

Impact of pain on the recommendation of the ECV or not by the patient to other patients

Burgos J, Osuna C, Garcia L, Rodriguez L, Centeno MM
Cruces University Hospital, Bilbao, Spain

Objective

To analyze if the recommendation of the ECV by patients undergoing this technique is conditioned by the type of analgesia.

Methods

Survey conducted in the context of the randomized clinical trial in the Cruces University Hospital between July 2012 and February 2013 with 120 versions at term, randomized to receive analgesia with remifentanil (n= 60) or nitrous oxide (n = 60). The answers included in the questionnaire conducted after ECV were analyzed using SPSS, considering significant $p < 0.05$.

Results

The majority of the patients in the trial would recommend ECV to other women (90%) in the remifentanil group and 95% in the nitrous oxide group. The main reason to recommend it was the benefit from a birth in cephalic: 48. 14% (remifentanil) vs. 66. 66% (óxido nítrico), $p < 0.05$. The second reason: good experience / little pain: 33. 3% (remifentanilo) vs. 100% (nitrous oxide), $p < 0.05$. In case of not receiving analgesia (73. 3% in the remifentanil group and 48. 3% in nitrous oxide) their recommendation of the procedure would change.

Conclusion

The use of analgesia in ECV process influences the recommendation to other women. The benefit of a cephalic birth is the main reason for the recommendation, and is also important the experience in pain context. The women believe their recommendation would change if they did not receive analgesia.