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## Research Article

### A STUDY TO ASSESS THE EFFECTIVENESS OF SELECTED ASPECTS OF LAMAZE METHOD ON PAIN AMONG PRIMIGRAVIDA MOTHERS DURING FIRST STAGE OF LABOUR IN SELECTED HOSPITALS OF SANGLI

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#### ABSTRACT

Labour pain is the result of many complex interactions, physiological and psychological, excitatory as well as inhibitory. Women experience a wide range of pain in labour and exhibit an equally wide range of responses to it. The woman is educated to take an active role in decision-making and using self-comforting techniques and non-pharmacologic methods to relieve pain and enhance labour progress. The aim of the present study was to assess the effectiveness of breathing exercise and massage on labour pain among Primigravida mothers in selected hospitals of Sangli.

**Methodology:** A true experimental research design was adopted with experimental & control group. **Results:** The findings indicated that breathing exercise and massage helped in reduction of pain score level in the experimental group and the mother perceived less pain.

**Conclusion:** Provision of breathing exercises and the massage was effective in the reduction of labour pain.

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## INTRODUCTION

Motherhood is a great responsibility and it is women's highest crown of honour.<sup>1</sup> Therefore maintaining good health during pregnancy, intranatal and postpartum period is very important especially in the present stressful life. Childbirth is a time when a woman's power and strength emerges full force, but it is also a vulnerable time and a time of many changes, persisting opportunities for personal growth. The labour and birth process is an exciting, Anxiety provoking situation for a woman and her family. The time of labour and birth, though short in comparison with the length of pregnancy, is the most dramatic and significant period of the expectant woman.<sup>5</sup> The transition from pregnancy to labour is a sequence of events that begins gradually, the first stage of labour is usually recognized by the onset of regular uterine contractions and culminates in complete dilatation of cervix.<sup>6</sup>

Pain is an unpleasant and highly personal experience that may be imperceptible to others while comparing all parts of the person's life. Pain is an unpleasant sensory, subjective symptom and emotional experience associated with actual or potential tissue damage.<sup>7</sup> The pain of childbirth results from hypoxia of uterine muscle, dilation and stretching of the cervix, pressure and pulling on adjacent organs and pressure from the

presenting part on the vagina and perineum during birth. The fetal size and position influence length of labour as well as pain. Vaginal examinations and use of oxytocin increase the strength of contractions. A woman's expectations, the level of fatigue, anxiety, availability and actions of a support person also affects her perception of pain.

Pregnant women commonly worry about the pain that they are experiencing during labour and childbirth and also they will worry, how to react and deal with this pain. If nurse understands the nature and effects of pain during the labour process they will be better prepared to provide supportive care to the mothers who are in labour process.<sup>8</sup> Physical comfort includes various non-pharmacologic and pharmacologic intervention. Comfort measures that provide natural pain relief can be very effective during labour and childbirth.

A birthing technique such as hydrotherapy, hypnobirthing, patterned breathing, relaxation and visualization can increase the production of endogenous endorphins that bind to receptors in the brain for pain relief. Other methods of comfort therapy such as massage can provide pain relief and reduce the need for narcotic analgesia or anesthesia by naturally creating competing impulses in the central nervous system that can prevent the painful stimuli of labour contractions from reaching the brain.<sup>9</sup>

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Pain control during labour is a very woman-centered concept. The role of the midwife then is to encourage and assist the women in anticipating positively the birth of their baby.<sup>10</sup>

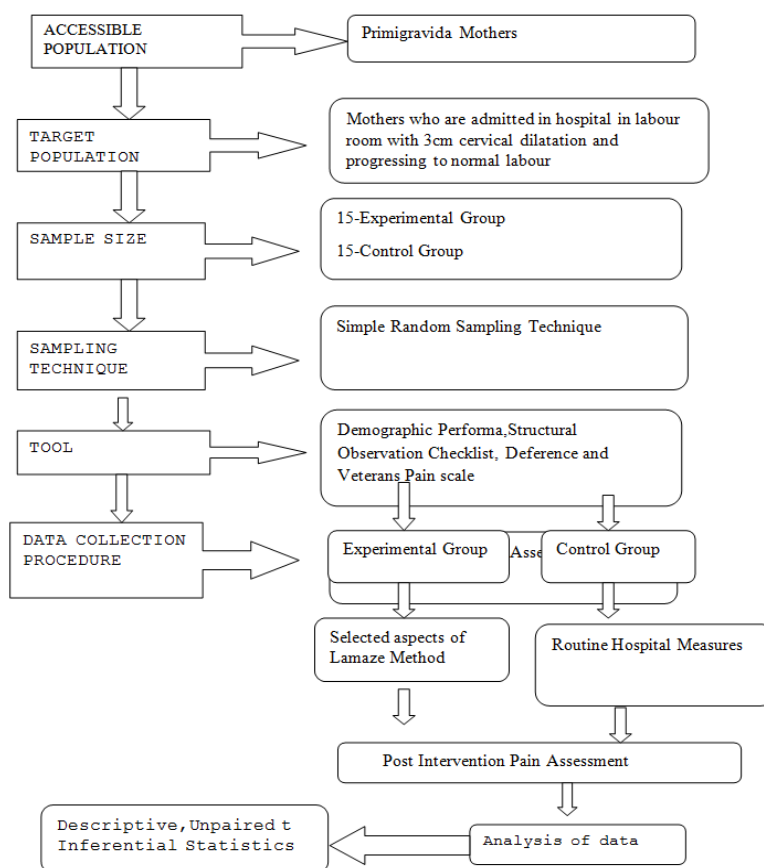
A variety of non-pharmacologic methods for pain, anxiety, and discomfort are taught in many different types of prenatal preparation classes. These techniques teach to relieve pain, anxiety and discomfort during labour. Lamaze is also known as a method of psycho prophylaxis. This method prepares a pregnant woman to deal actively with contractions. It includes various techniques such as effleurage, thermal stimulation, sacral pressure, positioning, distraction, aromatherapy, breathing techniques, massage, guided imagery, music. This is the most well-known model for childbirth preparations. The theory of conditioned reflex is followed in the method that has two components: education and training. Each woman is conditioned (trained) to respond to her contractions with relaxations. Childbirth preparation methods practiced around the world to prepare both the mother and/or through different relaxation and breathing techniques<sup>11</sup>.

### Objectives of the Study

1. To assess the labour pain during the first stage of labour among control and experimental group.
2. To determine the effectiveness of breathing exercise and massage on labour pain among primigravida mothers during first stage of labour in experimental group.

## MATERIALS AND METHODS

### Schematic Representation of the Study Process



### Analysis of Data

**Age:** Most of the prim gravid women in the experimental group (66.6%) and control group (60%) belonged to the age group of 26-30 years.

**Religion:** Data represented that most of the primigravida women in the experimental group (40%) and control group (46.66%) were from Muslim religion.

**Family Monthly Income:** In experimental group (60%) and control group (50%) majority of the women belonged to the income group of Rs. 5000-Rs 10000 respectively.

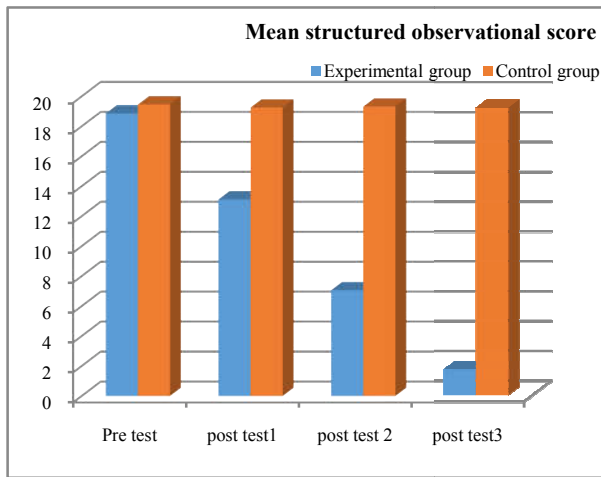
**Education:** Majority of mothers in the experimental group (33.3%) had a primary education where as the majority of women in control group had a secondary education (60%).

**Type of Family:** In experimental group 73.83% and in control group 80% of the primi gravid women belonged to the nuclear family.

### Knowledge regarding Lamaze technique

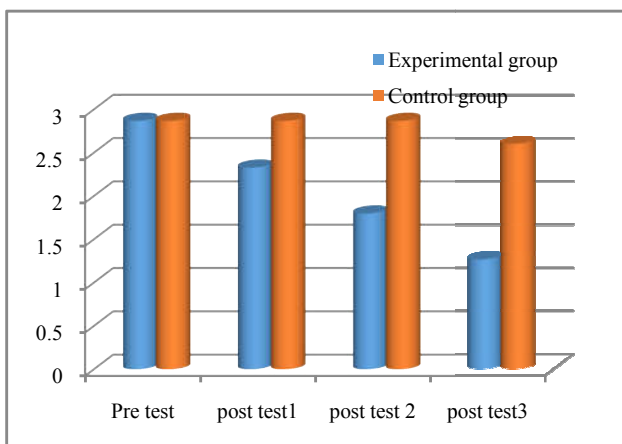
According to data collected 100 % of women both in experimental and control group did not have any knowledge about the Lamaze methods

### Comparison of Post Observational Pain Score between experimental and control group by observation of behaviour



Data presented in the figure indicates that the mean structured observational score in the experimental group is decreased than in the control group which signifies that the breathing exercise and massage had reduced the pain effectively.

**Comparison of post observational pain scores between experimental and control group by pain scale**



Data presented in indicates that the mean structured pain score in the experimental group is decreased than in the control group which signifies that the breathing exercise and massage had reduced the pain effectively.

**RESULTS**

The assessment of labour pain perception by pain scale of primi gravida women showed a mean value for all the 3 post test 2.33,1.8 and 1.27 with SD of 0.488,0.561 and 0.458 in the experimental group and mean of 2.87 with SD of 0.352 in Control group. The mean value in the experimental group is comparatively lower than the mean value of control group. This indicates that breathing exercise and massage helped in reduction of pain score level in the experimental group and the mother perceived less pain as compared to the control group.

The assessment of labour pain perception by a behavioural checklist of primigravida women showed a mean value for all the 3 post test 13.3,7.07 and 1.73 with SD of 1.356,1.28 and 0.704 in the experimental group and mean of 19.27,19.33 and 19.27 with SD of 0.594,0.617 and 0.594 in control group. The mean value in the experimental group is comparatively higher

than the mean value of control group. This indicates that breathing exercise and massage helped in a reduction in perception of pain in the experimental group and the women perceived less pain comparing to the control group.

**Summary**

Childbirth is a unique and special experience for every woman. It is exciting as well as strenuous with pain, fatigue and fear, both physically and psychologically. Pain in labour is nearly a universal experience for childbearing women and pain relief process a major role. This can be achieved by relaxation which is thought to increase pain tolerance, reduction of anxiety, and decreased muscle tension. Relaxation may be enhanced through concentration on a specific breathing pattern and massage during contractions, which is a cognitive activity and is most successful as a pain management strategy.

The breathing exercises which were taught and the massage which was administered to the primi gravida women in the first stage of labour not only gave comfort but also conveyed care, sympathy, encouragement, acceptance and support.

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