., (2022) revealed low use of non-pharmacological methods to relieve labour pain where 46% of the midwives had some myths and fear towards NPLPM and in Rwanda, most midwives, 57% had negative attitude and beliefs towards NPLPM.

In Uganda, non-pharmacological management of labour pain is poorly welcomed by 78% of the midwives in practice. This has elevated the trend of negative outcomes that have cost the well-being of the mother and the unborn child due to complications like postpartum depression accounting for 33.1% and postpartum hemorrhage at 39% and some are involved in adverse drug reactions that predispose the mother to caesarian section. Circumstances surrounding, work overload, stress, and attitude lower implementation of NPLPM strategies among Ugandan midwives.

In Lubaga Hospital, Kampala district few midwives are embracing the use of non-pharmacological strategies of labour pain management and for this matter; complications have been registered such as postpartum blues, maternal depression, postpartum heamorrhage, etc. Such a challenge points out the need to conduct a study on the challenges to the implementation of non-pharmacological strategies in the management of pain in labour among midwives.

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Vol. 4 No. 9 (2023): September 2023 Issue
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Original article

1.1. Purpose of the Study.

The main aim of the study was to establish challenges to the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital, Kampala District.

1.2. Specific Objectives.

- To assess the midwife-related challenges to implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital, Kampala district.
- To explore health facility-related challenges to implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital Kampala district.
- To identify the maternal-related challenges to the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital, Kampala district.

2. METHODOLOGY.

2.1. Study Design.

In this study, a descriptive cross-sectional study design that utilized quantitative methods of data collection was used. This research study design was preferred because it was time-saving and in addition, the researcher collected data at once without following up with respondents.

2.2. Study Setting.

The study was carried out in Lubaga Hospital. Lubaga Hospital is located on Lubaga Hill in Lubaga division in the western part of Kampala. It is located approximately 5.5 km Southwest of Mulago National Referral Hospital. Lubaga Hospital has a bed capacity of 274. The hospital offers primary health care services, specialist outpatient medical, surgical, and diagnostic services, medical and surgical inpatient services, and intensive care services. The coordinates of Lubaga Hospital are 0018'15.0" N, 32033'10.0" E. This study area was chosen because it was suitable for this study due to it having midwives who conduct deliveries of mothers and manage pain during labor.

2.3. Study Population.

The study was carried out among midwives working in Lubaga Hospital Kampala District which employs 35 midwives in all wards including maternity, theatre, and antenatal who are both enrolled and registered and work in two shifts per day that is; day and night.

2.4. Sample Size Determination.

The sample size was 30 respondents as per **UNMEB** research guidelines but also as determined by Kruijie and Morgan's table (1970), where the population of 35 midwives at Lubaga Hospital is represented by a sample of 30 respondents.

2.5. Sampling Procedure.

A purposive sampling method was used. This procedure allowed the researcher to choose respondents that had characteristics needed in the sample. The researcher approached the midwives directly since they would give the best information appropriate for this study, The researcher explained the purpose of the study and on consent, the respondents were able to be part of the study. This was because the study only targeted midwives and was easily used in areas with a limited number of participants.

2.6. Inclusion Criteria.

The study included midwives who were available during the data collection period and those who were willing to voluntarily consent to participate in the study.

2.7. Exclusion Criteria.

Midwives not willing to participate in the study were excluded.

Vol. 4 No. 9 (2023): September 2023 Issue
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2.8. Definition of Variables.

2.8.1. Independent Variables.

In the case of this study, they were the health worker-related, health facility-related, and maternal-related challenges to the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital Kampala district.

2.8.2. Dependent Variable.

This study was the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital Kampala District.

2.9. Research Instruments.

The data was collected from respondents using self-administered questionnaires with closed and open-ended questions in simple English language designed to explore the challenges to the implementation of non-pharmacological strategies in the management of pain in labor among midwives in Lubaga Hospital. The instrument was chosen because it was time-saving.

2.10. Data Collection Procedures.

The questionnaire was administered by the researcher to each respondent after they had consented, was filled out immediately, or followed up accordingly. The questionnaires were collected and checked there and then for completeness.

2.11. Data Management.

In the process of data collection, each questionnaire after filling was checked for completeness, and accuracy before leaving the area of study. Filled questionnaires were kept properly in a locker for confidentiality and safety.

2.12. Data Analysis.

The data collected was computed into meaningful formats and statistics with the aid of computer software, Microsoft Excel 2013. Analyzed data was presented in the form of tables, graphs, charts, and figures.

2.13. Ethical Considerations.

The researcher obtained a formal letter from the Lubaga Hospital Training Schools Research Committee which was used to obtain permission and consent from the Lubaga Hospital Research Committee that introduced the researcher to the respondents. The hospital research team introduced the researcher to the head maternity department who in turn introduced the researcher to the respondents. The researcher then explained to the respondents the purpose of the study and verbal permission and consent were sought. The respondents voluntarily participated in the research study as emphasized by the research ethics. Confidentiality was ensured to the respondents and was highly observed during the study by the researcher as random serial numbers were used instead of names.

The returned questionnaires were kept in a locked cupboard and no form of dissemination was allowed as the study was solely meant for academic purposes.

3. RESULTS.

3.1. Descriptive Information of The Research Findings.

This study involved a total of 30 participants who were midwives at Lubaga Hospital, Kampala District with a response rate of 100%.

Table 1 shows that the majority of the respondents 14(46.7%) were aged between 30-39 years, 8(26.7%) were aged between 40-49 years, 6(8.6%) were aged above 49 years while minority of respondents 2(6.7%) were aged between 20-29 years.

Concerning marital status, majority of the respondents 16(53.3%) were married, 10(33.3%) were single, 2(6.7%) were divorced while minority of respondents 2(6.7%) were widowed.(Table 1)

Regarding the level of qualification, the majority of respondents 15(50%) had diplomas, 12(40%) had a certificate, and a minority of respondents 3(10%) had degree qualifications.(Table 1)

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Table 1: **Shows the Socio-Demographic Data of The Respondents (n=30)**

Variable	Category	Frequency (f)	Percentage (%)
Age	20-29 years	2	6.7
	30-39 years	14	46.7
	40-49years	8	26.7
	Above 49 years	6	8.6
	Total	**30**	**100**
Marital status	Single	10	33.3
	Married	16	53.3
	Widowed	2	6.7
	Divorced	2	6.7
	Total	**30**	**100**
Level of qualification	Certificate	12	40
	Diploma	15	50
	Degree	3	10
	Total	**30**	**100**

3.2. Midwife-Related Challenges to Implementation of Non-Pharmacological Strategies in the Management of Pain in Labor among Midwives.

3.2.1. Whether Respondents had Ever Heard About NPLPM.

The researcher assessed this to see if respondents have ever heard about non-pharmacological strategies in the management of pain in labour and the results are in table 2.

Results from table 2 show that all respondents 30(100%) had ever heard about non-pharmacological strategies in management of pain in labour.

3.2.2. Ways of NPLPM.

This was assessed so as to see whether respondents knew the ways of NPLPM and results are shown in the figure 1.

Figure 1 shows that the majority of respondents 16(53.3%) stated cold compress as a way of NPLPM, 12(40%) stated ambulation while only 2(6.7%) stated electric simulation as a way of NPLPM.

3.2.3. Methods of NPLPM Respondents have Ever Used.

This was assessed by the researcher asking respondents to mention the methods of NPLPM they have ever used.

Results from table 3 indicate that the majority of respondent of respondents 13(43%) had ever used warm compress as a form of NPLPM, 12(40%) used ambulation while minority of respondents 5(16.7%) used a cold shower as a form of NPLPM and none of the respondents had ever used acupuncture.

3.2.4. On-job Training About NPLPM.

The researcher assessed this so as to know whether respondents have ever received on-job training about NPLPM and results are shown in the table 4.

Results from table 4 showed that all respondents 30(100%) had ever got training regarding NPLPM.

3.2.5. Sources of Training About NPLPM.

This was assessed by asking respondents about where they got training about NPLPM and results are shown in figure 2.

From the figure 2, multiple responses were given whereby some respondents gave more than one answer pertaining to the source of training about NPLPM; all midwives, 30(100%) had received training from school, 10(33.3%) had got on-job training regarding NPLPM while very few 3(10%) got training from their friends.

Table 2: **Response on Whether Respondents had Ever Heard About NPLPM (n=30)**

Variable	Frequency(f)	Percentage (%)
Yes	30	100
No	00	00
Total	**30**	**100**

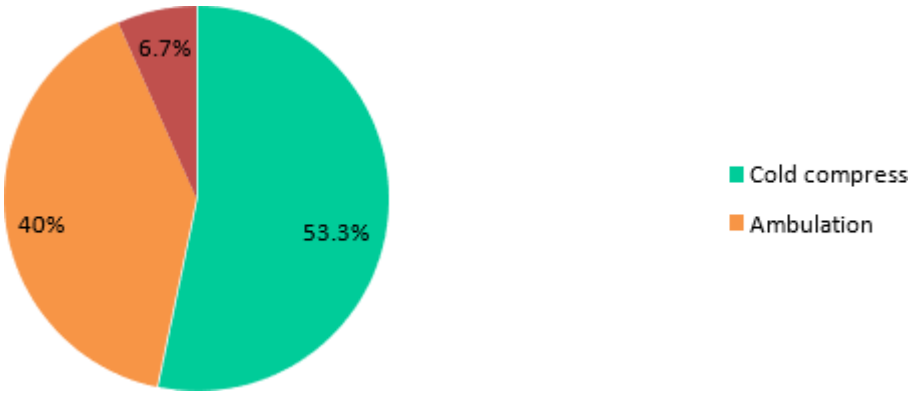

Figure 1: **Response on Ways of NPLPM (n=30)**

Table 3: **Response on Methods of NPLPM Ever Used by Respondents. (n=30)**

Variable	Frequency	Percentage (%)
Ambulation	12	40
Cold shower	5	16.7
Warm compress	13	43.3
Acupuncture	00	00

Table 4: **Response on Whether Respondents have Ever Got Training on NPLPM (n=30)**

Variable	Frequency(f)	Percentage (%)
Yes	30	100
No	00	00
Total	**30**	**100**

3.2.6. Years of Experience.

This was assessed by asking the respondents to mention the years they spent being midwives and results are shown in figure 3.

Results from figure 3 show that majority of the respondents 15(50%) reported that they had worked for a period of 3-4 years, 14(43.3%) of respondents had worked for a period above 5 years while minority of respondents 1(3.3) had worked for a period of 1-2 years.

3.2.7. Whether Women Should Experience Labor Pains.

This was assessed by the respondent whether women should experience labour pains and results are shown in the figure 4.

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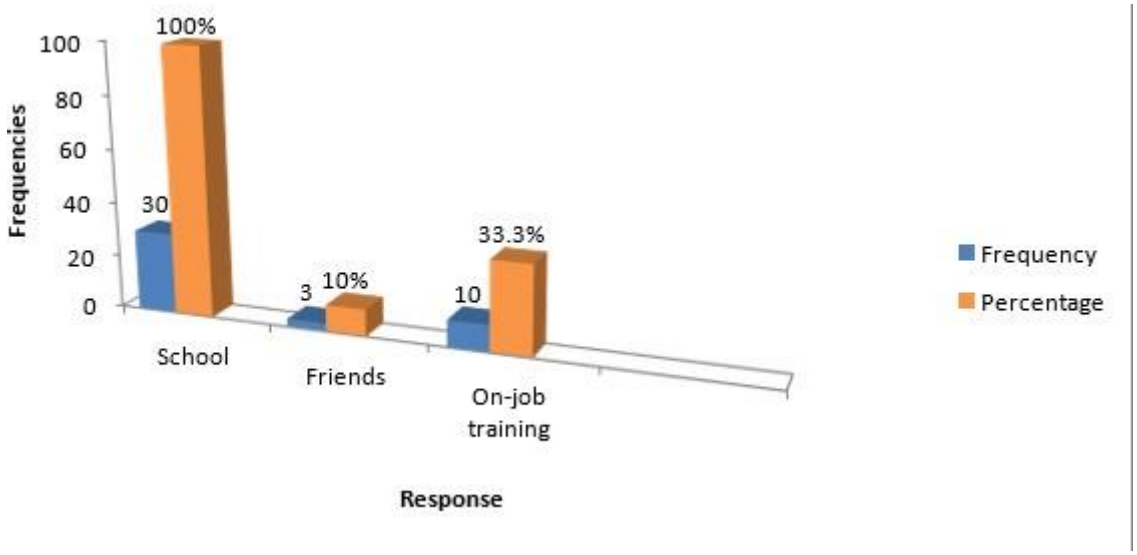

Figure 2: **Response on Sources of Training about NPLPM. (n=30)**

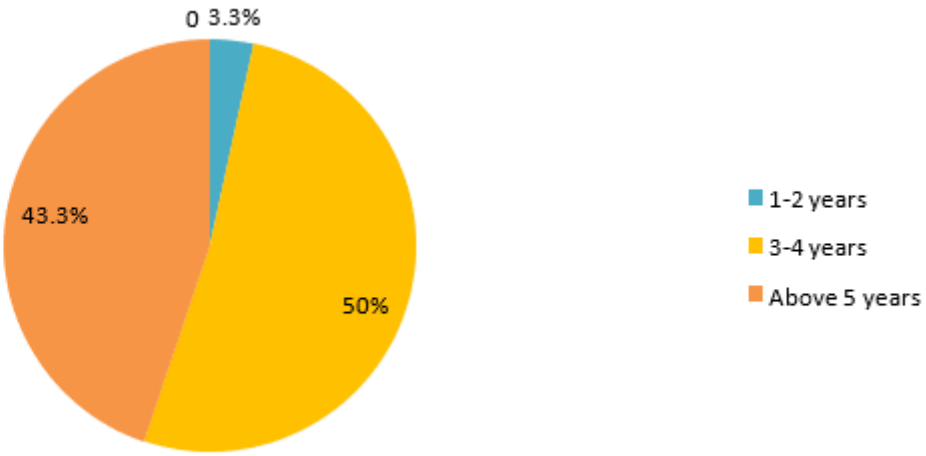

Figure 3: **Respondents Working Experience. (n=30)**

Results from figure 4 showed that majority of respondents 29(96.7%) reported that women should experience labour pain while minority of respondents 1(3.3%) reported that women should not experience labor pain.

3.2.8. Personal Reasons Stopping Respondents from Managing Labor Pain Using NPLPM.

This was assessed to enable the researcher determine the reasons stopping respondents from managing labor pain using NPLPM and results are in table 5.

Results from table 5 show that majority of respondents 17(60%) reported that the reason stopping them from managing labor pain using NPLPM is because presence of labor pains indicates progress of labor so no need reducing such pain, 10(33.3%) reported that they felt labor pain is necessary and does not need to be controlled while minority of respondents reported that they fear that the mother may get some challenges if labour pain is not there.

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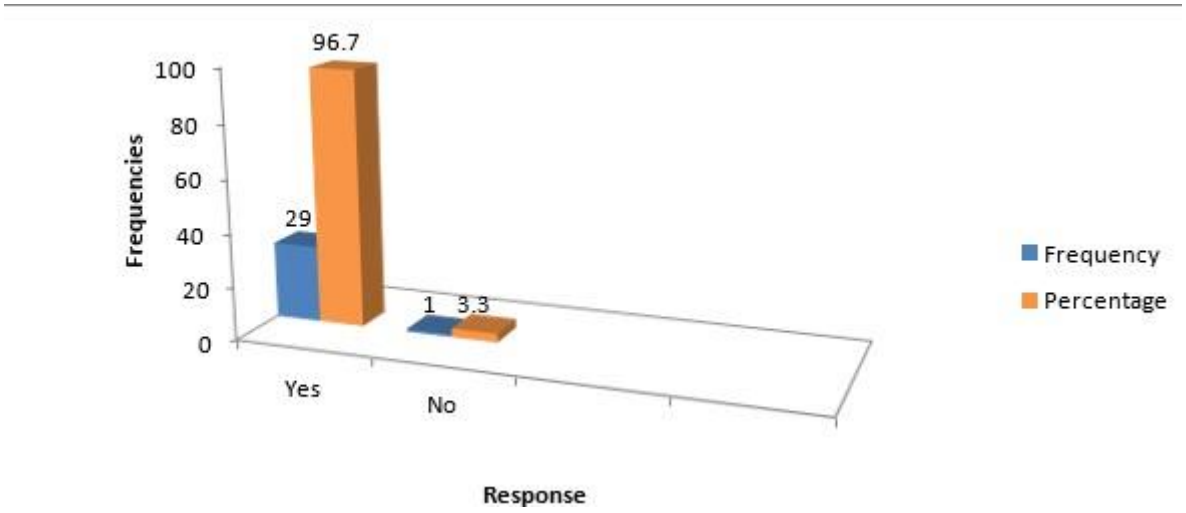

Figure 4: **Response on whether Women should experience labour pain(n=30).**

Table 5: **Personal Reasons Stopping Respondents from Managing Labor Pain Using NPLPM (n=30)**

Variable	Frequency (f)	Percentage (%)
I feel labour Pain is necessary and doesn't need to be controlled	10	33.3
I fear that the mother may get some challenges if labour pain is not there	3	10
Presence of labour indicates progress of labour so no need of reducing such pain	17	60
Total	**30**	**100**

3.2.9. Advantages of NPLPM Known by Respondents.

The researcher assessed this so as to determine the advantages of NPLPM known by respondents and results are shown in figure 5 .

Results from figure 5 show that majority of respondents 16(53.3%) reported that NPLPM is supportive, 8(26.7%) reported that it facilitates safe motherhood while minority of respondents 6(20%) reported that NPLPM enables proper child birth.

3.3. Health Facility- related challenges to Implementation of non-pharmacological strategies in management of pain in labor among midwives.

3.3.1. Number of mothers who usually deliver per shift at the facility.

This was assessed so as to know the number of mothers who usually deliver per shift at respondents facility.

Results from table 6 showed that majority of respondents 16(53.3%) reported that 4-5 mothers deliver per shift, 8, (26.7%) reported that 1-3 mothers delivered per shift minority of respondents 6(20%) reported that above 5 mothers delivered per shift.

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Original article

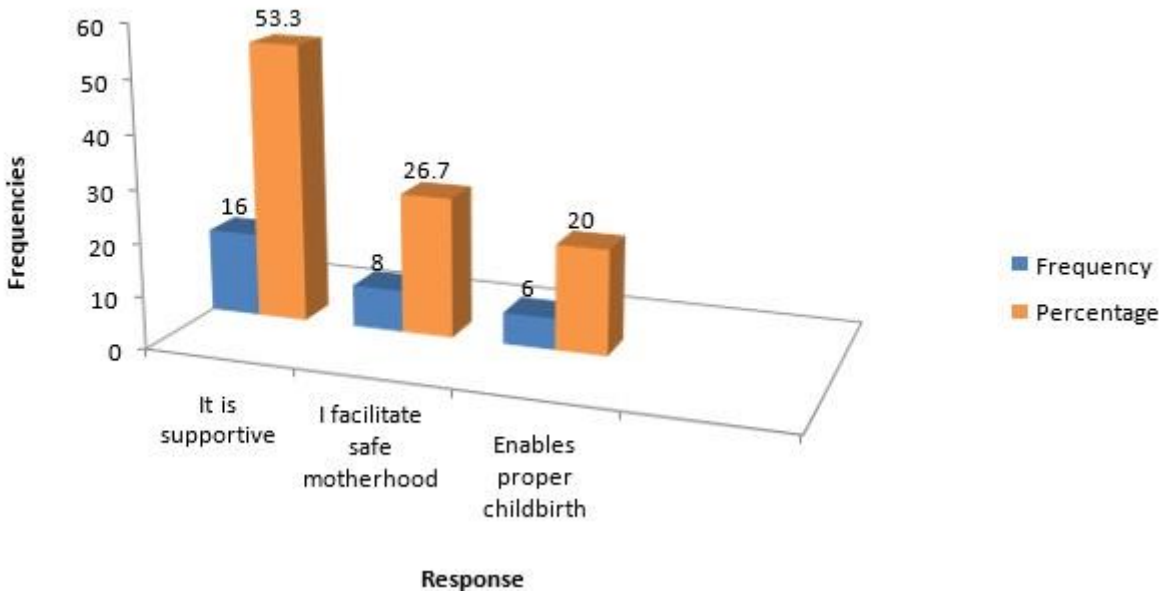

Figure 5: **Advantages of NPLPM Known by Respondents(n=30)**

Table 6: **Number of Mothers Who Usually Deliver Per Shift at the Facility (n=30)**

Variable	Frequency(f)	Percentage (%)
1-3 mothers	8	26.7
4-5 mothers	16	53.3
Above 5 mothers	6	20
Total	**30**	**100**

3.3.2. Number of Staff Always There to Give Attention to Mothers in Every Shift.

This was assessed by the researcher asking to enable her know the number of health staff which are always at a shift to give attention to the number of mothers in every shift and the results are shown in the figure 6.

Results from figure 6 showed that 16(53.3%) reported that they had 1 to 2 midwives per shift, 13(43.3%) reported they had 2 to 3 midwives per shift and minority of respondents 1(3.3%) reported 3-5 midwives in every shift.

3.3.3. Number of health staffs give room to respondents to practice NPLPM on mothers that are Delivering.

The study assessed this to know whether the number of health staff gives you room to practice NPLPM on mothers that are delivering and the results are in table 7.

Results from the table 7 showed that majority of the responses 19(63.3%) reported that their number of staff does not give room for practice of NPLPM on delivering mothers while minority of the respondents 11(36.7%) reported that their number of staff gives them room for practice of NPLPM on mother delivering.

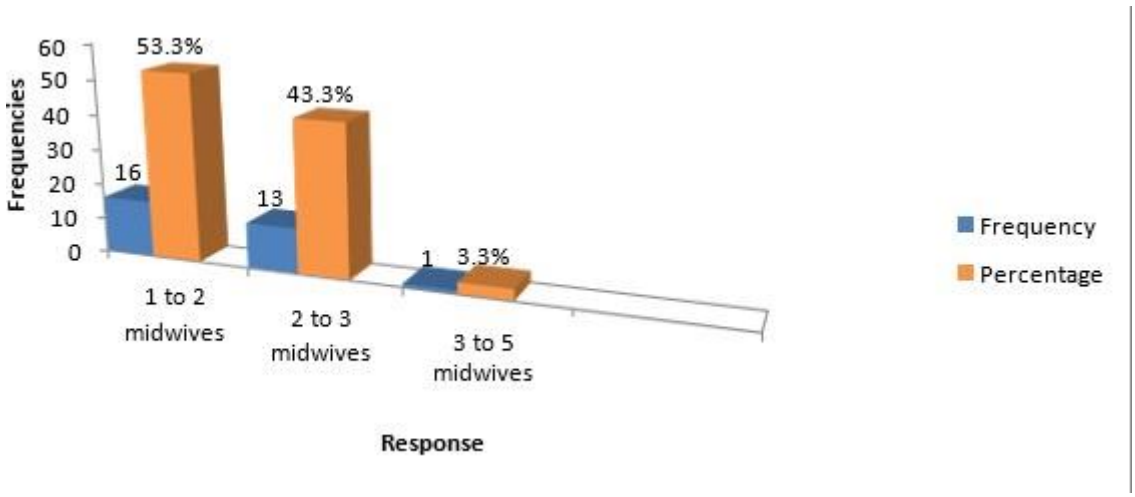

Figure 6: **Number of Staff Always There to Give Attention to Mothers in Every Shift.(n=30)**

Table 7: **Whether Number of Staf f Gives Room for Practice of NPLPM on Mothers Delivering (n=30)**

Variable	Frequency(f)	Percentage (%)
Yes	11	36.7
No	19	63.3
Total	**30**	**100**

3.3.4. Receiving special training regarding NPLPM at their facility.

This was assessed by asking respondents whether they get special training at their health facility regarding NPLPM and results are shown in figure 7 .

Results of figure 7 showed that majority of the respondents 20(67%) reported that they had never received special training regarding NPLPM at their facility while minority of respondents 10(33%) reported that they had ever received special training regarding NPLPM at their facility.

3.3.5. State of health facility in regards to providing NPLPM.

The researcher assessed this so as to know the state of respondents' health facility in regards to providing NPLPM.

Figure 8 showed that majority of respondents 24(80%) reported that health facility policies do not encourage NPLPM while 6(20%) reported that the facility strategies encourages NPLPM.

3.3.6. Challenges that Stop Respondents from Rendering NPLPM.

This was assessed so that the researcher determines the challenges that stop respondents stop them from rendering NPLPM and results are shown in the table 8.

Results from table 8 showed that majority of respondents 14(46.7%) reported uncooperative health staff, 12(40%) reported uncooperative mothers, 3(10%) reported lack of equipments to use while minority of respondents 1(3.3%) reported lack of time due to other leadership activities.

3.4. Maternal Related Challenges to Implementation of Non-Pharmacological Strategies in Management of Pain in Labor Among Midwives.

3.4.1. Whether Socio-Economic Status of Mothers Would Affect Use of Non-Pharmacological Measures in The Management Of Pain.

This was assessed by asking respondents to mention whether socio-economic status of moth-

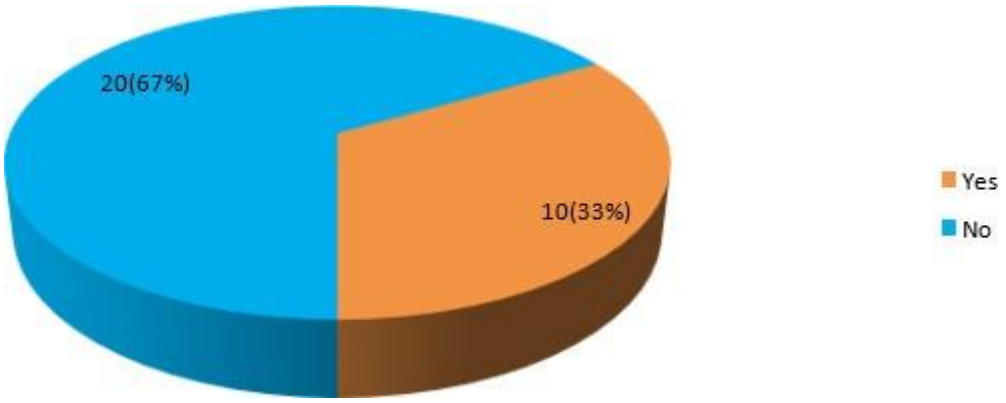

Figure 7: **Response to Respondents Receiving Special Training Regarding NPLPM at their facility. (n=30)**

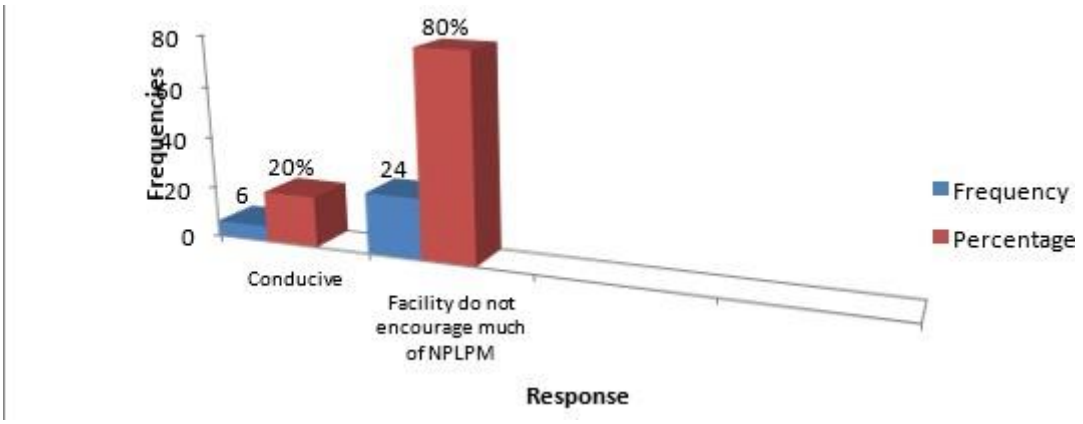

Figure 8: **State of health facility in regards to providing NPLPM (n=30)**

Table 8: **Challenges that stop respondents from rendering NPLPM (n=30)**

Variable	**Frequency(f)**	**Percentage (%)**
Lack of equipments to use	3	10
Uncooperative health staff	14	46.7
Uncooperative mothers	12	40
Lack of time due to other leadership activities	1	3.3
Total	**30**	**100**

ers would affect use of non-pharmacological measures in the management of pain.

Results from figure 9 showed that majority of respondents 27(90%) reported that socio-economic status of mothers would affect use of non-pharmacological measures in management of pain while minority of respondents 3(10%) respondents reported that socio-economic status of mothers would affect non pharmacological measures in the management of pain.

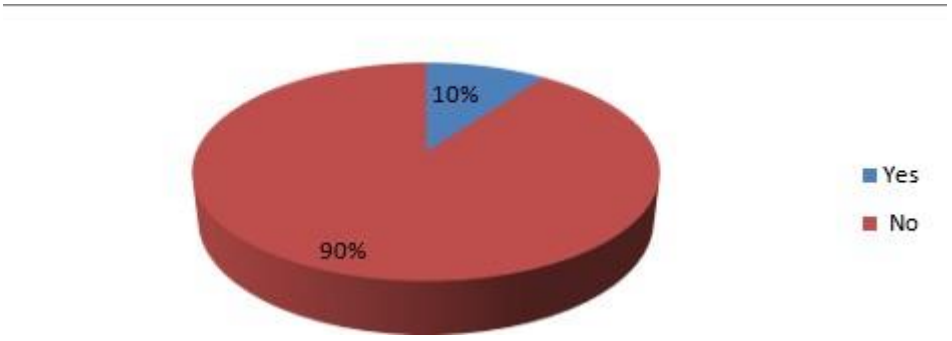

Figure 9: **Response to whether socio-economic status of mothers would affect use of non- Pharmacological Measures in the management of Pain. (n=30)**

3.4.2. Whether there is Need for Pharmacological Pain Management During Labor.

This was assessed to know whether respondents knew that there is need for pharmacological pain management during labor.

Results from figure 10 showed that majority of the respondents 26(86.7%) reported that there is need for pharmacological pain management during labour while minority of the respondents 4(13.3%) reported that there is no need for pharmacological pain management during labor.

3.4.3. Reason for Need of Pharmacological Pain Management During Labor.

The researcher assessed this so as to determine the reasons why there is need for pharmacological measures in management of pain.

Text 1: Reasons for Need of Pharmacological Pain Management During Labor.. Results showed that all midwives, 30(100%) reported that pharmacological management was more appreciated by mothers and caretakers which caused a hindrance to implementation of NPLPM.

3.4.4. Reasons Why Use of Non-Pharmacological Measures to Relieve Pain is Preferred.

The researcher assessed this so that to discover the reasons why use of non-pharmacological measures to relieve pain is preferred during labour management and results are shown in the table 9.

Results from table 9 showed that majority 14(46.6%) the reasons why use of non- pharmacological measures to relieve pain is preferred is because they work with pharmacological responses and creates a good team spirit between mothers and health workers, 10(33.3%) reported that they create good team spirit between mothers and health workers and minority of the respondents reported that non-pharmacological measures work with pharmacological responses.

4. DISCUSSION OF THE FINDINGS.

4.1. Biodata of Respondents.

The study revealed that the majority of the respondents 14(46.7%) were aged between 30-39 years. This is because it is in the right age range for one to be working in a hospital. This is in line with the study by Boateng et al., (2019) that indicated that midwives between the age of 35 years were more knowledgeable and confident in using the above management to reduce labour pain because they are experienced and were taught by the seniors shortly after recruitment.

The findings of the study indicated that most of the respondents, 16(53.3%) were married. This is because they were in the appropriate age that is recommended for marriage by law. This is in line with Mousa et al., (2018) that showed that the likelihood of a married midwife using non-pharmacological methods of managing labour pain was three times that of an unmarried midwife.

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Original article

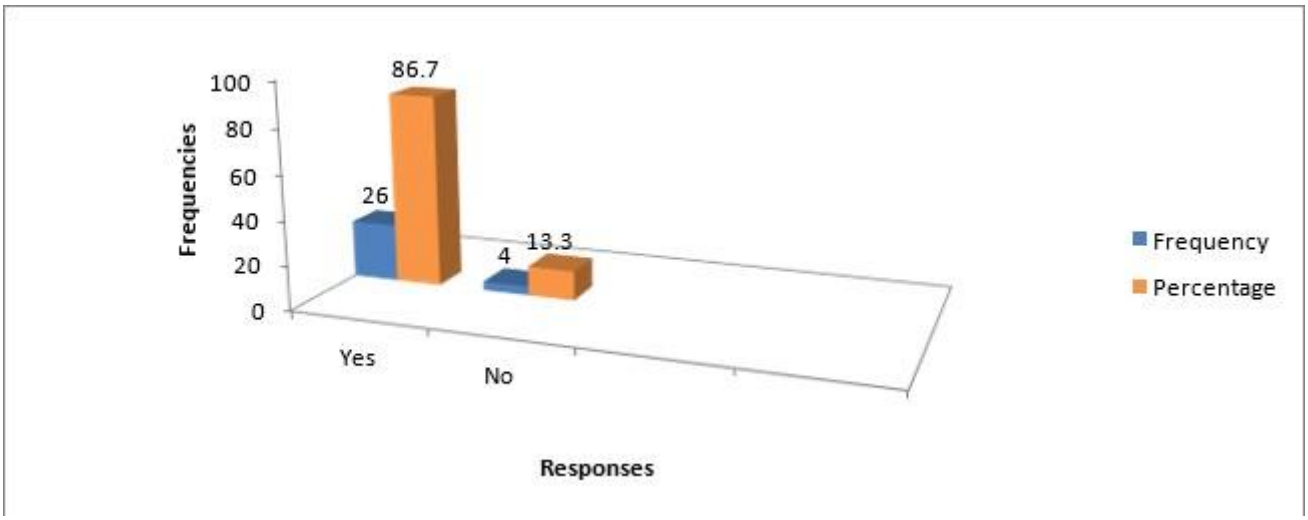

Figure 10: **Response on whether there is Need for Pharmacological pain management during Labor. (n=30)**

Table 9: **Response on Reasons Why Use of Non-Pharmacological Measures to Relieve Pain is Preferred (n=30)**

Variable	**Fre-quency(f)**	**Percentage (%)**
Work with pharmacological responses	6	20
Creates a good team spirit between mothers and health workers	10	33.3
All the above	14	46.6
All the above	00	00
Total	**30**	**100**

The findings of the study showed that half of the respondents 15(50%) had diplomas in midwifery qualifications. This is because most of the practicing midwives at the hospital level are of diploma level.

4.2. Midwife-Related Challenges to Implementation of Non-Pharmacological Strategies in the Management of Pain in Labor Among Midwives in Lubaga Hospital, Kampala District.

The findings of the study indicated that all of the respondents 30(100%) had ever heard about non-pharmacological strategies in the management of pain in labour. This is because they were taught about it in their various schools.

The study findings indicated that most of the respondents 16(53.3%) stated cold compress as a way of non-pharmacological strategy in the management of pain in Labour. This is because it is the most common and easily accessible method used during the non-pharmacological strategies in the management of pain in Labour.

The findings of the study revealed that the majority of the respondents 13(43%) had ever used a warm compress as a form of a non-pharmacological strategy for labour pain management. This is because they stated this for the mothers who specifically carried their hot water to the health facility.

The findings of the study indicated that all of the respondents, 30(100%) had ever gotten training regarding NPLPM from school, however, on-job training about NPLPM was low at 10(33.3%). This implies that lack of on-the-job training was one of the challenges midwives faced

during the process of ensuring NPLPM which hampered their level of knowledge.

Additionally, the findings of the study revealed that half of the respondents, 15(50%) reported that they had work experience for 3-4 years. This is because the majority of the respondents that are in the age bracket of 30-34 years which would give them enough time to practice in the hospital. This is in line with the study by Biresaw et al., (2022) revealed that of health workers with clinical experience of 5 years and above, 67% were 2.91 times more likely to perform good practice of NPLPM than respondents with clinical experience of less and equal to two years.

Furthermore, the findings of the study indicated that almost all the respondents, 29(96.7%) reported that women should experience labour pain. This is because of labour pain is a natural process any woman intending to give birth should undergo. This is in line with the study by Moussa et al., (2018) that showed that health providers believed that women should expect pain during labor because it's a natural process and is part of the birth process.

The findings of the study indicated that the majority of the respondents, 17(60%) reported that the reason that stopped them from managing labour pain while using NPLPM is that presence of labour pain meant the progress of labour so there wasn't any need for reducing such pain. This implies that personal beliefs and understanding were among the hindrances to the implementation of NPLPM. This is in line with a study by Mary et al., (2018) that showed that some health workers believed that the severity of pain during labor was considered an indicator of the progress of labor and, if removed, would hinder the correct evaluation of labor.

Lastly, the findings of the study indicate that the majority of the respondents 16(53.3%) reported that NPLPM is supportive. This is because it is mandatory that it is used and also helps in relieving pain during labour. This is in line with a study by Hosseni et al., (2016) that showed that the use of non-pharmacological methods is a supporting, simple, effective, relaxing, and safe method for women during childbirth.

4.3. Health Facility-Related Challenges to Implementation of Non-Pharmacological Strategies in Management of Pain in Labour Among Midwives in Lubaga Hospital, Kampala District.

Firstly, the findings of the study indicate that the majority of the respondents, 16(53.3%) reported that 4-5 mothers deliver per shift. This is because of the increased productivity among women in Africa. This is in line with the study by Mary et al., (2018) which indicated that there is a high number of laboring women compared to the shortage of staff at the health facility.

The findings of the study indicate that most of the respondents, 16(53.3%) reported that they had 1 to 2 midwives per shift which shows a shortage of staff hence overwhelming work that could hinder the implementation of NPLPM. This is in line with a study conducted by Mary et al., (2018) which indicated that many healthcare providers highlighted the difficulty in providing 'one-to-one' individualized care for women because of the shortage of nurse-midwives compared to the high number of laboring women.

Furthermore, the findings of the study showed that the majority of the respondents, 20(67%) reported that they had never received special training regarding NPLPM at their facility. This implies that the provision of CMEs and other special training programs was low and challenging to the implementation of NPLPM. This is in agreement with the study by Getu et al., (2020) that showed that the health workers in Northwest Ethiopia reported that they did not have any additional training in non-pharmacological pain management techniques.

The findings of the study indicated that most of the respondents, 24(80%) reported that health facility policies would not encourage NPLPM. This implies that the health facility policies were hindering midwives from engaging in NPLPM. This is in agreement with the study by Sahile et al., (2017) where it was noted that the policies/protocols of the hospital birth setting are less supportive of non-pharmacological pain relief methods than those in either the birthing center

or home births and so less likely to be offered in a hospital setting where they are not supported.

Lastly, the findings of the study show that the majority of the respondents, 14(46.7%) reported that the major challenge that stopped respondents from rendering NPLPM was uncooperative health staff. This is because the health workers choose to do what is suitable for them hence this creates unconduciveness.

4.4. *Maternal-Related Challenges to Implementation of Non-Pharmacological Strategies in Management of Pain in Labor Among Midwives in Lubaga Hospital, Kampala District.*

The findings of the study indicate that the majority of the respondents 27(90%) reported that the socio-economic status of mothers would affect the use of non-pharmacological measures in the management of pain. This could be because mothers who are of high socio-economic status want quicker and simpler services which are not like NPLPM which is not as fast as pharmacological management. This is in line with the study by Hosseni, et al, (2016) that indicated that mothers' income affected the use of non-pharmacological measures to manage pain during labour.

Additionally, the findings of the study showed that the majority of the respondents, 26(86.7%) reported that mothers requested pharmacological pain management during labour this is because most of them, 19(63.3%) reported that pharmacological pain management is quicker in action. This is contrary to the study by Mwakawanga et al., (2022) that stated that mothers not only liked non-pharmacological measures for pain relief but for their comfort and also increased their confidence during childbirth.

The findings of the study show that all midwives, 30(100%) reported that pharmacological management was more appreciated by mothers and caretakers which caused a hindrance to the implementation of NPLPM. This is a disagreement in line with a study by Thomson et al.,(2019) indicated that women preferred non-pharmacological methods of pain relief since they actively work with their psychological responses and create a good team spirit with their care providers throughout their labour period.

5. CONCLUSION.

In conclusion, the study deduced findings in line with the three research objectives which included; individual challenges, health facility-related challenges, and maternal-related challenges to the implementation of NPLPM. These were as follows;

Midwife-related challenges to the implementation of non-pharmacological strategies in the management of pain in labour among midwives included; inadequate knowledge of NPLPM due to lack of enough trainingtowards NPLPM, believing that labour pain is normal and does not need management was also an observed challenge to the implementation of NPLPM among midwives.

The health facility-related challenges to the implementation of non-pharmacological strategies in the management of pain in labour among midwives in this study include; a shortage of staff working per shift against the overwhelming number of mothers delivering, lack of special training on NPLPM, and uncooperative health care staff.

The maternal-related challenges to the implementation of non-pharmacological strategies in the management of pain in labour among midwives in this study include; the high socio-economic status of the mother which forced quicker methods of labour pain relief like pharmacological methods and negative attitude of the mother towards the use of NPLPM.

6. RECOMMENDATIONS.

Several CMEs should be done by stakeholders such as the Ministry of Health and Health Facility management to equip midwives with knowledge on the use of NPLPM. Health facilities are argued to employ enough midwives who will be able to work with a large number of mothers in labour to ensure proper use of NPLPM. Mothers in labour should be advised by midwives to embark on using affordable non-pharmacological strategies in the management of the pain they go through during labour hence solving the maternal-related factors affecting the implementation of NPLPM.

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8. LIST OF ABBREVIATIONS.

CMEs: Continuous Medical Education
MoH: Ministry of Health
NPLPM: Non-Pharmacological Labour Pain Management
SBAs: Skilled Birth Attendants
UNMEB: Uganda Nurses and Midwives Examination Board.

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