The RETHINK Study

A study to determine if pregnant women who pain catastrophise are more likely to attend hospital during the latent phase of labour

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Background

- Women who are experiencing an uncomplicated pregnancy are at increased risk of obstetric intervention if they are admitted to hospital during the latent phase of labour (the time when the cervix is dilating up to 4-5cm approximately).

- Early hospital admission has been associated with labour and birth interventions.

- Women's experiences of latent labour point to pain and fear as significant factors in early hospital admission.

- Exaggerated negative feelings toward an anticipated painful event, known as pain catastrophising, are a strong predictor of childbirth pain.

Aims

1) To assess the prevalence of pain catastrophising in the target sample.
2) To determine how pain catastrophising affects the timing of admission to hospital when in labour, and subsequently birth outcomes.

Methods

Design: A pragmatic, quasi-experimental study.

Sample: Primigravid women experiencing an uncomplicated pregnancy will be recruited from National Health Service (NHS) Hospitals in England. The target sample is 384 women.

Data collection: Two online questionnaires; the first completed when participants are between 25 and 33 weeks pregnant, and the second at approximately 3 weeks postnatal.

Measures: The Pain Catastrophizing Scale (PCS), and the Wijma Delivery Expectancy Questionnaire (WDEQ-A).

The primary outcome measure is admission to hospital in the latent phase of labour. Secondary outcome measures include pre-specified birth outcomes.

Analysis: Participants will be divided according to whether they catastrophise pain or not. Logistic regression will be used to assess if pain catastrophising is a predictor of hospital admission during latent labour. Other explanatory factors (e.g. socioeconomic variables) will also be identified. The significance level will be set to $p \leq 0.05$.

Originality & Contribution to Knowledge

This study aims to investigate whether pain catastrophising and fear of childbirth are risk factors for early hospital admission in latent labour.

The study will provide data relating to the prevalence of pain catastrophising in the sample group.

There is potential for high impact because pain catastrophising and latent labour have not been considered before in research.

The outcomes could lead to the development of individualised care, helping women identify their own behaviour in coping with labour pain.

The outcomes could also create the opportunity to work with women to develop a support intervention to improve birth outcomes.

Discussion

It is hypothesised that the PCS can be used as a predictive tool to identify pregnant women who catastrophise pain and who seek hospital admission during latent labour. This could facilitate early support for pregnant women.