

**EFFECT OF BRADLEY METHOD ON LABOUR  
OUTCOME AMONG PREGNANT WOMEN AT  
SELECTED HOSPITAL, COIMBATORE.**

**REG. NO. 30091422**

A Dissertation submitted to  
**The Tamilnadu Dr. M. G. R. Medical University,**  
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# **EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PREGNANT WOMEN AT SELECTED HOSPITAL, COIMBATORE.**

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EFFECT OF BRADLEY METHOD

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## **Abstract**

An interventional study was conducted to promote the labour outcome by adopting Bradley method. Quasi experimental one group post test design was used to conduct the study. Seven antenatal women and their husbands were selected conveniently as samples. Bradley method was imparted to couples under five sessions during last weeks of antenatal period. Modified Alice Chacko Coping Response Scale (Esther John, 2009) and modified Esther John Opinionnaire were administered to obtain the data. Descriptive statistical analysis was used. Most of the antenatal women were shown high coping ability during labour (86%) and high level of satisfaction on child birth experience (57%). Hence, it can be concluded that Bradley method is found to be effective in promoting labour outcome.

## **Effect of Bradley Method on Labour Outcome among Pregnant Women at Selected Hospital, Coimbatore.**

Childbirth is more admirable than conquest, more amazing than self-defence and courageous as either one. Giving birth is an ecstasy. This is every woman's birth right and her body's intent. Natural childbirth is a profound and powerful human experience which is a mixed feeling of empowerment, elation and accomplishment.

Child birth is a thrilling, exciting, revealing and life changing experience though it carries the traces of pain, pangs and anxiety (Bert, 2007).

Childbirth is not only biological but a psychological event as well; psychology and biology influence one another that keeps the process active, leading to the birth of a baby (Lowdermilk, 2001).

Pregnancy is such an exciting time and the changes that accompany pregnancy affects the women's emotions. Hence the pregnant woman needs the support very much from the caregiver (Bryanton, 1994).

Last decade, a number of studies have acknowledged and validated the importance of the presence of supporting persons with women during labour (Madi, Sandall & Bennet, 2004).

Most of the time child birth is depicted as an unpleasant experience or fearful experience through mass media. This can be turned into a joyful experience when the childbirth preparation methods are adapted during labour.

Childbirth preparation became popular because it identified the need of most expectant mothers and their support people as they began to reclaim their right to take an active part in their experience and demanded a change in their care from their health care providers (Moondragon, 2007).

The more a mother knows about the birth process the less fear and apprehension she will feel while giving birth. Many childbirth preparation methods prepare both mother and father for the birth experiences and teach relaxation and breathing techniques.

A good child birth preparation helps couple to develop stress management techniques to deal with fear and pain as well as good grounding in the risks and benefits of various obstetric choices. This preparation helps them to empower women and their partners so they may be able to stand up for the clinics they want and be able to decline the choices they don't want from the medical community (Rowlands, 1998).

### **1.1. NEED FOR THE STUDY**

Child birth preparation can help to normalize the vision and expectations of birth, reducing the unknown fear to something much more manageable in the minds. It can help women to re-establish connections with their body and help them to trust in their ability to deliver their babies.

Husband and antenatal women both can be comfortable with the idea of husband coached labour. Husband can be the most significant source of emotional support and comfort. Loving partners are one of the strongest tranquilizers and the

most effective pain relievers. Their nurturing presence may also encourage the flow of oxytocin, a hormone which helps labour to progress more quickly (Green, 2003). For many fathers, the involvement in birth gives them a chance to nurture and care of their new baby. Women who nurtured by their male partners during pregnancy had few childbirth complications and they will adjust easily in the postpartum period.

Robert Bradley developed this method in the late 1940's. This method emphasizes an extremely natural approach with few or no drugs and little medical help during labour. Fundamental philosophy of Bradley birth is that, with adequate preparation and support from a loving, supportive coach, most women can naturally deliver their babies.

In the Bradley course of study, mates are trained to coach mothers through childbirth using hands-on-techniques like massage and praise. Husband coached labour is the main concept where husband is allowed to remain inside the labour room to participate actively in the labour process.

Bradley method is based on the observation of animal behaviour during birth also it emphasizes working in harmony with body, using breath control, abdominal breathing and general body relaxation (Bradley, 1981). This technique stresses environmental factors such as darkness, solitude and quiet to make childbirth a more natural experience. Women using the Bradley method often appear to be sleeping in labour, but they are actually in the state of deep mental relaxation.

Bradley method believed that the natural childbirth can and will take place in normal births if the expectant mother and father are properly prepared for the labour experience.

The Cochrane group conducted several reviews of published trials regarding pregnancy and childbirth. In one review of 15 trials involving over 12,000 women, the continuous presence of husband coach reduced the likelihood of analgesia for pain relief, reduced operative delivery and reduced dissatisfaction of women with their birth experiences (Hodnett, Gates, Hofmeyr & Sakala, 2006).

Support during childbirth also has been linked to numerous positive psychologic effects for a mother. Mother who had a support person near by during labour demonstrated more infant bonding. Mothers who were supported during labour had a greater perception of control and more positive feelings about their labour than mothers who were not supported (Hodnett & Osborn, 1998).

After the birth, partners may worry that they were not-useful. While nurturing and supporting their wives they will feel positive and they may feel like they didn't do enough. Learning about birth ahead of time may help them to realize how relaxation and reassurance will benefit to labour and pain relief.

For labour, complete deep relaxation is the main technique. Bradley believed that breathing should be a natural type of breathing, which is a deep diaphragmatic type (which is normally used in sleep). The husband is instructed to observe how his wife breathes when deeply asleep, as this is the breathing pattern she should use for labour.

Nurse plays many professional roles in day to day activities. Among all, the role as a comforter is very important in speaking soothing words to antenatal women. They are the professionals available with the women all the time. Nurse's master mind utilized for childbirth preparation helps to alleviate fear, anxiety, tension and promote quality in birthing. Hence, the present study was undertaken by the researcher to explore the effectiveness of Bradley method of childbirth preparation.

## **1.2. STATEMENT OF THE PROBLEM**

EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PREGNANT WOMEN AT SELECTED HOSPITAL, COIMBATORE.

## **1.3. OBJECTIVES**

- 1.3.1. To implement Bradley method of child birth to women and their husband.
- 1.3.2. To assess the outcome of labour among women undergone Bradley method of childbirth.

## **1.4. OPERATIONAL DEFINITION**

### **1.4.1. Antenatal women**

It refers to antenatal women between 36-38 weeks of gestational age attending the antenatal checkup and planned to have delivery at Kalpana Hospital, Coimbatore.

### **1.4.2. Bradley Method**

Bradley method encourages the role of husband in providing comfort measures in terms of relaxation, exercises and measures to cope up during first stage of labour.



### **1.4.3. Labour outcome**

Labour outcome is the comfort felt by the women during labour in terms of ability to cope with uterine contractions and increased satisfaction level.

## **1.5. ASSUMPTIONS**

1.5.1. Parturients experience difficulties in coping during labour.

1.5.2. Parturients perceives better birth experiences after attending childbirth preparation method during labour.

1.5.3. Bradley method promotes the outcome of labour.

## **1.6. CONCEPTUAL FRAMEWORK**

Conceptual framework is a theoretical approach to study the problems that are scientifically based which emphasize the selection, arrangement and classification of its concepts. The purpose of conceptual framework is to provide a logical, coherent structure through which, phenomenon of concern can be understood and discussed.

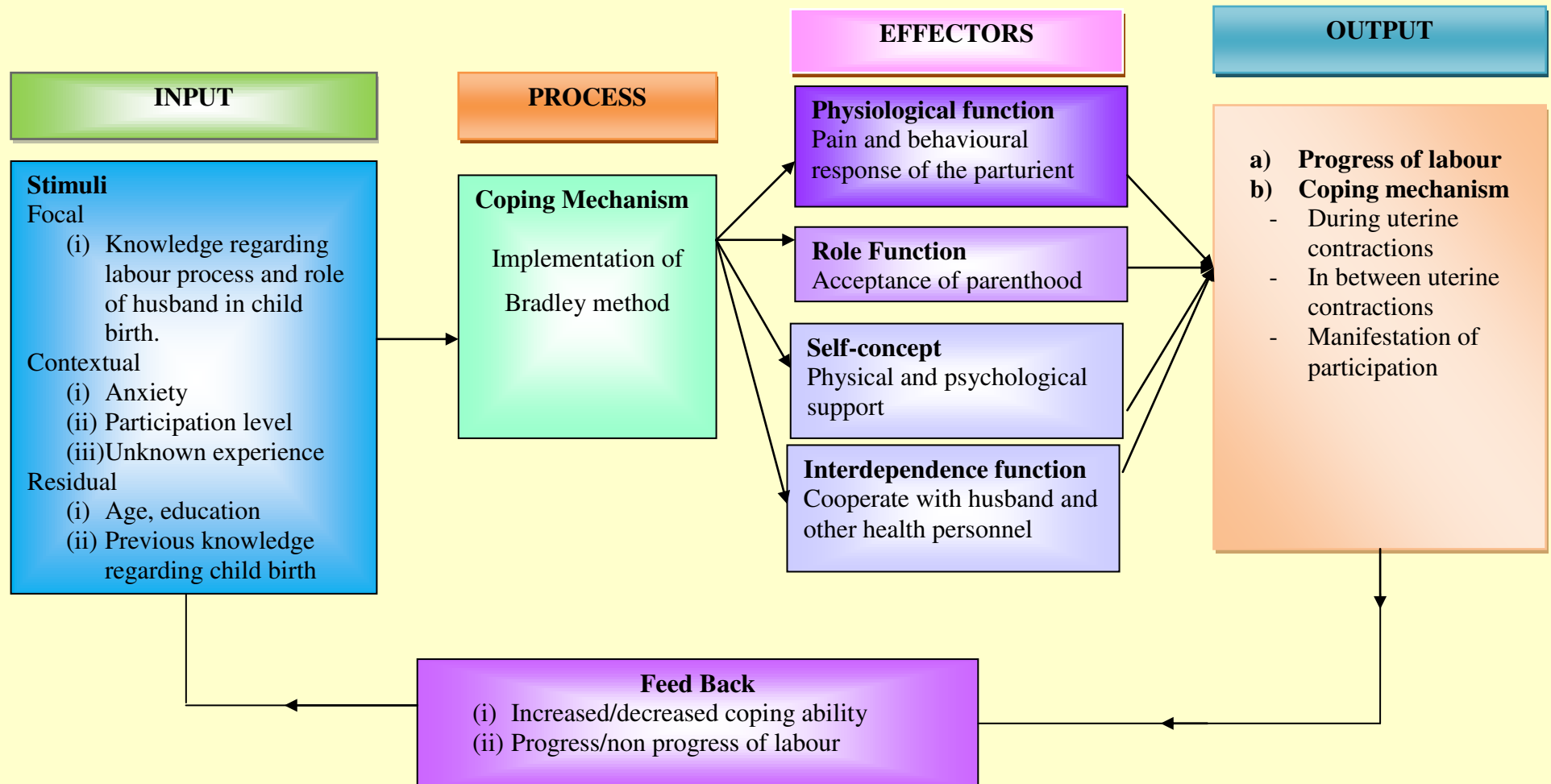
Selecting a nursing conceptual framework helps the researcher to identify problems that are of significant to the discipline of nursing.

The conceptual framework in this study is based on Roy's Adaptation model which views the individual as an adaptive system, who functions as whole through the interdependence of sub-parts.

As per Roy's adaptation model, an individual behaviour is based on the input, control process, output and feed back. The woman is exposed a variety of stimuli during labour. To cope with these stimuli, she requires various types of comfort and support measures like allowing husband to remain with her during labour, patterned

breathing techniques, and sacral massage. The adaptation level of parturient is determined by three stimuli, i.e., focal stimuli, contextual stimuli and residual stimuli. The control process includes biological and psychological coping mechanisms. Output is the positive and healthy labour outcome.

**FIG. 1.1.**  
**CONCEPTUAL FRAMEWORK OF BRADLEY METHOD BASED ON SR. CALLISTA ROY'S ADAPTATION MODEL**



### **1.7. PROJECTED OUTCOME**

The practice of Bradley method during labour will make the parturients to cope well during labour, perceive better birth experience and promote the outcome of labour.

## **REVIEW OF LITERATURE**

The present chapter discussed about the review of literature pertinent to the study. The literature review are discussed under the following headings.

2.1. Literatures related to childbirth experience on women

2.2. Literatures related to the importance of childbirth preparation methods

2.3. Literatures related to Bradley method

2.4. Literatures related to effect of father's attendance during labour

2.5. Literatures related to coping response of labour pain

### **2.1. LITERATURES RELATED TO CHILDBIRTH EXPERIENCE ON WOMEN**

Childbirth is a painful and stressful experience. Even though delivery is a natural, normal physiological phenomenon, it has been demonstrated that the accompanying complications that occurred during intrapartum period and anxiety can decrease a pregnant woman's ability to cope with labour pain (Burroughs, 2001).

A prospective survey of 1091 Finnish parturients was conducted in order to ascertain mother's expectations for labour pain relief, to measure the actual pain during all stages of labour and to question their satisfaction and the adequacy of pain relief. In the delivery room, over 80% of all partruients described their pain as severe to intolerable, only 4% of the multiparous had low pain score (0-2). Dissatisfaction with childbirth experience was very high, and was associated with instrumental deliveries (Ranta & Spalding, 2002).

Childbirth is an intense event with strong emotions where both positive and negative emotions can be brought to the surface. While many women experience joy, relief and elation upon the birth of their child, some women report symptoms compatible with post traumatic stress disorder. About 70-80% of mothers reported feeling of sadness, abnormal and persistent fear of childbirth which is known as tokophobia (Dellman, 2004).

Labour is the culmination of pregnancy and is an event with great psychological, social and emotional meaning for the mother and her family. In addition, many women experiences stress and physical pain. The caregivers should display tact and sensibility, respect the needs of the mother and provide an environment within which each woman can labour and give birth with dignity in a way that she chooses.

The natural birth movement of the 1950's and 1960's resurrected interest in natural childbirth and the desire for a supportive companion during labour. In 1960's hospital policies did not routinely permit a companion for a labouring woman. However, by the late 1970's, the concept of family centered care was established and an emphasis was placed on keeping a family together during the labour and delivery process. Fathers began to play a major role in directing the laboring woman's behaviour. In 1973, only 27 % of hospitals were permitting fathers in the delivery room. By 1983, 79 % of the hospitals encouraged fathers to participate in labour and delivery. After 2002, almost all the hospitals are allowing fathers in the delivery rooms (Mardenea, 2003).

## **2.2. LITERATURES RELATED TO THE IMPORTANCE OF CHILDBIRTH PREPARATION METHODS**

Pregnancy is such an exciting time and with the changes that accompany a lot of questions. We often rely on family and friends for answers to our questions, but are they always accurate? Since each pregnancy and birth is once in a lifetime event, it is important that the information be factual and based on research rather than personal accounts (Niesen & Quirk, 1997).

Childbirth classes (whether formal or informal) are designed to provide factual answers to mother's questions. The classes should give the woman a complete understanding of the process of birth and techniques that will enable her to pass through the labour process. Childbirth education is far more than learning to relax and breathe through contractions. When they understand the birthing process then the women are better able to work with their body and against it (Corbett & Callister, 2000).

A good childbirth education course will help to normalize our vision about the expectations of birth by reducing the unknown fear to something much more manageable in our mind. It also allows us to become well-informed consumers of health care services by giving us information about our options and skills for making decisions. It can help women to re-establish connection with their bodies and help them to trust in their ability to birth their babies.

One way to prepare for childbirth is to take Bradley classes which are offered at most hospitals. It offers a variety of techniques which helps the woman to cope with the demands of labour with a minimum of intervention.

A study done in Australia investigated the role of childbirth education for women in relation to making decisions about breastfeeding, pain medication, and length of hospital stay. Fifty-nine primiparous women completed a questionnaire after delivery about the influence of childbirth education classes on their decisions during pregnancy, birth and the postnatal period. The result indicated that although the women enjoyed childbirth education classes, the information they received had minimal effect on their decision to breastfeed and the appropriateness of a 24 hours stay. Information gained about the use of pain medication in labour was clearly helpful when women made decisions about pain relief (Handfield & Bell, 1996).

A cohort study conducted at Stockholm, Sweden to investigate the attendance rate at childbirth and parenthood education classes during pregnancy and describe the characteristics of women who did not attend. This study utilized a postal questionnaire in early pregnancy and at 2 months after birth. 2546 women were recruited from 97% of all antenatal clinics in Sweden at their first “booking” visit during three different weeks spread over 1 year in 1999-2000. Most primiparous women (93%) attended classes and the majority of the multiparous (81%) did not. The following factors which associated with non-attendance in the primiparous were unemployment and smoking during pregnancy. The following factors were associated with non-attendance in the multipara, age older than 35 years, low level of education, and pregnancy unplanned but welcome. The study concluded that the childbirth and parenthood education programme reached the majority of pregnant women. These women should be given special attention during antenatal check-ups, so that childbirth and parenthood education could be adapted to their specific needs (Fabian, Radestand & Waldenstorm, 2003).



Pain and anxiety have been proven to be among the several influences that lead to endogenous release of catecholamines. A moderate amount of maternal stress during labour is desirable to stimulate the appropriate maternal and fetal adrenal and adrenergic responses. By using the concept of childbirth preparation methods including stress reduction techniques and modification of childbirth environment could obviate the need for certain childbirth interventions such as augmentation of labour and episiotomy (Kennell & Klaus, 1998).

The primary function of husband coached labour, is to decrease anxiety, to create an safe environment and to provide physical comfort measures. Thus, the normal uterine contractile activity, uterine blood flow and fetal well being are facilitated.

### **2.3. LITERATURES RELATED TO BRADLEY METHOD**

Gagon, et al (1990) explained that childbirth preparation tends to allow women to cope, to remain in control and thus able to describe pain more manageable, even though it may be as intense as experienced by an unprepared woman.

Gordon (2001) explained that childbirth preparation is the total package consists of education along with the development of various techniques of relaxation. In preparation for labour, the mother requires careful explanation of events that may happen, hopefully allaying her fear.

Women who need assistance and support of a close persons, and a husband is considered as a closest person. Often husbands know better than any one else, the type of care and words that help their wives to relax and endure pain. This helps women

better recover after childbirth, have enough sleep and also it gives the men a chance to feel fathers.

In Athens, 157 fathers completed a questionnaire as a part of study examining their reaction to being present at delivery, their expectations about the child and their child care practices. The father who was present during child birth reported that their attendance resulted in a close emotional bond with their partner and new born.

During the delivery, the father may see facial and physical expression of pain, drainage from mother's vagina, fecal discharge, episiotomy, and forceps delivery. He may hear the mother moaning, grunting and vomiting. He may hear the routine hospital noises. The emergency of the baby can be both frightening and existing. The nurse can assist the fathers by offering explanation and assurance during this overwhelming experience (Chapman, 2006).

The first randomized controlled trial examined the effect of continuous labour support occurred in Guatemala Hospital. In the study, primigravida women in early labour with no known medical problems were randomized to a control group and experimental group. The control group underwent the usual hospital routines and in addition had the continuous support. They found the mean length of labour was reduced by half when compared with the control group (8.7 hours vs. 19.3 hours respectively) (Sosa, et al., 1998).

Combined five randomised trials involving 1,252 primiparous women at term with singleton uncomplicated pregnancies. Researcher found that when continuous labour support was provided for women, the caesarean birth rate decreased by 50%,

length of labour was decreased by 40% and the request for pain medication dropped by 60%. This research concluded that continuous support in primiparous women enhances maternal and fetal well being reduces medical interventions and saves money for individuals and hospitals (Klein, et al., 1998).

Support during childbirth also has been linked to numerous positive psychological effects for a mother. Mother who had a support person demonstrated more infant bonding, mothers who were supported during labour had a greater perception of control and more positive feelings about their labour than mothers who were not supported (Hodnett & Osborn, 1998).

A study of randomized trial of continuous support during labour compared with usual care found that supported women had a reduction in medication to pain and operative births (77%). The effect of support on labour length was clinically significant. Mothers who received continuous support had more positive perception of their childbirth experience and were more likely to be breast feeding exclusively for 4 to 6 weeks after birth (Hodnett, 2001).

The continuous presence of a supportive companion during labour and delivery in Gutemala shortened labour and reduced the need for caesarean section and the other interventions. 412 healthy nulli parous women in labour were randomly assigned to a supported group (n=212) that was monitored by an inconspicuous observer. Continuous labour support significantly reduced the duration of labour, oxytocin use, forceps deliveries, rate of caesarean section deliveries, maternal fever and prolonged infant hospitalization (Kennell & Klaus, 2003).

In India, our culture is one of the few, that does not provide continuous supportive care for the laboring woman. Even though men are choosing to take active roles in the birth of their children, they are often put in a very uncomfortable situation. They attend childbirth and parenting classes and remain with their partners during the birth process, but often feel that they are expected to be the “labour authority” when they do not feel qualified for that role no matter how good the childbirth education class was that he attended, his experience attending birth is very limited and for the first time father, non-existent. Many fathers realize that they need reassurance, support and guidance (Klossner, 2006).

Since, a father can participate in labour and birth in different ways, nurses need to encourage him to adapt the role most comfortable for him and for the woman, rather than an artificial role.

Supporting both the father and the mother in labour elevates the nurse’s role. It is another step forward from merely providing custodial care to enacting a therapeutic role. Support of the father reflects the nurse’s orientation and commitment to each person, the family, and the community. Therapeutic nursing actions convey several important concepts to father.

#### **2.4. LITERATURES RELATED TO EFFECT OF FATHER’S ATTENDANCE DURING LABOUR**

The father of the baby is usually the women’s partner who supports her in labour. Throughout the last 20 years child birth preparation has been widely practiced. The ideal father’s role was thought to be that of labour coach. Father’s were expected

to actively help the women to cope with labour. The expectations may be unrealistic for all men. Because some men have concerns about their labour coaching abilities.

A study was planned to experimentally determine the effect of father's attendance to labour and delivery on the experience of childbirth. 50 primigravidas and their partners were recruited to the study. The first 25 women included in the experimental group, and their partners were allowed to participate in the birth. Perception of birth scale and father interview form was used to evaluate couple's experiences during labour and delivery. In conclusion, father's support in birth hoped mothers to have more positive experiences in all aspect of childbirth. When the mother and the father were supported during labour and delivery, the rate of fathers who adapted active role was high (Ikay Gungor, 2001).

The convenient sample of 45 primigravida women were selected from a public hospital in Hong Kong. They were all first time Chinese mothers aged 18 or over, who had attended antenatal classes and had their partners present during labour. The anxiety inventory scale was used to measure the maternal anxiety during labour. Labour pain was measured by the visual analogue scale. There were no significant association between the level of emotional support and maternal outcome measure. However, perceived practical support was positively related to the dosage of pain relieving drug used and total length of labour. Positive relationship between the duration of partner's presence and women's ratings of perceived support provided by partners during labour were also found (Joanne Nicholson, 2000).

A study was done in the Islamic Republic of Iran to the husband's presence in the delivery room. Randomly selected 150 couples awaiting delivery were interviewed with a standardized questionnaire. Most women (88.4%) and couples (76.9%) had positive attitude to the husband's presence in the delivery room (Modarres Nejad, 1998).

A study compared the childbirth outcomes of women whose husbands were present during labour with the women whose husbands were absent. A retrospective comparative design was used. 63 Chinese primigravida mothers' recruited from childbirth education classes were allocated to one of two groups. In this study, whose husbands attend labour was 45 and whose husband not in attendance was 18. The result indicated that women whose husbands were present during labour used significantly lesser dosage of analgesia than those whose husbands were absent (Wan Yim, 2000).

## **2.5. LITERATURES RELATED TO COPING RESPONSE OF LABOUR PAIN**

Munichadrika (2006) stated that the childbirth education was essential to reduce anxiety, discomfort, and to promote psychological well-being of mother during labour. If the woman is prepared, she learns to minimize fatigue by reducing tension, fearful anticipation and heightened perception of pain and co-operate more effectively. So the need for analgesics, anesthetics and obstetric interventions may be reduced.

Simkin (2004) discussed that antenatal classes allow an opportunity to review the mechanisms of labor and birth in detail and to explain medical and obstetrical terminology. In addition to knowledge and information, most antenatal classes

attempt to impart skills for coping with the stress of labour. These often include a variety of relaxation techniques, various forms of attention focusing and distraction techniques, numerous comfort measures, and various types of controlled breathing patterns.

Kinney (2000) described one of the most important aspects of any childbirth preparation classes as education to increase the women's confidence in her activity to cope with birth. Women who are confident about their coping abilities report less pain during labour than women who lack confidence. Confidence may be increased by attending classes that provide knowledge about what will happen, vicarious experiences such as films or reports of others birth techniques to increase coping ability during labour. All methods of prepared childbirth of today include education to reduce anxiety and fear of the unknown.

## **METHODOLOGY**

This chapter describes the research methodology adopted to assess the effect of Bradley Method on labour outcome among pregnant women at a selected hospital, Coimbatore. The methodology of the present study includes research design, setting, population, criteria for sample selection, sampling technique, variables of the study, development and description of tools, validity of the tool, hypotheses, pilot study, main study and technique of data analysis and interpretation.

### **3.1. RESEARCH DESIGN**

The research design adopted to carryout the present study was Quasi experimental one group post test design.

### **3.2. SETTING**

The study was conducted in Kalpana Hospital, Coimbatore. The hospital was established in 2008, with 75 beds. Labour room consists of first stage room and second stage room with all the necessary and latest equipments.

### **3.3. POPULATION**

Total number of deliveries conducted in last year was 85. Total number of antenatal women attended the antenatal clinic at Kalpana Hospital for the month of June 2010 was 28. The antenatal women who were between 36-38 weeks of gestational age were considered as accessible population.



### **3.4. CRITERIA FOR SAMPLE SELECTION**

#### **3.4.1. Inclusion Criteria**

- (i) Antenatal women in the gestational age of 36 – 38 weeks.
- (ii) Antenatal women who have planned to come to the same selected setting for their delivery.
- (iii) Antenatal women and husbands who are willing to participate in the study.
- (iv) Antenatal women who had minimum 4 antenatal visit after the first teaching session (Minimum 5 teaching sessions were planned to educate the couple regarding Bradley method).

#### **3.4.2. Exclusion Criteria**

- (i) Antenatal women who had either obstetrical and/or medical complications.
- (ii) Antenatal women who had previous caesarean section.

### **3.5. SAMPLING**

Convenient sample of 7 antenatal women and their husband were drawn as sample for the present study.

### **3.6 VARIABELS OF THE STUDY**

#### **3.6.1. Dependent Variables**

- (i) Coping response of the parturients
- (ii) Labour outcome
- (iii) Level of satisfaction

#### **3.6.2. Independent Variable**

- (i) Child birth preparation on husband coached labour based on Bradley method.

### **3.7. DEVELOPMENT AND DESCRIPTION OF TOOLS**

The researcher developed the tool based on the objectives of the study, after the extensive literature review. The tool was developed in English and Tamil for data collection, and it consists of four sections.

#### **Section – A**

The interview schedule was considered to be the most efficient and objective method of deriving necessary information from the antenatal women. This method was followed because direct questioning is appropriate in assessing the demographic data of the antenatal women. The structured questionnaire comprises of age, education, occupation, religion, area of residence of the antenatal women and her husband. It also includes obstetrical data of the previous delivery and present delivery.

#### **Section – B**

Progress of labour was assessed by using standardized tool partogram (WHO, 1994).

#### **Section – C**

Coping responses of the parturients during labour was assessed with the help of Modified Alice Chacko coping response scale (Esther John, 2009). It was a structured observational checklist, consists of 48 items in which 20 items used to assess the coping response during uterine contractions, 16 items used to assess the coping response in between uterine contractions and 12 items for manifestation of participation of parturients.

**SCORING PROCEDURE**

The scoring is done for the tool based on the following procedures

Never =1, Rarely=2, some times=3, often =4, always = 5. The maximum possible score is 240 and minimum score is 48. The following items are scored reversely, 5-20, 29-36, 45-48.

**SCORING INTERPRETATION**

Total score	:	240
High coping ability	:	161-240
Moderate coping ability	:	81-160
Less coping ability	:	1-80

**Section – D**

The mother's satisfaction level on childbirth experiences was assessed with the help of Modified Esther John's Structured Opinionnaire. It was a structured questionnaire consists of 9 items.

**SCORING PROCEDURE**

The scoring is done for the tool based on the following procedures

Strongly disagree =1, disagree=2, Uncertain=3, agree =4, strongly agree = 5. The maximum possible score is 45 and minimum score is 9.

**SCORING INTERPRETATION**

Total Score	:	45
Highly satisfied	:	31-45
Moderately satisfied	:	17-30
Less Satisfied	:	1-16

### **3.7.1. Interventional Procedure**

#### **Bradley Method**

Robert Bradley (1981), an American Physician promoted Bradley method. His major contribution was to encourage husbands to participate as labour coaches. It includes the concept of relaxation, exercises, knowledge about labour and husband coached labour. In the present study the concept of husband coached labour was taken for practice.

#### **Phase I**

The purpose of the present study was explained to the couple in their regional language. Informed consent was obtained from the antenatal women and husbands after explaining the nature of participation of husbands. The demographic data and obstetric history was collected by personal interview.

Antenatal women and their husbands were selected as per inclusion criteria. The couples were taught about Bradley Method by using booklet and demonstration on breathing techniques, relaxation and massage techniques were done in five different sessions. The couples were encouraged to re-demonstrate these techniques. They were reinforced during further four antenatal visits regarding different aspects of Bradley method of child birth. The husband was instructed to accompany his wife when they come for delivery to the hospital.

The content of the teaching module was

- (i) Introduction to female reproductive system – It includes description regarding ovaries, fallopian tubes, uterus, external genitalia and breast.

- (ii) Introduction to labour – it includes the meaning of labour, stages of labour and signs of labour onset.
- (iii) Concept of Bradley method and role of husbands in child birth – it includes description regarding Bradley method and role of husband in providing comfort and reassurance such as assisting in ambulation, assisting in breathing techniques, concentrated relaxation techniques, providing massages and providing verbal encouragement.
- (iv) Breathing exercises - it includes slow paced breathing, modified paced breathing and patterned paced breathing

### **Steps**

(The husband will encourage the antenatal woman to do the following)

- a. Sit or lie in comfortable position
  - b. Keep fingertips of both hands just below the umbilicus.
  - c. Take breath-in through nose and breathe-out through mouth by saying IN-OUT/IN-OUT/IN-OUT.
  - d. After finishing 3-4 breath, take breath in and blowout.
  - e. It may be IN-OUT/IN-OUT/IN-OUT/IN-OUT/IN- BLOW-3:1
  - f. IN-OUT/IN-OUT/IN-OUT/IN-OUT/IN-OUT/IN- BLOW-4:1
  - g. Practice this as a 1:1,2:1,3:1, 4:1,5:1 or 5:1, 4:1, 3:1,2:1,1:1
  - h. Perform 5-10 breaths/min.
- (v) Massage – it includes abdominal massage (effleurage) and back massage.

### **Steps**

(Make the husband to stand in front of the antenatal woman and do the following)

- a. By the right hand, make a semi circle in clock wise manner and bring the fingertips towards the umbilicus.
- b. At the same time, make a semi circle in anti-clock wise manner by left hand and bring it towards the umbilicus.

(vi) Relaxation techniques

### **Steps**

(The husbands will encourage the antenatal women to do the following)

- a. Start with large muscle groups, such as the arms and legs. Contract the entire muscle group tightly. Relax the muscle from the contraction and notice how the relaxed muscles feel.
- b. Move on to major muscle group such as back and abdomen.
- c. Contract and relax each one. Do the same with smaller muscle groups, such as the face, neck and hands.
- d. Sit or lie down and concentrate on relaxing the entire body.
- e. Keep all muscles relaxed as long as possible.

### **Phase II**

At the time of admission for safe confinement, researcher was present personally with the parturient. During the first stage, parturient was shifted to labour room, where the researcher allowed the husband to be with his wife to provide emotional support and physical comfort by performing massage. The progress of labour was informed to the husband now and then by the researcher and the obstetrician. The partner was encouraged by the researcher to give continuous support to his wife who was in labour.

Progress of labour was monitored through partogram and coping responses was assessed through questionnaire. After assessing the outcome of labour in the first stage, the researcher permitted the husband to remain in the labour room till the crowning of the presenting part. After the delivery, the mother's satisfaction level on child birth experiences was assessed by using an opinionnaire.

### **3.8. VALIDITY OF THE TOOL**

The content validity of the tool was obtained from experts of medical and nursing in the field of obstetrics and gynaecology. The necessary suggestions were incorporated in the tool.

### **3.9. HYPOTHESES**

- (i) Bradley method will facilitate high coping ability among parturients.
- (ii) Bradley method will facilitate high satisfaction level on child birth experiences among parturients.

### **3.10. PILOT STUDY**

Prior to the main study, a pilot study was conducted for a period of 10 days in Labour Ward of Kalpana Hospital, Coimbatore. A convenient sample of two antenatal women and their husband were selected to check the practicability and feasibility of the study. The result revealed that high coping ability and moderate level of satisfaction among the mother after the implementation of Bradley method.

### **3.11. MAIN STUDY**

Main study was conducted for 30 days in Kalpana Hospital, Coimbatore. A convenient sample of 7 antenatal women and their husband were selected as

participants. The procedure of Bradley method was explained to the couple, informed consent was obtained and five teaching sessions were conducted. The researcher was present throughout the labour. The events were directly observed and scoring was given accordingly.

### **3.12. TECHNIQUES OF DATA ANALYSIS AND INTERPRETATION**

The collected data was analysed by using descriptive statistics in which mean and its percentage was used.



## **DATA ANALYSIS AND INTERPRETATION**

This chapter represents the method of analysis and interpretation of the data. The aim of the study is to assess the effect of Bradley method on labour outcome among antenatal women. The study was conducted in Kalpana Hospital, Kavundampalayam, Coimbatore for thirty days. A total number of 7 antenatal women who were willing to practice Bradley method during labour were included in the study as per the criteria. Modified Alice Chacko coping response scale (Esther John, 2009) was used to assess coping response of the mother during first stage of labour. After the delivery, the mother's satisfaction level on child birth experience was assessed by using an opinionnaire. The data was computed using descriptive statistics.

### **SECTION – I**

#### **4.1. DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ANTENATAL WOMEN**

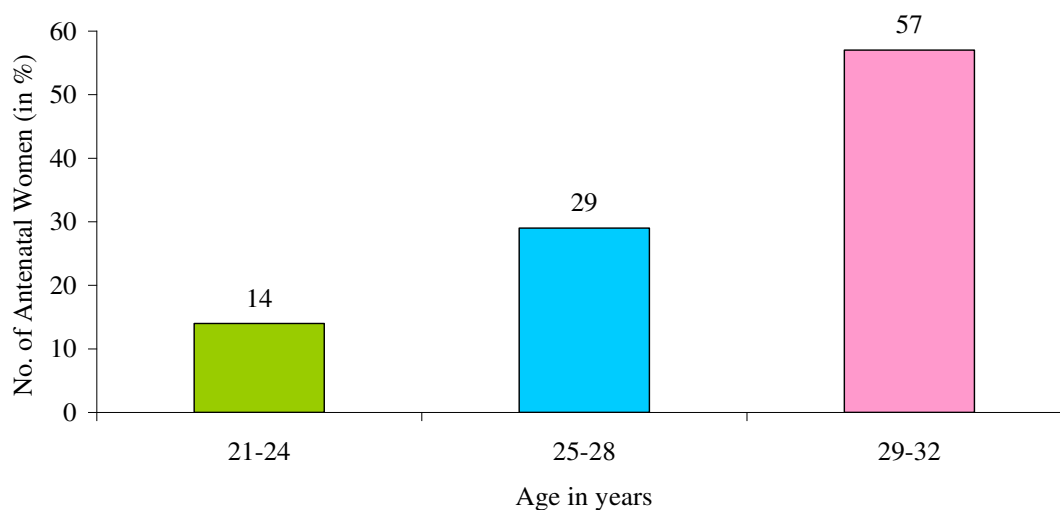
Demographic data of antenatal women consists of age and education.

**TABLE 4.1**  
**AGE DISTRIBUTION OF THE ANTENATAL WOMEN**

Age (in years)	No. of Antenatal women	Percentage (%)
21 -24	1	14
25 – 28	2	29
29 – 32	4	57
Total	7	100

The table reveals that 57% of the antenatal women were between 29 – 32 years of age, 29% were between 25 – 28 years of age and 14% were between 21 – 24 years of age.

**FIG. 4.1**  
**AGE DISTRIBUTION OF THE ANTENATAL WOMEN**

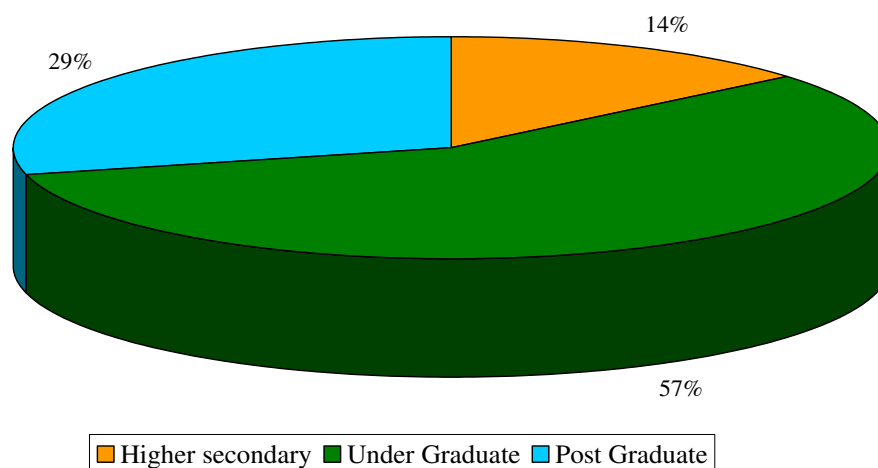


**TABLE 4.2.**  
**DISTRIBUTION OF ANTENATAL WOMEN BASED ON EDUCATION**

Education	No. of Antenatal women	Percentage (%)
Higher secondary	1	14
Under Graduate	4	57
Post Graduate	2	29
Total	7	100

The table reveals that 57% of women were Under Graduates, 29% of them were Post Graduates and 14% of them completed higher secondary.

**FIG. 4.2.**  
**DISTRIBUTION OF ANTENATAL WOMEN BASED ON EDUCATION**



## 4.2. DEMOGRAPHIC VARIABLES OF HUSBAND

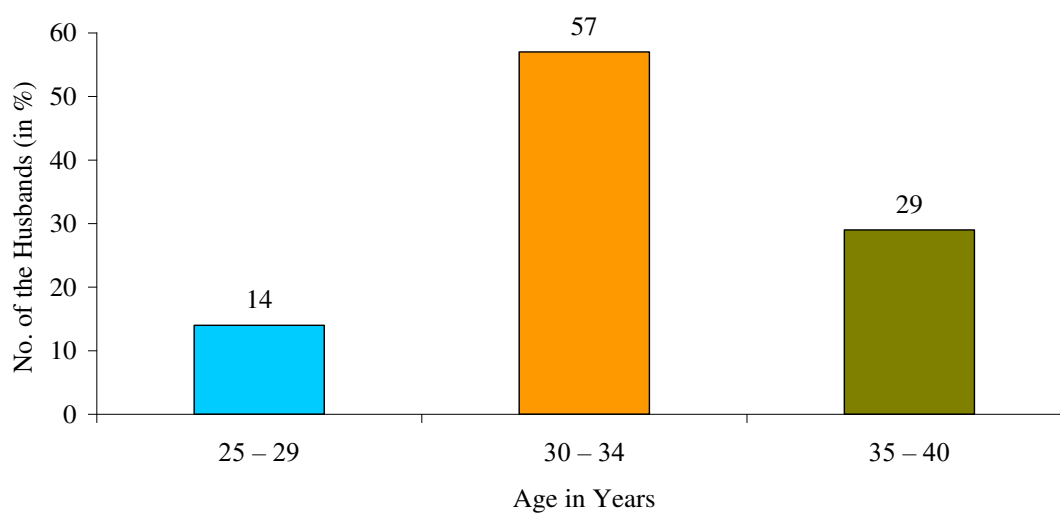
Demographic variables of husbands were collected in terms of age and education.

**TABLE 4.3.**  
**AGE DISTRIBUTION OF HUSBANDS**

Age (in years)	No. of husbands	Percentage (%)
25 – 29	1	14
30 – 34	4	57
35 – 40	2	29
Total	7	100

The table illustrates that 57% of the husbands were between 30-34 years of age, 29% of them were between 35-40 years of age and 14% of them were between 25-29 years of age.

**FIG. 4.3.**  
**AGE DISTRIBUTION OF HUSBANDS**

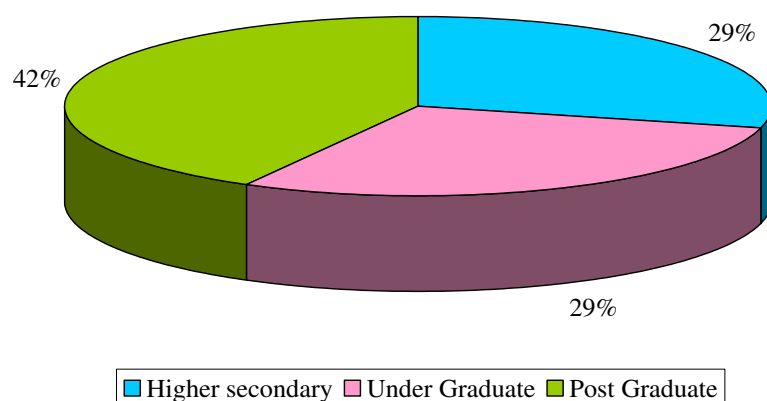


**TABLE 4.4.**  
**DISTRIBUTION OF HUSBANDS BASED ON EDUCATION**

Education	No. of husbands	Percentage (%)
Higher secondary	2	29
Under Graduate	2	29
Post Graduate	3	42
Total	7	100

The table illustrates that, 42% of them were Post Graduates, 29% of them were Under Graduates and 29% of them completed higher secondary.

**FIG. 4.4.**  
**DISTRIBUTION OF HUSBANDS**  
**BASED ON EDUCATION**



## SECTION – II

### 4.3. DISTRIBUTION OF OBSTETRICAL DATA

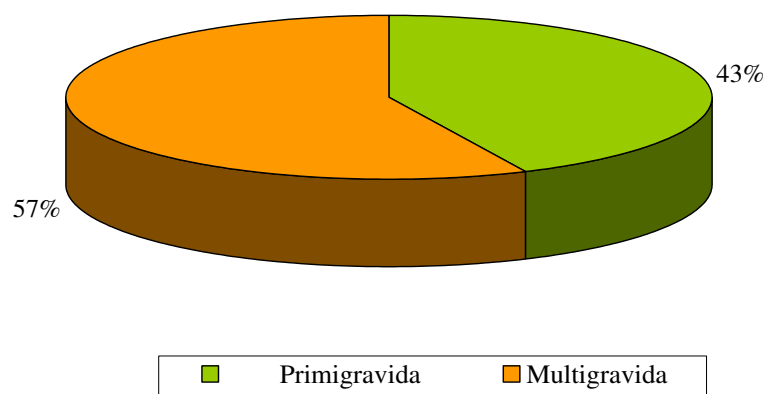
It includes data of the antenatal and intranatal period. Obstetrical profile consists of gravid status, gestational age, duration of labour, type of delivery and the presence of husbands during first stage of labour.

**TABLE 4.5.**  
**DISTRIBUTION OF ANTENATAL WOMEN BASED ON GRAVID STATUS**

Gravid Status	No. of Antenatal women	Percentage (%)
Primigravida	3	43
Multigravida	4	57
Total	7	100

The table reveals that 57% of antenatal women were multigravida and 43% of them were primi gravida.

**FIG. 4.5.**  
**DISTRIBUTION OF ANTENATAL WOMEN BASED ON GRAVID STATUS**

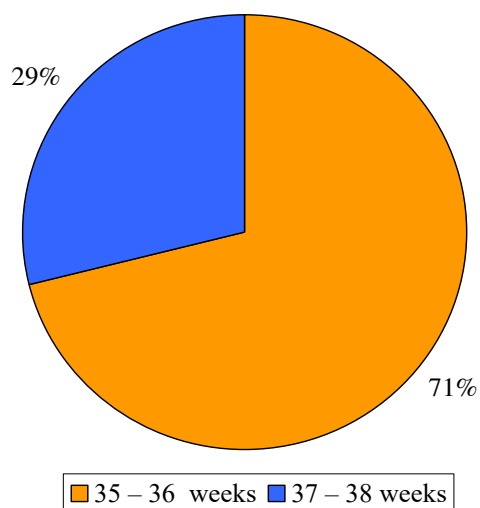


**TABLE 4.6.**  
**DISTRIBUTION OF ANTENATAL WOMEN BY GESTATIONAL AGE**

Gestational age (in weeks)	No. of Antenatal women	Percentage (%)
35 – 36	5	71
37 – 38	2	29
Total	7	100

The table illustrates that, 71% of the Antenatal women were between 35 -36 weeks of gestational age, 29% of them belongs to 37-38 weeks of gestational age.

**FIG. 4.6.**  
**DISTRIBUTION OF ANTENATAL WOMEN BY GESTATIONAL AGE**

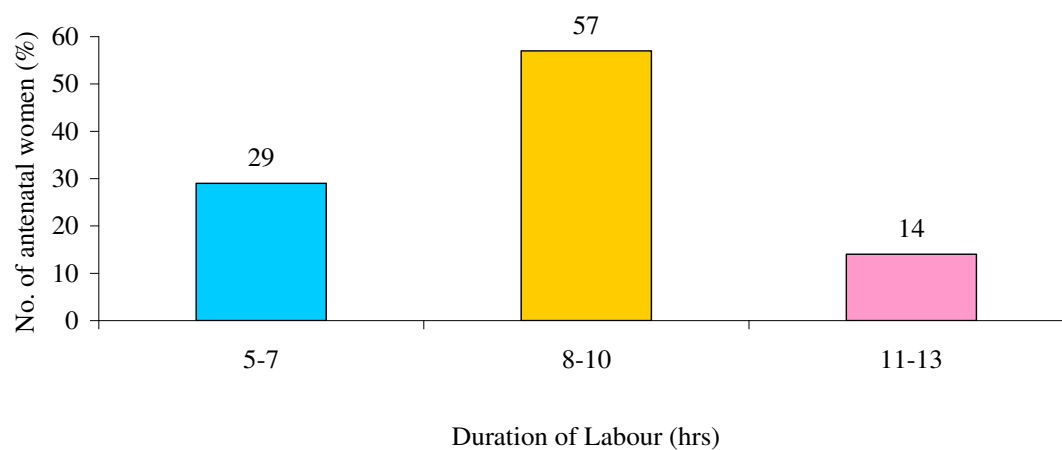


**TABLE 4.7.**  
**DISTRIBUTION OF ANTENATAL WOMEN**  
**BASED ON DURATION OF LABOUR**

Duration of labour (hrs)	No. of Antenatal women	Percentage (%)
5 -7	2	29
8 -10	4	57
11 -13	1	14
Total	7	100

The table illustrates that, 57% of the Antenatal women had 8-10 hours duration of labour, 29% of them had 5-7 hours duration of labour and 14% of them had 11-13 hours duration of labour.

**FIG. 4.7.**  
**DISTRIBUTION OF ANTENATAL WOMEN**  
**BASED ON DURATION OF LABOUR**





**TABLE 4.8.**  
**DISTRIBUTION OF ANTENATAL WOMAN BASED**  
**ON THE TYPE OF DELIVERY**

Type of delivery	No. of Antenatal woman	Percentage (%)
Normal vaginal delivery	7	100
Assisted vaginal delivery	-	-
Caesarean section	-	-
Total	7	100

The table illustrates that, all the antenatal woman (100%) undergone normal vaginal delivery.

**TABLE 4.9.**  
**DISTRIBUTION OF HUSBANDS BASED ON THEIR PRESENCE**  
**(IN HOURS) DURING FIRST STAGE**

Presence during first stage (in hours)	No. of husbands	Percentage (%)
4 – 6	4	57
7 – 10	3	43
Total	7	100

The table illustrates that, 57% of husbands were present during first stage for 4-6 hours and 43% of them were present for 7-10 hours.

### SECTION – III

#### 4.4. DISTRIBUTION OF COPING RESPONSE SCORE OF THE PARTURIENTS BASED ON MODIFIED ALICE CHACKO COPING RESPONSE SCALE (ESTHER JOHN, 2009)

Modified Alice Chacko Coping Response Scale (Esther John, 2009) consists of 48 items, in that, 20 items assessed the coping response during uterine contraction, 16 items assessed the coping response in between uterine contractions, 12 items assessed the parturient's manifestation of participation. The scoring was done based on observation by the researcher during first stage of labour.

**TABLE 4.10.**  
**DISTRIBUTION OF COPING RESPONSE SCORE OF THE PARTURIENTS**

Samples	Observation during uterine contractions (100)	Observation in between contractions (80)	Manifestations of participation (60)	Total score (240)
1	74	67	46	187
2	66	63	46	175
3	60	58	40	158
4	79	65	46	190
5	65	60	50	175
6	80	65	48	193
7	74	64	45	183

The table reveals that, total score of 161-240 indicates high coping ability, 81-160 indicates moderate coping ability and 1-80 indicates less coping ability.

**TABLE 4.11.**  
**DISTRIBUTION OF PARTURIENTS BASED ON SCORE OF MODIFIED**  
**ALICE CHACKO COPING RESPONSE SCALE (ESTHER JOHN, 2009)**

Total Score	No. of parturients	Percentage (%)
1 – 80	-	-
81 – 160	1	14
161 – 240	6	86
Total	7	100

The table reveals that, most of the parturients (86%) were shown high coping ability level during first stage of labour. 14% of the parturients were shown moderate coping ability level during first stage of labour.

## SECTION - IV

**4.5. DISTRIBUTION OF SATISFACTION LEVEL OF THE MOTHERS  
BASED ON MODIFIED ESTHER JOHN OPINIONNAIRE**

**TABLE 4.12.  
DISTRIBUTION OF SATISFACTION LEVEL OF THE  
MOTHERS BASED ON MODIFIED ESTHER JOHN OPINIONNAIRE  
SCORE**

Total Score	No. of mothers	Percentage (%)
1 – 16	-	-
17 -30	3	43
31 – 45	4	57
Total	7	100

The table reveals most of the mothers (57%) had high level of satisfaction on child birth experience. 43% of the mothers had moderate level of satisfaction on childbirth experiences.

## **RESULTS AND DISCUSSION**

This chapter deals with the interpretation of the results and discussion of the findings. The study was conducted at Kalpana hospital, Kavundampalayam, Coimbatore. The main focus of the study was to assess the effect of Bradley method on labour outcome among antenatal women during 1<sup>st</sup> stage of labour.

All the antenatal women between 36 to 38 weeks of gestation were included in the study. Education was given to the antenatal women and their husbands on Bradley method through Booklet. Breathing techniques, relaxation techniques and massage were demonstrated in 5 different sessions. Couples were encouraged to re-demonstrate the Bradley method and they were observed and recorded during the labour.

### **5.1. DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ANTENATAL WOMEN**

#### **5.1.1. Age**

In this study, 7 antenatal women comprising of age ranged from 20 – 30 years were studied. Among that, 57% of the antenatal women belong to the age group of 29 – 32 years, 29% of them belongs to the age group of 25 – 28 years and 14% of them were between the age group of 21 – 24 years.

#### **5.1.2. Education**

Out of 7 antenatal women, 57% of women were Under Graduates, 29% of them were Post Graduates and 14% of them completed their higher secondary.

The researcher found that the study was effective among all the antenatal women because they were educated and easily approachable.

## **5.2. DEMOGRAPHIC VARIABLES OF HUSBAND**

### **5.2.1. Age**

Among 7 husbands, 57% of the husbands belong to the age group of 30-34 years. 29% of them belong to the age group of 35-40 years and 14% of them were between age group of 25-29 years.

### **5.2.2. Education**

Out of 7 husbands, 42% of them were Post Graduates, 29% of them were Under Graduates and 29% of them completed their higher secondary.

The researcher found that the study was effective among all the husbands because they were educated and easily approachable.

## **5.3. DISTRIBUTION OF OBSTETRICAL DATA**

### **5.3.1. Obstetrical score**

Most of the antenatal women (57%) were multigravida and 43% of them were primigravida. Present study revealed that, multigravida mothers were shown high coping ability when compared to primigravida mothers.

### **5.3.2. Gestational age**

Among 7 antenatal women, 71% of the antenatal women were between 35 – 36 weeks of gestational age, 29% of them belong to 37 – 38 weeks of gestational age.

### **5.3.3. Duration of labour**

Among 7 antenatal women, 57% of them had 8-10 hours duration of labour. 29% of them had 5-7 hours duration of labour. 14% of them had 11-13 hours duration of labour.

Present study revealed that, multi gravida mothers had lesser duration of labour compared to the primi gravida mothers. These findings substantiated with the study conducted by Sosa, et al., (1998) to examine the effect of continuous labour support and reported that the mean length of labour was reduced by half when compared with control group (8.7 hours vs 19.3 hours respectively).

### **5.3.4. Type of delivery**

Out of 7 antenatal women, all of them undergone normal vaginal delivery. The result is in line with the study conducted by Kennell & Klaus (2003) and reported that continuous labour support significantly reduced the rate of caesarean section, forceps deliveries and duration of labour.

### **5.3.5. Presence of husbands during 1<sup>st</sup> stage**

Among 7 husbands, 57% of them were present during first stage upto 4-6 hours and 43% of them were present upto 7-10 hours. Present study revealed that more the duration of presence of husband more coping ability was noted among parturients.

These findings are substantiated with the statement of Joanne Nicholson (2000) that there is a positive relationship between the duration of partner's presence and women's ratings of perceived support provided by partner's during labour.



#### **5.4. DISTRIBUTION OF PARTURIENTS BASED ON SCORE OF MODIFIED ALICE CHACKO COPING RESPONSE SCALE (ESTHER JOHN, 2009)**

The result reveals that, 86% of mothers who have practiced Bradley method during labour were shown high coping ability during first stage of labour. 14% of mothers were shown moderate coping ability during first stage of labour. Hence, the hypothesis, “Bradley method of childbirth preparation increase the coping ability of the parturients” is accepted.

The present study revealed that there is high coping among most of the mothers which was achieved through psychological support and physical comfort provided by their husbands during labour. The result revealed from a study conducted by Hodnett and Osborn (1998) goes along with the present findings. In that study, mothers who were supported during labour had a greater perception of control and more positive feelings about their labour than mothers who were not supported.

In the present study, all the mothers had positive experiences during labour which was achieved through the continuous support of their husbands. The result is in line with the study conducted by Ikey Gungor (2001) and reported that father’s support in birth hoped mothers to have more positive experiences in all aspect of child birth.

Present study revealed that, most of the women did not ask for analgesics during first stage. These findings substantiated with the study conducted by Wan Yim (2001) and reported that women whose husband were present during labour used significantly lesser dosage of analgesia than those whose husbands were absent.

Present study revealed that, all the women underwent normal vaginal delivery and most of them did not ask for analgesics during first stage and they were shown high satisfaction level on their child birth experiences. The result is in line with the meta analysis conducted by Hodnett's (2000) and reported that the effects of continuous labour support were impressive. They included fewer operative deliveries, less need of analgesia, greater maternal satisfaction, and a sense of control with the child birth experience.

#### **5.5. DISTRIBUTION OF SATISFACTION LEVEL OF THE MOTHER BASED ON MODIFIED ESTHER JOHN OPINIONNAIRE**

Most of the mothers were expressed (57%) high satisfaction level on Bradley Method of childbirth. 43% of them were expressed moderate level of satisfaction on Bradley method of childbirth which was achieved through the presence of their husbands and psychological support provided by them.

The result is in line with the study conducted by Modarres Nejad (1998) and reported that most of the women (88.4%) had the positive attitude to the husband's presence in the delivery room.

## SUMMARY AND CONCLUSION

The main focus of the study is to assess the effect of Bradley method on labour outcome among antenatal women during first stage of labour. Mothers undergo vulnerable period during the childbirth than any other time in her life. Anxiety and fear can decrease a pregnant woman's ability to cope up with pain in labour. Catecholamine and other stress hormones are secreted when woman is anxious or fearful which are known to inhibit uterine contractility and utero-placental blood flow. The above notion encourages all the antenatal women to follow the childbirth preparation methods during pregnancy and labour as these methods were helpful to decrease these hormone secretions. Bradley method is one of the child birth preparation methods which brings out comfort to the mother by allowing the husband to remain in labour room as a supportive companion.

The conceptual framework of the study was based up on Sr. Callista Roy's adaptation model (1980). An evaluative approach has been used for the study. Review of literature brought facts about childbirth experience of women, importance of childbirth preparation methods, regarding the Bradley method, effect of father's attendance during labour and coping response of labour pain.

The present study was conducted at Kalpana Hospital, Coimbatore. A quasi experimental design was adopted and convenient sampling technique was used to select antenatal women and their husbands for the study. Total number of participants selected for the study was seven.

The procedure of Bradley method was explained to the couples and informed consent was obtained. The demographic data and obstetric history was collected by interview and observation method. Couples were taught about Bradley method during five different sessions. During labour, husband was allowed to remain with his wife to give continuous supportive care and physical comfort like encouraging her to do breathing exercises and applying massage. Coping response of the parturients during first stage of labour were assessed by using Modified Alice Chacko Coping Response Scale. Mother's satisfaction level on Bradley method of child birth was collected by using Modified Esther John Opinionnaire.

The study result showed that Bradley method was more effective in increasing coping ability among parturients.

### **6.1. MAJOR FINDINGS OF THE STUDY**

1. Bradley method was effective in increasing the coping ability of parturients during first stage of labour.
2. 86% of the parturients were shown high coping ability during first sage of labour.
3. 57% of the parturients had high level of satisfaction and 43% of the parturients had moderate level of satisfaction in childbirth experience.
4. Progression of labour was accelerated with the help of Bradley method.
5. Husbands were actively participated in labour process.
6. All the mothers undergone normal vaginal delivery with the use of Bradley method.

7. There was no influence of demographic variables on labour pain in response to Bradley method.

## **6.2. LIMITATIONS OF THE STUDY**

1. Effectiveness of Bradley method could not strongly established, since the study comprised of one group only.
2. The husbands were allowed only till the active phase of second stage of labour. So the complete procedure of Bradley method could not be applied effectively.

## **6.3. RECOMMENDATIONS**

1. Bradley method can be implemented from third trimester onwards and results obtained to evaluate the quality of early preparation.
2. A similar study can be conducted as a true experimental study comprising of a control group.
3. A structured teaching programme can be conducted to the staff nurses working in obstetric department about Bradley method.
4. A comparative study can be conducted on various childbirth preparation methods.
5. The study can be replicated with a larger size for wider generalization of findings.

## **6.4. NURSING IMPLICATIONS**

The results of this study have implication in nursing practice, nursing education, nursing administration and nursing research.

#### **6.4.1. Nursing Education**

The concept of Bradley method encourages the role of husband in providing comfort measures in terms of relaxation exercises and measure to cope up during first stage. It is one of the child birth preparation method aiming to improve the labour outcome and its implications needs wide knowledge and practice. The practice of Bradley method can be included in the nursing curriculum.

#### **6.4.2. Nursing practice**

Bradley method facilitates the mother to cope with pain and increase the coping ability of mother during first stage of labour. The midwife can practice Bradley method to promote the labour outcome.

#### **6.4.3. Nursing Administration**

The administration can draw written policies regarding Bradley method to promote labour outcome. There by the staff nurses are kept in pace with the evidence based practice.

#### **6.4.4. Nursing Research**

The study was conducted to assess the effect of Bradley method on labour outcome among antenatal women. Further study can be conducted with large samples and larger duration. A comparative study can be made to find out the effectiveness of various childbirth preparation methods among antenatal women in relation to labour outcomes.

## **CONCLUSION**

The study was conducted to find the effect of Bradley method among pregnant women. Most of the women (86%) were shown high coping ability during first stage of labour and 57% of women showed high satisfaction level on child birth experiences. Hence, the intervention was found to be effective in promoting labour outcome.

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## APPENDIX – I

### PERMISSION LETTER FOR CONDUCTING STUDY

From

**J. Roseline Sharmila**  
M.Sc Nursing II year,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

Through

**The Principal,**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

To

**Dr. Anuradha, DNB (OG)**  
Consultant – Obstetrician,  
Kalpana Hospital,  
Kavundampalayam,  
Coimbatore.

Sub: Letter requesting permission for conduct the research study.

Respected Sir,

I J.Roseline Sharmila doing my M.Sc (N) II Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under Dr. M.G.R. Medical University to conduct Research, I have selected study on **“EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PRIMIGRAVIDA WOMEN AT SELECTED HOSPITAL, COIMBATORE”** in a selected hospitals, Coimbatore.

I hereby request to permit me for conducting the research among the Labour women during the month of May and July-2010 in your well established hospital. I assure you that, I will adhere to your rules and regulations. So, kindly do the needful for me. I am grateful to you, when I have been given an opportunity to do my research in your hospital.

Thanking you,

Yours faithfully,

KALPANA MEDICAL CENTRE, LTD  
Coimbatore  
METTUPALAYAM ROAD  
KAVUNDAMPALAYAM, COIMBATORE-560022  
Date: \_\_\_\_\_



  
**J. ROSELINE SHARMILA**  
**PRINCIPAL**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore - 641 044

**APPENDIX – II**  
**LETTER REQUESTING TO VALIDATE THE**  
**RESEARCH TOOL AND CONTENT**

From  
**Roseline Sharmila.J**  
M.Sc Nursing II year,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

Through  
**The Principal,**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

To  
*Mrs. Ibansi Sundari, M.Sc(N)*  
*Asso. Professor,*  
*P.S.G College of Nursing,*  
*Coimbatore.*  
Sub: Requisition for tool Validation -reg.

Respected Sir,

I have selected a project work topic entitled, “EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PRIMIGRAVIDA WOMEN AT SELECTED HOSPITAL, COIMBATORE.” for the requirement of M.Sc Nsg Degree, the following tools are tend to be used. Hence, I request you to kindly give valuable suggestion and necessary modification in the same.

Thanking you,

FOR 

**PRINCIPAL**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore - 641 044

Yours faithfully,  
*J. Roseline Sharmila*  
[J. ROSELINE SHARMILA]

FORMAT FOR CONTENT VALIDITY

Name of the expert : Mrs. Johnny Sundari

Address : Associate professor,  
PSG College of Nursing,  
Coimbatore - A.

Total content for the tool :  Adequate/  Inadequate

Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - <del>A</del>		<input checked="" type="checkbox"/>		
2.	Section - <del>B</del>			<input checked="" type="checkbox"/>	
3.	Section - <del>C</del>				Disagree. Not related to the operation definition of labor outcome.
4.	Section - <del>D</del>	<input checked="" type="checkbox"/>			
5.	Section - 5		<input checked="" type="checkbox"/>		

Date: 12/5/10

  
Signature of the Expert

From  
**Roseline Sharmila.J**  
M.Sc Nursing II year,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

Through  
**The Principal,**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

To  
Prof. K. J. John,  
Principal,  
Ganga college of Nursing  
Coimbatore.

Sub: Requisition for tool Validation -reg.

Respected Sir,

I have selected a project work topic entitled, "**EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PRIMIGRAVIDA WOMEN AT SELECTED HOSPITAL, COIMBATORE.**" for the requirement of M.Sc Nsg Degree, the following tools are tend to be used. Hence, I request you to kindly give valuable suggestion and necessary modification in the same.

Thanking you,

Yours faithfully,

J. Roseline Sharmila  
[J. ROSELINE SHARMILA]

  
PRINCIPAL  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore - 641 044



**FORMAT FOR CONTENT VALIDITY**

Name of the expert : MRS. ESTHER JOHN

Address : PRINCIPAL  
GANGA COLLEGE OF NURSING.

Total content for the tool :  Adequate/  Inadequate

Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - 1				
2.	Section - 2				
3.	Section - 3				
4.	Section - 4				
5.	Section - 5				

Date:

  
Signature of the Expert

From  
**Roseline Sharmila.J**  
M.Sc Nursing II year,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

Through  
**The Principal,**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

To  
Mrs. Baby,  
Principal,  
Karpagam college of Nursing

Sub: Requisition for tool Validation -reg.

Respected Sir,

I have selected a project work topic entitled, "EFFECT OF BRADLEY METHOD ON LABOUR OUTCOME AMONG PRIMIGRAVIDA WOMEN AT SELECTED HOSPITAL, COIMBATORE." for the requirement of M.Sc Nsg Degree, the following tools are tend to be used. Hence, I request you to kindly give valuable suggestion and necessary modification in the same.

Thanking you,

Yours faithfully,  
J. Roseline Sharmila  
[ J. ROSELINE SHARMILA ]

*Seethala*  
**PRINCIPAL**  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore - 641 044

### FORMAT FOR CONTENT VALIDITY

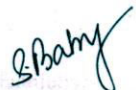
Name of the expert : PROF. S. BABY  
Address : KARPAGAM NURSING COLLEGE,  
770, 763, OTHAKKALMANDAPAM,  
COIMBATORE - 32.

Total content for the tool :  Adequate/  Inadequate

Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - 1		✓		
2.	Section - 2	✓			
3.	Section - 3			✓	
4.	Section - 4		✓		
5.	Section - 5		✓		

Date: 3.6.10.

  
Signature of the Expert

## **APPENDIX - III**

### **MATERIALS FOR DATA COLLECTION**

#### **SECTION –A**

#### **PERSONAL INTERVIEW**

##### **I. DEMOGRAPHIC DATA**

###### **ANTENATAL WOMEN**

1. Sample No. :
2. Age (in years) :
3. Religion :
4. Education :
5. Occupation :
6. Residential area : Urban/Rural

###### **HUSBAND**

7. Age (in years) :
8. Education :
9. Occupation :

##### **II. VIEWS OF HUSBAND ON CHILDBIRTH**

10. Do you have any idea regarding childbirth? Yes /No
11. Have you attended any child birth preparation classes before? Yes /No
12. Do you have fear of hospital/blood/ labour room? Yes /No
13. Are you interested in supporting husband's role in child birth? Yes /No

##### **III. PRESENT OBSTETRICAL PROFILE**

###### **3.1. Antenatal**

14. Age at menarche (in years) :
15. Age at marriage (in years) :

16. Duration of married life :  
17. Obstetrical score : G P L A  
18. Last menstrual period :  
19. Expected date of delivery :  
20. Gestational age :  
21. Risk factors : Absent/present

If present, \_\_\_\_\_

### 3.2. INTRANATAL

22. Date and time of onset of uterine contractions :  
23. Date and time of rupture of membranes :  
24. Duration of labour  
I stage :  
II stage :  
III stage :  
25. Date of delivery :  
26. Type of delivery :  
27. Perineum : Intact/ Episiotomy  
performed/ Tear  
28. Presence of husband during Ist stage of labour  
(in hours) :

**SECTION – B**

**IV. OBSTETRICAL FINDINGS**

Fetal lie :

Fetal attitude :

Fetal Presentation :

Fetal Position :

Engagement of the fetal presenting part :

Fetal heart rate (beats/minute) :




#### **4.1. PARTOGRAM**

It is a standardized tool modified by WHO. It is a chart on which the salient features of labour are noted in the graphic form and therefore it provides the opportunity for early identification of deviations from normal. It includes the following components.




- i. Fetal heart rate (beats/minute)
- ii. Findings of vaginal examination (amniotic sac, moulding)
- iii. Cervical dilatation and descent of fetal head.
- iv. Strength and frequency of contraction in term of numbers in 10 mts.
- v. Drugs administered
- vi. Maternal temperature
- vii. Pulse
- viii. Respiration
- ix. Blood pressure
- x. Urine analysis

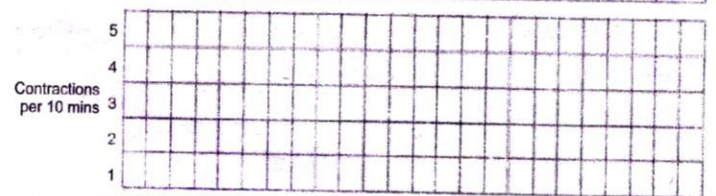
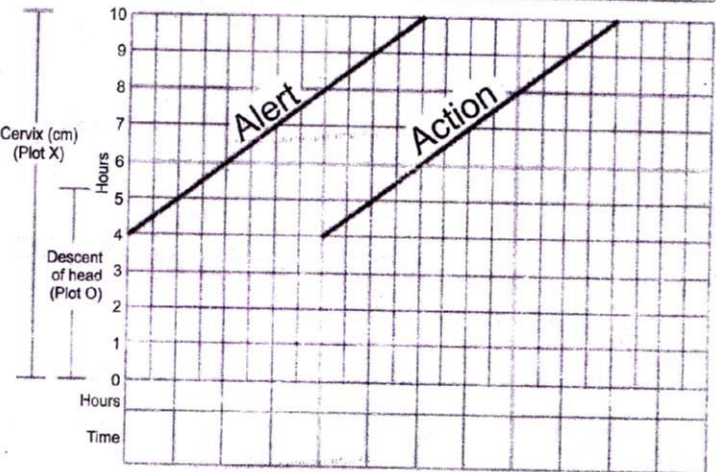
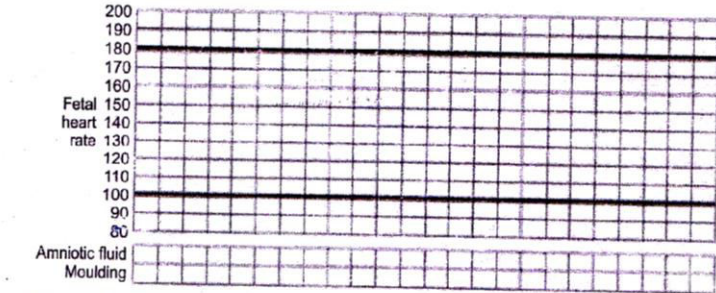
Name \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ Hospital number \_\_\_\_\_  
 Date of admission \_\_\_\_\_ Time of Admission \_\_\_\_\_ Ruptured membranes \_\_\_\_\_

**Duration**

-  < 20 sec
-  20-40 sec
-  > 40 sec

**Intensity**

-  Mild
-  Moderate
-  Strong





#### 4.2. ESTHER JOHN COPING RESPONSE SCALE STRUCTURED OBSERVATION CHECKLIST (Ph.D THESIS, 2009)

Assess the coping responses of the parturients during labour with the help of Esther John Coping Response Scale (2009). It was a structured observational check list. 48 items was used in that 20 observations assess the coping response during uterine contractions, 16 items assess the coping response in between uterine contractions, 12 items assess the participation response of the parturients.

Sl. No.	Parturient's response to pain	Never	Rarely	Some times	Often	Always
<b>A. OBSERVATIONS DURING UTERINE CONTRACTIONS</b>						
1.	Breath in and out through the mouth (candle breathing)					
2.	Able to relax					
3.	Listen and follow care giver's instructions					
4.	Bears pain patiently					
5.	Clenching of fists*					
6.	Wrinkles on the forehead*					
7.	Holds the caregiver tightly*					
8.	Holds the bed objects*					
9.	Rubs over the abdomen and back*					
10.	Grimace*					
11.	Cries out (crying/weeping)*					
12.	Bites teeth*					
13.	Screams*					
14.	Hits on the table or body*					
15.	Moves the head from side to side*					
16.	Rolls over the bed*					

17.	Wriggling of the feet*					
18.	Suddenly gets up from the labour bed*					
19.	Verbalizes “whooh” when exhaling*					
20.	Leaves mouth open and breaths naturally and effortlessly during p/v examination*					
<b>B. OBSERVATIONS IN BETWEEN THE UTERINE CONTRACTIONS</b>						
21.	Avoids holding breath					
22.	Pleasant face					
23.	Bears patiently					
24.	Sleep/dozes off					
25.	Relaxes lower abdomen (massages)					
26.	Relaxes jaw					
27.	Adopts comfortable position					
28.	Allows for examination					
29.	Restless*					
30.	Screams/shrikes*					
31.	Continuously cries*					
32.	Looks extremely tired*					
33.	Clutches the caregivers hand*					
34.	Moves head from side to side*					
35.	Rubs her back with groaning*					
36.	Requests for back rub*					
<b>C. MANIFESTATIONS OF PARTICIPATION</b>						
37.	Listen and follows instruction					
38.	Drinks fluid					
39.	Lies on her left side					
40.	Adopt a comfortable position					
41.	Shares the feelings with the care provider					
42.	Expresses her needs verbally					

43.	Permits to assess vital signs and FHS					
44.	Co-operates during vaginal examination					
45.	Does not respond*					
46.	Asks for analgesics*					
47.	Asks for doctor*					
48.	Requests for caesarean section*					

\* Reverse scoring

### **SCORING PROCEDURE**

The scoring is done for the tool based on the following procedures

Never =1, Rarely=2, some times=3, often =4, always = 5. The maximum possible score is 240 and minimum score is 48. The following items are scored reversely, 5-20, 29-36, 45-48.

### **SCORING INTERPRETATION**

Total score	:	240
High coping ability	:	161-240
Moderate coping ability	:	81-160
Less coping ability	:	1-80

### 4.3. MODIFIED ESTHER JOHN OPINIONNAIRE TO ASSESS THE MOTHER'S SATISFACTION ON CHILD BIRTH EXPERIENCE (2009)

S. No	Statement	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1.	I experienced change of mood from unpleasant to pleasant					
2.	I felt a decrease in anxiety					
3.	I felt good when my husband gives sacral/back massage					
4.	I felt less bored because of the companion of my husband					
5.	Bradley method promotes ventilation of my feelings					
6.	Bradley method gave me a sense of well being					
7.	I am able to bear pain patiently					
8.	I experienced a soothing effect with the presence of my husband inside the labour room					
9.	My pain has decreased after practising Bradley method					

#### SCORING PROCEDURE

The scoring is done for the tool based on the following procedures

Strongly disagree =1, disagree=2, Uncertain=3, agree =4, strongly agree = 5. The maximum possible score is 45 and minimum score is 9.

#### SCORING INTERPRETATION

Total Score	:	45
Highly satisfied	:	31-45
Moderately satisfied	:	17-30
Less Satisfied	:	1-16

### 4.3. குழந்தை பிறந்த அனுபவம் பற்றிய தாயின் திருப்தியை அறியும்

#### கருத்து தொகுப்பு

பிராட்லி முறைப்படி அமைந்த குழந்தை பிறப்பு முன்னேற்பாட்டு நடவடிக்கைகளால் உங்கள் குழந்தை பிறந்த அனுபவத்தில் ஏற்பட்ட விளைவுகளை வெளிப்படையாக குறிப்பிடவும். கீழ்க்கண்டவற்றுள் உங்கள் எண்ணத்தை சரியாக வெளிப்படுத்தும் பகுதியில் (✓) குறியிடவும்

வ. எண்.	வாக்கியம்	கண்டிப்பாக இல்லை	இல்லை	குறிப்பிட்டு சொல்ல இயலாது	ஆம்	கண்டிப்பாக ஆம்
1.	மகிழ்ச்சியற்ற நிலையிலிருந்து மகிழ்ச்சியான நிலைக்கு என் மனநிலை சென்றதாக உணர்கிறேன்.					
2.	நான் பதட்டம் குறைந்ததாக உணர்கிறேன்					
3.	என்னுடைய கணவர் செய்த முதுகு மசாஜ் நன்றாக இருந்தது					
4.	என் கணவர் என்னுடனிருந்ததால் மிக விரைவாக காலம் சென்றதாக உணர்ந்தேன்.					
5.	பிராட்லி முறை என்னுடைய உணர்வுகளை வெளிப்படுத்த உதவியது.					
6.	பிராட்லி முறை நான் நலமுடன் இருப்பது போன்ற உணர்வை தந்தது.					
7.	என்னால் பொறுமையுடன் வலியை தாங்க முடிந்தது					
8.	பிரசவ அறைக்குள் என் கணவர் இருந்ததால் மென்மையாக உணர்கிறேன்.					
9.	பிராட்லி முறைப்படி பயிற்சி செய்தபின் எனனால் வலியை தாங்கிக் கொள்ள முடிந்தது.					

## APPENDIX – IV

### CERTIFICATE OF ENGLISH EDITING

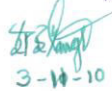
### TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, “**Effect of Bradley Method on Labour Outcome among Pregnant Women at Selected Hospital, Coimbatore**” done by **J. Roseline Sharmila** II year M.Sc Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for English language appropriateness.

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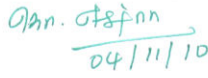
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## APPENDIX – V

### CERTIFICATE OF TAMIL EDITING

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, “Effect of Bradley Method on Labour Outcome among Pregnant Women at Selected Hospital, Coimbatore” done by J. Roseline Sharmila II year M.Sc Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for Tamil language appropriateness.

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## BRADLEY METHOD





## INTRODUCTION

Bradley method is one of the childbirth preparation method which helps to promote labour outcome. It emphasizes the couple to gain knowledge on the following topics.

1. Introduction to Female Reproductive System
2. Introduction to labour
3. Introduction to Bradley method and coach role
4. Breathing techniques
5. Massage and relaxation techniques

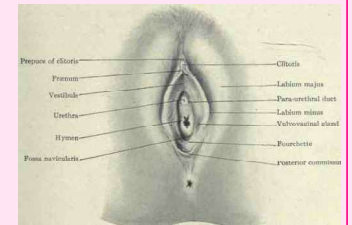
## SESSION -1

### INTRODUCTION TO FEMALE REPRODUCTIVE SYSTEM

#### External Genitalia

This includes mons veneris, labia majora, labia minora, clitoris, vestibule and perineum. Vestibule is a triangular space bounded anteriorly by clitoris, posteriorly by fourchette and on either side is labia minora.

Lower portion of labia minora fues across the midline to form a fold of skin called fourchette and usually lacerated during child birth.



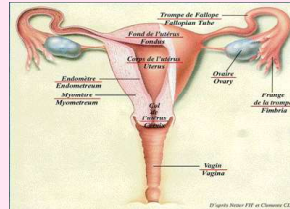
Vestibule consists of three openings

1. Urethral opening
2. Vaginal orifice and hymen
3. Opening of bartholin's ducts

## Internal Genitalia

### 1. Ovary

- Sex glands of female
- Each ovary presents two ends - tubal and uterine
- Ovulation is a process whereby matured ovum released from ovary becomes available for conception.
- This process occurs every month as a routine cycle.



### 2. Fallopian tube

- The uterine tubes are paired structures
- Fertilization occurs in uterine tubes. Fertilization is a process whereby the sperm and mature ovum joined to form a zygote.

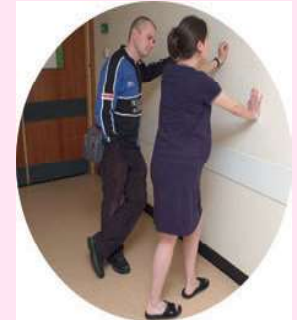
### 3. Uterus

- Uterus is a muscular organ situated in the pelvis between the bladder in front and rectum behind.
- Three parts
  - o Body
  - o Isthmus
  - o cervix
- Body consists of three layers
  - o Perimetrium
  - o Myometrium
  - o endometrium
- In the endometrium, implantation takes place.
- Here, embryo gets nourishment till placenta

## RELAXATION TECHNIQUES

The Bradley method of natural child birth is a method of reducing the mother's pain through concentrated relaxation.

- ◆ Start with large muscle groups, such as the arms and legs. Contract the entire muscle group tightly. Relax the muscle from the contraction and notice how the relaxed muscles feel.
- ◆ Move on to major muscle groups back and abdomen.
- ◆ Contract and relax each one. Do the same with smaller muscle groups, such as the face, neck and hands.
- ◆ Sit or lie down and concentrate on relaxing the entire body.
- ◆ Keep all muscles relaxed as long as possible.

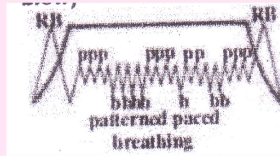


## CONCLUSION

Bradley method is an effective child birth preparation methods. It enables the couples to cope up during labour to have positive experience on their child birth.

♦ **PATTERNED PACED BREATHING**

- ♦ Sit or lie in comfortable position
- ♦ Keep fingertips of both hands just below the umbilicus.
- ♦ Take breath in through nose and breathe out through mouth by saying IN-OUT/IN-OUT/IN-OUT
- ♦ After finishing 3-4 breath, take breath in and blowout
- ♦ It may be IN-OUT/IN-OUT/N-OUT/IN-OUT/ IN- BLOW-3:1
- ♦ IN-OUT/IN-OUT/IN-OUT/IN-OUT/IN-OUT/ IN- BLOW-4:1 Practice this as a 1:1,2:1,3:1, 4:1,5:1or 5:1, 4:1, 3:1,2:1,1:1 Perform 5-10 breaths/min.



**SESSION - V MASSAGE**

It is a light rhythmic, circular stroking of the abdomen with the fingertips which will give relaxation and comfort during the time of delivery.

- ♦ By the right hand, make a semi circle inclock wise manner and bring the fingertips towards the umbilicus.
- ♦ At the same time, make a semi circle in anti clock wise manner by left hand and bring it towards the umbilicus.



develops

- After that, placenta will takes over this function.
- All the developments occur in fetus during 9 months period.
- During delivery, cervical canal opens up for the expulsion of fetus.

**Breast**

The breasts are bilateral glandular structures and in female constitute accessory reproductive organs as the glands are concerned with the lactation following child birth.

**SESSION -2**

**MEANING OF LABOUR**

Delivery is not only a birth of new member to the family, but it also gives a second life for a mother who, with all pain and suffering deliveries the newborn. The women undergoes tremendous changes during pregnancy which elite her, whereas at time of delivery, the changes are more drastic which leaves her intolerable pain and sufferings.

**LABOUR CONSISTS OF FOUR STAGES**

- Stage I = Starts with pain till full cervical dilatation
- Stage II = Birth of baby
- Stage III = Delivery of placenta
- Stage IV = Observation of mother for complications

**Signs of first stage of labour**

- Regular, continuous pain starts from back then groin and lower abdomen.

- Opening of cervical canal
- Rupture of fore water
- Bloody discharge

### SESSION - 3 INTRODUCTION TO BRADLEY METHOD AND COACH ROLE

Bradley method is one of the prepared child birth which have been practiced since 1965's. This method believed that the husband, as the woman's loved one and intimate partner, was the most effective person for labour support. Bradley method focuses on deep relaxation, slow, deep breathing and ascribes on important role the father.



#### Role of husband in childbirth

- Providing comfort and reassurance. Comfort measures for the woman - ice chips, cold cloth on her face, propping her with pillows in a comfortable position, back or legs rubs with talcum powder, balm on chapped lips, or warm shower.
- Assist in providing dark and quiet room, carbohydrate rich fluids.
- Assist in ambulation.
- Assist in breathing techniques, concentrated relaxation techniques
- Provide massage
- Helps to adapt comfortable position
- Provide verbal encouragement

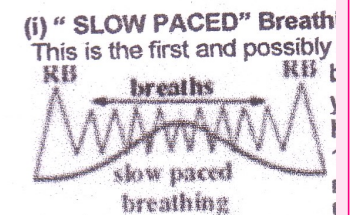
### SESSION -4

#### 1. BREATHING TECHNIQUES

There are 3 types of breathing techniques used in first stage of labour which will give relaxation. They are

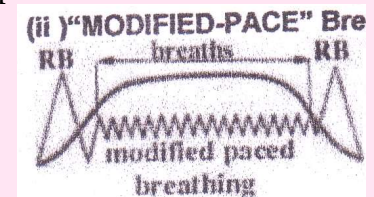
##### ❖ SLOW PACED BREATHING

- ♦ Sit or lie in comfortable position.
- ♦ Take breath in through nose and say 2,3,4.
- ♦ During this time, ask the mother to close the mouth.
- ♦ Breathe it out through mouth and say 2-3-4.
- ♦ Perform this breathing exercise at the beginning and end of each contraction.
- ♦ Perform 6-8 breaths/mt.



##### ❖ MODIFIED PACED BREATHING

- ♦ Sit or lie in comfortable position
- ♦ Take breath in through nose and breathe it out through mouth by saying IN-OUT/IN-OUT
- ♦ Perform 5-10 breaths/mt





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பிராட்லி முறை



## பிராட்லி முறை

பிராட்லி முறை என்பது, குழந்தை பிறப்பு குறித்த பயிற்சி முறையாகும். இந்த முறையின் படி, தம்பதிகள் கீழ்க்கண்டவற்றை குறித்து அறிந்து கொள்ளுதல் முக்கியமாகும்.

1. பெண் இனப்பெருக்க உறுப்புகளை குறித்து விளக்கம்
2. பிரசவம் குறித்த விளக்கம்
3. பிராட்லி முறையும், அதில் கணவரின் பங்கு குறித்த விளக்கம்
4. மூச்சுப்பயிற்சி
5. தொடுமுறையால் ஏற்படும் தூண்டுகோல் மற்றும் ஆழ்ந்த தளர்வடைதல் பயிற்சி

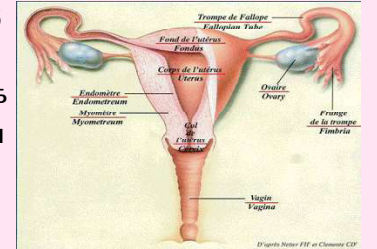
### நாள் - 1

பெண் இனப்பெருக்க உறுப்புகளை குறித்து விளக்கம்

#### i) சினைப்பை

- பெண்ணின் இனப்பெருக்க
- சினைப்பையில் இரண்டு துருவங்கள் உள்ளன - அவைகள் இனப்பெருக்க குழாய் மற்றும் கருப்பை
- ஒவ்வொரு மாதவிடாய் சுழற்சியிலும், முதிர்ந்த கருமுட்டை

நாளங்கள்



சினைப்பையிலிருந்து வெளியேறி, இனப்பெருக்க குழாயில் தங்கி கருவுறுதலுக்கு காத்திருக்கிறது.



## ii) இனப்பெருக்க குழாய்

- ஒவ்வொரு பெண்ணிற்கும் இரண்டு இனப்பெருக்க குழாய்கள் உள்ளன.
- கருத்தரித்தல், இனப்பெருக்க குழாயில் நடைபெறுகிறது.
- கருத்தரித்தல் என்பது ஆணின் விந்துவும், பெண்ணின் முதிர்ந்த கருமுட்டையும் இணைந்து கருவை உண்டாக்கும் முறை.

## iii) கருப்பை

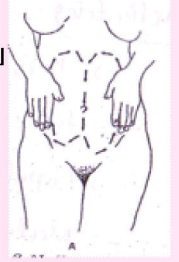
- கருப்பை என்பது தசைகளால் ஆன உறுப்பு
- கருப்பை, சிறுநீர்க்குழாய்க்கும், மலக்குழாய்க்கும் நடுவில் இடுப்புப்பகுதியில் அமைந்துள்ளது.
- மூன்று பாகங்கள் உள்ளன
  - o உடற்பகுதி
  - o இஸ்துமஸ்
  - o கருப்பை வாய்
- உடற்பகுதியில் மூன்று மடிப்புகள் உள்ளன
  - o எண்டோமெட்ரியம்
  - o மயோமெட்ரியம்
  - o பெரிமெட்ரியம்
- இந்த எண்டோமெட்ரியத்தில் தான் கரு வளர்கிறது
- நஞ்சுப்பை வளரும் வரை, கருவிற்கு ஊட்டச்சத்து எண்டோமெட்ரியத்தில் இருந்து அளிக்கப்படுகிறது.
- கரு முழுமையாக வளர்வதற்கு 9 மாதங்கள் ஆகிறது.
- பிரசவத்தின் போது, கருப்பை வாய் திறந்து குழந்தை வெளியேற உதவுகிறது.

## நாள் -2

### பிரசவம் குறித்த விளக்கம்

பிரசவம் என்பது, குடும்பத்திற்கு ஒரு புதிய நபர் வருவது மட்டுமல்ல, ஒவ்வொரு பெண்ணிற்கும் இது ஒரு மறுபிறவியாகும்.

மற்றவர்களைக் கொண்டு செய்யும் முறையை கீழ்க்கண்ட படத்தின் மூலம் தெரிந்து கொள்ளலாம்.



### ஆழ்ந்த தளர்வடைதல் பயிற்சி

1. பெரிய தசைநார்களான கால் தசைகள் மற்றும் கை தசைகளிலிருந்து ஆரம்பிக்கவும், இந்த தசைநார்களை முதலில் சுருக்கி தளர்வடைய செய்யவும்.
2. இதே முறையை மற்ற பெரிய தசைநார்களான இடுப்பு மற்றும் வயிற்றுப் பகுதியை பயன்படுத்தி செய்யவும்.
3. அடுத்து, சிறிய தசைநார்களான முகம், கழுத்து, உள்ளங்கை ஆகியவைகளிலும் இதே முறையை பயன்படுத்தி செய்யவும்.
4. அமர்ந்து கொண்டோ, படுத்துக் கொண்டோ, இதே முறையை முழு உடலிலுள்ள எல்லா தசைநார்களை பயன்படுத்தி முயற்சி செய்யவும்.
5. உங்களால் முடிந்தவரை, நீண்ட நேரம் தசைநார்களை தளர்வாக வைத்துக் கொள்ளுங்கள்.

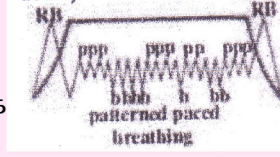


### முடிவுரை

பிராட்லி முறை என்பது குழந்தை பிறப்பு குறித்த பயிற்சி முறையாகும். இந்த முறை தம்பதிகளுக்கு பிரசவத்தை நல்ல முறையில் எதிர் கொள்ளவும் மற்றும் நல்ல அனுபவமாக மாற்றவும் உதவுகிறது.

இதை செய்யும் போது உள்ளே-வெளியே, உள்ளே-வெளியே என்று கூறவும்.

- ◆ மேலே கூறியபடி 3 அல்லது 4 முறை செய்த பிறகு, மூச்சை நன்கு உள் இழுத்து மிக வேகமாக காற்றை வெளியே ஊத வேண்டும்.



இந்த மூச்சுப் பயிற்சியை செய்யும் விகிதாச்சாரம் c s ns - bt s na / உள்ளே- வெளியே/ உள்ளே- வெளியே/ உள்ளே- ஊதவும் - 3:1 இந்த முறையை 1:1, 2:1, 3:1, 4:1, or 5:1 இதன் படி செய்யவும்.

எடுத்துக்காட்டு

5-5 முறை மூச்சை உள் இழுத்து வெளியே விடவும்  
1-1 மூச்சை மிக வேகமாக உள்ளே இழுத்து வெளியே ஊதவும்.  
இந்த மூச்சுப் பயிற்சியையும் ஒரு நிமிடத்திற்கு 5-10 முறை செய்ய வேண்டும்.  
இந்த மூச்சுப்பயிற்சியை பொதுவாக, பிரசவ வலி அதிகமாக இருக்கும் போது செய்யவும்.

நாள் - 5

தொடுமுறையால் ஏற்படும் தூண்டுகோல் விரல்களின் நுனிப்பாகத்தைக் கொண்டு வயிற்றை வரையறுத்த முறையின் மூலம் தொடுமுறை தூண்டலை ஏற்படுத்த முடியும் அதற்கு முதலில் நன்றாக வசதியாக உட்கார்ந்தோ அல்லது படுத்துக் கொண்டோ, இதை தானாகவோ அல்லது கணவரோ செய்யலாம்.



ஏனென்றால், தாய் பிரசவ வேதனைகளுடன் குழந்தையை பெற்றெடுத்து மறுபிறவிடைகிறாள். ஒவ்வொரு பெண்ணும் காப்ப காலத்தில் நிறைய மாறுதல்களுக்கு உட்படுகிறாள். பிரசவத்தின் போது, இந்த மாறுதல்கள் மிகவும் அதிகமாகி, தாங்க முடியாத அளவிற்கு வலியை உணர்கிறாள்.

- பிரசவம் நான்கு நிலைகளில் நடைபெறுகிறது.
- |        |  |
|--------|--|
| நிலை 1 | பிரசவ வலியுடன் தொடங்கி, கருப்பை வாய் முழுமையாக திறப்பதுடன் முடிவடைகிறது. |
| நிலை 2 | குழந்தை பிறத்தல்   |
| நிலை 3 | நஞ்சுப்பை வெளியேறுதல்  |
| நிலை 4 | பிரசவத்திற்குப் பின் தாய்க்கு ஏற்படும் விளைவுகளை கண்காணித்தல்            |

பிரசவத்தின் முதல் நிலையின் அறிகுறிகள்

தொடர்ச்சியான இடுப்பு வலி  
கருப்பை வாய் திறத்தல்  
பனிக்குடம் உடைதல்

நாள் - 3

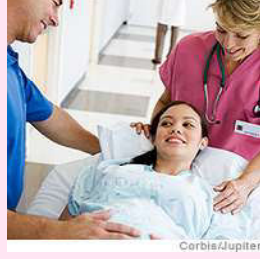
பிராட்லி முறையும், அதில் கணவரின் பங்கு குறித்த விளக்கம்

பிராட்லி முறை என்பது, குழந்தை பிறப்புக் குறித்த பயிற்சி முறையாகும். இது 1965 -லிருந்து நடைமுறையிலுள்ளது. இந்த பயிற்சி முறையின் படி, கணவரின் அன்பும், அரவணைப்பும் பிரசவத்திற்கு ஆதரவாக இருக்கிறது. இந்த பயிற்சி முறையின் முக்கிய குறிக்கோள் ஆழ்ந்த தளர்வடைதல் பயிற்சி, நிதானமான மூச்சுப்பயிற்சி மற்றும் f z t h டி ;K f f டி g' F .



## பிரசவத்தில் கணவரின் பங்கு

1. தொடர்ச்சியான ஆதரவும், நலமும் கொடுத்தல்
2. இருட்டான, அமைதியான அறையை அமைக்க உதவுதல், கார்போஹைட்ரேட் மிகுதியான பானம் கொடுத்தல்
3. நடைபயிற்சிக்கு உதவுதல்
4. ஆழ்ந்த தளர்வடைதல் பயிற்சியிலும், நிதானமான மூச்சு பயிற்சியிலும் பங்கு வகித்தல்
5. மசாஜ் கொடுத்தல்
6. தொடர்ச்சியான வார்த்தைகளால் ஊக்குவித்தல்



## நாள் - 4

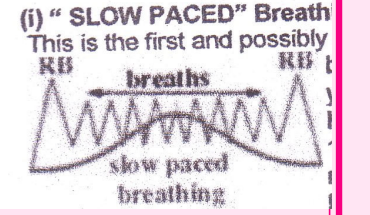
### மூச்சுப் பயிற்சி

நான்கு வகையான மூச்சுப் பயிற்சி பயன்படுத்தப்படுகிறது. பொதுவாக கீழே குறிப்பிடப்பட்டுள்ள மூன்று வகை மூச்சுப்பயிற்சிகள் பிரசவத்தின் முதல் நிலையில் பயன்படுத்தப்படுகின்றது. அவைகள், நிதானமான மூச்சுப்பயிற்சி மாற்றத்திற்குட்பட்ட நிதானமான மூச்சுப்பயிற்சி வகைப்படுத்தப்பட்ட நிதானமான மூச்சுப்பயிற்சி

### 1. நிதானமான மூச்சுப்பயிற்சி

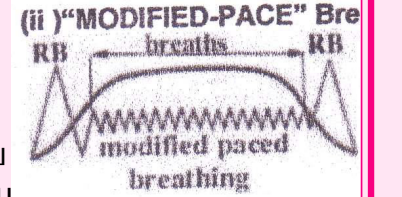
- ◆ நன்றாக வசதியாக உட்கார்ந்து அல்லது படுத்துக் கொள்ளவும்
- ◆ முதலில் முக்கின் வழியாக மூச்சை நன்றாக இழுக்கவும்.
- ◆ அதற்கு பிறகு 2-3-4 என்று கூறவும். மூச்சை முக்கின் வழியாக இழுக்கும் போது வாய் மூடி இருக்க வேண்டும்.

- ◆ பிறகு, மூச்சை வாயின் வழியாக வெளியே விடவும். மூச்சை வெளியே விட்ட பிறகு 2-3-4 என்று கூறவும்.
- ◆ இந்த மூச்சுப் பயிற்சியை ஒவ்வொரு பிரசவ வலியின் தொடக்கத்திலும், முடிவிலும் செய்ய வேண்டும்.
- ◆ ஒரு நிமிடத்திற்கு 6-8 முறை இதை செய்ய வேண்டும்.
- ◆ இந்த மூச்சுப் பயிற்சியை செய்யும் போது பிரசவ வலி குறையவில்லையெனில், கீழே கொடுக்கப்பட்டுள்ள அடுத்த மூச்சுப் பயிற்சியை மேற்கொள்ளவும்.



### 2. மாற்றத்திற்குட்பட்ட நிதானமான மூச்சுப்பயிற்சி

- ◆ நன்றாக வசதியாக உட்கார்ந்து அல்லது படுத்துக் கொள்ளவும்.
- ◆ மூச்சை நன்றாக முக்கின் வழியாக உள்ளே இழுத்து வாயின் வழியாக வெளியே விடவும்.
- ◆ மூச்சை உள்ளே இழுக்கும் போது உள்ளே என்றும் வெளியே விடும் போது வெளியே என்று கூறவும். அதாவது உள்ளே-வெளியே.
- ◆ இந்த மூச்சுப் பயிற்சியை ஒரு நிமிடத்திற்கு 5-10 முறை செய்ய வேண்டும்.



### 3. வகைப்படுத்தப்பட்ட நிதானமான மூச்சுப்பயிற்சி

- ◆ வசதியாக உட்கார்ந்து அல்லது படுத்துக் கொள்ளவும் முதலில் கூறியபடி, மூச்சை முக்கின் வழியாக இழுத்து, வாயின் வழியாக வெளியே விடவும்.