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Perceived Benefits of Epidural Anesthesia Among Primgravida and Multigravida Women During Labor: A Comparative Study

Sarah Hussein Saeed*, Sajidah Saadoon Oleiwi

Department of Maternity Nursing, College of Nursing, University of Kerbala, Kerbala, Iraq

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Corresponding Information:
Sarah Hussein Saeed,
Department of Maternity Nursing, College of Nursing, University of Kerbala, Kerbala, Iraq

Email: sarah.hussein@s.uokerbala.edu.iq

ABSTRACT

Background & Objective: Epidural anesthesia is regarded as the gold standard of labor analgesia due to its effective-ness in the reduction of pain and enhancement of maternal comfort and psychologically positive experience. Its benefits may be perceived differently by women based on parity, previous pre-childbirth experience and exposure to health information. The present study was conducted with aim to assess the perceived advantages of epidural anesthesia during labor and to compare the perceived advantages among the primigravida and multigravida women.

Materials & Methods: This quantitative, descriptive, comparative, cross-sectional study was conducted on 300 (150 primigravida and 150 multigravida) pregnant women visiting primary health care centers in the city of Al-Hilla, Iraq, between July and December 2025. A structured sociodemographic and obstetric questionnaire and a 14-item perceived benefits scale with a five-point Likert scale were used to collect the data (Cronbachs α=0.864). The SPSS (version 24) was used to analyze the data.

Results: Multigravida women had significantly higher perceived benefit scores than primigravida women (3.68±0.63 vs. 3.43±0.72, respectively; P=0.011).

Conclusion: Both groups had perceived benefits with higher perceived benefits among the multigravida women indicating that prior childbirth experience has a positive influence in the perceptions of women.

Keywords: Analgesia, Epidural, Labor pain, Patient satisfaction, Gravidity

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1. Introduction

Labor pain is one of the most severe types of pain that women experience during childbirth. If not managed properly, it may also result in maternal stress, anxiety, elevated blood pressure, reduced utero-placental blood flow, and a negative childbirth experience. Thus, pain relief during childbirth can also be regarded as a crucial component of maternal care and is instrumental in improving maternal comfort and childbirth services **(1,2)**. Epidural analgesia has been recognized as one of the most effective methods for relieving labor pain and the gold standard for labor analgesia. It functions by blocking the transmission of pain impulses from the lower part of the body, while still allow-ing the woman to be awake and play an active role in the birth process **(3)**. Along with pain relief, epidural analgesia can help reduce fear and anxiety, improve relaxation, make childbirth more comfortable for the mother, and make the childbirth experience more satisfying **(4,5)**.

It may also provide better physiological stability during labor and can be extended when operative delivery is needed, which may reduce the use of general anesthesia in emergency situations **(6,7)**. The benefits of labor analgesia are not limited to pain management. Previous research has shown that reducing pain and emotional distress during childbirth may improve women's psychological well-being and make childbirth a more positive experience **(8,9)**. This is why it is important to increase women's awareness and knowledge of epidural analgesia during pregnancy. Proper antenatal education can help women make informed decisions and develop realistic expectations about the available methods of pain relief during childbirth **(10-12)**. Women's perceptions of epidural analgesia may vary depending on their previous pregnancy and childbirth experiences. Primigravida women may rely mainly on available in-formation, expectations, and fear of pain during childbirth, whereas multigravida women may be influenced more by previous childbirth experience. Knowledge of these differences is important for improving maternal education and counseling during antenatal care. Therefore, the present study was conducted with aim to assess the perceived advantages of epidural anesthesia during labor and to compare the perceived advantages among the primigravida and multigravida women.

2. Materials and Methods

This quantitative comparative cross-sectional study was conducted in six primary health care centers in Al-Hilla City, Babylon Governorate, Iraq, over the period from July 31, 2025, to December 31, 2025. The selected centers were Al-Mohandessin, Shaheed Al-Islam, Al-Quds, Al-Hadi, Al-Nahda, and Al-Kawthar. A total of 300 pregnant women were recruited, including 150 primigravida and 150 multigravida women. Participants were chosen through purposive non-probability sampling.

The inclusion criteria were women in the third trimester of pregnancy, with a gestational age between 28 and 40 weeks, and who attended antenatal care in one of the selected centers during the study period. Only women with uncomplicated pregnancies were included. Both primigravida and multigravida women were eligible. Women were excluded if they were in the first or second trimester, refused to participate, had contraindications to epidural anesthesia such as coagulation disorders or infection at the injection site, or had a previous history of epidural anesthesia in an earlier labor.

This study was based on participants' responses to a questionnaire and did not involve any clinical administration of epidural anesthesia. No epidural procedure was performed as part of the study. Therefore, information about the type of drug, dose, ampoule, manufacturer, cervical assessment, or cervical dilatation was outside the scope of this research. The focus of the study was to understand pregnant women's perceptions of the benefits of epidural anesthesia during labor and not to examine the epidural procedure itself.

A structured questionnaire was used to collect the data. It was prepared after re-viewing the available literature and previous instruments. The questionnaire had two parts. The first part collected socio-demographic and obstetric data, including age, education, occupation, economic status, residence, previous knowledge of epidural anesthesia, source of information, gravidity, parity, gestational age, history of cesarean section, and previous surgery. The second part consisted of 14 items assessing the perceived benefits of epidural anesthesia during labor. These items focused on possible physical, emotional, and psychological outcomes, including pain relief, comfort, reduced anxiety and fear, relaxation, and increased maternal satisfaction. The responses were rated on a five-point Likert scale ranging from strongly disagree to strongly agree. A higher score indicated a better perceived benefit. Mean scores were further classified into five levels, namely very low, low, moderate, high, and very high **(13)**.

A pilot study was conducted before the actual data collection on 30 pregnant women at Al-Quds and Al-Hadi primary health care centers between October 28, 2025, and November 8, 2025. The pilot study was conducted to determine the clarity of the questionnaire, its applicability, ease of use, and the time needed to complete it. Based on the results of this step, some changes in wording were made to improve understanding.

To make sure that the questionnaire was appropriate in terms of language and content, it was translated into Arabic by two bilingual experts who were fluent in Arabic and English. The translated version was assessed by a panel of 21 specialists in nursing, obstetrics and gynecology, and anesthesiology. The tool was reviewed in terms of clarity, relevance, and adequacy. The final form of the questionnaire was prepared according to their comments. The reliability of the perceived benefits scale was tested using Cronbach's alpha, which was 0.864, indicating acceptable internal consistency.

The researcher collected the data after obtaining the necessary scientific and administrative approvals. The questionnaire was self-administered by women who were able to read and write, and interviews were conducted by the researcher when needed. The questionnaire took an average of 10-15 minutes to complete.

The data were analyzed by Statistical Package for the Social Sciences (SPSS) (version 24) and were described using descriptive statistics, such as frequencies, percentages, means, and standard deviations. The Shapiro-Wilk test showed that the benefit scores were not normally distributed. Therefore, nonparametric tests were used in the analysis. The chi-square test was used to examine the differences in categorical variables between primi-gravida and multigravida women. The Mann-Whitney U test was used to com-pare perceived benefit scores between the two groups, and the Kruskal-Wallis test was used when more than two groups were compared. $P \leq 0.05$ was considered statistically significant.

3. Results

Table 1 he socio-demographic characteristics of multigravida and primigravida women are shown in Table 1. In both groups, the largest proportion of participants was aged 25 to 34 years. Institute-level education was the most common educational category in both groups, and most participants were unemployed. Ur-ban residence was more common in both groups, and nearly half of the women had previously received information about epidural anesthesia. A statistically significant difference between the two groups was found only for age. 001 Sig., whereas the remaining sociodemographic variables showed no significant differences.

Table 1. Socio-Demographic Characteristics for Multigravida and Primigravida Women

		Multigravida		Prim gravida		P-value
		F	%	F	%	
Age, years	15-24	20	13.3	56	37.3	.001 Sig.
	25-34	84	56.0	71	47.3	
	35-44	38	25.3	19	12.7	
	45-more	8	5.3	4	2.7	
	Total	150	100	150	100	
	Mean±SD	30.87±7.1		26.94±6.4		
Educational level	Don't read and don't write	18	12.0	11	7.3	.322 N.S
	Reads and writes	18	12.0	15	10.0	
	Primary school graduate	9	6.0	10	6.7	
	Secondary school graduate	10	6.7	18	12.0	
	Preparatory school graduate	28	18.7	37	24.7	
	Institute	34	22.7	35	23.3	
	College and above	33	22.0	24	16.0	
	Total	150	100	150	100	
Occupation	Employed	50	33.3	59	39.3	.558 N.S
	Un Employed	88	58.7	80	53.3	
	Student	12	8.0	11	7.3	
	Total	150	100	150	100	
Economic state	Sufficient	76	50.7	62	41.3	.240 N.S
	Insufficient	27	18.0	29	19.3	
	Sufficient to some extent	47	31.3	59	39.3	
	Total	150	100	150	100	
Place of Residence	Urban	83	55.3	94	62.7	.120 N.S
	Rural	67	44.7	56	37.3	
	Total	150	100	150	100	
Have you previously received information about epidural anesthesia?	Yes	71	47.3	78	52.0	.244 N.S
	No	79	52.7	72	48.0	
	Total	150	100	150	100	
If yes, what was the source of information?	Nil	79	52.7	72	48.0	.392 N.S
	Family	8	5.3	9	6.0	
	Friends	9	6.0	7	4.7	
	social media	7	4.7	18	12.0	
	Internet	18	12.0	14	9.3	
	Medical books	8	5.3	11	7.3	
	Nursing staff-Midwife	16	10.6	12	8.0	
	Physicians	5	3.4	7	4.7	
	Total	150	100	150	100	

* Chi-square test, Sig=Significant, N.S=Non-Significant, P-value=0.05.

Table 2 shows the obstetric characteristics of multigravida and primigravida women. Most multigravida women had experienced two pregnancies and one previous birth, whereas all primigravida women were in their first pregnancy and had no previous births. All participants in both groups were in the third trimester of pregnancy. Significant differences were observed between the two groups in gravidity, parity, previous cesarean section, and previous surgical operations (P=.001Sig).

Table 3 he overall perceived benefits of epidural anesthesia among multigravida and primigravida women are presented in Table 3. In both groups, the highest pro-portion of participants reported a high level of perceived benefit. However, multigravida women showed significantly higher perceived benefit scores than primigravida women (P=0.011), with a mean score of 3.68±0.63 compared with 3.43±0.72. Low perceived benefit was more frequent among primigravida women, whereas very high perceived benefit was more common among multigravida women.

Table 4 illustrates the differences in mean perceived benefit scores according to socio-demographic characteristics among multigravida women. No significant differences were found according to age, educational level, occupation, economic status, or place of residence. Statistically significant differences were found according to previous receipt of information about epidural anesthesia (P=0.010) and source of information (P=0.013) at P-value≤0.05. Indicating that informational factors were associated with higher perceived benefit scores in this group.

The differences in mean perceived bene-fit scores according to obstetric characteristics among multigravida women are shown in Table 5. No statistically significant differences were found according to the number of gravidities, parity, previous cesarean section, or previous surgical operations.

Moreover Table 6 shows the differences in mean perceived benefit scores according to socio-demographic characteristics among primigravida women. The findings revealed no statistically significant differences in perceived benefit scores according to age, educational level, occupation, economic status, residence, previous information about epidural anesthesia, or source of information.

In addition, Table 7 presents the differences in mean perceived benefit scores according to obstetric characteristics among primigravida women. No statistically significant difference was found in relation to previous surgical operations. The remaining obstetric variables were constant within this group, as all participants were primigravida, nulliparous, in the third trimester, and had no previous cesarean section.

Table 2. Distribution of obstetric information

		Multigravida		Prim gravida		P-value
		F	%	F	%	
Number of Gravida	Once	0	0	150	100	.001 Sig.
	Twice	107	71.3	0	0	
	Three times and above	43	28.7	0	0	
	Total	150	100	150	100	
Number of Para	None	0	0	150	100	.001 Sig.
	Once	107	71.3	0	0	
	Twice	12	8.0	0	0	
	Three times and above	31	20.7	0	0	
	Total	150	100	150	100	
Current Gestational Age	Third trimester 28-40 week	150	100	150	100	-
Previous cesarean sections	0	99	66.0	150	100	.001 Sig.
	1	51	34.0	0	0	
	Total	150	100	150	100	
Previous surgical operations	0	108	72.0	131	87.3	.001 Sig.
	1	42	28.0	19	12.7	
	Total	150	100	150	100	

* Cshi-square test, Sig= Significant, N.S= Non-significant, P-value=0.05.

Table 3. Overall Perceived about Benefits of Epidural Anesthesia among Multigravida and Primgravida

		Multigravida		Prim gravida		P-value
		F	%	f	%	
Benefits of Epidural Anesthesia	Low perceived benefit	10	6.7	23	15.3	.011 Sig.
	Moderate perceived benefit	37	24.7	42	28.0	
	High perceived benefit	76	50.7	66	44	
	Very high perceived benefit	27	18.0	19	12.7	
	Total	150	100	150	100	
	Mean±SD	3.68 ± .63		3.43 ± .72		

* Mann-Whitny U test, Sig= Significant, N.S= Non-significant, P-value=0.05.
Cutoff point: Very low= (1-1.79), Low= (1.8-2.59), Moderate= (2.6-3.39), High= (3.40-4.19), Very High (4.2-5)

Table 4. Differences in Mean of Perceived of Benefits of Epidural Anesthesia Based on Sociodemographic Characteristics in Multigravida Women

		Mean	P-value
Age, years	15-24	3.6000	.978** N.S
	25-34	3.7143	
	35-44	3.8421	
	45-more	3.8750	
Educational level	Don't read and don't write	3.1111	.057** N.S
	Reads and writes	4.2222	
	Primary school graduate	3.4444	
	Secondary school graduate	4.0000	
	Preparatory school graduate	3.6786	
	Institute	3.7647	
	College and above	3.8485	
Occupation	Employed	3.8800	.636** N.S
	Un Employed	3.6818	
	Student	3.5833	
Economic state	Sufficient	3.7763	.702** N.S
	Insufficient	3.6296	
	Sufficient to some extent	3.7447	
Place of Residence	Urban	3.7590	.792* N.S
	Rural	3.7164	
Have you previously received information about epidural anesthesia?	Yes	3.82	.010* Sig.
	No	3.54	
	Nil	3.54	
If yes, what was the source of information?	Family	3.93	.013
	Friends	4.19	
	social media	3.59	
	Internet	3.28	
	Medical books	3.58	
	Nursing staff-Midwife	3.94	
	Physicians	3.85	

*= Mann-Whitny U test, **= Kruskal wallis test, N.S=No Significant, Sig=Significant, P-value≤0.05.

Table 5. Differences in Mean of Perceived of Benefits of Epidural Anesthesia Based on Obstetric Information in Multigravida Women

		Mean	P-value
Number of Gravida	Twice	3.7570	.723*
	Three times and above	3.6977	N.S
Number of Para	Once	3.7570	.517**
	Twice	3.3333	N.S
	Three times and above	3.8387	
Current Gestational Age	Third trimester 28-40 week	3.7400	-
Previous cesarean sections	0	3.5952	.283*
	1	3.5770	N.S
Previous surgical operations	0	3.5919	.385*
	1	3.5816	N.S

*= Mann-Whitny U test, **= Kruskal wallis test, N.S=No Significant, Sig=Significant, P-value≤0.05.

Table 6. Differences in Mean of Perceived of Benefits of Epidural Anesthesia Based on Sociodemographic Characteristics in Primigravida Women

		Mean	P-value
Age	15-24	3.6390	.208** N.S
	25-34	3.5734	
	35-44	3.4023	
	45-more	3.0000	
educational level	Don't read and don't write	3.6364	.506** N.S
	Reads and writes	3.4905	
	Primary school graduate	3.5500	
	Secondary school graduate	3.2976	
	Preparatory school graduate	3.5290	
	Institute	3.5878	
	College and above	3.7827	
Occupation	Employed	3.5363	.131** N.S
	Un Employed	3.5313	
	Student	3.9091	
Economic state	Sufficient	3.6878	.086** N.S
	Insufficient	3.5764	
	Sufficient to some extent	3.4201	
Place of Residence	Urban	3.5783	.511* N.S
	Rural	3.5319	
Have you previously received information about epidural anesthesia?	Yes	3.5110	.087* N.S
	No	3.3313	
	Nil	3.3313	
If yes, what was the source of information?	Family	3.3492	.447 N.S
	Friends	3.4082	
	social media	3.2857	
	Internet	3.5816	
	Medical books	3.5649	
	Nursing staff-Midwife	3.6538	
	Physicians	3.7637	

*= Mann-Whitny U test, **= Kruskal wallis test, N.S=No Significant, Sig=Significant, P-value≤0.05.

Table 7. Differences in Mean of Perceived of Benefits of Epidural Anesthesia Based on Obstetric Information in Primigravida Women

		Mean	P-value
Number of Gravida	Once	3.5610	-
Number of Para	None	3.5610	-
Current Gestational Age	Third trimester 28-40 week	3.5610	-
Previous cesarean sections	0	3.5610	-
Previous surgical operations	0	3.5747	.384*
	1	3.4662	

*= Mann-Whitny U test, **= Kruskal wallis test, N.S=No Significant, Sig=Significant, P-value≤0.05.

4. Discussion

The current study showed that perceived benefits of epidural anesthesia were high among primigravida and multigravida women. However, multigravida women had a higher perceived benefit score compared with primigravida women. Such a difference can be linked to previous childbirth experience that can influence women's expectations about labor pain, their confidence in coping, as well as their attitude toward pain relief methods. Previous research has also shown that multiparous women tend to differ from primiparous women in childbirth self-efficacy, fear of childbirth, and satisfaction with pain management, which could be the reason for the more favorable perception among multigravida women in various studies **(14-17)**.

The other significant finding in the pre-sent study was that, in multigravida women, previous knowledge regarding epidural anesthesia and the source of such knowledge were significantly correlated with perceived benefit scores. This suggests that women's perceptions are not only influenced by parity, but also by the accuracy and credibility of the information received. Reliable information given to women during antenatal care may help develop a positive attitude toward epidural anesthesia, whereas unclear or conflicting information might also cause hesitation or uncertainty. Similar results have been reported by previous studies indicating that awareness, counseling, and source of information play significant roles in shaping attitudes toward epidural analgesia **(18-22)**.

In multigravida women of our study, no significant correlations were found between the perceived benefit scores and most sociodemographic or obstetric factors. This may indicate that previous childbirth experience can be more important than background characteristics in shaping women's perceptions of epidural anesthesia. Similar interpretations have been reported in earlier studies which explained that accumulated experience and prior exposure may play a larger role than demographic factors alone in influencing knowledge, attitudes, and perceptions related to pain management and epidural analgesia **(23-25)**.

In the present study, no statistically significant relationships were observed between perceived benefit scores and sociodemographic or obstetric factors among primigravida women. This could indicate the relative similarity of first-time mothers in their expectations because they do not have previous labor experience that could influence their opinions. Their views can thus be influenced more by general expectations, fear of labor pain, and the in-formation available during pregnancy than by individual background factors. According to previous research, primigravida women tend to become more un-certain and more variable in their attitude toward epidural analgesia, particularly when their knowledge is limited or when information is obtained from non-professional sources **(18,19,24,15)**.

Altogether, the results of the present study indicate that parity and access to reliable information can be regarded as the main factors related to perceived benefits of epidural anesthesia during pregnancy. Such results emphasize the importance of strengthening antenatal education, especially in primigravida women, in order to improve their understanding, correct misconceptions, and support informed decision-making about labor analgesia **(17,19,26)**.

5. Conclusion

As the results of the present study showed, the perceived benefits of using epidural anesthesia were higher among multigravida women than primigravida women. Previous childbirth experience and access to reliable information might be important in influencing women's perception of epidural anesthesia. Strengthening antenatal education, particularly among primigravida women, could help improve informed choice regarding labor pain relief.

6. Declarations

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Ethical Considerations

Data collection was preceded by ethical approval from the Research Ethics Committee of the College of Nursing, University of Kerbala (Ethical Committee Code: 40K.CON.25.94).

Authors' Contributions

S.H.S designed the study, collected the data from primary healthcare centers, and wrote the initial manuscript draft. S.S.O supervised the research process and critically reviewed and edited the manuscript. Both authors read and approved the final version of the manuscript.

Conflict of Interest

The authors declare no conflicts of interest.

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