Policy Briefing:

Pain Management During Labour and Delivery in Cameroon

Overview:

This policy briefing synthesises key insights from the 29th edition of the Cameroon Townhall for Healthcare Professionals, held on July 17, 2021, focusing on the theme "Pain Management During Labour and Delivery: What Every Adult Should Know", presented by Dr. Edwin Aroke and Dr. Njodzeka Venatius Ngong.

Context:

Labour pain in Cameroon is often treated as normal and left unmanaged. Few women are offered pain relief, there are about 40 practising anaesthesiologists, and most births take place in health centres without anaesthesia staff. The session brought together nurse anaesthetists in the US, an anaesthesiologist and an obstetrician in Cameroon, and other clinicians.

Key Issues:

1. **Pain not believed:** Providers and families often dismiss labour pain, though unrelieved pain harms both mother and fetus.
2. **Workforce gap:** About 60 trained anaesthesiologists (about 40 active) serve 25 million people; district hospitals have none.
3. **Cost:** An epidural costs about 50,000 to 60,000 FCFA in public hospitals, while many women cannot afford 6,000 FCFA for a normal delivery.
4. **Equipment and drugs:** Unsuitable large-gauge needles, few monitors, limited fentanyl and almost no nitrous oxide restrict safe options.
5. **Facilities and culture:** Shared labour wards prevent companions, and cultural beliefs link pain to being a 'real woman'.

Discussion Highlights:

- Many low-cost drugs already on formularies (pethidine, tramadol, paracetamol, nalbuphine) can reduce pain if used safely.
- Non-drug measures (companions, position, compresses, breathing, respectful communication) cost nothing.

- Third-trimester anaesthesia consultations are being introduced in Yaounde.
- Women may see epidurals as a luxury; some clinicians discourage them.
- Diaspora nurse anaesthetists and the Cameroon Society of Anaesthesia agreed to explore cooperation.

Recommendations:

- **National labour analgesia protocol:** MINSANTE, with obstetric and anaesthesia societies, should issue a stepwise protocol for labour pain covering non-drug measures, safe use of available drugs (paracetamol, tramadol, pethidine timing, nalbuphine) and neuraxial analgesia where staff exist.
- **Train more anaesthesia providers:** MINSANTE and training schools should expand anaesthesiologist and nurse anaesthetist training and deploy staff to regional and district hospitals. First step: partner with diaspora nurse anaesthetists (ACNAA) and the University of Buea on short courses for midwives and nurses in non-opioid analgesia.
- **Safe equipment:** MINSANTE and partners should procure 25 gauge or finer spinal needles and epidural sets, refuse substandard donated needles, and equip labour wards with maternal and fetal monitors.
- **Make analgesia affordable:** Regional delegations should publish standard prices for labour analgesia in public hospitals and partners should explore including it in maternal health coverage.
- **Antenatal education and respectful care:** Antenatal clinics should counsel women on pain and their options, and midwifery and nursing schools should teach respectful, non-judgemental care in labour.
- **Companion-friendly labour rooms:** Hospitals and new private clinics should design labour rooms with privacy so a chosen companion can stay with the woman.

Next Steps: The Chair invited Dr. Ndikontar and the anaesthesia resident from Jerusalem to present on anaesthesia in Cameroon. The next Town Hall was set for July 31, 2021, on cardiac surgery.

Conclusion: Labour pain can be relieved with methods that range from free to specialised. Cameroon's gap lies in workforce, equipment, cost and attitudes, and the session showed that cooperation between diaspora and local anaesthesia professionals can start closing it.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of July 17, 2021. Recording: https://www.youtube.com/watch?v=aujKhUFeVBs