THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED NATURAL PAIN RELIEF METHODS DURING LABOUR AMONG PRIMIGRAVID MOTHERS IN SELECTED HOSPITALS AT MADURAI, TAMILNADU

A DISSERTATION SUBMITTED TO THE TAMILNADU

DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL

FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE

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ABSTRACT

Introduction

Natural pain relief methods during labour is a new concept. Mothers should have knowledge regarding these methods as part of child birth preparation in order to reduce the risks and complications.

Statement of the problem

A study to determine the effectiveness of Structured Teaching Programme on Knowledge Regarding Selected Natural Pain Relief Methods During Labour Among Primigravid Mothers in Selected Hospitals at Madurai.

Methodology

The research approach adopted for this study was quantitative approach and the design used in this study was pre-experimental research design. The tool used for this study was structured questionnaire to assess the knowledge regarding selected natural pain relief methods during labour. Purposive sampling technique was used to select the sample for the study. **Subject:** The participants were 60 primigravid mothers who attend regular antenatal checkup from Infant Jesus Hospital, Madurai. **Data collection tool:** A semi structured interview schedule was used to collect the data from the subjects. **Data Analysis:** The obtained data was analysed by using descriptive and inferential statistics and it was interpreted in terms of objectives and hypothesis of the study, the level of significance was set at 0.05 levels.

Objectives:

1. To assess the pretest level of knowledge regarding selected natural pain relief methods during labour among primi mothers. 2. To assess the post test level of knowledge regarding selected natural pain relief methods during labour after structured teaching programme. 3. To compare pre and post test knowledge level on selected natural pain relief methods during labour among primigravid mothers. 4. To determine the association between the post test knowledge on selected natural pain relief methods with selected demographic variables such as age, education level, religion, occupation, family income, type of family, location of the family, availability of health personnel in the family.

Hypothesis

1. The mean post test knowledge score will be significantly higher than mean pretest score of mothers' knowledge on selected natural pain relief methods during labour**.** 2. There will be a significant association between the mean post test knowledge score and selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

Major Findings of the Study

❖ The maximum number of samples 27 (45%) were in the age group of 21-25 years.

❖ Regarding the religion, majority of the mother 30 (50%) were belong to Hindu.

❖ Maximum of the mother 24(40%) had primary education;

❖ Regarding occupation, maximum of the samples 35 (58%) were housewives.

❖ Majority of them were nearly 21 (35%) working in private sectors.

❖ Regarding family type majority 33(55%) of them belong to nuclear family and remaining belongs to joint family 27(45%). The

majority of the samples who had the higher income of 15(25%) were between Rs.1000 - 3000.

❖ Regarding the availability of health personnel in the family maximum 57(95%) of the samples do not have any health personnel's.

❖ In the pretest, the majority of the mothers 47 (78.03%) had inadequate knowledge regarding nature pain relief methods.

❖ In the posttest the majority of the mothers 38 (63.3%) of them had adequate knowledge.

❖ While comparing the pretest (mean score 10.32) knowledge score regarding Natural pain relief methods, most of the mothers scored more in the post test (mean score 21.43)

❖ There was no significant association between knowledge and selected demographic variables such as age, education, religion, occupation, family income , family type, location of the family and availability of health personnel in the family.

Recommendations:

❖ An explorative study can be done to assess the existing knowledge of the care giver regarding natural pain relief methods during labour.

❖ Future studies can be conducted on knowledge and practice of non-pharmacological pain relief methods followed by midwives.

❖ A Similar study can be undertaken using control group.

❖ A similar study can be conducted for comparing of urban and rural mothers.

❖ A similar study can be conducted for comparison of pharmacological and non pharmacological pain relief methods.

Conclusion

The structured Teaching programme through chart and demonstration found to be very effective means of improving the knowledge among primigravid mothers on pain relief methods. The childbirth is a natural process for everywomen. It should be handled naturally as much as possible. The mother should have knowledge regarding pain relief methods help them to face this situation as happiest and memorable event in her life. When teaching the pain relief methods in the prenatal classes will help the midwives to reduce their responsibility of pain relief measures in the busy time of their care during labour.

CHAPTER – I

INTRODUCTION

"I will greatly increase your pains in child bearing with pain
you will give birth to child" **- Genesis 3:16**

Pain is whatever the person says it is, existing whenever the experiencing person says it does Mc Caffery. This emphasizes the highly subjective nature of pain and pain management. Pain is an unpleasant sensory and emotional experience association with actual or potential tissue damage. It is the most common reason for seeking health care. The health personnel must have the knowledge and skills to assess pain, to implement pain relief strategies, and to evaluate the effectiveness of these strategies, regardless of setting.

Pain in labour is a nearly universal experience. Pregnant women commonly worry about the labour pain which they experience during labor and child birth. Pain thresholds cause the amount of pain experienced to be unique to each individual. Anxiety and fear are commonly associated with increased pain during labour.

Pain is a complex, individual and multifactor phenomenon influenced by several factors namely psychological, biological, socio-cultural and economic in a way. Pain can be shared from the reports by those who feel it, characterized by normal transformation, such as menstrual pain. For most women, labour pain is considered the worst experience of their lives.

Most women expect and experience pain in labour and childbirth. Pain is a subjective experience, and it is whatever the woman says it is for her (Martin 1990). Labour pain is often described as the most intense ever experienced, and in many cases, it is the aspect of childbirth most feared by the expectant mother, physical, psychological and cultural factors play as important role in the woman's response to childbirth, although the intensity of pain, experienced varies a great deal from one woman to another.

Studies have shown that when painful life experience are ranked in order of severity, labour is rated very highly. Only causalgia (severe burning pain which sometimes follows nerve trauma) and pain following an amputation exceed labour pain in severity. Surveys have shown that women who have history of dysmenorroea, or painful periods are more likely to experience severe pain during labour.

Pain during childbirth is generally handled with pharmacological techniques. Pain medications are widely used throughout hospitals in the labor and delivery units including intramuscular and intravenous pain medications, regional, local anesthesia, eipdurals and spinal blocks. A wide variety of childbirth preparation methods can provide a way help the women cope with the discomfort of labour and many numbers of non-pharmacological strategies are being followed to reduce the labour pain.

Non-pharmacolgoical techniques for pain relief during labor is a generally new concept. More people throughout the United states are using alternative and complementary medicine for various purposes, and women in labor are starting to follow this trend. Labor units in hospitals generally donot offer non-pharmacological techniques for pain relief. Non-pharmacological techniques for pain management during labor should be offered in conjunction with, or in lieu of pharmacotherapy.

The woman who chooses to deal with childbirth pain by using nonpharmacological methods needs care and support from nurses and other care providers who are skilled in pain management. Many of these methods require practice for best results (hypothesis, patterned breathing and controlled relaxation techniques, biofeed back) although the woman or couple having prior knowledge (e.s slowpaced breathing, massage and touch, effleurage, counter pressure) woman should be encouraged to try a variety of methods and to seek alternatives including pharmacologic methods.

There are some of the non pharmacological pain relief methods such as counter pressure, therapeutic touch and massage, walking, rocking, changing, positions, application of heat or cold, water therapy, aromatherapy, music imaginary use of focal points, hypnosis and biofeed back etc. Other surveys have shown that labour is significantly more painful during first time than the subsequent births. As if the mechanism of pain was not complicated enough, its expression is even more enigmatic. Some individuals reveal their pain and suffering more freely than others.

NEED FOR THE STUDY

Give fish; that's for today
Teach fishing; that's for everyday

Pain is the fifth vital signs stated by Campbell to emphasize its significance and to increase the awareness among health care professionals of the importance of effective pain management both pharmacological and nonpharmacological methods are used to reduce the pain perception during labor. Labor and delivery medications may pose risk for the mother such as hypertension and the fetus on bradycardia. So their use must always be against the alternative risk to the mother.

Childbirth is a natural biological process and therefore the pain associated with it is also perceived as normal and natural. The nature of the pain experience during labour depends on the physical and emotional status of the women. The primigravid women experience more intense pain during labour compared to multi gravida. The primi gravid mothers have knowledge regarding intensity of pain and how to manage with that because they unable to manage because they do not have any past experience.

Both pharmacological and nonpharmacological methods are used to reduce the pain perception during labour. Most of the methods advocated are based on their premises. The first is that discomfort during labour can be minimized if the women come into labour informed about what is happening and prepared with breathing exercise to use during contractions.

The researcher finds that women have inadequate knowledge regarding their pregnancy and labour. She reported that 59% of the women did not know that delivery would take place through the vaginal orifice. During first pregnancy that primigravida were not able to adjust themselves during painful labour women in labour start screaming and become exhausted early in labour and they start pushing much easier than the onset of expulsive contraction, leading to premature rupture of membrane and prolonged labor Chandraleela (2000).

Therefore, satisfaction with labor is not necessarily related to the efficacy of pain relief. The midwife should work with mothers during the prenatal period to identify personal coping strategies and encourage you to make efficient and effective use of these resources. The midwife should work with mothers during the prental period to identity personal coping strategies and encourage her to make efficient and effective use of these resources. The investigator conducted the study on effectiveness of women's use of birthing and changing positions and their experience of pain relief De Jonge A (2004).

She found that the effectiveness of massage as pain relief method during labor and proved that was effective for reducing the intensity of labor pain Padmavathi (2007). Pain is an unpleasant experience associated with tissue damage that occurs following a surgical intervention or labour progress. There are multiple techniques available to treat pain during labour. However should also include medication, vaginal stimulation, produced analgesic, imagenery, behavior modification, biofeedback, distraction and relaxation.

Individualization of the nursing care plan is encouraged to include patients as active participant who suggest alternative methods of pain control that they have found effective. If a midwife fails to explain and give proper support and care to the mother during labor, that aggravates the anxiety level of the mother, which increased adrenaline production. Stimulation of anxiety and less relaxation during labor will lead to perception of more labor pain. If a midwife gives adequate support and care to the mother in labour which would reduce the women's anxiety which in turn will decrease adrenaline production. This triggers an increase in the levels of oxytocin to stimulate labor and endorphin to reduce pain perception.

He conducted a descriptive study regarding the use of pharmacological pain relief methods even by the female relative during the first stage of labour while contribute the primigravid mothers to face the labor with confident and full support. Khresheh R. (2009) The job of the nurse during labor is not only to ensure a safe delivery but also to create a positive and satisfying experience. Many simple, and cheap methods to relieve labor pain can be initiated by nurses, midwives, or physicians with the potential benefits of improved labor progress, reduction use of risk medications, patient satisfaction and lower costs.

She conducted the recent study of methods of pain control used during labor in US. It showed that the majority (84%) use non-drug methods while about half (49%) used drugs. Nancy H et.al., The researcher found that the most of the woman are not using the non-pharmacological pain relief methods during labour. Due to lack of awareness and also not to teach in the prenatal classes. Therefore the researcher felt that there is a need for research study in this area.

STATEMENT OF THE PROBLEM

A study to determine the effectiveness of structured teaching programme on knowledge regarding selected natural pain relief methods during labour among primigravid mothers in selected hospitals at Madurai**.**

OBJECTIVES

➢ To assess the pretest level of knowledge regarding selected natural pain relief methods during labour among primigravid mothers before structured teaching programme.

➢ To assess the post test level knowledge regarding selected natural pain relief methods after structured teaching programme.

➢ To compare pre and post test knowledge level on selected natural pain relief methods among primigravid mothers.

➢ To determine the association between the post test knowledge on selected natural pain relief methods with selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

HYPOTHESIS

1. The mean post test knowledge score will be significantly higher than mean pretest score of mothers' knowledge on selected natural pain relief methods during labour among primigravid mothers.

2. There will be a significant association between the mean post test knowledge score and selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

OPERATIONAL DEFINTION

Effectiveness:

It refers to significant improvement or increased knowledge on selected natural pain relief methods during labour among primigravid mothers.

Structured Teaching Programme

The term refers to systematically developed information on selected natural pain relief methods during labour which are easily followed by the midwives and primigravid mothers.

Knowledge:

It means what is known by the primigravid women about Natural pain relief method by the correct response given by the women to the questions in pre-test and post-test questionnaires.

Selected Natural pain relief methods:

The methods of pain relief such as position, breathing exercises, back massage, and heat application which contribute naturally to reduce the stress and strain of labour pain.

Primi gravid Mothers:

It refers to pregnant women who has the gestational age of above 37 weeks for first time.

ASSUMPTION

- ✓ Every mother is unique and responds in a unique way to react for pain.
- ✓ Women are experiencing extreme pain during labour.
- ✓ Lack of awareness and not using the various methods of natural pain relief by the mothers during labour results in lack of support to the mothers during labour**.**
- ✓ Acquiring new knowledge of pain relief method will definitely have impact on pain interventions which help to reduce pain in labour.

LIMITATION

1. The Study was limited to the period of six weeks of data collection.
2. The sample size was 60 only.

PROJECTED OUTCOME

1**.** This study helps to know the existing level of knowledge of mothers and to evaluate the effectiveness of structured teaching programme regarding selected natural pain relief methods during labour.

2. The findings of this study will help to evaluate the effectiveness of selected natural pain relief methods during labour.

3. Structured teaching programme can motivate the mothers to adapt various techniques of pain relief methods during labour.

CONCEPTUAL FRAMEWORK

Conceptual framework represents a less formal attempt at organizing phenomena than theories. Conceptual models deal with abstractions (concepts) that are assembled by virtue of their relevance to a common theme. A conceptual model, broadly presents an understanding of the phenomenon of interest and reflects the assumptions. Conceptual models can serve as springboards for generating research hypotheses.

The conceptual model, represents conceptualizations of the nursing process and the nature of nurse – client relationships. The purpose of conceptual framework is to provide a logical, coherent structure through which phenomena of concern can be understood and discussed.

The present study aims at evaluating the effectiveness of a structured teaching programme for mothers regarding selected natural pain relief methods during labor. The conceptual frame work of the present study is based on Imogene King's Theory of Goal Attainment. According to the theorist, decision making is a shared collaborative process in which mothers and midwife share information with each other, helps to identify the goals related to selected natural pain relief methods during labor and explore means and measures to attain the goal regarding the selected natural pain relief methods during labor and finally moves forward for goal attainment.

The major elements of the theory of goal attainment are seen in the interpersonal systems in which two people who are strangers come together in a health care organization to help and be helped to maintain a state of health that permits their functioning in roles. The concepts of the theory are interaction, perception, communication and transaction.

- **INTERACTION:**

  According to the theorist it is defined as a process of perception and communication between person and environment or between two individuals represented by verbal and non-verbal behaviours that are goal directed. In the present study, two people who are strangers that is, the midwife and the mother in selected settings interact together to help and be helped to maintain a state of health that permits functioning in their roles. The researcher assess the demographic variables such as age, education, occupation, family income, family type and availability of health personnel.

- **PERCEPTION:**

  It is each person's representation of reality. The elements of perception are the importing of energy from the environment and organizaing it by information, transforming energy, processing information and exporting information. In this study, the research conducted the pre test for assessing the knowledge regarding natural pain relief methods among primigravid mothers which helps the investigator understand the level of knowledge regarding the topic.

- **COMMUNICATION:**

  It is the process whereby information is given from one person to another either directly in face-to-face meeting or through written words. In this study, the investigator was given the structured teaching programme with the help of AV-aids regarding natural pain relief methods for primigravid mothers during labour which helps them to improve their knowledge this is transaction.

- **TRANSACTION:**

According to the theorist, transaction refers to observable behaviours of human beings interacting with their environment. Transactions represent the valuation component of human interactions and involve information exchange. In the present study, information is exchanged between the investigator and the mother form of a structured teaching programme regarding selected natural pain relief methods during labor.

When transactions occur between the midwife and the mother goals are attained. In the present study, goal attainment is assessed through a post test on knowledge regarding selected natural pain relief methods during labor. Gain in knowledge will be categorized as adequate knowledge (>75% score) on items in knowledge questionnaire and moderately adequate knowledge as 50 – 75% scores on the knowledge questionnaire > 50% scores as inadequate knowledge. If the knowledge is not gained adequately, it will be reflected as lack of goal attainment.

Goal attainment leads to satisfaction regarding selected natural pain relief methods during labor by mothers. In the present study, the post test scores serve as a feed back for mutual goal setting and the transaction and also helps to evaluate the effectiveness of the structured teaching programme regarding selected natural pain relief methods during labor. Those who had moderately adequate knowledge and Inadequate knowledge were included in reteaching program to achieve the adequate knowledge.
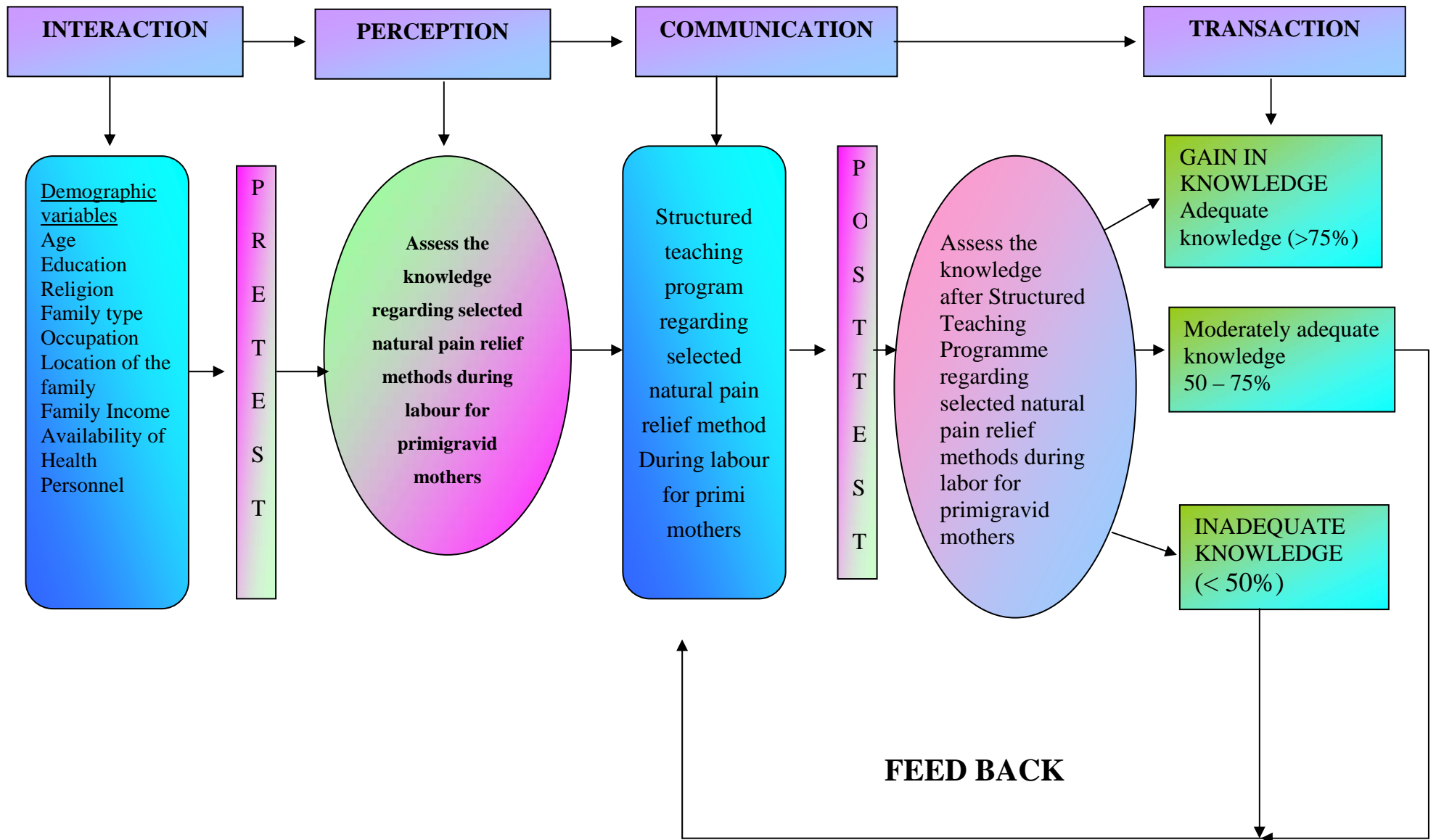
FIGURE 1: MODIFIED CONCEPTUAL FRAMEWORK BASED ON IMOGENE KING'S THEORY (1971) OF GOAL ATTAINMENT

CHAPTER – II
REVIEW OF LITERATURE

"A great literature is chiefly a product of inquiring minds in revolt against the immovable certainties of nation". Mecken, H.C.

A review of literature is an extensive critical review of the extent literature on the research topic. It is an essential first step in those methodologies that require context to interpret and understand the research problem by locating it within the body of the knowledge on the research topic (Worrall and Carelley).

Review of literature in this study is organized under the following headings.

Section A : Review related to non-pharmacological pain relief method.

Section B : Review related to effect of massage and changing position.

Section C : Review related to effect of breathing exercises and heat application.

Section D: Review related to Structured Teaching Program on non pharmacological pain relief method.

Section A: Review related to non-pharmacological pain relief method.

Roets L, (2008) Conducted the study to determine the use of non-pharmacologic methods of pain management used by midwives in Lesotho. The research design was non-experimental and descriptive nature. The data was obtained by means of a structured questionnaire which was compiled after a thorough literature analysis was done.

Midwives, working in the Maternity wards of the Christian Hospital Association of Lesotho as well as the government Hospitals completed the questionnaires. All data was analysed on a nominal descriptive level. According to the results, the midwives indicated that they were taught non-pharmacologic methods of pain management, however they expressed that they use inadequately these methods during the first stage of labour due to shortage of staff, lack of privacy and space, a high midwife-mother ratio, culture and hospital policies. In the light of these findings, recommendations were made of maximizing the use of non-pharmacologic methods during the first stage of labour.

Labrecque M, Nouwen A, (2008) compared the effectiveness of 3 nonpharmacologic approaches for relieve the back pain. A total of 34 women suffering from low back pain during labor were randomly assigned to receive 1 of 3 treatments: (1) intracutaneous sterile water injections (ISW); (2) transcutaneous electrical nerve stimulation (TENS); and (3) standard care, including back massage, whirlpool bath, and liberal mobilization. Women are self-evaluated both intensity and affective dimensions of pain using visual analog scales. Their evaluations of control and satisfaction were assessed using adapted versions of the Labour Agentry Scale and the Labor and Delivery Satisfaction Index. Women in the ISW group rated the intensity and unpleasantness of pain during the experimental period significantly lower than women in the standard care group or the TENS group, (P = .001 and P = .003, respectively). Similar results were observed for intensity (P = .01) and unpleasantness (P = .03) of pain assessed just before delivery or request for an epidural. Mean pain intensity at 15 and 60 minutes after randomization was significantly reduced in the ISW group compared with the 2 other groups.

MayA.E and Elton. C.D., (2000) conducted a prospective descriptive study on mother labor pain at Leicester Royal university. Study was conducted over a period of 2 months. 100 primigravid mothers who had been admitted in hospital for delivery were selected by convenience sampling technique pain assessment was carried out by direct questioning method using a 4-point verbal rating scale of mild, moderate and severe in labor room during first stage and second stage. Data was analyzed by descriptive and inferential statistics. The results of the study shows that the labor is a painful event for every women, 95% of the primigravid mothers experienced progressively increasing pain during first stage from mild to severe which is spasmodic and radiating in nature.

Cammu H,etal (2008) Conducted prospective randomised trial in the labor ward of a teaching hospital with a uniform active labor management. The samples were one hundred and ten nulliparous low risk women, at term, in true spontaneous labor. Fifty-four women had a bath, 56 women served as controls. Mean outcome measures: labor pain (assessed by means of a visual analogue scale) and post partum patients' bathing experience (by means of a self-made questionnaire).The study group and the control group were comparable with respect to maternal age, weight, length, duration of gestation, cervical status and labor pain sensation before randomisation. Absolute values of labor pain were not statistically different between the two groups, yet this latter progressed differently: in the bathing group the initial pain sensation (V.A.S.) was 6.8, and this remained stable during the first 25 minutes (V.A.S. = 6.7) and then rose to 8.2 after a mean of 53 minutes. In the control group, labor pain rose progressively from 6.3 to 7.3 after 25 min and to 8.7 after a mean of 52 min (p < 0.01, Student t-test). There was no difference in the use of epidural analgesia. There were no differences in labor duration

nor in the frequencies of either operative deliveries or neonatal complications. Eighty percent of the bathers experienced soothing of the pain and all but one reported body relaxation. Ninety percent wanted to bathe again during a next labor.

Davim RM, (2007) investigated the effectiveness of Non-Pharmacological Strategies (NPS) on pain relief of parturients as part of a research instrument to be utilized in a Doctoral Dissertation. In order to evaluate the NFS, the Analogous Visual Scale (AVS) was used on 30 parturients attended at the Humanized Labor Unit of a school-maternity hospital in Natal, Brazil. Of the six NPS (respiratory exercises, muscular relaxation, lumbossacral massage, shower washing, deambulation and pelvic swing), two were excluded post-test (deambulation and pelvic swing) for not being accepted by the parturients. The remaining NFS (respiratory exercises, muscular relaxation, lumbossacral massage, and shower washing) which reached satisfactory acceptation and applicability rates, were found to be effective in relieving pain of these parturients, and thus deemed adequate for use in the Doctoral Dissertation data collection process.

Trout KK, (2007) experimented the women experience the pain of labor differently, with many factors contributing to their overall perception of pain. The neuromatrix theory of pain provides a framework that may explain the reason for selected nonpharmacologic methods of pain relief can be quite effective for the relief of pain for the laboring woman. The concept of a pain "neuromatrix" suggests that perception of pain is simultaneously modulated by multiple influences. The theory was developed by Ronald Melzack and represents an expansion beyond his original "gate theory" of pain, first proposed in 1965 with P. D. Wall.

This article reviews several nonpharmacologic methods of pain relief with implications for the practicing clinician. Providing adequate pain relief during labor and birth is an important component of caring for women during labor and birth.

Brown ST, et al (2007) Conducted the study on wide variety of pain relief measures are available to women in labor. This retrospective, descriptive survey examined which nonpharmacologic pain-relief techniques laboring women use most often and the effectiveness of the chosen techniques. Of the 10 nonpharmacological strategies rated by the sample (N = 46), breathing techniques, relaxation, acupressure, and massage were found to be the most effective. However, no specific technique or techniques were helpful for all participants. The results provide directions for childbirth educators in designing and implementing an effective childbirth education curriculum that assists women to have empowered birth experiences.

Smith CA, Collins CT, (2007) Conducted the study to examine the effects of complementary and alternative therapies for pain management in labour on maternal and perinatal morbidity,The inclusion criteria included published and unpublished randomised controlled trials comparing complementary and alternative therapies with placebo, no treatment or pharmacological forms of pain management in labour. All women whether primiparous or multiparous, and in spontaneous or induced labour, in the first and second stage of labour were included. Meta-analysis was performed using relative risks for dichotomous outcomes and mean differences for continuous outcomes. Three trials involved acupuncture (n = 496), one audio-analgesia (n = 24), two trials acupressure (n = 172), one aromatherapy (n = 22), five trials hypnosis (n

= 729), one trial of massage (n = 60), and relaxation (n = 34). The trials of acupuncture showed a decreased need for pain relief (relative risk (RR) 0.70, 95% confidence interval (CI) 0.49 to 1.00, two trials 288 women). No differences were seen for women receiving aromatherapy, or audio analgesia,Acupuncture and hypnosis may be beneficial for the management of pain during labour; however, the number of women studied has been small. Few other complementary therapies have been subjected to proper scientific study.

Rush J, etal, (2006) Conducted the study to randomized, controlled trial was initiated to explore their effects on narcotic and epidural requirements. This study employed an intent-to-treat design, and the sample size was estimated to account for the fact that some women would be unable to use the tub. The experimental group of 393 women was offered the tub during labor and the control group of 392 women received conventional care. No births occurred in the tub. The tub group required fewer pharmacologic agents than controls (66% vs 59%, p = 0.06), experienced fewer deliveries by forceps and vacuum (p = 0.019), and were more likely to have an intact perineum than the standard-care group (p = 0.019). Labor was longer for the tub group (p = 0.003), who coincidentally were more primiparous and in earlier labor on admission. The cesarean rate among both groups was lower (8.9%) than our overall rate (16.6%) during the study period. Whirlpool baths in labor have positive effects on analgesia requirements, instrumentation rates, condition of the perineum, and personal satisfaction. Further study is being planned.

Section B : Review related to effect of massage and changing position.

Stamp G, Kruzins G, (2008) Conducted the study to determine the effects of perineal massage in the second stage of labour on perineal outcomes. Randomised controlled trial. Participants: At 36 weeks' gestation, women expecting normal birth of a singleton were asked to join the study. Women became eligible to be randomised in labour if they progressed to full dilatation of the cervix or 8 cm or more if nulliparous or 5 cm or more if multiparous. 1340 were randomised into the trial. Massage and stretching of the perineum during the second stage of labour with a water soluble lubricant. There were fewer third degree tears in the massage group (12 (1.7%) v 23 (3.6%); absolute risk 2.11, relative risk 0.45; 95% confidence interval 0.23 to 0.93, P<0.04), though the trial was underpowered to measure this rarer outcome. Groups did not differ in any of the secondary outcomes at the three assessment points. The practice of perineal massage in labour does not increase the likelihood of an intact perineum or reduce the risk of pain, dyspareunia, or urinary and faecal problems.

Waters BL, Raisler J.(2008) Conducted the study to investigate the use of ice massage of the acupressure energy meridian point large intestine 4 (LI4) to reduce labor pain during contractions. LI4 is located on the medial midpoint of the first metacarpal, within 3 to 4 mm of the web of skin between the thumb and forefinger. A one-group, pretest, posttest design was chosen, which used 100-mm Visual Analog Scales (VAS) and the McGill Pain Questionnaire (MPQ) ranked numerically and verbally to measure pain levels; the pretest served as the control. Study participants were Hispanic and white Medicaid recipients who received prenatal care at a women's clinic staffed by certified nurse-midwives and obstetricians. Participants noted a pain reduction mean on the VAS of 28.22 mm on the left hand and 11.93 mm on the right hand. The

postdelivery ranked MPQ dropped from number 3 (distressing) to number 2 (discomforting). The study results suggest that ice massage is a safe, noninvasive, nonpharmacological method of reducing labor pain.

Chang MY, (2008) The investigater was done a study on the effects of massage on pain reaction and anxiety during labour. Sixty primiparous women expected to have a normal childbirth at a regional hospital in southern Taiwan were randomly assigned to either the experimental (n=30) or the control (n=30) group. The experimental group received massage intervention whereas the control group did not. The nurse-rated present behavioural intensity (PBI) was used as a measure of labour pain. Anxiety was measured with the visual analogue scale for anxiety (VASA). The intensity of pain and anxiety between the two groups was compared in the latent phase (cervix dilated 3-4 cm), active phase (5-7 cm) and transitional phase (8-10 cm). In both groups, there was a relatively steady increase in pain intensity and anxiety level as labour progressed. A t-test demonstrated that the experimental group had significantly lower pain reactions in the latent, active and transitional phases. Anxiety levels were only significantly different between the two groups in the latent phase. Twenty-six of the 30 (87%) experimental group subjects reported that massage was helpful, providing pain relief and psychological support during labour. Findings suggest that massage is a cost-effective nursing intervention that can decrease pain and anxiety during labour, and partners' participation in massage can positively influence the quality of women's birth experiences.

Stremler R. etal, (2007) Conducted the study to evaluate the effect of maternal hands-and-knees positioning on fetal head rotation from occipitoposterior to occipitoanterior position, persistent back pain, and other perinatal outcomes. Thirteen labor units in university-affiliated hospitals participated in this multicenter randomized, controlled trial.

Study participants were 147 , The primary outcome was occipitoanterior position determined by ultrasound following the 1-hour study period and the secondary outcome was persistent back pain.Women randomized to the intervention group had significant reductions in persistent back pain. Eleven women (16%) allocated to use hands-and-knees positioning had fetal heads in occipitoanterior position following the 1-hour study period compared with 5 (7%) in the control group (relative risk 2.4; 95% CI 0.88-6.62; number needed to treat 11). Maternal hands-and-knees positioning during labor with a fetus in occipitoposterior position reduces persistent back pain and is acceptable to laboring women. Further trials are needed to determine if hands-and-knees positioning promotes fetal head rotation to occipitoanterior and reduces operative delivery.

Nabb MT, Kimber L,(2006) Experimented the study to produce a detailed specification of a programme of massage, controlled breathing and visualization performed regularly by birth partners, from 36 weeks gestation and assisted by a trained professional, following hospital admission during labour and birth. As current research on massage interventions for pain relief in labour is poorly characterized, we began by undertaking a feasibility study on an established massage programme . The intervention was designed in light of experimental findings that repeated massage sessions over 14 days increases pain threshold, by an interaction between oxytocin and opioid neurons Repeated massage-like stimulation induces long-term effects on nociception: contribution of oxytocinergic mechanisms Maternal expectations and experiences of labour pain and analgesia: a multi-centre study of nulliparous women. The mean score was 6.6. Previous studies suggest that a reduction from 8.5 to 7.5 would significantly reduce pharmacological analgesia in labour.

Section C : Review related to effect of breathing exercises and heat application.

Yildirim G, Sahin NH.(2008) Conducted the study to determine the effect of breathing techniques and nurse-administered massage on the pain perception of pregnant woman during labour. The present study was conducted among pregnant women (75% primiparous) admitted to the SSK Bakirkoy Women and Children's Hospital (Istanbul, Turkey). The patients were in their 38th to 42nd week of pregnancy, not at high risk and expected to have normal vaginal delivery. They were also instructed to change their positions and to relax. Study results demonstrated that nursing support and patient-directed education concerning labour and nonpharmacological pain control methods (eg, breathing and cutaneous stimulation techniques) were effective in reducing the perception of pain by pregnant women (when provided in the latent labour phase before delivery), leading to a more satisfactory birth experience.

Da Silva FM, de Oliveira SM, (2007) In their experimental, randomized, controlled trial study were to evaluate the effect of immersion baths on the length of the first stage of childbirth labor and on the frequency and length of the uterine contractions. Data were collected in a philanthropic public maternity hospital of the city of São Paulo whose month average is 1,100 births. The sample was comprised of 108 women in labor--54 in the control group and 54 in the experimental group that had immersion baths. The results showed that immersion baths did not have any influence on the length of labor and on the frequency of uterine contractions. However, the length of contractions was statistically shorter in the experimental group (experimental 41.9 versus control 44.6 min). The conclusion was that immersion baths are an alternative for the woman's comfort during labor, since it provides

relief to her without interfering on the labor progression or jeopardizing the baby.

Ohlsson G, Buchhave P, (2007) Conducted the study to determine the maternal and neonatal effects of immersion in warm water during labor. Prospective randomized controlled bathing during first stage of labor vs no bathing. Randomization took place by means of sealed opaque envelopes at each delivery unit. Preconditions for participation in the study were: singleton parturient wishing to bathe, a gestational duration of at least 35 weeks+0 days, a planned vaginal delivery, normal admission test, regular contractions and cervix dilated to at least 3-4 cm. Parturients randomized to the 'no bath' control group were allowed to use a shower. Rupture of the membranes was not a contra-indication to participation. Those excluded from randomization were women with intra-uterine growth retardation, meconium-stained amniotic fluid, or in the event that the tub was occupied by another randomized parturient. On average, parturients stayed in the tub for 50-60 min. No significant difference was seen regarding the referral rate to NICU among 612 cases vs 625 controls, OR 0.8; 95% CL 0.2, 3.1. The OR for epidural analgesia was 1.0; 95% CL 0.8, 1.3. Nor was any significant difference seen in the rate of perineal tear grade III-IV (OR 1.3), instrumental delivery (OR 1.1), cesarean section (OR 1.8), or maternal post partum stay on the ward. During the neonatal period, no significant difference was seen in the number of newborns with Apgar <7 at 5 min (4 vs 5), neonatal distress (OR 2.2) or tachypnéa (OR 1.0). In the present study no negative effects of bathing during labor could be discerned.

Schorn MN, McAllister JL, (2006) Conducted the study to use of warm water immersion (WI) by women for relaxation during labor is being used around the world; however, there is little available research as

to the effects of WI. The conducted this prospective, randomized, and controlled study to determine the safety and effect of WI on the woman in labor. The studied 93 subjects between 36 and 41 weeks' gestation, in active labor, with intact membranes, and without major medical or obstetric complications. Subjects in the WI group utilized a tub in labor along with other pain relief measures such as ambulation, rest, showers, and analgesics. Subjects in the no-WI group could use all available methods of pain relief except WI. Water immersion did not alter the rate of cervical dilation, change the contraction pattern, change the length of labor, or alter the use of analgesia. The rates of chorioamnionitis and endometritis were not altered by WI. Although we did not demonstrate an improvement in progression of labor by WI, there was no evidence of increased maternal, neonatal, or infectious morbidity.

Section D: Review related to Teaching program on non pharmacological pain relief methods.

Moru MM. (2005) et al., Conducted the study to determine the use of non-pharmacological methods of pain management used by midwives in Lesotho. The research design was non-experimental and of a descriptive nature. The data was obtained by means of a structured questionnaire which was compiled after a through literature analysis was done. Midwives, working in the Maternity wards of the Christian Hospital Association of Lesotho as well as the government Hospitals completed the questionnaires. All data was analyzed on a nominal descriptive level. According to the results, the midwives indicated that they were taught non-pharmacological methods of pain management, however they expressed that they inadequately use these methods during the first stage of labour due to shortage of staff, lack of privacy and space, a high midwife-mother ratio, culture and hospital policies. In the light of these findings, recommendation were made of maximizing the use of non-pharmacological methods during the first stage of labour.

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern to gather valid and reliable data for the problem under investigation. This chapter describes the methodology adopted for determine the effectiveness of structured teaching programme on natural pain relief methods of primigravid mothers during labor.

This chapter comprises methodology for the study , the research approach, research design, setting of the study, samples, technique of data collection, description of tool, content validity of the tool, reliability of the tool, pilot study, procedure of data collection and plan for analysis of data.

RESEARCH APPROACH

The quantitative approach was used to determine the effectiveness of selected natural pain relief methods among primigravid mothers during labour.

RESEARCH DESIGN

In this study, It was a pre-experimental research design. It is one group pretest and post-test design was selected to evaluate the effectiveness of structured teaching programme on selected natural pain relief methods. The pre- experimental design chosen for the study is present in figure given below.

PRE-TEST	INTERVENTION	POST-TEST
Assess the knowledge regarding selected natural pain relief methods during labour among primigravid mothers before structured teaching program. **Q** 1	Structured teaching programme on selected natural pain relief methods during labour. **X**	Assess the post test knowledge regarding selected natural pain relief methods after structured teaching program. **Q 2**

SETTING OF THE STUDY

The study was conducted in Infant Jesus maternity hospital Madurai, it is about 60 km away from Manamadurai, which situated in the heart of the Madurai City. This Hospital has the infrastructure like one maternity out patient department and general medicine. The large labour room attached with waiting room for mother who awaiting for delivery. The maternity wards are separated like general ward, post operative ward, special ward and deluxe ward. There is a well equipped operation theatre, scrubbing room and utility room. They are nearly 80-100 outpatients come for regular Antenatal checkup, client with gynaecological disorders, family planning and infertility treatment. They conduct about 15-20 delivery per week.

POPULATION

The target population selected for the study was primi gravid mothers in the age group of 16 - 40 years who had gestational ages of above 37 weeks coming for the outpatient department.

SAMPLE

This study consists of 60 primigravid mothers in the age group 16-40 years in the outpatient department in Infant Jesus Hospital.

SAMPLING TECHNIQUE

Purposive sampling technique was used to select the samples that fulfill the sampling criteria are included in the study. Respondents had been selected purposively.

CRITERIA FOR SAMPLE SELECTION
INCLUSION CRITERIA

Primigravid Mother

- Who were at the gestational age of above > 37 weeks
- Who came for outpatient department.
- Who were willing to participate.
- Who were available at the time of data collection.

EXCLUSION CRITERIA

Primigravid Mother

- Who were at < 37 weeks of gestational age.
- Who were not willing to participate.
- Who were on labour.

DESCRIPTION OF INSTRUMENT /TOOL

Part-1 : Demographic Data

Part-2 : Semi-Structured Knowledge Questionnaire

Part-1 Demographic Data

It comprises of socio demographic information of the subjects such as age, education level, religion, occupation. Family income, type of family, location of the family and availability of health personnel in the family.

Part-2
Semi Structured Knowledge Questionnaire

This part consists of 28 multiple choice questions regarding selected natural pain relief methods during labour. There are four sub-sections for this part.

This four section consist of knowledge regarding selected natural pain relief methods such as massage technique, changing Position, heat applications and breathing exercises.

KNOWLEDGE SCORE

Each question consists of 4 alternatives with one correct response and three distracters. Each question carried a score of one. The maximum score was 28,knowledge score was interpreted as follows:

SCORE	PERCENTAGE (%)	CATEGORY
0-14	0-50	Inadequate
15-21	51-75	Moderately adequate
22-28	76-100	adequate

DEVELOPMENT OF STUCTURED TEACHING PROGRAMME

Teaching plan is a guide for the teacher to help and to cover the topic completely with the proper sequence of points without missing anything.

Steps involved in development of structured teaching programme are:

- Framing the outline of a teaching plan
- Preparing the content
- Designing the methods of instruction and audio visual aids
- Content validation of structured teaching programme.

1. Framing the outline of a teaching plan

The outline of the teaching plan was framed, which included the setting of the general and specific objectives, specifying the date, time, place, size of group and duration of session.

2. Preparing the content

The researcher prepared the teaching module after referring the literature and consulted with subject experts. The charts illustrates the benefits of massage technique, posters display the images of various positions of pregnant mothers. Breathing exercises were explained by demonstration.

3. Designing the methods of instruction and audio visual aids

The method of instruction adopted was lecture cum discussion. The visual aids such as charts, posters and demonstration were used.

4. Content Validation of Structured teaching programme

There were hundred percent agreements on the content except minor modification.

TESTING OF THE TOOL

VALIDITY

The semi-structured questionnaire and demographic data was developed by the investigator based on the review of literature.

Four experts from nursing field and one experts from the medical field evaluated the tool for content validity based on their valuable suggestion some revisions including modification of language and format were made on the basis of suggestion given by the adviser under whose guidance the study was conducted.

RELIABILITY

The test-retest method was used to establish the reliability of semi-structured questionnaire $r = .85$ was satisfactory.

PILOT STUDY

In order to find out the feasibility of the study, a pilot study was conducted among six mothers in Infant Jesus Hospitals, South Gate, Madurai. Six primigravid mothers who met the inclusion criteria. Among the 80 mothers, purposive sampling technique used for collecting the samples. Pre-test was given for 15-20 minutes by using knowledge questionnaire. The small group formed with 3-5 primigravid mother for the teaching program. The structured teaching program was conducted for 25-30 minutes on the same day.

Mother's doubts and questions were clarified by the researcher. The sample's case books were marked numerically (1, 2, 3, …….60) on the top for identification the same samples for the post test. The post test was conducted after 8th to 10th day when the mother come for next visit. The pilot study was done to findout the feasibility and practicability of the study.

DATA COLLCTION PROCEDURE

Formal administrative permission was obtained from the concerned authority to conduct the study. The data collection period was six weeks in. Consent was obtained from each participant after giving assurance of confidentiality. Samples were selected in accordance with laid down criteria. Pre-test was given for 15-20 minutes by using knowledge questionnaire. The small group formed with 3-5 primigravid mother for the teaching program. The structured teaching program was conducted for 25-30 minutes on the same day. Mother's doubts and questions were clarified by the researcher. The sample's case books were marked numerically (1, 2, 3, …….60) on the top for identification the same samples for the post test. The post test was conducted after 8th to 10th day when the mother come for next visit.

PLAN FOR DATA ANALYSIS

The demographic variables were described descriptively in terms of frequency and percentage. Paired 't' test was done with mean pre test and mean post test knowledge scores to evaluate the effectiveness of the structured teaching programme. A chi-square test (χ^2) was done to find out the association between the mean post test knowledge score and selected demographic variables. The level of significance was set at 0.05 level.

PROTECTION OF HUMAN RIGHTS

The proposed study was conducted after the approval of dissertation committee of Matha College of Nursing. Permission was obtained from the Director of medical services of Infant Jesus Hospital, Madurai. Consent of each subject was obtained before starting the data collection. Assurance was given to them that the anonymity of each individual would be maintained.

CHAPTER IV

DATA ANALYSIS AND INTREPRETATION

Statistical analysis is a method of rendering quantitative information meaningfully and intelligently. According to polit, statistical procedures enable the researcher to summarize, organize, evaluate, interpret and communicate numeric information.

The collected information was organized, tabulated, analyzed and interpreted using descriptive and inferential statistics. Analysis was done based on the objectives and hypothesis of the study. The level of significance for all inferential statistics was set at 0.05 levels.

THE OBJECTIVES OF THE STUDY:

❖ To assess the pretest level of knowledge regarding selected natural pain relief methods during labour among mothers before structure teaching knowledge.

❖ To assess the post test knowledge regarding selected natural pain relief methods after structured teaching programme.

❖ To compare pre and post test knowledge level on selected natural pain relief methods during labour among primigravid mothers.

❖ To determine the association between the post test knowledge on selected natural pain relief methods with selected demographic variables such as age, education level, religion, occupation, family income, type of family, location of the family, availability of the health personnel in the family.

Organization of the study findings

The data were analyzed, tabulated and interpreted using descriptive and inferential statistics. The data findings are organized and presented under the following section.

Section – I

The obtained data on demographic profile are described under the following sub headings which include age education, religion, occupation, monthly income, type of family, location of living, availability of health personnel in the family.

Section – II

Distribution of pretest & post test knowledge score and percentage of primigravid mothers regarding selected natural pain relief methods during labour.

Section – III

Comparison of pretest and post test knowledge regarding selected natural pain relief methods during labour among primigravid mothers.

Section – IV

Association between the post test knowledge scores and the selected demographic variables.

SECTION- I

This section deals with frequency and percentage distribution of samples according to the demographic variables among primigravid mothers

Table 1 Frequency and percentage distribution of samples on selected demographic variables among Primigravid mothers

S.No	Demographic variables	Frequency N=60	Percentage
1	**Age**		
	a) 15-20	14	23.3
	b) 21-25	27	45.0
	c) 26-30	15	25.0
	d) 31 and above	4	6.7
2	**Religion**		
	a. Hindu	30	50.0
	b. Muslim	13	21.7
	c. Christian	17	28.3
3	**Educational level**		
	a) illiterate	9	15.0
	b) Primary	24	40.0
	c) Higher Secondary	17	28.3
	d) Graduates and above	10	16.7
4	**Occupation**		
	a) housewife	35	58.3
	b) coolie	4	6.7
	c) government Employee	0	0
	d) Private/ Business	21	35.0

5	**Family income**		
	a) Below Rs.1000	2	3.3
	b) Rs. 1001-2000	14	23.3
	c) Rs. 2001-3000	15	25.0
	d) Rs. 3000 and above	29	48.3
6	**Family Type**		
	a) Nuclear Family	33	55.0
	b) Joint Family	27	45.0
	c) Extended family	0	0
7	**Location**		
	a) Rural	21	35.0
	b) Urban	39	65.0
8	**Availability of Health personnel in the family**		
	a) Yes	3	5.0
	b) No	57	95.0

The data presented in the above table shows, the maximum number of samples 27 (45%) were in the age group of 21-25 years 15 (25%) in the age group of 26 – 30 years and the remaining 14(23%) in the age group of 15-20 years.

Regarding the religion of primigravid mothers 30 (50%) of them belong to Hindu, Muslim were 13 (21.7%) and remaining 17 (28.3%) were Christians.

On the education status of the primigravid mothers, maximum 24(40%) of samples had primary education. 17(28.3%) mother had secondary education, 10(16.7%) were qualified up to graduate and above 9(15%) of them had no formal education.

Regarding occupation, maximum 35 (58%) of were housewives and next majority of them were nearly 21 (35%) working in private sectors. Regarding family income the higher income of above Rs.3000 were 29% of 14 (23.3%) and 15 (25%) of there were between Rs.1000 – 3000.

Regarding family type, majority 33(55%) of them belong to nuclear family and 27(45%) belong to joint family.

Regarding the availability of health personnel in the family maximum 57(95%) of the samples do not have any health personnel and remaining 3(5%) had health personnel in their family.

Figure 2 : Percentage Distribution of samples according to age in years
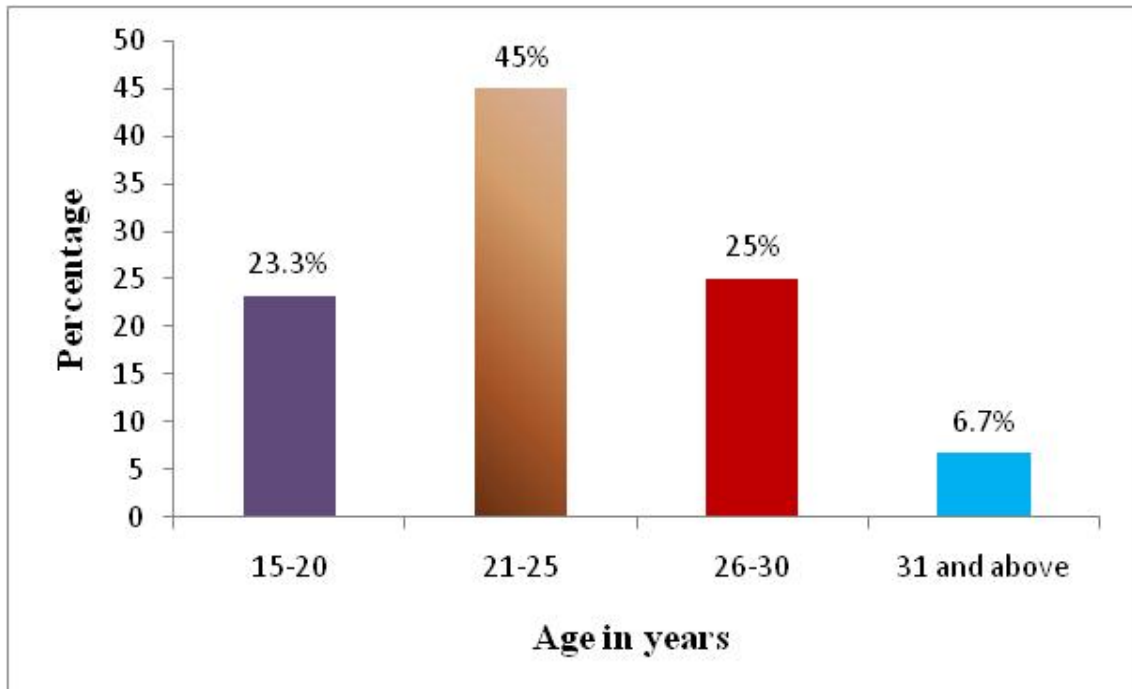
Age in Years

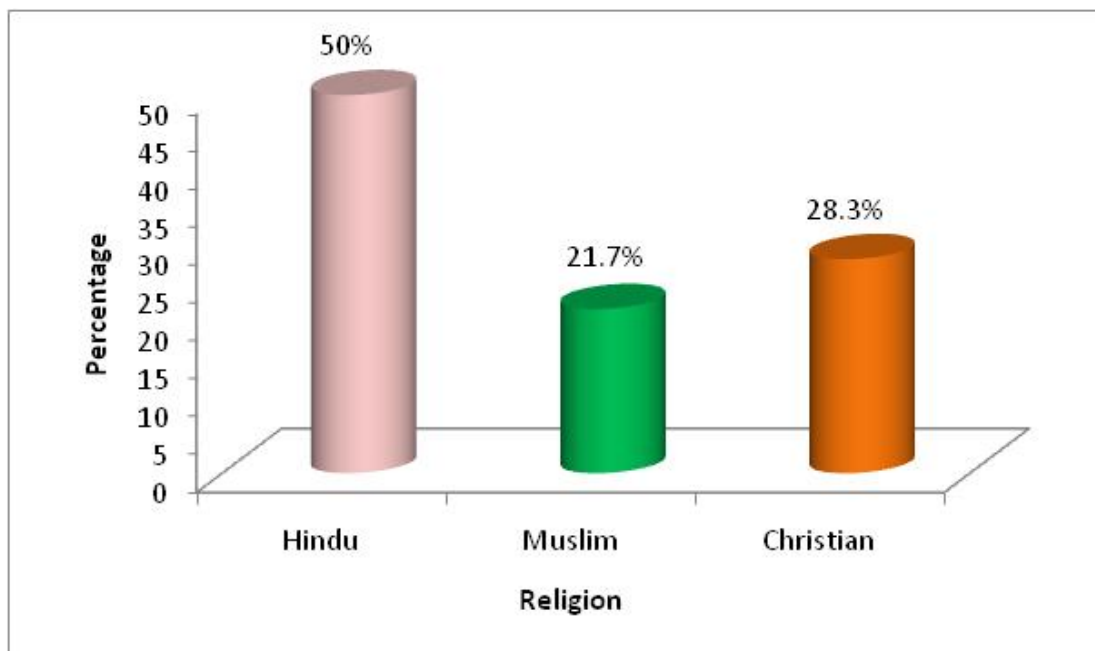**Figure 3: Percentage Distribution of samples according to religion**

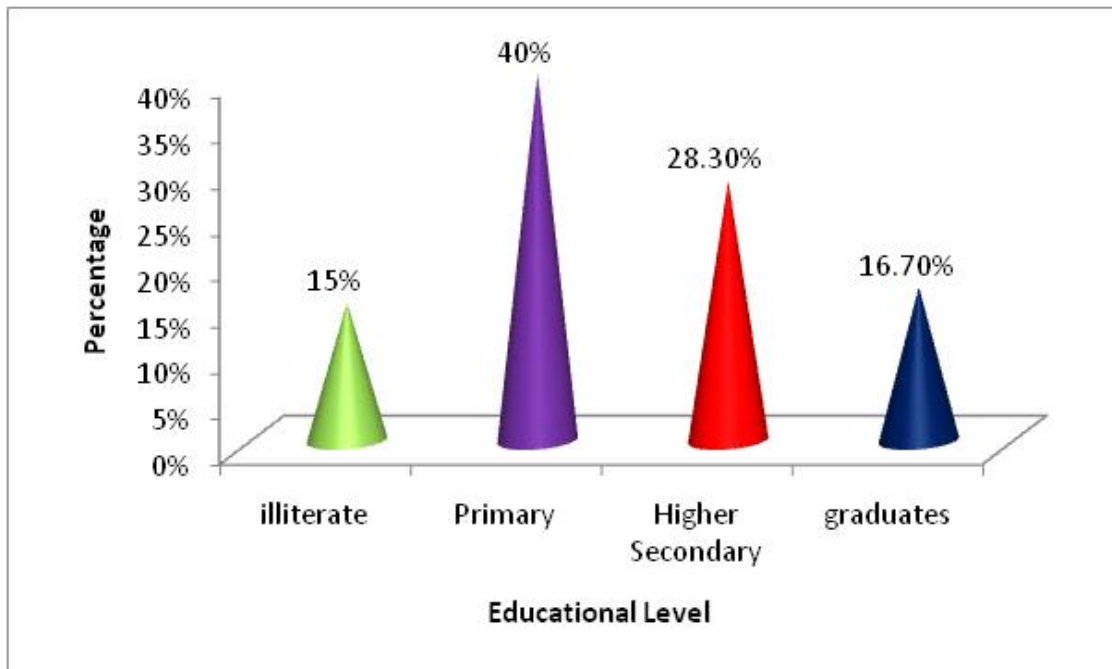**Figure 4 : Percentage Distribution of samples according to Education of Mothers**

Figure 5 : Percentage Distribution of samples according to Occupation of Mothers
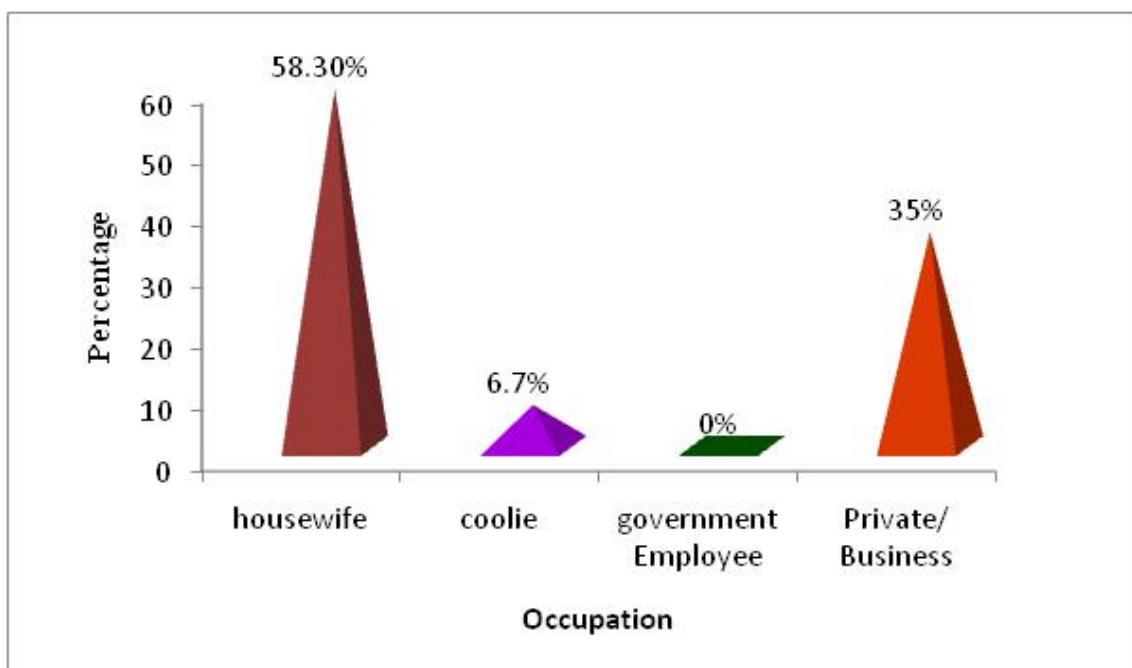
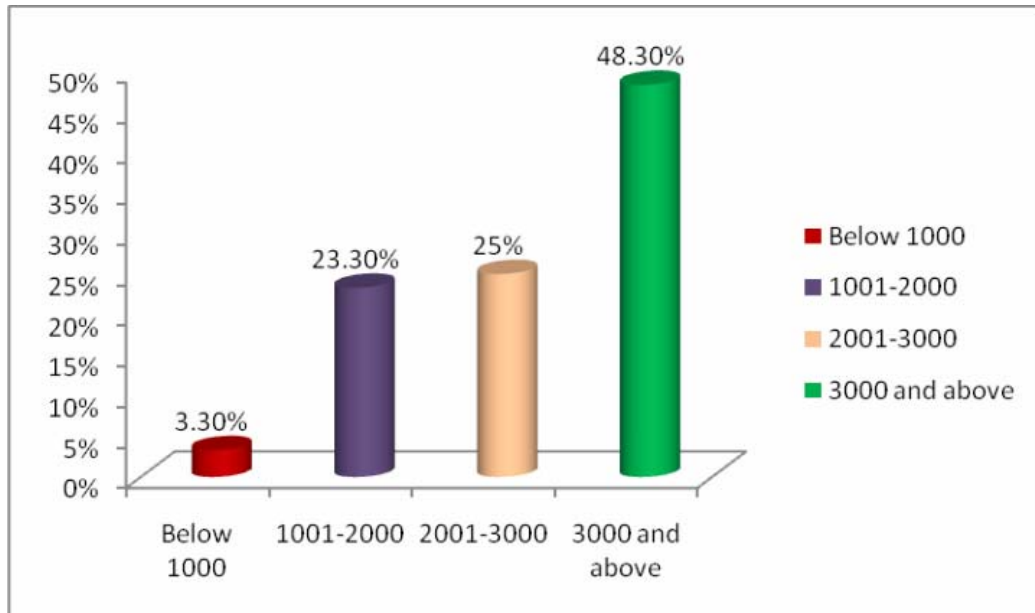**Figure 6: Percentage Distribution of samples according to Family Income**

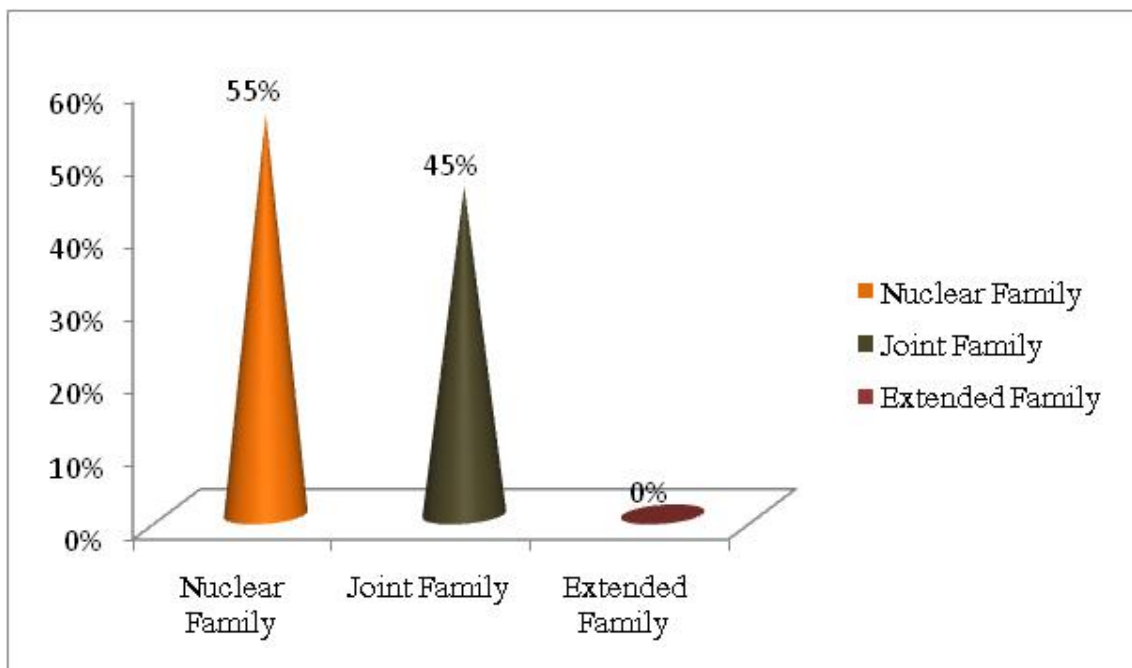**Figure 7: Percentage Distribution of samples according to Family Type**

Figure 8 : Percentage Distribution of samples according to Location of the family
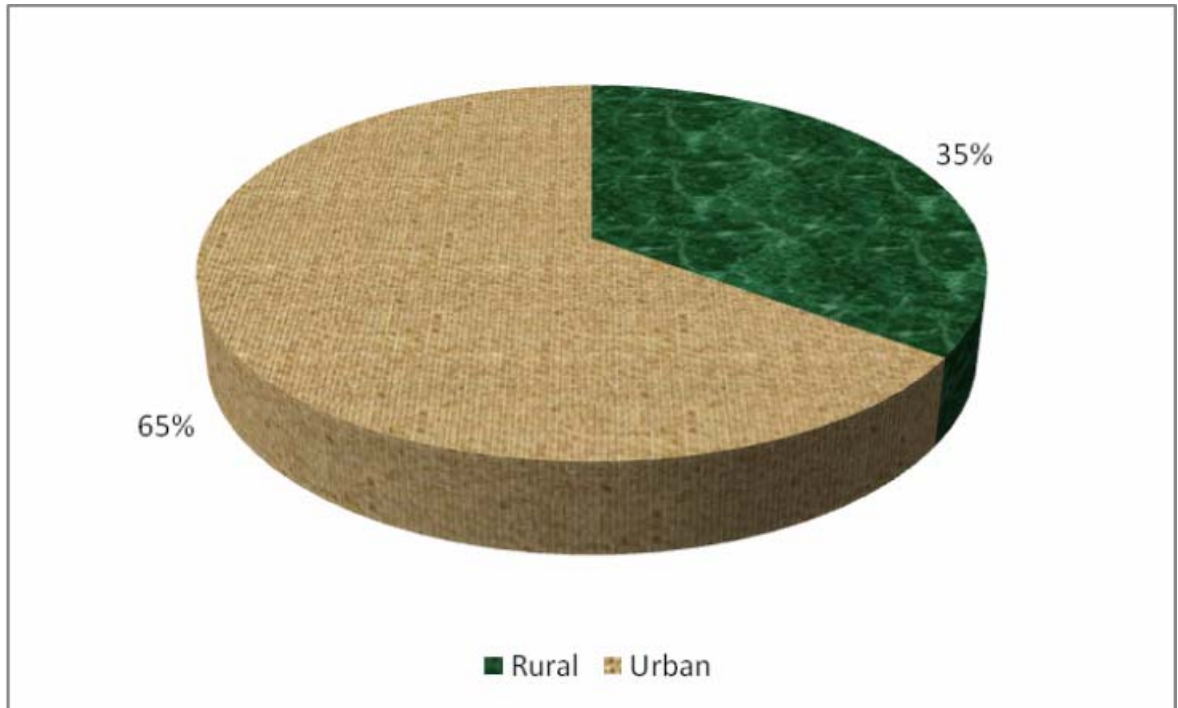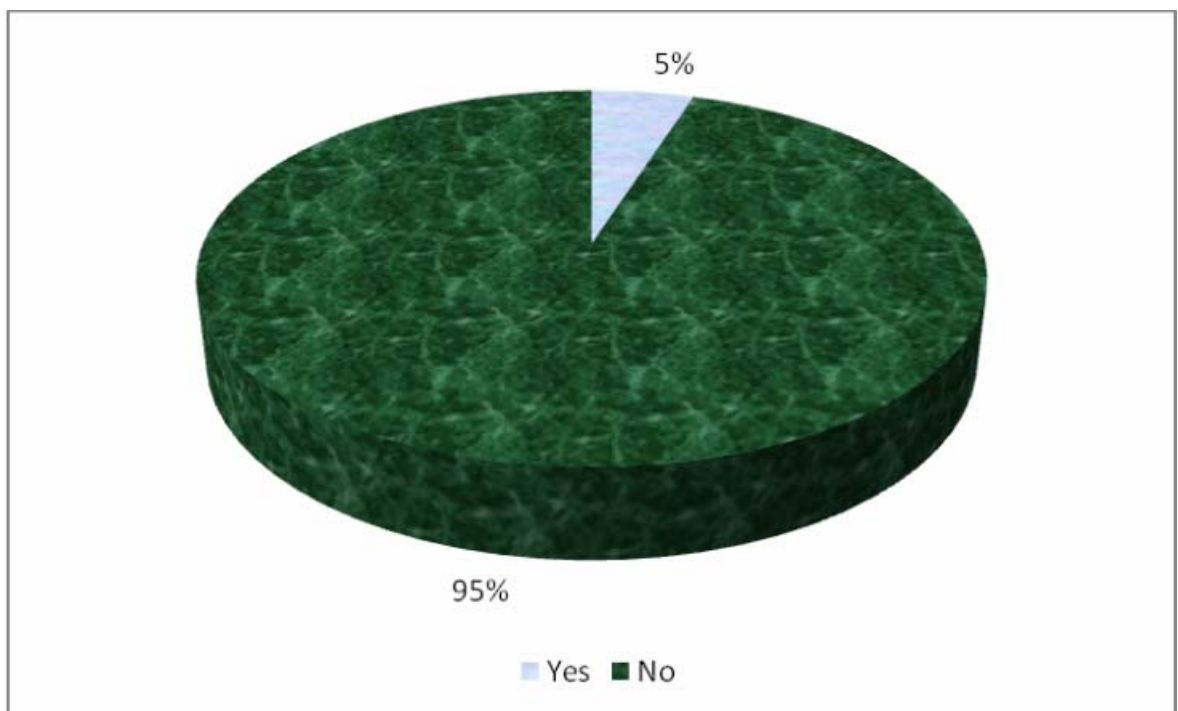

Figure 9 : Percentage Distribution of samples according to availability of Health Personnel in the family
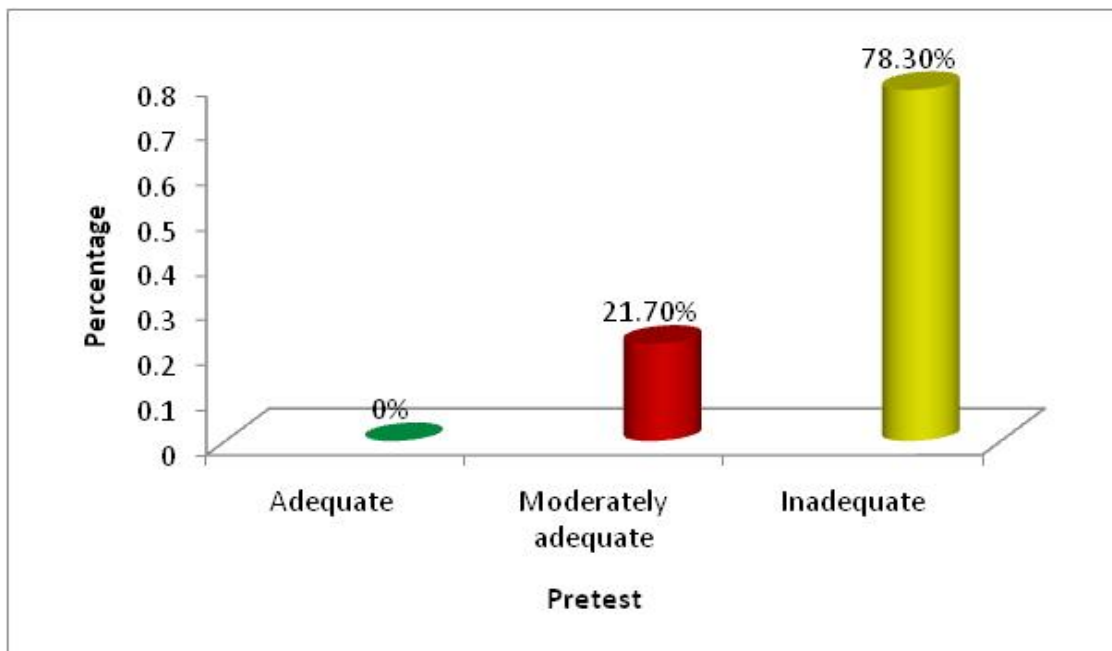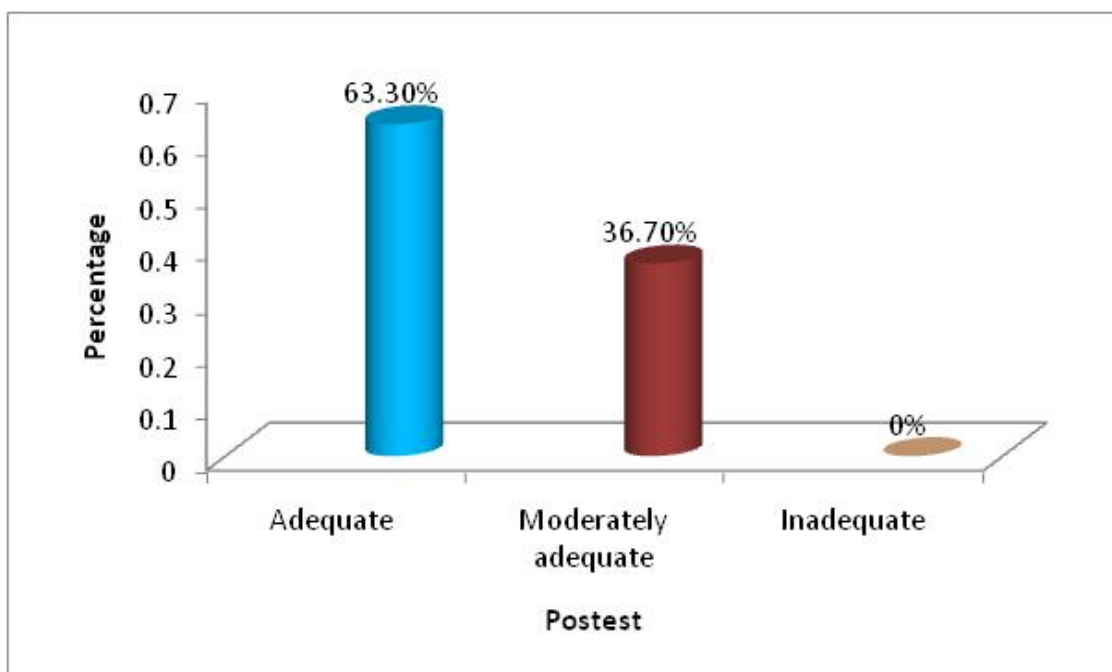
SECTION - II

Table 2. Distribution of pretest and posttest knowledge score among primigravid mothers

Levels of Knowledge	Pretest		Post test	
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**
Adequate	0	0	38	63.3
Moderately adequate	13	21.7	22	36.7
Inadequate	47	78.3	0	0

The data presented in table 2 shows that the frequency and percentage distribution of samples according to level of knowledge in the pre and post test. The pretest score reveals that 47(78.3%) of the samples had inadequate knowledge 13 (21.7%) of the samples had moderately adequate knowledge, and nobody had adequate knowledge. In the post test 38 (63.3%) of the samples had moderately adequate knowledge 22(36.7%) of the samples had adequate knowledge.

Figure 10 : Percentage Distribution of Pretest Knowledge Score

**Figure 11 : Percentage Distribution of Posttest Knowledge Score**

SECTION-III

Table 3. Comparison of mean pretest and post test knowledge score of the Mothers regarding selected natural pain relief methods.

This section reveals that to test the statistical significant difference between mean pretest and posttest knowledge scores of the primigravid mothers regarding natural pain relief method during labour.

	Mean	**Standard Deviation**	**Paired 't' test Value**
Pre test	10.32	3.703	20.449
Post test	21.43	2.878	

The data shown in table 3, shows that the mean posttest knowledge score of the samples were significantly higher than their mean pretest knowledge scores. In order to find out the significant difference between the mean of pretest and post and post test knowledge score of the samples. The paired 't' test was computed. The calculated 't' value is 20.44 significant at 0.05. Since the calculated value is higher than table value. The null hypothesis was rejected and the research hypothesis was accepted. Hence the researcher concluded that gain in knowledge was not by chance but the structured teaching programme on selected natural pain relief methods effectively.

Figure 12: Percentage Distribution of Mean pretest and post test knowledge score of Primigravid mothers regarding Natural Pain Relief Method
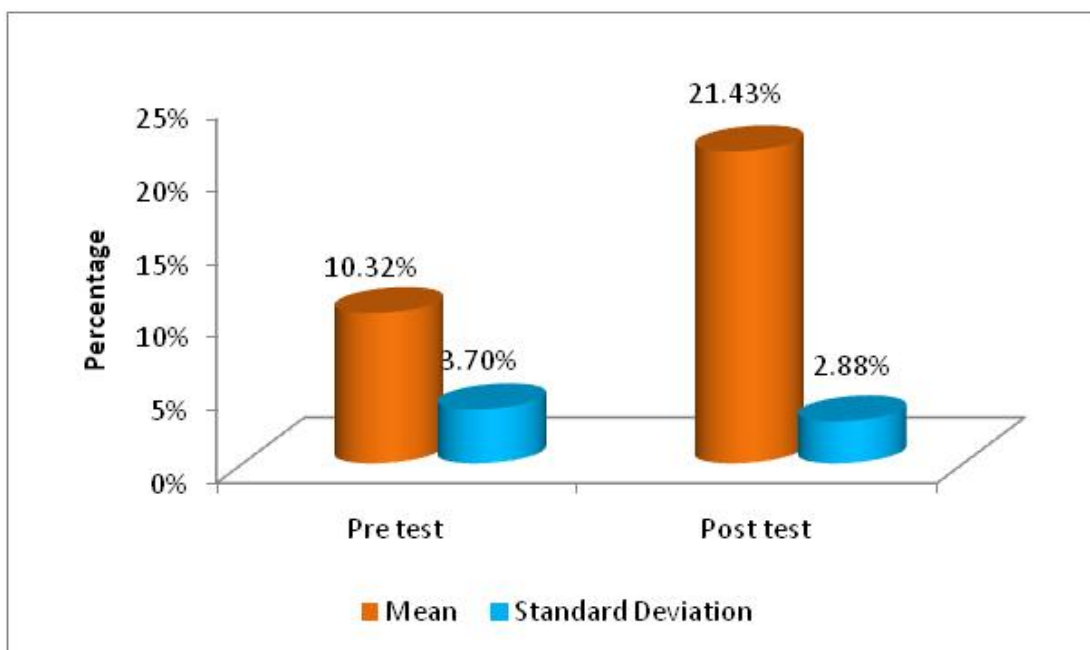
SECTION IV

Table 4, Association between posttest knowledge scores and demographic variables

To identify the association between the mothers and the selected demographic variables the following null hypothesis was stated.

HO_2 : There will be no significant association between the post test knowledge and selected demographic variables.

S. No	Demographic Variables	Adequate knowledge	Moderately Adequate knowledge	In Adequate knowledge	Chi-square values x^2
1	**Age** a) 15-20 b) 21-25 c) 26-30 d) 31 and above	10 16 9 3	4 11 6 1	0 0 0 0	.894#
2	**Religion** a) Hindu b) Muslim c) Christian	20 7 11	10 6 6	0 0 0	.661#
3	**Educational level** a) illiterate b) Primary c) Higher Secondary d) Graduates	3 15 13 7	6 9 4 3	0 0 0 0	4.950#

4	**Occupation**				2.994#
	a) housewife	20	15	0	
	b) coolie	4	0	0	
	c) government Employee	0	0	0	
	d) Private/ Business	14	7	0	
5	**Family income**				6.589#
	a) Below 1000	2	0	0	
	b) 1001-2000	8	6	0	
	c) 2001-3000	13	2	0	
	d) 3000 and above	15	14	0	
6	**Family Type**				1.047#
	a) Nuclear Family	19	14	0	
	b) Joint Family	19	8	0	
	c) Extended family	0	0	0	
7	**Location**				.912#
	a) Rural	15	6	0	
	b) Urban	23	16	0	
8	**Health personnel in the family**				1.224#
	a) Yes	1	2	0	
	b) No	37	20	0	

*Significant at 0.05 level

Non significant at 0.05 level.

The result shows that there was no association between knowledge and the selected demographic variables such as age, education, occupation, religion, family income, family type, location of the family and availability of health personnel.

CHAPTER V
DISCUSSION

The aim of the study was to determine the effectiveness of structured teaching programme on knowledge regarding natural pain relief methods among primigravid mothers. The discussion of the present study was based on the findings obtained from statistical analysis of collected data.

Objectives

❖ To assess the pretest level of knowledge regarding selected natural pain relief methods during labour among mothers.

❖ To assess the post test level of knowledge regarding selected natural pain relief methods after structured teaching programme.

❖ To compare pre and post test knowledge level on selected natural pain relief methods among primegravid mothers

❖ To determine the association between the post test knowledge on selected natural pain relief methods with selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

Hypothesis

1. The mean post test knowledge score will be significantly higher than mean pretest score of mothers' knowledge on selected natural pain relief methods during labour among primigravid mothers.

2. There will be a significant association between the mean post test knowledge score and the selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

The First Objective was to assess the pretest level of knowledge on natural pain relief methods among primigravid mothers.

60 primigravid mothers of above 37 weeks in the age group of15-40 years were included for the study. Each primigravid mother was interviewed and taught about the selected Natural pan relief methods, the existing level of knowledge regarding pain relief methods was assessed through structured knowledge questionnaire.

The findings after anlaysis reveals that (table 2) 47(78.3%) of the samples had inadequate knowledge 13(27.7%) of the mothers had moderately adequate knowledge and nobody had adequate knowledge regarding selected natural pain relief methods. This indicated that the need for structured teaching program for primigravid mothers.

Spiby et al., (2003) reported that the availability of the non pharmacological methods in the hospital were not insisted by the midwives to practice in the time of delivery.

According to the researcher point of view, antenatal mothers have not had adequate teaching related to childbirth preparation and pain relief methods during labour. So that, the anxious mother feels the labour pain as a worst experience in their life. The primigravid mother or any antenatal mothers had the teaching related to only antenatal diet, exercises and minor ailments during pregnancy. They have not exposed of knowing the importance of natural pain relief methods due to lack of giving importance of non-pharmacological methods during prenatal period is the major reasons for it. It should be changed, the health personnel and the client should depend on natural interventions for labor pain as well as delivery.

The Second objective was to assess the post test level of knowledge our primigravid mothers after structured teaching programme.

Table No:2 showed that 38 (63.3%) of them had adequate knowledge and 22 (36.7%) of them had moderately adequate knowledge in the post test knowledge regarding Natural pain relief methods of mothers, nobody had inadequate knowledge.

Lundgren (2001) reported that non-pharmacological pain relief methods can help birthing women to find out their own ability to cope and also give meaning of the motherhood by bearing these pain intensively. After providing structured teaching programme regarding natural pain relief method, the mothers showed remarkable changes in knowledge regarding natural pain relief method.

As for the researcher concern, primigravid mothers usually showed the more interest of knowing about the childbirth preparation and also they have got curiosity of reducing pain without injection is adding benefit for them. The curiosity and concern over the painless delivery is the best reasons for showing the remarkable improvement in their post test knowledge score.

The primigravid mothers have got many ways of learning the techniques of pain relief methods during labour nowadays. The mass media and websites are playing the vital role of exposing the new concepts for well educated mothers. This teaching should be the best example for students and staff who work in the maternity ward to follow these pain relief methods.

The Third Objective was to compare the pre and post test knowledge score of mothers regarding Natural pain relief methods among primigravid mothers.

The mean post test knowledge score of the mothers regarding natural pain relief methods significantly was higher than the mean pretest knowledge score. The analysis (Table III) shows the pretest knowledge means score was 10.32 and standard deviation was 3.7 in the post test the knowledge mean score 21.43 and standard deviation was 20.87 through analysis of the data.

In order to find out the significant difference between the means of pretest and post knowledge scores of the samples paired 't' was computed. Paired 't' test value was 20.449 the calculated value was higher than the table value. Hence the null hypothesis was rejected and the research hypothesis was accepted. Hence the researcher concluded that gain in knowledge was not by chance but by the structured teaching programme on selected natural pain relief methods.

Roets L (2008) reported that due to shortage of staff, high midwife – mothers ratio, culture and hospital policies are the factors which influence for not using non pharmacological methods effectively during labour among primigravid mothers. This may be due to before giving structured teaching programme they had very less knowledge about natural pain relief methods and they gained more knowledge after giving the structured teaching programme regarding selected natural pain relief method.

During the time of teaching the primigravid mother's family members who accompanied the were also showed interest to learn about the pain relief methods. Most of the primigravid mothers showed real curiosity of learning these method and to use in the time of delivery. The family members were expressed that they have not aware of this methods in early days.

The Fourth objective to find out the association between the post test knowledge score and selected demographic variables such as age religion, education level, occupation, family income, family type, health personnel in the family.

H_4 There will be a significant association between the posttest knowledge on mothers regarding natural pain relief methods and the selected demographic variables such as age, education, occupation, family type, income. The demographic variables chi-square values are age, ($x^2 = 0.894\#$), religion ($x^2 = 0.661\#$), educational level ($x^2 = 4.950\#$), Occupation ($x^2 = 2.994\#$), Family income ($x^2 = 6.589\#$), Family Type ($x^2 = 1.047\#$), Location ($x^2 = 0.912\#$), Health personnel in the family ($x^2 = 1.224\#$) table 4: Shows that, there was no significant association between post test level of knowledge and demographic variables.

Yildrin (2008) expressed that using these non-pharmacological methods were found effective in reducing the perception of pain by primigravid mothers and that leads to a more satisfactory birth experience.

According to the researcher point of view, teaching is a equal important like providing care to the patient or family members. The nurse should provide information by explaining how pain can be controlled.

When the health personnels explain about the availability of pain relief measures and their effectiveness may also affect the patient's anxiety level. Otherwise pain becomes severe, may patient believe that they should not report pain relief measures until they cannot tolerate to pain, making it difficult for medication to provide relief. Therefore, it is

important to explain to all mothers that pain relief or control is most successful if such measures begin before the pain becomes unbearable.

According to the research, the mothers who had moderate and inadequate knowledge regarding pain relief methods are only through listening from others and reading from books a little bit. There was no proper prenatal class about both non-pharmacological and pharmacological methods for primigravid mothers at any health centres and hospitals.

From the researcher point of view, the overall study reveals that the improvement of knowledge regarding natural pain relief method was only through structured teaching programme and it was not influenced by any of their demographic variables. Lack of knowledge should be replaced by giving health teaching regarding natural pain relief methods.

CHAPTER VI
SUMMARY, IMPLICATIONS, RECOMMENDATIONS
AND CONCLUSION

This chapter deals with the summary of the study and conclusion. It clarifies the implications for nursing practice, nursing education, nursing administration, nursing research and recommendations for further research in the field.

SUMMARY

The purpose of the study was to determine the effectiveness of structured teaching program on knowledge regarding natural pain relief methods among primgravid mothers. Pre-experimental research design was used in this study. The objective and hypothesis of the study were given below.

The following objectives were set for this study.

➢ To assess the existing level of knowledge regarding selected natural pain relief methods during labour among mothers.

➢ To assess the post test knowledge regarding selected natural pain relief methods after structured teaching programme.

➢ To compare pre and post test knowledge level on selected natural pain relief methods

➢ To determine the association between the post test knowledge on selected natural pain relief methods with selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

The following hypothesis were set to the study and tested at 0.05 level of significance.

➤ The mean post test knowledge score will be significantly higher than mean pretest score of mothers' knowledge on selected natural pain relief methods during labour.

➤ There will be a significant association between the mean post test knowledge score and selected demographic variables such as age, education level, religion, occupation, family income, type of family, location, health personnel in the family.

The conceptual framework of the study was based upon the imogene king's theory (1971) of goal attainment.

The instrument used for data collection was an interview schedule on knowledge questionnaire regarding selected natural pain relief methods among primgravid methods. The purposive sampling technique was used for selecting the samples. Descriptive statistical (frequency, percentage, mean, standard deviation) and inferential statistics (chi-square) were used to analyse the data and to test the hypothesis.

Major Findings of the Study

❖ The maximum number of samples 27 (45%) were in the age group of 21-25 years.

❖ Regarding the religion, majority of the mother 30 (50%) were belong to Hindu.

❖ Maximum of the mother 24(40%) had primary education;

❖ Regarding occupation, maximum of the sample 35 (58%) were housewives.

❖ Majority of them were nearly 21 (35%) working in private sectors.

- ❖ Regarding family type majority 33(55%) of them belong to nuclear family and remaining belongs to joint family 27(45%). The majority of the sample who had the higher income of 15(25%) were between Rs.1000 - 3000.

- ❖ Regarding the availability of health personnel in the family maximum 57(95%) of the samples do not have any health personnel's.

- ❖ In the pretest, the majority of the mothers 47 (78.03%) had inadequate knowledge regarding nature pain relief methods.

- ❖ In the posttest the majority of the mothers 38 (63.3%) of them had adequate knowledge.

- ❖ While comparing the pretest (mean score 10.32) knowledge score regarding Natural pain relief methods, most of the mothers scored more in the post test (mean score 21.43)

- ❖ There is no significant association between post test knowledge and selected demographic variables such as age, education, religion, occupation, family income , family type, location of the family and health personnel in the family.

IMPLICATIONS

Nursing is a dynamic process, which involves quality based practice, scientific knowledge and dissemination of research knowledge into practice. Nursing professional find that the health promotion is very relevant useful in a validity of setting.

The findings of this study recommends the implication on nursing practice, nursing education, nursing administration and nursing research.

Implication for Nursing Practice

- ➢ Nurse should collect the group of primigravid mothers who comes regularly for antenatal checkup to the outpatient department, can attend the prenatal classes like child birth preparation and pain relief methods during labour.

- ➢ During labour, the assigned midwife can implement the various pain relief methods according to the mother's desire.

- ➢ Periodically, reassure the mother by demonstrating breathing and relaxation techniques for pain relief during labour.

- ➢ Mother should be taught to encourage for sharing their feelings and opinion about these methods to other mothers who are awaiting for normal delivery.

- ➢ A video show can be arranged before delivery for all primi gravid mothers at the time of antenatal visit.

Implication for Nursing Education

To practice this nursing personnel need to equipped with adequate knowledge regarding not only these selected methods and also other non-pharamacological techniques like meditation, acupuncture, music therapy and shower.

- • The content of breathing exercise, relaxation, massage may be included in the curriculum of General Nursing Midwifery (gnm) and baccalaureate nursing programme and also extended into practice in both hospital and community.

- Case records book for midwifery student can included the procedures of massage, changing positions, breathing exercises and heat applications during labor.

- Nurse educator can encourage creative instinct of student nurse to prepare pamphlets on various pain relief methods.

- The curriculum should enable student nurses to practice these methods during their training as well as followed after completion of the studies.

Implications for Nursing Administration

❖ The number of midwives can be increased in the labor room so that they can give effective teaching on non-pharmacological methods in maternity ward.

❖ Conference, workshop and seminar can be conducted for midwives regarding these natural pain relief methods in the hospital.

❖ Health and awareness camp for mothers on non pharmacological pain relief method should be conducted periodically in the hospital.

❖ The hospital policy should insist more on natural pain relief method as well as normal delivery.

❖ The nurses should concentrate not only the mothers and also the family members to have knowledge about these pain relief methods for support and relieve anxiety.

Implication for Nursing Research

Extensive research must be conducted in this area to identify the physiological effect of natural pain relief method in improving pain tolerance.

This study can be baseline for future studies to build upon.

- Extensive research can be conducted to find out which pain relief methods are effective in our community.
- The research should be conducted for the reason to find out the factors which disturb not been put it into practice, by nurses the reasons for hindrance should be foundout.
- Pros and cons of each natural pain relief methods can be studied. So that the most effective one can be put into practice.
- The reason for not applying these non-pharmacological methods can be reasoned out.

Recommendation

- An explorative study can be done to assess the existing knowledge of the care givers regarding pain relief methods.
- Future studies can be conducted on knowledge and practice of non - pharmacological pain relief methods followed by midwives.
- A Similar study can be undertaken using control group.
- A similar study can be conducted for comparing of urban and rural mothers.
- A similar study can be conducted for comparison of pharmacological and non pharmacological methods for labour pain.

CONCLUSION

The structured Teaching programme through chart and demonstration found to be very effective means of improving the knowledge among primigravid mothers on pain relief methods. The childbirth is a natural process for everywomen. It should be handled naturally as much as possible. The mother should have knowledge regarding pain relief methods help them to face this situation as happiest and memorable event in her life. When teaching the pain relief methods in the prenatal classes will help the midwives to reduce their responsibility of pain relief measures in the busy time of their care during labour in the hospitals.

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**LETTER SEEKING EXPERTS OPINION FOR
CONTENT VALIDITY OF TOOL**

From,

> Mrs. Vijayabharathi.C
> IInd Year M.Sc., Nursing,
> Matha College of Nursing,
> Manamadurai.

To,

Respected Madam / Sir,

> **Sub:** Requesting opinion and suggestion of experts for content validity of structured knowledge questionnaire on knowledge regarding selected pain relief methods.

I am a final year Master degree Nursing student in Matha College of Nursing. In partial fulfillment of Master degree in Nursing I have selected the topic mentioned below for Research Project to be submitted to the Taminadu Dr. M.G.R. Medical University, Chennai.

Problem Statement:

A study to evaluate the effectiveness of structured Teaching programme on knowledge regarding selected natural pain relief methods among primigravid mothers at selected hospitals.

I request you to validate the tool and give your expert opinion for necessary modification and I would be happy if you could refine the problem statement and the objectives.

Enclosure:

- Demographic profile
- Structured questionnaire on natural pain relief methods during labour primigravid mothers.

Date :   Vijaya Bharathi

Place : Manamadurai   yours faithfully

APPENDIX - II

List of Experts Consulted for the Content Validity of Research Tools

Dr.Chalic Raja, M.S., D.G.O.
Consultant, Obstetrics and Gynaecology,
Infant Jesus Hospital,
Madurai.

Prof. (Mrs). Shabeera Banu, M.Sc.,(N)
HOD (OBG department),
Matha College of Nursing,
Manamadurai.

Prof. (Mrs).Vimala, M.Sc.,(N)
HOD OBG department,
Sacred Heart Nursing College,
Anna Nagar,
Madurai.

Prof. (Mrs).Shanthi, M.Sc.,(N)
CSI College of Nursing,
Pasumalai,
Madurai

Mrs.Merlin, MSCN
Vice Principal
CSI College of Nursing
Pasumalai
Maudrai

LETTER SEEKING PERMISSION TO CONDUCT A STUDY AT INFANT JESUS HOSPITAL IN MADURAI

To:

The Administrative officer,

Infant Jesus Hospital,

Madurai.

Respected Madam,

Sub: Matha College of Nursing Manamadurai – Research project work of M.Sc., (N), student in selected areas.

I am a second year master degree student in Matha College of Nursing, Manamadurai. In partial fulfillment of Master Degree in Nursing. I have selected the topic mentioned below for the research project to be submitted to the Dr.MGR Medical University, Chennai.

Problem Statement:

A study to determine the effectiveness of structured Teaching Programme on knowledge regarding selected natural pain relief methods during labour among midwives at selected hospitals in Madurai.

We request you to kindly permit her to do the research in your esteemed institution and give your valuable guidance and suggestions.

Thanking you

Place :   **Your's Faithful**

Date :

Prof. Mrs. Jebamani Augustine, M.Sc., (N)

STRUCTURED INTERVIEW SCHEDULE

PART-1- DEMOGRAPHIC DATA

Please tick your most appropriate response in the space provided against the items.

Sample Number:-

1) Age

   a) 15-20   b) 21-25

   c) 26-30   d) 31 and above

2) Religion

   a) Hindu   b)Muslim   c) Christian

3)Educational level

   a) Illiterate   b) Primary

   c) Higher Secondary   d) Graduates and above

4)Occupation

   a) Housewife   b) coolie

   c) government Employee   d) Private/ Business

5)Family income

   a) Below Rs. 1000   b) Rs. 1001-2000

   c) Rs. 2001-3000   d) RS. 3000 and above

6)Family Type

   a) Nuclear Family   b) Joint Family   c) Extended family

7)Location
   a) Rural   b) Urban

8)Health personnel in the family

   a) Yes   b) No

APPENDIX - IV

The assessment of knowledge on Natural pain relief methods

S. No	Answer	Score
1	a	1
2	d	1
3	d	1
4	c	1
5	c	1
6	b	1
7	a	1
8	c	1
9	a	1
10	b	1
11	a	1
12	c	1
13	a	1
14	c	1
15	b	1
16	a	1
17	a	1
18	c	1
19	a	1
20	a	1
21	a	1
22	a	1
23	a	1
24	d	1
25	a	1
26	b	1
27	a	1
28	a	1

PART - B

SEMI - STRUCTURED KNOWLEDGE QUESTIONNAIRE

Section: 1 Knowledge Regarding massage as the natural pain relief Meth labour

1. **Labour massage is a**

   a) Comfort measure

   b) Pressure on hands and back

   c) Immersion of water

   d)abdominal examination

2. **Benefits of Massage are except**

   a) Alleviate tension and anxiety

   b) Stimulate contractions

   c) Facilitate blood circulation

   d) increase blood pressure

3. **The Best persons to give massage is**

   a) a gynaecologist

   b) a Pediatrician

   c) a social worker

   d) either partner or midwive

4. **What are the specific areas to be concentrated for massage**

   a) Back and neck

   b) Head and fingers

   c) lower back and spine

   d) feet and fingers

5. **Massage is a method of**

   a) pharmacological pain relief

   b) natural pain relief

   c) sedative

   d) hormones stimulant

6. **Massage stimulates**

   a) the Production of endorphins

   b) the Production of oestrogen

   c) the Production of progesterone

   d) the Production of prolactin

7. **Massage should be avoided in**

   a) unstable pregnancy

   b) Headache

   c) Lower back pain

   d) shoulder pain

8. **which is the right time to teach massage**

   a) Prenatal period

   b) during labour

   c) during postnatal

   d) pre -marital

9. **What is Effleurage**

   a) rhythmic soft rubbing over the abdomen

   b) Immersion of water

   c) reflexology

   d) counter pressure

Part - B

Section : 2 Knowledge Regarding changing positions as tha natural pain relief Methods in labour

10. **Benefits of the changing positions are the following below except**

    a) alter the shape the of pelvic Opening

    b) open and relax the pelvic floor

    c) relieve backache and supported

    d) To stop contractions

11. (Hands and knees) position helps in

a) occipitoposterior Position of the fetus

b) occipitoanterior Position of the fetus

c) semirrecumbent

d) lateral recumbement

12. The advantages of putting the mother in side – lying position except

a) Restful Position

b) Provides neutral Gravity

c) Prevents venal canal compression

d) dilatation of   cervix

15. what can be used to have comfortable semi-sitting position

a) pillows and back rest

b) labour table

c) walking stick

d) splint

16. The uncomfortable position for mother during labour pain is

a) lying flat on back and legs stretched

b) side – lying

c) semi –sitting

d) walking

17. Mother with high blood pressure may require side lying position, for it :

a) Helps to lower blood pressure

b) increase breathing

c) decrease breathing

d) avoid Pushing

18. The left lateral position helps especially in except

a) Prevention of venal canal compression

b) Improving fetal circulation

c) Minimizes contraction

d) Improves safety and comfort

Section : 3   Knowledge Regarding Hot application as the natural pain relief Methods in labour

19. **Hot applications help to relieve**

    a) discomfort and pain

    b) Contraction

    c) dilatation of cervix

    d) tachy cardia

20. **Heat pack helps to:**

    a) contract the uterus postnataly

    b) prevent APH

    c) control PPH

    d) prevent abortion

21. **Hot application can be done with**

    a) hot water bags or Rice husk bag

    b) microwave

    c) phototherapy

    d) sunlight

22. **Heat pack can cause**

    a) burns

    b) weakness

    c) increase pain

    d) headache

23. **Heat Packs should be**

    a) Covered completely

    b) Opened partially

    c) Filled at the neck

    d) Very hot

Section : 4 knowledge Regarding breathing   Exercises as the natural pain Methods in labour

24.shallow breathing tends to

a) increase anxiety

b) increase pain

c) increase tiredness

d) increase oxygen level

25.Breathing and relaxation improves through

a) meditation and Yoga

b) water stimuli injection

c) homeopathy

d) hydrotherapy

26.During first stage of labour, the mother should

a) avoid pushing

b) breathe in and out constantly

c) Raising your chin , Blowing and panting

d) rapid and quick Breath

27. Irregular breathing can cause

a) slowness of production of oxytocin

b) fastness of production of oxytocin

c) Slowness of production of prolactin

d maintain the production of prolactin

28.Painful contraction can cause

a) rapid , shallow breathing

b) long breathing

c) dysponea

d) tachy cardia

தனி நபரின் மெய்யான விபரங்கள்

குறிப்பு: கீழே குறிப்பிடப்பட்டுள்ள அனைத்து விவரங்களுக்கும் கொடுக்கப்பட்டிருக்கும் அடைப்பில் தகுந்த பதிலுக்கு நேராக (✓) செய்யவும். அனைத்து விவரங்களும், ரகசியத்திற்கும், நம்பிக்கைகும் உரியது என்று ஒப்புதல் அளிக்கப்படுகிறது.

1. உங்கள் வயது

  அ. 15 - 20   ( )

  ஆ. 21 - 25   ( )

  இ. 26 - 30   ( )

  ஈ. 31 மற்றும் அதற்கு மேல்   ( )

2. மதம்

  அ. இந்து   ( )

  ஆ. முஸ்லீம்   ( )

  இ. கிறிஸ்துவம்   ( )

3. கல்வித்தகுதி

  அ. படிக்காதவர்   ( )

  ஆ. ஆரம்பகல்வி   ( )

  இ. உயர்நிலைக்கல்வி   ( )

  ஈ. பட்டதாரி   ( )

4. தொழில்

  அ. இல்லத்தரசி குடும்பத்தலைவி   ( )

  ஆ. கூலி வேலை   ( )

  இ. அரசு வேலை பார்ப்பவர்   ( )

  ஈ. சுயதொழில் / தனியார்   ( )

5. குடும்ப வருமானம்

    அ. ரூ. 1000 க்கும் கீழ்   ( )

    ஆ. ரூ.1001 - 2000   ( )

    இ. ரூ.2001 - 3000   ( )

    ஈ. 4000 க்கும் மேல்   ( )

6. குடும்ப வகை

    அ. தனிக்குடும்பம்   ( )

    ஆ. கூட்டுக்குடும்பம்   ( )

    இ. விரிவுப்படுத்தப்பட குடும்பம்   ( )

7. வசிக்கும் இடம்

    அ. கிராமம்   ( )

    ஆ. நகரம்   ( )

8. உங்கள் வீட்டில் யாரேனும் மருத்துவம் சம்பந்தமாக படித்தவர்கள் உள்ளனரா

    அ. ஆம்   ( )

    ஆ. இல்லை   ( )

இணைப்பு - 2

கீழே கொடுப்பட்டிருக்கும் கேள்விகளை வாசித்து பொருத்தமான பதிலை (✓) முறையில் குறிப்பிடவும்

1. மசாஜ் என்றால் என்ன

    அ. வலி நிவாரணம் செய்தல்

    ஆ. கை மற்றும் கால்களை மிக அழுத்தமாக பிடித்து விடுதல்

    இ. தண்ணீரில் மூழ்குதல்

    ஈ. வயிறு பரிசோதனை

2. மசாஜினால் கிடைக்கும்

    அ. பயம் மற்றும் படபடப்பு குறைவு

    ஆ. பிரசவ வலி அதிகரிப்பு

    இ. இரத்த ஓட்டத்திற்கு துணைப்போகுதல்

    ஈ. இரத்த அழுத்தத்தை அதிகப்படுத்துதல்

3. பிரசவ நேரத்தின் கர்பினிக்கு யார் மஜாஜ் கொடுக்கலாம்?

    அ. மகப்பேறு மருத்துவர்

    ஆ. குழந்தை மருத்துவர்

    இ. சமூக சேவகி

    ஈ. செவிலியர் அல்லது உடன் இருப்போர்

4. உடலின் எந்த பகுதியை மசாஜ் செய்ய வேண்டும்

    அ. கழுத்து மற்றும் முதுகு

    ஆ. தலை மற்றும் விரல்கள்

    இ. கீழ் முதுகு மற்றும் தொடை, கழுத்து

    ஈ. பாதம் மற்றும் விரல்கள்

5. மசாஜ் செய்ய உதவும் பொருளின் பெயர் என்ன

    அ. களிம்பு

    ஆ. தண்ணீர்

    இ. எண்ணெய்

    ஈ. தயிர்

6. பிரசவ மசாஜ் என்பது

    அ. மருந்துகளை கொண்டு வலி நிவாரணம் செய்தல்

    ஆ. இயற்கை வலி நிவாரணம்

    இ. மயக்க மருந்து

    ஈ. நாளமில்லா சுரப்பிக்களை (ஹார்மோன்) தூண்டுதல்

7. மசாஜ் எந்த ஹார்மோனை சுரக்க தூண்டுகிறது

    அ. எண்டொர்மின்

    ஆ. இஸ்ட்ரோஜன்

    இ. பிரஜோஸ்ட்ரோன்

    ஈ. புரோலக்டின்

8. மசாஜ் கொடுக்க சரியா நேரம் எது

    அ. பிரவசத்தின் மூன்றாவது நிலை

    ஆ. கர்ப்பிணிக்கு வலி உள்ள போது

    இ. கர்ப்பிணி வேண்டி கேட்டு கொள்ளும் போது

9. எந்த கர்ப்பிணிக்கு செய்வதை தவிர்க்க வேண்டும்.

    அ. கர்ப்பத்தில் ஏதேனும் கோளாறு

    ஆ. தலைவலியின் போது

    இ. கீழ் முதுகில் வலி உள்ளபோது

    ஈ. தோள்பட்டையில் வலி உள்ளபோது

10. பிரசவ மசாஜ் பற்றி கற்று கொள்ள சரியான தருணம்

    அ. பிரசவத்தின் முன்

    ஆ. கர்ப்பக்காலம்

    இ. திருமணத்திற்கு முன்

    ஈ.வயதான காலம்

11. எஃப்ளுரேஜ் (efflurage) என்றால் என்ன?

    அ. மிகவும் நிதானமாக வயிற்றை சுற்றி தடவி கொடுத்தல்

    ஆ. நீரில் மூழ்குதல்

    இ. கதிர்வீச்சினால் வலியை குறைத்தல்

    ஈ. எதிர்மறையான அழுத்தம் கொடுத்தல்

12. சரியான உடல் அசைவுகளால் கர்ப்பகாலத்தில் ஏற்படும் நன்மை

    அ. இடுப்பெழும்பு தசைகளை அகலப்படுத்துதல்

    ஆ. பிறப்புறுப்பு தசைகளை சுருங்கி விரித்தல்

    இ. பிரசவ வலியை குறைக்கும்

13. முழங்காலில் குணிந்து கைகளை ஊன்றும் பயிற்சியினால் கிடைக்கும் நன்மை

    அ. முதுகு வலி குறையும்

    ஆ. வலி வேகத்தை அதிகரித்தல்

    இ. தலை வலியை குறைத்தல்

14. வலது புறத்தில் திரும்பிப்படுப்பதினால் கிடைக்கும் நன்மை

    அ. ஓய்வு நிலையில் இருக்க

    ஆ. சரிவிகித ஈர்ப்புக்காக

    இ. இரத்த ஓட்டத்தைச் சீர்ப்படுத்துதல்

    ஈ. கர்ப்ப வாய் திறக்க உதவும்

15. சாய்ந்து (Semi sitting) உதவுவது எது

    அ. மேஜை

    ஆ. தலையணை

    இ. பிரசவ கட்டில்

    ஈ. பிரம்பு

16. பிரசவத்தின் போது தவிர்க்க வேண்டிய நிலை

    அ. மல்லாக்கப்படுத்தல்

    ஆ. ஒரு பக்கம் சாய்ந்து

    இ. நிமிர்ந்து உட்காருதல்

    ஈ. நடத்தல்

17. கர்ப்பிணிக்கு அதிக இரத்த அழுத்தம் இருக்கும் பொழுது எதற்காக இடது பக்கம் சாய்ந்து படுக்க வேண்டும்

    அ. இரத்த அழுத்தத்தை குறைக்க

    ஆ. மூச்சு திணறலைக் குறைக்க

    இ. பிரசவ வலியை அதிகரிக்க

    ஈ. பிரசவ வலியை குறைக்க

18. இடது பக்கம் சாய்ந்துப் படுத்ததினால் வரும் பயன்

    அ. அசுத்த இரத்தம் செல்லும் குழாயை அழுத்துவது தவிர்க்கப்படும்

    ஆ. குழந்தைக்கு செல்லும் இரத்த ஓட்டத்தை அதிகரிக்க பண்ணும்

    இ. பிரசவ வலியை குறைக்கும்

    ஈ. பாதுகாப்பையும் ஓய்வையும் அதிகரிக்கச்செய்யும்.

19. சூடு ஒத்தடம் கொடுப்பதினால் வரும் நன்மைகள்

    அ. அசௌரியம் மற்றும் வலியை குறைக்கும்

    ஆ. இரத்தை ஓட்டத்தை அதிகரிக்கும்

    இ. கர்ப்பை வாய் திறப்பதில் அதிக நேரம் எடுக்கும்

    ஈ. நாடி துடிப்பு அதிகரிக்கும்

20. சூடு ஒத்தடம் பிரசவத்திற்கு பின் எதற்கு உதவுகிறது.

    அ. கர்ப்பை சுருங்க

    ஆ. இரத்த போக்கை (கர்ப்ப காலத்தில்) குறைக்க

    இ. இரத்த சோகை (பிரசவத்திற்கு பின்) குறைக்க

    ஈ. கருச்சிதைவு

21. சூடு ஒத்தடம் எதனைக் கொண்டு கொடுக்க வேண்டும்

    அ. சுடுதண்ணீர்

    ஆ. உமிப்பை

    இ. சுடு எண்ணெய்

    ஈ. சூரிய ஒளி

22. சூடு ஒத்தடப்பையை

    அ. முழுமையாக மூடவேண்டும்

    ஆ. பாதியாக திறந்து வைக்க வேண்டும்

    இ. சூடுநீர் பையின் கழுத்தளவு நீர் நிரப்ப வேண்டும்

    ஈ. அதிகச் சூடு உண்டாக்க வேண்டும்

23. சூடு ஒத்தடத்தால் வரும் தீங்கு என்ன

    அ. தீப்புண் உண்டாகும்

    ஆ. வலியை அதிகரிக்கும்

    இ. உடற்சோர்வு ஏற்படும்

    ஈ. தலைவலி உண்டாகும்.

24. நிதானமாக சுவாசிப்பதன் பயன் என்ன

அ. படபடப்பை அதிகரிக்கும்

ஆ. வலியை அதிகரிக்கும்

இ. சோர்வை அதிகரிக்கும்

ஈ. ஆக்சிஜன் அளவை அதிகரிக்கும்

25. சுவாசத்தை அதிகப்படுத்த உதவும் பயிற்சி

அ. தியானம்

ஆ. யோகாசனம்

இ. ஹோமியோபதி

ஈ. தண்ணீர் சிகிச்சை

26. பிரசவத்தின் முதல் நிலையின் போது செய்ய வேண்டியது

அ. முக்க வேண்டும்

ஆ. மூச்சை நிதானமாக உள் இழுத்து வெளியே விடவேண்டும்

இ. தாடையை உயர்த்தி ஊதவேண்டும்

ஈ. வேகமாகவும் அவசரமாகவும் மூச்சு விடவேண்டும்.

27. பதட்டமாக மூச்சுவிடுவதால் வரும் விளைவு

அ. குறைவாக ஆக்ஸிடாக்ஸின் உற்பத்தியாகும்

ஆ. வேகமாக ஆக்ஸிடாக்ஸின் உற்பத்தியாகும்

இ. குறைவாக புரோலக்டின் உற்பத்தியாகும்

ஈ. வேகமாக புரோலக்டின் உற்பத்தியாகும்

28. தசைகள் சுருங்கி விரிவதனால் ஏற்படும் வலியின் பயன்

அ. வேகம் மற்றும் குறைகாற்று சுவாசம்

ஆ. அதிக நேரம் மூச்சு பிடித்தல்

இ. மூச்சு திணறல் ஏற்படுதல்

ஈ. படபடப்பு

பிரசவ வலியின் போது இயற்கையாக வலி நிவாரணம் செய்யும் முறைகள்

முன்னுரை

"கருத்தரிப்பு என்பது கடவுள் வழங்கிய அருமையான அன்பளிப்பு. பிரசவம் என்பது பெண்ணிற்கு மறுபிறப்பு".

குழந்தை பிறக்கும்போது ஒரு தாயும் பிறக்கிறாள் அவள் அதற்கு முன்பு இருந்ததில்லை. ஒரு பெண்மணி தாய்மையை கண்டு பரவசமாவத்துடன், பிரசவத்தின் போது பயமும், படபடப்பும், வலியுடன் கூடிய கவலையும் வந்துவிடுகிறது. பிரசவவலி என்பது ஒவ்வொரு பெண்ணும் அனுபவிக்க வேண்டிய கட்டாயம், பின்னர் அதனை நினைத்து ஆச்சிரயப்படவும் வைக்கிறது. அதனால் நீங்கள் கர்ப்பகாலத்திலே அந்த வலியை சமாளிக்கும் யுக்திகளை கற்றுக்கொள்ளுவது அவசியம். அதனைப்பற்றி தெரிந்து கொள்வதற்கு மிகவும் ஆர்வமாக இருப்பீர்கள். இயற்கையான முறையில் வலி நிதானம் செய்தலில் பலவகை உண்டு.

பிரசவத்தின்போது இயற்கையாக வலி நிவாரணம் செய்யும் முறைகள் அவைகளான

➢ மசாஜ்
➢ பலவிதமான உடற்நிலைகள்
➢ சுவாசப்பயிற்சி
➢ வெப்ப ஒத்தடம்
➢ தியானம்
➢ இசை

மசாஜ்

மசாஜ் என்பது இரு கைகளால் உடலின் எந்தப் பகுதிகளிலும் எண்ணெய்க் கொண்டு மேலிருந்து கீழாக அல்லது வட்டமாக நீவி விடுவது. கைகளிலுள்ள விரல்களைத் திறந்து அவைகளுக்கு மசாஜ் செய்வது நல்லது. மசாஜ் என்பது உடம்பை தளர்த்தவும் வலி குறைப்பதற்கு பயன்படுத்துப்படும் ஆச்சிரியமான ஒரு முறையாகும்.

மசாஜினால் ஏற்படும் நன்மைகள்:-

* மசாஜினால் பிரசவலியின் நினைவை திசை திரும்பலாம்.
* மனக்கவலை மற்றும் படபடப்பு குறைக்கலாம்.
* எண்டோமன் என்ற ஹார்மோன் (வலி நிவாரணியை) சுரக்க தூண்டுகிறது.
* கர்ப்பை சுருங்கி விரிதலை தூண்டுகிறது.
* மனதளவில் துணைப்போகுதல்

மசாஜ் செய்முறை:-

சௌகரியமாக காற்றோட்டமான தனிஅறையில் கர்ப்பிணியை ஒரு பக்கமாக படுக்க வைக்கு வேண்டும். செவிலியோரோ அல்லது உடன் இருப்போர் தங்கள் இருகைகளில் சிறிது எண்ணெயைக் கொண்டும் கீழ்முதுகிலிருந்து கழுத்து வரைக்கும் நீவி விடவேண்டும். இவ்விதமாக கர்ப்பிணிக்கு குறையும் வலியின் அளவு.

கர்ப்பிணிக்கு அதிக படபடப்பு வரும்போது லக்டிக் ஆசிட் உருவாகிறது. இது வலி கூடுவதற்கு ஒரு காரணமாகும் இதனை குறைப்பதற்கு மெதுவாக முதுகை நீவி விட வேண்டும்.

எஃப்ளுரேஜ்:-

எஃப்ளுரேஜ் என்பது சீராகவும், நிதானமாகவும் விரல் நுனியைக் கொண்டு வயிற்றிலோ அல்லது பிறபகுதியிலோ தடவிக்கொடுப்பது. இது வலி வேகத்தைக் குறைக்க உதவுகிறது. மசாஜ் செய்ய வேண்டிய பகுதிகள்

செய்யவும். கழுத்து, மேல் முதுகு, கீழ்முதுகு, கால்கள், தோள்பட்டை போன்ற பகுதிகளில் மசாஜ் செய்யலாம். பாதங்கள் பிடித்து விடுவது மசாஜ் போன்றதே. கர்ப்பகாலத்தில், இரத்தப்போக்கு, காய்ச்சல் அல்லது வேறு ஏதெனும் கோளாறு இருந்தால் இந்த மசாஜ்யை தவிர்க்கலாம்.

பலவிதமான உடல்நிலைகள்

உடல்நிலைகள் மாற்றுவதிலின் முக்கியத்துவம்

கருத்தரித்திருக்கும்போது வழக்கமான உடற்பயிற்சிகள் மற்றும் பலவித நிலைகளில் சரியாகப்பயன்படுத்தினால் உடல் மகப்பேறு வலிக்கு ஆயுத்தமாக்கும். இவ்விதமாக உடற்நிலைகளை மாற்றுவதால் தாயின் வலிக்கும், சேய் தலை கீழ்இறக்கவும் உதவுகிறது. பொதுவாக நடக்குதல், மாடிப்படி ஏறுதல், உடலைப் சற்று அசைத்துக்கொடுத்தல் இவையாவும் மனதை இதமாகவதுடன் வலியின் வேகத்தை குறைக்க உதவுகிறது.

பலவகையான உடல்நிலைகள்

நிற்குதல்:-

சமநிலையில் நிற்கும் போது மேல் மூச்சு விட வசதியாக இருக்கும் மற்றும் குழந்தையின் எடை கீழ்நோக்கி இருக்க உதவும். குழந்தையின் தலை கீழ்புறங்க உதவுகிறது. கால்களுக்கு இடையே சிறிது இடைவெளிவிட்டு நேராக நிமிர்ந்து நிற்பது நல்லது.

நடத்தல்:-

நடப்பதனால் சோர்வுக் குறைய வாய்ப்புண்டு, நடக்கும் போது வலியின் நிறைவிலிருந்து கவனத்தை மாற்ற உதவுகிறது. மேலும் முதுகு வலியைக் குறைக்கும்.

நிமிர்ந்து உட்காருதல்:-

உட்கார்ந்திருக்கும்போது நாற்காலியின் பின்புறத்தின் ஆதரவுடன் நேராக நிமிர்ந்து உட்காருவது நல்லது. இதனால் கர்ப்பையில் குழந்தை அசைய உதவுகிறது. ஓய்வுநிலையில் இருக்கும் நிதானமாக மூச்சுவிடவும் இந்த நிலை உதவுகிறது.

ஒருபக்கம் சாய்ந்துப்படுதல்

கருத்தரித்திருக்கும் கடைசி மாதங்களில் கால்களுக்கு இடையில் தலையணையை வைத்துக் கொண்டு தூங்குவது சௌகரியமாக இருக்கும். ஓய்வு நிலையில் இருக்க, சரிவிகித ஈர்ப்புக்காக, களைப்பிற்கு எதிரான சக்திக் கொடுக்க இது உதவுகிறது.

குழந்தையின் தலை கீழ்புறம் இந்த நிலை மிகவும் உதவியாக இருக்கும். கீழ்முதுகை மசாஜ் செய்ய இந்த நிலை உதவும், கீழ்இடுப்பு அகலப்பட உதவும்.

முழங்கால் மற்றும் கைகளை ஊன்ற இருத்தல்

கர்ப்பிணியின் வயிற்று தசைகளை உறுதியாக்கும். காலை சிறிது அகட்டி நிற்பது அதன் பிறகு முன் பாதங்களில் அமர்வது முதுகு வலியையும் மலச்சிக்கலையும் தவிர்க்கும்.

- ❖ முதுகு தசைகள் வலிமையாதல்
- ❖ களைப்பிற்கு எதிரான சக்தி
- ❖ உடல்நிமிர்ந்து இருத்தல்
- ❖ உடலில் கொழுப்பு சிறிது அதிகரித்தல்
- ❖ மனஅழுத்தம் விடுபடுதல்
- ❖ மகப்பேறின் தேவைகளுக்கு ஆயத்தமாகுதல்

உடற்நிலைகள் மற்றும் உடற்பயிற்சிகளை வரும் சந்தேகங்களை உங்கள் மருத்துவரிடம் கலந்து ஆலோசிக்கவும்.

நேராக உட்கார்ந்து கொண்டு இரண்டு பாதங்களையும் இணைத்து கைகளால் பிடித்துக் கொண்டு முழங்கால்களை மேலும் கீழும் பட்டாம் பூச்சியின் இறக்கையைப் போல் அசைப்பது.

சுவாசப்பயிற்சி

மகப்பேறுவின் முதல் நிலையில் கர்ப்பணி மூக்க தேவையில்லை. அதை தவிர்ப்பதற்காக நெற்றியை நிமிர்த்தி, முதுகை சற்று வளைத்து மூச்சை இழுத்து விடவும், பின்பு உடம்பை தளிர்த்தி கொடுக்கவும். இறகையை ஊதி விடுவதுப்போல் ஊதி விடவும். இவ்வாறு செய்வதினால் கீழ் இடுப்பு தசைகளை வலிமைக்க உதவும் , கர்ப்பவாய் குழந்தையின் தலை அதிக நேரம் கர்ப்பவாயின் விழிப்பில் அழுத்துவது தவிர்க்கப்படுகிறது.

வெப்ப ஒத்தடம்:-

வெப்ப ஒத்தடம் என்பது உடம்பிற்கு இதமாக இருக்கும் என்பது யாவரும் அறிந்ததே. மேலும் இதை பிரசவ வலி குறைக்கப் பயன்படுத்தலாம் என்பது சற்று புதிது. சுடு நீர் நிரப்பிய பையை ஒரு துணியில் சுற்றி கீழ்முதுககை வைத்து ஒத்தி எடுக்கலாம் அல்லது நெல்வதாக அல்லது கோதுமைஉளம்மியைப் சுடுப்படுத்தி துணியில் சுற்றி வைத்தும் ஒத்தடம் கொடுக்கும். வெப்ப ஒத்தடம் உடம்பிற்கு இதமாகவும் உடற்களைப்பை குறைக்கவும் உதவுகிறது.

சூடு ஒத்தடம் சிறப்பு அம்சம்:-

- ➢ எளிமையானது
- ➢ மலிவானது
- ➢ சிறப்பு பயிற்சி தேவையில்லை
- ➢ குறைவான தீங்கு

வெப்ப ஒத்தடம் பிரசவத்திற்கு பின் கொடுப்பதால் கர்ப்பைச் சுருங்கவும் வாய்ப்பு உள்ளது. கர்ப்பிணிக்கு காய்ச்சல் அல்லது அதிக இரத்த போக்கு மற்றும் வேறு ஏதேனும் கோளாறு இருப்பினும் இந்த வெப்ப ஒத்தடத்தை தவிர்க்கவும்.

முடிவுரை:-

மகப்பேறு என்ற நிகழ்வை மிகவும் பாதுகாப்பாகவும், மனநிறைவுடன் முடிக்க இந்த இயற்கை வலி நிவாரண முறைகள் மிகவும் பயன்படுகின்றன. உங்கள் அடுத்த கர்ப்பத்திற்கு இந்த முறைகளை செய்து பயன்பெறுங்கள். பிரசவத்தை பயமின்றி எதிர்கொள்ளவும் பின்விளைவுகளை தவிர்த்து பயன்பெறுவோம்.

Lesson plan on natural pain relief methods on Labor

Name of the Researcher : J.Vijayabharathi

Topic :

Selected Natural pain relief methods during labour.

> ➢ Massage therapy
> ➢ changing positions
> ➢ Breathing Techniques
> ➢ Heat application

Characteristic of Group :

Number of Participants : Primigravid Mothers

Venue : 60

Duration : Separate room

Methods of teaching : 30mts

AV.Aids : Lecture cum Discussion

Charts, flashcard, and fannel graph and demonstration

Central objective :

The Primigravid mothers will acquire the knowledge regarding selected natural pain relief methods during labor.

Contributory Objectives :

At the end of the teaching programme the Primigravid mothers will be able to

> ➢ Describe about Massage therapy
> ➢ List down the various positions
> ➢ Explain about Breathing Techniques
> ➢ Narrate the Methods of Heat application

INTRODUCTION

Non – pharmacological pain measures or natural pain relief methods are often simple, safe and relatively inexpensive. They provide the woman with a sense of control over her childbirth as she makes choices about the measures that are best for her using these measures require the woman's active participation and support from her partner and caregivers. It builds her self-confidence and maintain a sense of mastery and well-being.

Time	Objective	Content	Teacher Activities	Learners Activities	AV AIDS	Evaluation
10 minutes	At the end of the class the primigravid mothers will be able to explain massage therapy on labor pain	**Selected Natural pain relief methods on labor are discussed below** 1. Massage Therapy 2. Various positions 3. Breathing exercises 4. Hot application **LABOUR MASSAGE** Massage therapy is one of the most wonderful tools used during labor with numerous physical and emotional benefits. Massage techniques and strategies can relieve stress during labor, relax muscles and promote overall calm for the mother. women who received massages throughout their pregnancy are also often more relaxed and experience less muscle and joint pain, thus preparing them for labor and childbirth. The massaging action warms and relaxes muscles and stimulates the release of your body's natural pain killers and mood enhancers-endorphins –which is just what you need during labour. **BENEFITS OF MASSAGE** ⇒ Reduces the laboring mother's perception of pain, thus acting as a natural pain-reliever.	Lecture Cum discussion	Listening Cum answering		What is massage?

$\Rightarrow$ Alleviates tension and anxiety.

$\Rightarrow$ Aid in the production of endorphins or feel-good hormones.

$\Rightarrow$ Stimulates contraction

$\Rightarrow$ Improves the flexibility of muscles

$\Rightarrow$ Facilitates blood flow, circulation and fluid drainage

$\Rightarrow$ Laboring mother feels a greater sense of emotional support.

HOW TO MASSAGE DURING LABOR:

The areas of the body that are likely to be massaged during labor include the back, buttocks inner thighs, legs, stomach and hands. Massage especially firm massage to the lower back or achy arms, legs, neck is a great comfort measure to relieve discomfort as well as aches and pains from tension and long hours of labor if the mother tenses up during labor, lactic acid builds up in her muscles.

This can cause more pain both during labor and after birth. Light or fingertip massage on the mother's back or abdomen, also called effleurage, may be preferable over deep massage for some women. Effleurage stimulates nerve endings called meissner's corpuscles' which travel

		faster across the body than the signal of pain, thereby, 'blocking' the pain signal from reaching the them so quickly.				

faster across the body than the signal of pain, thereby, 'blocking' the pain signal from reaching the them so quickly.

EFFLEURAGES :

Effleurages is slow, rhythmic gliding strokes, usually in the direction of blood flow towards the heart. Often the care provider uses the whole hand (palm and fingers) gradually applying an increasing amount of pressure variations of effleurage involve strokes applied with the fingertips, heel of the hand or knuckles effleurage is a procedure taught in prenatal classes and used when the woman is having labor contractions.

CONTRAINDICATIONS :

Massage is not advised for anyone who has an infectious skin disease, a rash or an unhealed wound. It should never be done over bruises, infected injuries, areas of bleeding or deep tissue damage. Massage should be avoided over any known tumor. In an unstable pregnancy, abdominal massage should not be done.

10 minutes	At the end of the class the Primigravid mothers will be able to list down various positions for labour pain	**POSITIONS FOR LABOR AND BIRTH** **Importance of changing positions** Changing positions, and moving around during labor and birth, offers several benefits. Some are obvious to the mother in labor: increased comfort/reduced pain, distraction, and an enhanced sense of control : merely having something active to do can relieve the sense of being overwhelmed and out of control. Beyond these advantages, there are equally important effects on the baby and on the progress of labor. Changing positions during labor can change the shape and size of the pelvis, which can help the baby's head move to the optimal position during first stage labor, and helps the baby with rotation and descent during the second stage. Swaying motions such as walking, climbing stairs, lunching, and swaying back and forth are especially helpful with this. Movement and upright positions can help with the frequency, length, and efficiency of contractions. The effects fo gravity can help the baby move down more quickly. Changing positions helps to ensure a continuous	Lecture Cum discussion	Listening Cum answering		What are the positions you know to change?

oxygen supply to the fetus, rather than causing supine hypotension (low maternal blood pressure) by lying on your back or even semi-sitting.

VARIOUS POSITION ON LABOR

Position changes during labor can be used to promote comfort and prevent or correct problems in labor. Frequent position change is effective in facilitating fetal rotation and descent

A. Walking

- Increases level of comfort for most women
- Adds gravity to force of contractions; promotes fetal descent.
- Relieves backache

B. Standing, leaning forward

- Takes advantage of gravity
- Reduces backache

C. Sitting upright

- Provides good resting position
- Provides some gravity advantage .
- Can use electronic fetal monitoring

D. Side-lying

- Restful position
- Provides neutral gravity
- Provides safety if pain medications used

		- Facilitates relaxation between contractions - Prevents vena caval compression - Can use electronic fetal monitor **E. Squatting** - Promotes active pushing - Caregivers can massage back - Widens pelvic outlet to its maximum **F. Semi sitting** - Promotes good resting position - Allows some gravity advantage (raise bed to 30 to 45 degree angle) - Can use electronic fetal monitor. **G. All fours (Hands and Knees)** - Can relieve back pain - Help a posterior baby rotate - Allows easy access for backrubs and counter pressure massage. - Makes it possible to sway side to side. - Rock back and forth, or do pelvic tilts to aid rotation and increase comfort.			

5 Minutes	At the end of the class the primigravid mothers will be able to Explain about breathing techniques for labour pain	**BREATHING TECHNIQUES** In some women, relaxation alone may not be sufficient to counter the discomfort of labour. In such cases breathing techniques can be used to augment the efficacy of relaxation techniques. Breathing in a rhythmical pattern ensures : - Steady flow of Oxygen to the mother, uterus and hence to the baby. - Provides distraction from the pain of labour. **BREATHING BASICS :** - Breathing techniques are used only during contraction. In between contraction, relax to conserve energy. - Start and end each contraction with a relaxing or clearing breath. "Relaxing or clearing" breath is taking a smooth deep breath through your nose and then letting air out like a sigh through your mouth. It makes the boundaries of the contraction. - Begin breathing techniques only when you are not able to talk through or distract yourself with other	Lecture Cum discussion	Listening Cum answering	 	What are the various kinds of breathing technique on labour?

techniques during contractions as it is exhausting.

- Relax all muscles through the contraction.
- Choose an external or internal point for focusing.
- Start with simple techniques and move to complex pattern only if the technique you are using not helping, as complex pattern is more exhausting.
- In between complex patterns come to simple pattern to conserve energy.

PURPOSE OF BREATHING TECHNIQUES

- Provide oxygen to mom and baby. If the muscles are well-oxygenated, they can function more effectively, so there will be less pain. If baby has plenty of oxygen, his heart rate will look great.
- Relaxation : Rhythmic breathing promotes physical relaxation by reducing muscle tension, and promotes emotional relaxation by reducing anxiety.
- Distraction : Breathing techniques provide a means for distracting the woman from the pain of labor, giving her something to focus on other than the contraction.

WHEN TO USE BREATHING TECHNIQUES :

No special breathing techniques are necessary in early labor, when you're still easily distracted from focusing on contractions. Begin using techniques when you can no longer walk and talk during contractions. Always use the most basic technique possible (those near the top of this list), using the least effort required to manage each contraction. This helps prevent fatigue, and helps avoid the sensation of having already used all the techniques early on, leaving you with no new resources later in labor.

THE CLEANSING BREATH

- o **How to:** At the beginning of each contraction, take a deep breath in through your nose, then exhale through your mouth, loud enough that others can hear the exhale. When a contraction ends, take another deep cleansing breath, perhaps also yawning or stretching to release tension.

- o **Benefits:** Welcoming breath gives both mother and baby an extra boost of oxygen, serves as a signal to relax and focus, and informs partner and support people that a contraction has begun. Closing breath

| | | serves as a release, informs support people that contraction has passed, and serves as a reminder to relax between contractions.

SLOW, RELAXED, ABDOMINAL BREATHING

   o **How to:** Inhale slowly through your nose, allowing your belly to expand first, then your chest. Exhale slowly through your mouth, pursing your lips. Breathing should be slow and relaxed, about half your normal rate. 6-9 breaths per minute.

   o **When to use:** Use it through as much of labor as possible. Some women use it for their entire labor. Other women find that at some point in labor, they can no longer relax with this technique, and use other patterns and variations described below.

   o **Benefits:** Relaxing, slow, and effortless. Many women find that breathing slowly can induce a sense of peacefulness and safety that helps to release tension. | | | | |

5 Minutes	At the end of the class the Primigravid mothers will be able to Narrate the Methods of Heat application for Labour pain	**How to Avoid Pushing, (if necessary)** **How to :** Lift your chin, and arch your back a little. Either : Breathe deeply, relaxing your body. Or : Pant, blowing lightly. Some people recommend visualizing a feather, and blowing just enough to keep the feather bounching up and down in the air above your lips. **When to use :** If you are experiencing the urge to push, and your caregiver has told you that it is too early to begin pushing, or that there is some need to stop pushing temporarily. **Benefits :** This won't prevent your uterus from pushing, and it won't take away the urge to push. However, it does keep you from adding your voluntary strength to a pushing effort. **IV. HEAT APPLICATIONS (WARMTH) :** People have used warmth to relax tense muscles for a long time and it can also be used to provide relief from labour pain warm your back, tummy or groin using a wheat bag or a hot water bottle. A wheat or rice bag is a cloth bag filled with husks which you heat up for a few minutes in	Lecture Cum discussion	Lecture Cum answering		How to do heat application on labour pain?

the microwave. They drape and shape themselves to you and will stay warm for an hour or more.

When we use a hot water bottle, fill it with hot (but not boiling) water and carefully wrap it in a towel or soft cover before using it. Dont forget that massage provides warmth as well. Having someone rub you back will warm you skin as well as stimulated your body to release natural pain killing substances.

Superficial applications of heat and/or cold, in various forms, are popular with labouring women. They are easy to use, inexpensive, require no prior practice and have minimal negative side effects when used properly. Heat is typically applied to the woman's back lower abdomen, groin and /or perineum. Heat sources include a hot water bottle, heated rice-filled sock. Warm compress (wash clothes soaked in warm water and wrung out), electric heating pad, warm blanker, and warm bath or shower.

In addition to being used for pain relief, heat is used to relieve chills or trembling, decrease joint stiffness, reduce muscle spasm, and increase connective tissue extensibility. The use of heat is contraindicated if the woman has a fever or is prone to haemorrhage, and it should not be used in

| | | regions of impaired sensation (as with analgesia or anesthesia). Heat packs are also great post-natally for after birth pains, while the uterus contracts down to it's normal size – which happens in only a few days –so it works hard!

CONCLUSION:

They encourage active participation by the woman. She chooses the self comfort measures and used her own capabilities and support team to follow through . They maintain or restore a sense of control to the woman. When given encouragements, support, and unconditional acceptance of her coping style, her self-confidence grows. A woman who is confident in using her own resources can cope with labour better, which leads to a sense of well-being and mastery and less likelihood of suffering. | | | | |