

## **ABSTRACT**

**Background:** It is thought that pain cognitions determine coping behaviour and success in adapting to labour. The aim of this study was to examine whether pain cognitions assessed by the Labour Pain Coping and Cognition List (LPCCL) predict the request for pain relief during the first stage of labour and which pain cognition is the strongest predictor of a request for pain relief over and above, and independent of, other pain cognitions. **Methods:** Participants in this prospective study were 177 low-risk nulliparous pregnant women. Data was collected on two different occasions. The Numerical Pain intensity Scale (NPS) -anticipated and the LPCCL were administered, at 34 to 36 weeks' gestation followed by the NPS-during labour. **Results:** Catastrophizing and External Pain Control predicted the request for pain relief during labour after adjustment for relevant demographic and clinical characteristics (respectively adjusted OR 2.61 [95%CI 1.45-4.68] and adjusted OR 1.90 [95%CI 1.16-3.10]). Catastrophizing was found to be the strongest and independent predictor among the pain cognitions while controlling for significant background variables, (adjusted OR 2.61 p-value < 0.001). **Conclusion:** Catastrophizing seems to have a substantial impact on the request for pain relief in low-risk pregnant women.

Journal of Psychosomatic Obstetrics & Gynecology, 2011; 32(3): 119–125  
© 2011 Informa UK, Ltd.  
ISSN 0167-482X print/ISSN 1743-8942 online  
DOI: 10.3109/0167482X.2011.599898