A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE.

By

Reg.No:301921104

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OCTOBER 2021

PLAGIARISM CERTIFICATE

This is to certify that the dissertation work titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE. "** of the candidate with registration number **301921104** for the award of M. Sc Nursing in the Branch of Obstetrics and Gynaecology Nursing. I personally verified the **PLAGARISM CHECKER X. COM** website for the purpose of plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and results shows 16**%** of plagiarism in the dissertation.

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ABSTRACT

Statement Of Problem: A study to assess the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primi gravid mothers in selected hospital at Coimbatore. **Objectives:** To assess the level of pain perception among primi gravid mothers during childbirth before family members to stay with the women in experimental group and control group. To assess the level of pain perception among primi gravid mothers during childbirth after family members to stay with the women in experimental. To compare the level of pain perception between primi gravid mothers in experimental and control group. To associate the level of pain perception with selected demographic variables among primi gravid mothers. **Methodology:** A Quantitative approach was used to assess the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers. Dependent variable: Dependent variables are the effect of action of the independent variable and cannot exist by itself. In this experimental, it refers to reducing the level of pain perception of first stage of labour among primigravida mothers. Independent variable: An Independent variable is the variable that stands alone and is not dependent on any other. In this experimental, it refers family members to stay with the women during the first stage of labour. The study was conducted at Ashwin hospital, Coimbatore. It is 100 bedded, multi specialty hospital with 50 beds for maternity. There were 3 – 4 deliveries per day, 130 deliveries per month. A formal consent was obtained from Ashwin Hospital and the investigator selected 40 samples using Non Probability convenient Sampling technique. At the selection of the experimental subject, who are fulfilling the inclusive criteria were selected as a samples in both experimental and control group. A self introduction was given and the consent was obtained. The confidentiality was assured. The investigator explained the tool to the mothers and it took about 10 minutes approximately. **Findings:** In the experimental group, the pretest level of mean pain score was 7.2 with S.D 1.5 and the post test mean score was1.5 with S.D 1.2. The calculated „t‟ value of 11 was statistically highly significant at p 0.05 level. In the control group, the pretest level of mean pain score was 7.8 with S.D 1.02 and the post test mean score was7.55 with S.D 1.46. The calculated „t‟ value of 0.6 was statistically not significant at p 0.05 level. In the experimental group that the calculated value is less than table value which indicates there is no significant association between age, education, occupation, income, religion, type of family, gestational week of pregnancy, support person in labour room, pregnancy related medical disorder, previous

history of abortion.**Conclusion:** Effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers. The calculated was ‘t’ value of 11 for level of labour pain, and the calculated ‘t’ value was 0.06 at $p<0.05$ level shows the effectiveness of presence of support person. There was significant association on pain perception among primi gravida mothers in experimental group with their support person. The result of this study showed that most of the mothers in experimental group had moderate pain. Based on the statistical finding its evident that provision of support person during labour was a effective intervention among mothers. There was a significant association between pain perception among mothers in experimental group with support person.

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Dedicated to
Almighty God,
Lovable Parents,
Husband, Sisters,
Brother, Friends &
Well wishers

CHAPTER - I

INTRODUCTION

"Mother's health is nation's wealth,
there is a chance for the welfare of the world,
only when the condition of women improves"

– Swami Vivekananda.

Every person's appreciation of pain is different and what one person can accept another may find extremely painful. Labour is almost an overwhelming experience because it involves sensations and emotions at such an intense level. All women experience labours differently and pain associated with labour is influenced by variables such as parity, age, racial and cultural factors, coping mechanism (Hanna, Leena, 2003).

Labour pain begins when the uterus begins to contract. Contractions increase in frequency and intensity throughout labour and become painful. The purpose of family members to stay is to make labour safe, comfortable and effective. It is one of the essential interventions that is of proven benefit in improving the outcomes of labour.

Breathing techniques used as a force to expel the baby. Women can actually breath their baby‟s down the birth path by sending breath down through their body. Another advantage of breathing technique is that it allows the perineum to stay relaxed while the baby is descending, thus reducing the risk of tearing and allowing a smoother, shorter pushing phase. Childbirth is a stressful experience, with pain, fear, fatigue and negative mood reaching high levels as labour progress. Pregnant women commonly worry about the pain they will experience during labour and childbirth. Support plays a vital role to reduce pain perception fear, negative mood and anxiety.

The discomfort experienced during labour has specific origins. During the first stage of labour uterine contraction causes cervical dilatation, effacement. Pain impulses during the first stage of labour transmitted through the spinal nerve segment of T 11 – 12 and accessory lower thoracic and upper lumbar sympathetic nerves. These nerves originate in the uterine body and

cervix. Support and care to the mother in labour, which would reduce the women's anxiety which in turn decrease adrenaline production. Family members to stay maybe provided during labour and delivery by professional health workers, non-medical female attendants, midwives and trained women(doulas) and also aunt, mother-in –law, sister, cousin, sister-in-law, grandmother and friend.

A woman's husband or the father of the child has traditionally served as the chief support person in labour. However, some husbands or fathers find it difficult to provide effective coaching or support in labour because of their own emotional involvement in the birth. A doula is a woman who is experienced in child birth but without professional credentials, who assist the woman in labour. Having a doula can increase a woman's self-esteem as well as decrease rates of oxytocin augmentation, epidural analgesia and caesarean birth. A supportive companion is a great source of strength to the woman in labour and provides the continuity which the staff cannot always promise. Some women may feel that a female companion is more appropriate for them.

Midwife means, "with woman" and she aims to be a supportive companion, working with the woman and her partner. The ability to develop such a support is an essential midwifery skill. Labour can be frightening and most women find it very reassuring to see a familiar face when they are giving birth. Having a supportive labour companion can make a major difference to both the experience and outcome of labour and birth. Research has shown that social support,

- Reduces a woman's need for pain- killing drugs.
- Reduces the likelihood of medical interventions in labour.
- Increase the time, a woman is likely to breastfeed her baby.
- Reduces the chances of her experiencing difficulties in mothering her baby.

BACKGROUND OF THE STUDY

Anxiety and fear are commonly associated with increased pain during labour. However, excessive anxiety and fear causes more catecholamine secretion which increase the stimuli to the brain from the uterus because of decreased blood flow and increased muscle tension, which in

turn magnifies the pain. Thus fear and anxiety increases, muscle tension increases, the effective of the uterine contraction decreases, the experience of discomfort increases and a cycle of increased fear and anxiety bears.

The pain in child birth gives rise to symptoms that are identifiable. The activity of sympathetic nervous system may be increased in response to pain, resulting in change of blood pressure, pulse, respiration, skin color, pallor, nausea, vomiting. Such physiological changes are often seen. Psychological changes include increased anxiety with lessened perceptual field, crying, gesturing, groaning and excessive muscular excitability throughout the body.

A women's pain during childbirth is unique to each mother and influenced by a variety of factors such as culture, anxiety, fear, previous birth experience, childbirth preparation and support given by the health team members. Family members to stay can be used to decreased anxiety in the delivery room. Pre-labour sessions help to decrease anxiety in expectant mothers and help them to have control of the situation they face. Support by a companion of the mother's during labour and delivery had a positive effect on her satisfaction with the birth experience.(Jose.J.Cecalli,2001).

In UK / USA (1960‟s and 1970‟s) husband began to be encouraged to be with their wives during labour and birth. Fathers frequently prepared themselves for their roles by attending child birth education classes with their wives, at which day learned about techniques of supporting their wives during labour and presence of companion during labour.

The child survival and safe motherhood program was introduced as part of the overall strategy for reduction of infant mortality to below 60 per 1000 live births, child mortality to below 10 per 1000 child population, reduction of percentage of low birth weight babies to less than 10 percentage and maternal mortality to below 2 per 1000 live births. Same like the presence of companion during the time of labour will reduce the perinatal, maternal mortality rates and gives positive outcomes like normal duration of labour, normal vaginal delivery, reduction in the pain level, decreased anxiety and minimal blood loss. Support in the form of

emotional support, informational support, tangible support and advocacy support in mandatory**.(Park,2005).**

NEED FOR THE STUDY

Childbirth is a natural biological process primi para mothers experience more intense pain during labour compared to the multigravida mother (Mc.Taenzer & Kinch, 1981). Individual's perception of pain, pain tolerance may depend on previous experience. Midwife should give proper support and care to the mother in labour, if not it may aggravate the anxiety level of the mother, which increases the adrenaline production which leads to increased pain perception.

A report says in week health, that the number of women dying from complications during pregnancy and childbirth came down by 34 percent between 1990 and 2008. World Health Organization reports, the figure still falls short of World Health Organization's millennium development goal of reducing maternal mortality ratio by 75 percent before 2015. Nearly 1000 women died in childbirth each day in 2008 of which 99 percent were in developing countries, with sub-Saharan Africa and South Asia accounting for 57 percent and 30 percent of all deaths respectively.

Women who come into labour believes that it will be horrible. Pregnant women commonly worrying about the pain they will experience during labour and childbirth and how they will react to and deal that pain. The amount of pain a women experiences during contractions differ according to her expectations and preparations of labour, the length of labour, the position of fetus and the availability of support people around her **(Saddler,1988).**

The pain involved in labour and birth can sometimes dominate a pregnant women or couples throughout labour, childbirth, particularly as the baby's due date approaches. Providing information during prenatal visits, about natural methods for pain relief as we as the pharmacological options available in her health care setting can help to allay this fear **(Cogan and Janice, 2001).**

During the clinical posting in the labour room, the investigator have seen that women admitted in the labour room, especially primi gravidamothers were screaming even in the active phase of first stage of labour and often asked many questions about the labour process and they requested the doctor to do caesarean section because of pain tolerance. During labour most of the women were not able to cope up with the normal labour process, because of profound anxiety regarding labour process and lack of support person.

Sao Paulo (2007) conducted a study to investigate the effectiveness of companion support during labour. A randomized controlled trail was carried out throughout a year at university of Campinas. The sample size of the study was 212 primi para women and the result revealed that companion was confronted with tiredness, anxiety, concern, crying, the women feeling of inability to cope and use of analgesia or anesthesia.

Odalea .M, et. al., (2007) conducted a study to investigate the effectiveness of support to women by a companion. A randomized control clinical trail was carried out at University of Campinas. 105 women were allocated to the group in which support was permitted and 107 to had no support. The overall result concluded that women in the support group were more satisfied with labour at the significant level of ($p<0.0001$) than women with no support.

Nolan. .M (2006) conducted a descriptive study on assessing the effectiveness of supporting women in labour with doula‟s role. The study revealed that rate of oxytocin augmentation, epidural anesthesia and cesarean section was reduced due to doula support.

Pascal B.D., (2004) conducted a descriptive study on continuous female companionship during childbirth. This study facilitates birth enhances the mothers memory of the experience, strengthens mother-infant bonding, increases breast feeding success and significantly reduces many forms of medical intervention, including caesarean delivery, the use of analgesia, vacuum extraction and forceps.

Campero, et. al., (2004) conducted a qualitative study on support during labour and delivery. A randomized clinical trail was adopted. The study was conducted at university of

California. The sample size was 212. The finding concluded that more positive childbirth experience seen among mothers had social support.

Mosallam .M, et al., (2004) conducted a randomized controlled trail to assess women's attitude towards psychosocial support in labour. The study was conducted among 400 mothers and the result shows that labour pain had significantly shorter duration ($p<0.00001$) with less need analgesia ($p<0.0001$) and reduce oxytocin augmentation ($p<0.0001$).

Longsdon .C, et al., (2002) conducted a repeated measures study to deter mind the effectiveness of social support intervention among pregnant adolescent girls between 32 and 36 weeks of gestation. The data were collected from 128 pregnant and postpartum adolescents and the depression score were lower in the postpartum period than in pregnancy at ($p<0.01$) level.
As family members to stay found to improve the pain tolerance and emotional well being, the investigator decided to take up a study to assess the effectiveness of family members to stay on level of pain perception during child birth among **primi gravida** mothers.

STATEMENT OF PROBLEM

A study to assess the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primi gravid mothers in selected hospital at Coimbatore.

OBJECTIVES

- To assess the level of pain perception among primi gravid mothers during childbirth before family members to stay with the women in experimental group and control group.
- To assess the level of pain perception among primi gravid mothers during childbirth after family members to stay with the women in experimental.
- To compare the level of pain perception between primi gravid mothers in experimental and control group.
- To associate the level of pain perception with selected demographic variables among primi gravid mothers.

VARIABLES OF THE STUDY

Independent Variables

Family members to stay with the women during labour.

Dependent Variables

Level of Perception of pain.

NULL HYPOTHESIS

H_{01}: There is no significant difference between pre test and post test level of pain perception among the primi gravida mothers in experimental group after family members to stay.

H_{02}: There is no significant difference in the level of pain perception among the primi gravida mothers between experimental group and control group.

OPERATIONAL DEFINITION

Effectiveness

It is the ability of the mother to cope up with pain perception during child birth due to family members to stay as measured by modified numerical categorical pain assessment scale.

Family members to stay

The investigator is considered as the supporter in this study and the family members to stay is provided from admission to the labour room up to delivery. The family members to stay includes,

- Holding hands
- Talking to the women
- Helps in proper positioning
- Inform mother about labour process
- Wipes the sweat
- Rubs the thigh, back, legs
- Present with the mother in the labour room
- Encourage the mother to take deep breath

Perception of Pain

It is the level of pain felt by the primi gravida mother during childbirth as measured by modified numerical categorical pain scale.

Primi gravida mothers.

The mother who is in the labor process and who is undergoing the experience of labour for the first time.

ASSUMPTIONS

- The coping level of pain varies from mothers to mothers.
- Continuous support will reduce pain perception and provide comfort to mothers during labour.

DELIMITATIONS

- This study is delimited to a period of four weeks of data collection.
- This study setting is delimited to a selected hospital.

CONCEPTUAL FRAMEWORK

The study is based on the concept that administration of continuous support to intranatal mothers in labour ward will enable effective management of labour pain.

The investigator adopted Weiden Bach‟s Helping Art of Clinical Nursing Theory (1964) as a base for developing the conceptual frame work.

Paradigms

Human Being

She emphasized human are individuals possesses unique potential and strives towards self direction and needy stimulation whatever the individual does, it represents his or her best judgment at the movement. Self awareness and self acceptance are essential to individuals. Sense of integrity and self worth these circumstances require respect from the nurse.

Health

She does not define health, she supports the World Health Organisation‟s definition of health.

Environment

Weiden Bach incorporates the environment within the realities in her framework which is a complex of extraneous factors and circumstances that are present in every nursing situation. Frame work includes objects such as policies, setting, atmosphere, humans and happenings.

Nursing

Nursing is a clinical discipline, is a practice discipline designed to procedure explicit desired results. The art of nursing is goal oriented activity requiring the application of knowledge and skills towards meeting a need for help experienced by a patient. Nursing is helping process that extends to restore the patient‟s ability to cope with demands implicit in the situation.

Step-I: Identifying the need for help.

The deterioration of need for help was made by the process of sample selection based on inclusive criteria which is followed by pre-assessment level of pain perception of mothers in both experimental and control group using a combined numerical categorical pain scale.

Step-II: Ministering the needed help.

In ministering the need help for reducing the pain includes,

Agent – Is the investigator

Recipient – Ist stage of mother in the active phase of labour.

Goal – Refers to effective management of pain

Means and Activities

Means and activity are the administrations of nursing interventions.

Step-III: Validating the need for help.

This is accomplished by means of post assessment level of pain and followed by analysis of the finding. It is categorized as no, mild, moderate, severe and excruciating pain.

The interventions give either positive or negative outcome. A positive outcome represents that satisfaction of reduction of pain. The negative outcome represents dissatisfaction in the reduction of pain. If, so repeating of interventions until the central purpose is achieved.

CHAPTER II

REVIEW OF LITERATURE

The task of reviewing research literature involves the identification, selection, critical analysis and written description of existing information on the topic of interest.

It's usually advisable to undertake a literature review on a subject before actually conducting a research project; such a review can play a number of important roles.

This chapter consists of three sections.

Section A: Studies related to pain perception during first stage of labour

Section B: Studies related to support person during labour

Section C: Studies related to reducing level of pain perception during first stage of labour based on allowing family members.

Section A: Studies related to pain perception during first stage of labour

Melese.M, et al (2019), conducted a study on Labor pain control and associated factors among women who gave birth at Leku primary hospital, southern Ethiopia. n this study, 404 mothers were participated making the response rate of 100%. Among the participants, 104 (25.7%) of mothers reported Mild control of labor pain. Maternal age of 19 to 24 year AOR = 5.85 (95% CI 2.14, 15.98), being farmer AOR = 2.5 (1.14, 5.57), primi-para AOR = 0.13 (0.06, 0.3), good family support AOR = 2.8 (1.49, 5.3), short duration of labor (< 12 h) AOR = 3.2 (1.65, 6.23) and history of pregnancy loss AOR = 0.06 (0.03, 0.14) were significantly associated with greater control of labor pain.

Lydia,A, et al, (2018), conducted a study on Labour pain experiences and perceptions: a qualitative study among post-partum women. Women in this study experienced pain during labour rated as mild, moderate and severe and the pain was felt at the waist area, vagina, lower abdomen and the general body. The women expressed labour pain through crying, screaming and shouting. They prayed to God to help reduce the severe pain. Some women endured the pain,

cried inwardly and others showed no sign of pain. Some women believed that crying during labour is a sign of weakness. Conclusion says that we concluded that it is necessary for all health professionals to manage labour pain effectively taking the socio-cultural context into consideration.

Laura.W.X, (2017), conducting a study on the meaning of labour pain: how the social environment and other contextual factors shape women's experiences. Focussed promotion of labour pain as a productive and purposeful pain, and efforts to empower women to utilise their inner capacity to cope, as well as careful attention to women's cognitions and providing a supportive social environment during labour, may improve women's experiences of labour pain and decrease their need for pain interventions. In addition, these findings emphasise the importance of individualised care for each labouring woman as determined by her unique experience.

Ampofo.A.D, et al, (2017), conducted a study on a narrative inquiry into women's perception and experience of labour pain: A study in the western region of Ghana. The findings revealed that before the labour experience, women perceived labour as a painful experience expected to be endured. Antenatal education on labour pain management was inadequate. Additionally use of pain relief methods was lacking although women expressed need for pain relief. Furthermore the findings revealed inadequate physical and emotional support for women in labour to help cope with labour pain. In conclusion the researcher recommends that midwives in consultation with clients adopt a more active method of assessing labour pain. Also antenatal education on pain relief options must be provided. A more conscious effort to provide support for women in labour should be promoted.

Iran, et al, (2016), conducted s study on Women's experience of pain during childbirth. After analyzing the interviews, four main categories were extracted: the nature of delivery pain, the related factors in labor pain, the results of labor pain, and the perception of caseworkers. This was a qualitative phenomenological study. The study population was composed of 14 women in 6 weeks post-partum period of natural delivery. The data were collected by interview. The data were analyzed by Colaizzi's seven-stage method. Assessing the women's experiences can be useful in giving better care. It helps understand the delivery pain phenomenon. Positive aspects

of delivery pain must be strengthened and its negative aspects must be reduced as much as possible to create a suitable vision towards it.

Nastaran. M,A, (2016), conducted a study on Women's experience of pain during childbirth. This was a qualitative phenomenological study. The study population was composed of 14 women in 6 weeks post-partum period of natural delivery. Assessing the women's experiences can be useful in giving better care. It helps understand the delivery pain phenomenon. Positive aspects of delivery pain must be strengthened and its negative aspects must be reduced as much as possible to create a suitable vision towards it.

Lianne, V.B, et al, (2015), conducted a study on development of the Labor Pain Relief Attitude Questionnaire for pregnant women (LPRAQ-p). The explorative factor analysis suggested a two-factor seven-item solution: a 'women's perception' and 'social environment' subscale. The confirmatory factor analysis confirmed an excellent six-item model fit with appropriate internal consistency. Higher scores on the six-item LPRAQ-p indicate greater willingness for request of pain relief medication during labor. Two-tailed *t*-tests showed that women with elevated levels of depression.

Section B: Studies related to support person during labour

Bohren.M.A, (2019), conducted a study on Continuous support for women during childbirth. It included a total of 27 trials, and 26 trials involving 15,858 women provided usable outcome data for analysis. These trials were conducted in 17 different countries: 13 trials were conducted in high-income settings; 13 trials in middle-income settings; and no studies in low-income settings. Women allocated to continuous support were more likely to have a spontaneous vaginal birth (average RR 1.08, 95% confidence interval (CI) 1.04 to 1.12; 21 trials, 14,369 women; low-quality evidence) and less likely to report negative ratings of or feelings about their childbirth experience (average RR 0.69, 95% CI 0.59 to 0.79; 11 trials, 11,133 women; low-quality evidence) and to use any intrapartum analgesia (average RR 0.90, 95% CI 0.84 to 0.96; 15 trials, 12,433 women).the study concluded that continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased caesarean birth, instrumental vaginal birth, use of any

analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences.

Wang.M, et al, (2018), conducted a study on Continuous support during labour in childbirth: a Cross-Sectional study in a university teaching hospital in Shanghai, China. In this Cross-Sectional study, 362 primiparous pregnancies who self-requested to receive continuous or one to one support with vaginal delivery and 362 primiparous pregnant women with routine hospital maternal care were included from a university teaching hospital. Multiple linear regressions adjusting for maternal age, BMI and birth weight, revealed the estimated length of labour for women with routine hospital maternal care was 2.03 times (95%CI 1.86 to 2.21) the duration of women with supportive care (median time, 3.05 h vs 1.5 h). Results suggest that continuous support from family members together with hospital professional staff should be considered as part of intrapartum care in hospitals in China.

Ellen.D.H, et al, (2018), conducted a study on Continuous support for women during childbirth. We searched the Cochrane Pregnancy and Childbirth Group's Trials Register. Twenty-two trials involving 15,288 women met inclusion criteria and provided usable outcome data. Results are of random-effects analyses, unless otherwise noted. Women allocated to continuous support were more likely to have a spontaneous vaginal birth (RR 1.08, 95% confidence interval (CI) 1.04 to 1.12) and less likely to have intrapartum analgesia (RR 0.90, 95% CI 0.84 to 0.96) or to report dissatisfaction (RR 0.69, 95% CI 0.59 to 0.79). In addition, their labours were shorter (MD -0.58 hours, 95% CI -0.85 to -0.31), they were less likely to have a caesarean (RR 0.78, 95% CI 0.67 to 0.91) or instrumental vaginal birth (fixed-effect, RR 0.90, 95% CI 0.85 to 0.96), regional analgesia (RR 0.93, 95% CI 0.88 to 0.99), or a baby with a low five-minute Apgar score (fixed-effect, RR 0.69, 95% CI 0.50 to 0.95). The study concluded that Continuous support during labour has clinically meaningful benefits for women and infants and no known harm. All women should have support throughout labour and birth.

Kroeger.M, (2017), conducted a study on continuous female companionship during childbirth: a crucial resource in times of stress or calm. Continuous support by a lay woman during labor and delivery facilitates birth, enhances the mother's memory of the experience, strengthens mother-infant bonding, increases breastfeeding success, and significantly reduces

many forms of medical intervention, including cesarean delivery and the use of analgesia, anesthesia, vacuum extraction, and forceps. The contribution of doula care has become increasingly available in industrial countries and is beginning to be adopted in hospitals in underdeveloped countries. Research continues to demonstrate the far-reaching value of supportive companionship as a corollary to professional health care during birth.

Della.A.C, et al, (2016), conducted a study on A Randomized Control Trial of Continuous Support in Labor by a Lay Doula. Randomized controlled trial.A women's ambulatory care center at a tertiary perinatal care hospital in New Jersey. Significantly shorter length of labor in the doula group, greater cervical dilation at the time of epidural anesthesia, and higher Apgar scores at both 1 and 5 minutes. Differences did not reach statistical significance in type of analgesia/anesthesia or cesarean delivery despite a trend toward lower cesarean delivery rates in the doula group. The study concluded that Providing low-income pregnant women with the option to choose a female friend who has received lay doula training and will act as doula during labor, along with other family members, shortens the labor process.

Susan.K.M, et al, (2016), conducted a study on A Randomized Controlled Trial of Continuous Labor Support for Middle-Class Couples. For the 224 women randomly assigned to the experimental group, a doula arrived shortly after hospital admission and remained throughout labor and delivery. The doula group had a significantly lower cesarean delivery rate than the control group (13.4% vs 25.0%, p = 0.002), and fewer women in the doula group received epidural analgesia (64.7% vs 76.0%, p = 0.008). Among women with induced labor, those supported by a doula had a lower rate of cesarean delivery than those in the control group (12.5% vs 58.8%, p = 0.007).The study concluded that For middle-class women laboring with the support of their male partner, the continuous presence of a doula during labor significantly decreased the likelihood of cesarean delivery and reduced the need for epidural analgesia. Women and their male partners were unequivocal in their positive opinions about laboring with the support of a doula.

Zahra.S, et al, (2015), conducted a study on Effect of the presence of support person and routine intervention for women during childbirth in Isfahan, Iran: A randomized controlled trial. One hundred pregnant women in spontaneous labor were assessed in four groups: Group 1;

received routine intervention with a support person, Group 2; received routine intervention without support person, Group 3; received support person without routine intervention, Group 4; did not receive routine intervention or a support person. Based on the results there was no significant difference in regard to maternal age, BMI, maternal education and working statutes among the studied groups (*P*-value >0.05). Also, 1 and 5-min Apgar <7, cervical lacerations and instrumental delivery among studied groups were similar (*P*-value >0.05). the study concluded that Presence of a support person and routine intervention during labor did not effect on incidence of cervical lacerations, instrumental delivery and Apgar <7.

Section C: Studies related to reducing level of pain perception during first stage of labour based on allowing family members.

Sopen.D, (2019), conducted a study on Effect of the Presence of Family Members, During the First Stage of Labor, on Childbirth Outcomes in a Provincial Hospital in Songkhla Province, Thailand. A quasi – experimental design was implemented using 114 pregnant women (experimental group n = 56 ; control group n = 58) . Four questionnaires and a visual analog scale were used for data collection .Content validity of each questionnaire was judged by five experts in intrapartum care. To assure reliability of the questionnaires and feasibility of the research procedure, a pilot study was conducted using the questionnaires with 20 postpartum women . Data analyses were accomplished using both descriptive and inferential statistics. The findings revealed a significant difference in anxiety scores between the experimental and control groups. No other significant differences were found. The results suggest having a relative present, during intrapartum, reduces a women's anxiety . However, the findings did not support the positive effect of having a relative present during intrapartum , regarding other childbirth outcomes .

Hofmeyr.G.J, et al, (2019), conducting a study on Companionship to modify the clinical birth environment: effects on progress and perceptions of labour, and breastfeeding. Randomized controlled trial. A community hospital familiar to most of the participants, with a conventional, clinically-orientated labour ward. Nulliparous women in uncomplicated labour. Companionship had no measurable effect on the progress of labour. Diastolic blood pressure and use of analgesia were modestly but significantly reduced. The support group was more likely to report that they

felt that they had coped well during labour (60 vs 24%, P less than 0.00001). Their mean labour pain scores (26.0 vs 44.2, P less than 0.00001) and state anxiety scores (28.2 vs 37.8, P less than 0.00001) were lower than those of the control group. T he study concluded that Labour in a clinical environment may undermine women's feelings of competence, perceptions of labour, confidence in adapting to parenthood and initiation of successful breastfeeding. These effects may be reduced by the provision of additional companionship during labour aimed to promote self-esteem.

Elvander.A, et al, (2018), conducted a study on Birth Experience in Women with Low, Intermediate or High Levels of Fear: Findings from the First Baby Study. As part of an ongoing prospective study, we interviewed 3,006 women in their third trimester and 1 month after first childbirth to assess fear of birth and birth experience. Compared with women with low levels of fears with a noninstrumental vaginal delivery, women with high levels of fear who were delivered by unplanned cesarean section had a 12-fold increased risk of reporting a negative birth experience (OR 12.25; 95% CI 7.19–20.86). A noninstrumental vaginal delivery was associated with the most positive birth experience among the women in this study. This study shows that both levels of prenatal fear of childbirth and mode of delivery are important for birth experience. Women with low fear of childbirth who had a noninstrumental vaginal delivery reported the most positive birth experience.

Shinobu.K, et al, (2018), conducted a study on Assessment and support during early labour for improving birth outcomes. We included five trials with a total of 10,421 pregnant women in this review update. The trials were conducted in the UK, Canada and America. There were no clear differences between groups for the rate of caesarean section (RR 0.93, 95% CI 0.84 to 1.02; 4996 women, high-quality evidence), or for instrumental vaginal birth (RR 0.94, 95% CI 0.82 to 1.08; 4996 women, high-quality evidence). No clear differences between groups were reported for serious maternal morbidity (RR 1.13, 95% CI 0.84 to 1.52; 4996 women, moderate-quality evidence). Use of epidural was similar in the two groups (RR 1.00, 95% CI 0.99 to 1.01; 4996 women, high-quality evidence). The study concluded that Assessment and support in early labour does not have a clear impact on rate of caesarean section or instrumental vaginal birth, or whether the baby was born before arrival at hospital or in an unplanned home birth.

Nastaran.M.A, et al, (2017), conducted a study on Women's experience of pain during childbirth.This was a qualitative phenomenological study. The study population was composed of 14 women in 6 weeks post-partum period of natural delivery. After analyzing the interviews, four main categories were extracted: the nature of delivery pain, the related factors in labor pain, the results of labor pain, and the perception of caseworkers. The study concluded that Assessing the women's experiences can be useful in giving better care. It helps understand the delivery pain phenomenon. Positive aspects of delivery pain must be strengthened and its negative aspects must be reduced as much as possible to create a suitable vision towards it.

Langer.A, (2016), conducted a study on Effects of psychosocial support during labour and childbirth on breastfeeding, medical interventions, and mothers' wellbeing in a Mexican public hospital: a randomised clinical trial. A large social security hospital in Mexico City. The frequency of exclusive breastfeeding one month after birth was significantly higher in the intervention group (RR 1.64; I-C: 1.01-2.64), as were the behaviours that promote breastfeeding. However, the programme did not achieve a significant effect on full breastfeeding. More women in the intervention group perceived a high degree of control over the delivery experience, and the duration of labour was shorter than in the control group (4.56 hours vs 5.58 hours; RR 1.07 CI (95%) = 1.52 to -0.51). the study concluded that Psychosocial support by doulas had a positive effect on breastfeeding and duration of labour. It had a more limited impact on medical interventions, perhaps because of the strict routine in hospital procedures, the cultural background of the women, the short duration of the intervention, and the profile of the doulas.

Sirivan,M, (2015), conducted a study on Effects of Labor Support from Close Female Relative on Labor and Maternal Satisfaction in a Thai SettingSiriwan Yuenyong, Beverl. Randomized, two-group controlled clinical trial. Setting was Regional teaching hospital in the eastern part of Thailand with 782 beds.Participants are Primiparous women (N = 120) whose gestational ages were ≥ 36 weeks and who had uncomplicated pregnancies. Those in the experimental group had a significantly shorter duration of active labor and were more satisfied with their childbirth experiences than those in the control group. Differences between groups with respect to incidence of spontaneous delivery were not found. A conclusion of this study close female relative was effective in providing supportive care during labor and delivery. The

integration of this nursing intervention for women and their families at public hospitals in Thailand is supported.

CHAPTER III

METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure of gathering and reliable for the purpose of investigation.

This chapter consists of research approach, research design, variable, population, settings, sampling, description of the tool, validity and reliability of tool, pilot experimental, method of data collection procedure and planned for data analysis.

The present experimental aim to evaluate the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers in selected hospital at Coimbatore.

Research approach

A Quantitative approach was used to assess the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers.

Research design

Quasi experimental pre test post test design was adopted for this study**.**

Group	**Pre test**	**Intervention**	**Post test**
Experimental group	O_1	X	O_2
Control group	O_1		O_2

O1 - Assessment the level of pain perception of first stage of labour before intervention

X - Allowing family members to stay with the women during the first stage of labour

O2 – Assessment the level of reducing pain perception of first stage of labour after intervention

Variables

A Variable is anything that can change or anything that is liable to vary. Two types of variables were identified in this experimental.

Dependent variable: Dependent variables are the effect of action of the independent variable and cannot exist by itself. In this experimental, it refers to reducing the level of pain perception of first stage of labour among primigravida mothers.

Independent variable: An Independent variable is the variable that stands alone and is not dependent on any other. In this experimental, it refers family members to stay with the women during the first stage of labour.

Setting of the experimental

The study was conducted at Ashwin hospital, Coimbatore. It is 100 bedded, multi specialty hospital with 50 beds for maternity. There were 3 – 4 deliveries per day, 130 deliveries per month.

Population

Population refers to the entire set of individuals having some common characteristics and it is important to make distinction between target and accessible population.

Target Population

Target population comprises of all primigravida mothers.

Accessible Population

Primigravida mothers who are admitted in the Ashwin Hospital, Coimbatore, for safe confinement.

Sample

Sample consists of a subset of the unit that composes the population. The Sample for this experimental consisted of 6o primigravida mothers during first stage of labour who fit into the inclusion criteria.

Sample size

Sample size of 40 was taken for the experimental, 20 primigravida mothers in experimental groups and 20 mothers in control group.

Sample technique

The method of sampling used was Non probability convenience sampling technique.

Criteria for sample selection

Inclusive Criteria

- Primi mothers with gestational age 38 - 42 weeks
- Primi mothers with foetus in normal presentation (Vertex)
- Primi mothers with single foetus.
- Primi mothers with 3 cm cervical dilatation.
- Primi mothers who know Tamil or English

Exclusive Criteria

- Primi mothers with high risk factors like hypertension, diabetes, premature rupture of membrane, preterm labour
- Primi mothers who were undergoing LSCS
- Primi mothers who were not willing to participate.
- Primi mothers who were under the medication for pain relief.

Description of the tool

The tool was developed on the following aspects.

Part -I: Demographic Variables

This part deals with demographic variables of primigravida mother includes age of the mother, education, occupation, income per month, religion, type of family, gestational weeks of pregnancy, support person in labour room, pregnancy related medical disorder and Previous history of abortion.

Part-II: Modified numerical categorical pain scale

Modified numerical categorical pain scale which is a modified pain scale selected for the assessment of labour pain. The scale was grouped in 5 categories.

Numerical Nature of Pain

0 - No Pain

1 - 2.5 - Mild Pain

2.6 - 5 - Moderate Pain

5.1 - 7.5 - Severe Pain

7.6 - 10 - Excruciating Pain

Validity of the tool

Validity of the tool was obtained by submitting the tool to experts including research guide and experts in the field of obstetrician and gynecologist. Certain questions were added and modified after getting the content validity from the experts.

Reliability of the tool

The reliability of the tool was assessed for level of pain perception. It was established by inter-rater reliability method. The Spearmans Rank Correlation Co-efficient was used to calculate the reliability. The reliability value was r=0.87 which shows that the tool was reliable.

Pilot experimental

The pilot experimental was conducted in Ashwin Hospital, Coimbatore. Formal consent was obtained from the medical director and the nursing superintendent of Ashwin Hospital. The primi mothers who fulfilled the inclusion criteria were selected by Non probability convenience

sampling technique. A brief introduction about self and experimental was given and data was collected from the primigravida mothers in the labour room.

Consent was taken from the samples; confidentiality of the responses was assured. The data related to the demographic variables were collected by the structured interview method. Investigator takes the 10 primigravida mothers for pilot experimental. 5 primi mothers for experimental group and 5 primi mothers for control group. Modified numerical categorical pain scale was used to assess the level of pain perception among primigravida mothers before and after intervention.

The Spearmans Rank Correlation Coefficient used, the „r" value is 0.87. Hence the tool was found to be reliable.

DATA COLLECTION PROCEDURE

A formal consent was obtained from Ashwin Hospital and the investigator selected 40 samples using Non Probability convenient Sampling technique. At the selection of the experimental subject, who are fulfilling the inclusive criteria were selected as a samples in both experimental and control group. A self introduction was given and the consent was obtained. The confidentiality was assured. The investigator explained the tool to the mothers and it took about 10 minutes approximately.

Pre assessment (O1) was done with modified numerical categorical pain scale to assess the pain, scoring and interpretation was done. Two assessments were done every one hour intervals, using the same scale. The final assessment (O4) was done at 7cm dilatation of cervix.

Data analysis procedure

Descriptive and inferential statistics were used to analyze the data. Analysis of demographic variables was done in terms of frequency and percentage distribution. Comparison of pretest and post test level of pain perception was done using central tendency such as mean, standard deviation and paired 't'-test techniques. Association of post test level of pain perception

among primigravida mothers with their demographic variables was done by using Chi-Square test.

Ethical consideration

The experimental was conducted after the approval of dissertation committee and hospital authority. Formal permission was obtained from the medical director of Ashwin Hospital**.**

The mothers were clearly explained about the experimental purpose and formal consent was obtained assurance was given to the mothers that anonymity of each information would be maintained.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretations of data collected from 40 primi gravida mothers (20 Experimental and 20 Control) on perception of pain to evaluate the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers in selected hospital at Coimbatore.

ORGANISATION OF DATA

The findings of the experimental were grouped and analyzed under the following sections.

Section A : Description of demographic variables

Section B : Assessment of pretest and post test level of pain perception in the experimental and control group.

Section C: Comparison of pretest and post test level of pain in both the experimental and control group.

Section D: Association of post test level of pain with the demographic variables in the experimental group.

SECTION A

Table 1: Frequency and percentage distribution of demographic variables in the Experimental and Control Group.

n=40

S.No	Demographic variable	Experimental group		Control group	
		f	%	f	%
1	Age of the mother				
	a) Below 20 years	0	0	0	0
	b) 21 – 30 years	13	65	15	75
	c) 31 – 40 years	7	35	5	25
	d) Above 40 years	0	0	0	0
2	Education				
	a) Illiterate	4	20	3	15
	b) primary	2	10	2	10
	c) High school	6	30	10	50
	d) Higher education	8	40	5	25
3	Occupation				
	a) Unemployed	6	30	4	20
	b) Self employed	10	50	8	40
	c) Private employed	2	10	6	30
	d) Government employed	2	10	2	10
4	Income per month				
	a) Below Rs.5000	2	10	4	20
	b) Rs.5001-Rs.10000	4	20	6	30
	c) Rs.10001-Rs.20000	10	50	5	25
	d) Above Rs. 20000	4	20	5	25
5	Religion				
	a) Hindu	10	50	8	40
	b) Muslim	5	25	6	30
	c) Christian	5	25	6	30

6	Type of family				
	a) Joint family	2	10	4	20
	b) Nuclear family	11	55	12	60
	c) Extended family	7	35	4	20
7	Gestational weeks of pregnancy				
	a) Below 35 weeks	1	5	2	10
	b) 36 – 37 weeks	3	15	6	30
	c) 38 – 39 weeks	14	70	8	40
	d) 40 weeks	2	10	4	20
8	Support person in labour room				
	a) Mother	12	60	14	70
	b) Mother-in law	4	20	2	10
	c) Sister	4	20	4	20
	d) Relatives	0	0	0	0
9	Pregnancy related medical disorder				
	a) Gestational diabetes mellitus	8	40	4	20
	b) Hypertension	5	35	7	35
	c) Anemia	1	5	2	10
	d) Others	6	30	7	35
10	Previous history of abortion				
	a) Yes	12	60	14	70
	b) No	8	40	6	30

Table No.4.1 represents the distribution of primi gravida mother with the level of pain perception. According to age of the primi gravida mother in experimental group none of them had below 20 years, 13(65%) of them belong to the age group between 21 – 30 years, 7 (35%) of them belong to the age group between 31 – 40 years and none of them had above 40 years. In control group none of them had below 20 years, 15(75%) of them belong to the age group between 21 – 30 years, 5 (25%) of them belong to the age group between 31 – 40 years and none of them had above 40 years.

Besides, the table also represents distribution of primi gravida mothers according to education in experimental group 4(20%) were illiterate, 2(10%) were primary education, 6(30%) were high school and 8(40%) were higher education. In control group 3(15%) were illiterate, 2(10%) were primary education, 10(50%) were high school and 5(25%) were higher education.

Moreover, it represents the distribution of level of pain perception among primi gravida mothers according to occupation in experimental group 6(30%) were unemployed, 10(50%) were self employed, 2(10%) were private employed and 2(10%) were Government employee. In control group 4(20%) were unemployed, 8(40%) were self employed, 6(30%) were private employed and 2(10%) were Government employee.

In the distribution of primi gravida mother, according to their monthly income in experimental group 2(10%) had below Rs.5000, 4(20%) had Rs.5001 to Rs.10000, 10(50%) had Rs.10001 to Rs.20000 and 4(20%) had above Rs. 20000. In control group 4(20%) had below Rs.5000, 6(30%) had Rs.5001 to Rs.10000, 5(25%) had Rs.10001 to Rs.20000 and 5(25%) had above Rs. 20000.

Regarding the primi gravida mother religion in experimental group 10(50%) were Hindu, 5(25%) were Muslim and 5(25%) were Christian. In control group 8(40%) were Hindu, 6(30%) were Muslim and 6(30%) were Christian.

In the distribution ofprimi gravida mother, according to their family type in experimental group 2(10%) were in joint family, 11(55%) were joint family and 7(35%) were extended family. In control group 4(20%) were in joint family, 12(60%) were joint family and 4(20%) were extended family.

SECTION B

Table 2: Frequency and percentage distribution of pretest level of pain in the experimental group and control group.

n = 40

S.No		Experimental group						Control group					
		Mild pain		Moderate pain		Severe pain		Mild pain		Moderate pain		Severe pain	
		n	%	n	%	n	%	N	%	n	%	n	%
1	Pre test	0	0	6	30	14	70	0	0	2	10	18	90
2	Post test	16	80	4	20	0	0	0	0	4	20	16	80

The table 2 shows that in the experimental group, in pre test majority 14(70%) had severe pain and in post test 16 (80%) had mild pain, the control group, in pre test majority 18(90%) had severe pain and in post test 16 (80) had severe pain.

SECTION C

Table 3: Comparison of pretest and post test level of pain in the Experimental and control Group.

S.No		Experimental group				Control group			
		mean	**SD**	**Mean deferent**	**t value**	**mean**	**SD**	**Mean deferent**	**t value**
1	Pre test	7.2	1.5	4.4	11	7.8	1.02	0.25	0.6
2	Post test	2.8	1.2			7.55	1.46		

The table 3 depicts that in the experimental group, the pretest level of mean pain score was 7.2 with S.D 1.5 and the post test mean score was1.5 with S.D 1.2. The calculated t value of 11 was statistically highly significant at p 0.05 level. In the control group, the pretest level of mean pain score was 7.8 with S.D 1.02 and the post test mean score was7.55 with S.D 1.46. The calculated „t" value of 0.6 was statistically not significant at p 0.05 level.

SECTION D

Table 4: Association of post test level of pain in the experimental group with demographic variables.

S.No	Demographic variable	Experimental group		
		df	X^2	Table value
1	Age of the mother	6	0.668	12.592
2	Education	6	1.5099	12.592
3	Occupation	6	1.0296	12.592
4	Income per month	6	0.166	12.592
5	Religion	4	0.1196	9.488
6	Type of family	4	0.2466	9.488
7	Gestational weeks of pregnancy	6	1.0269	12.592
8	Support person in labour room	6	0.882	12.592
9	Pregnancy related medical disorder	4	1.1805	9.488
10	Previous history of abortion	2	0.1533	5.991

The above table shows that calculated value is less than table value which indicates there is no significant association between age, education, occupation, income, religion, type of family, gestational week of pregnancy, support person in labour room, pregnancy related medical disorder, previous history of abortion.

CHAPTER – V

DISCUSSION

This chapter deals with the data analysis and interpretation to assess the effectiveness of fenugreek consumption on lactation among primi postnatal mothers in selected maternity centre Coimbatore.

Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows

Description of demographic variables

Distribution of primi gravida mother with the level of pain perception. According to age of the primi gravida mother in experimental group none of them had below 20 years, 13(65%) of them belong to the age group between 21 – 30 years, 7 (35%) of them belong to the age group between 31 – 40 years and none of them had above 40 years. In control group none of them had below 20 years, 15(75%) of them belong to the age group between 21 – 30 years, 5 (25%) of them belong to the age group between 31 – 40 years and none of them had above 40 years.

Besides, the table also represents distribution of primi gravida mothers according to education in experimental group 4(20%) were illiterate, 2(10%) were primary education, 6(30%) were high school and 8(40%) were higher education. In control group 3(15%) were illiterate, 2(10%) were primary education, 10(50%) were high school and 5(25%) were higher education.

Moreover, it represents the distribution of level of pain perception among primi gravida mothers according to occupation in experimental group 6(30%) were unemployed, 10(50%) were self employed, 2(10%) were private employed and 2(10%) were Government employee. In control group 4(20%) were unemployed, 8(40%) were self employed, 6(30%) were private employed and 2(10%) were Government employee.

In the distribution of primi gravida mother, according to their monthly income in experimental group 2(10%) had below Rs.5000, 4(20%) had Rs.5001 to Rs.10000, 10(50%) had

Rs.10001 to Rs.20000 and 4(20%) had above Rs. 20000. In control group 4(20%) had below Rs.5000, 6(30%) had Rs.5001 to Rs.10000, 5(25%) had Rs.10001 to Rs.20000 and 5(25%) had above Rs. 20000.

Regarding the primi gravida mother religion in experimental group 10(50%) were Hindu, 5(25%) were Muslim and 5(25%) were Christian. In control group 8(40%) were Hindu, 6(30%) were Muslim and 6(30%) were Christian.

In the distribution ofprimi gravida mother, according to their family type in experimental group 2(10%) were in joint family, 11(55%) were joint family and 7(35%) were extended family. In control group 4(20%) were in joint family, 12(60%) were joint family and 4(20%) were extended family.

The first objective was to assess the pre-test and post test level of reducing the level of pain perception among primigraida mothers in experimental and control group

The experimental group, in pre test majority 14(70%) had severe pain and in post test 16 (80%) had mild pain, the control group, in pre test majority 18(90%) had severe pain and in post test 16 (80) had severe pain

The second objective was to determine the effectiveness of allowing family members to stay with the women during the first stage of labour among primigravida mothers in experimental group

In the experimental group, the pretest level of mean pain score was 7.2 with S.D 1.5 and the post test mean score was1.5 with S.D 1.2. The calculated „t‟ value of 11 was statistically highly significant at p 0.05 level. In the control group, the pretest level of mean pain score was 7.8 with S.D 1.02 and the post test mean score was7.55 with S.D 1.46. The calculated „t‟ value of 0.6 was statistically not significant at p 0.05 level.

The third objective was to compare the pre and post test level of reducing the level of pain perception among primigravida mothers in experimental and control group

In the experimental group, the pretest level of mean pain score was 7.2 with S.D 1.5 and the post test mean score was1.5 with S.D 1.2. The calculated „t" value of 11 was statistically highly significant at p 0.05 level. In the control group, the pretest level of mean pain score was 7.8 with S.D 1.02 and the post test mean score was7.55 with S.D 1.46. The calculated „t" value of 0.6 was statistically not significant at p 0.05 level.

The fourth objective was to associate the level of pain perception with selected demographic variables among primi gravid mothers.

In the experimental group that the calculated value is less than table value which indicates there is no significant association between age, education, occupation, income, religion, type of family, gestational week of pregnancy, support person in labour room, pregnancy related medical disorder, previous history of abortion.

CHAPTER – VI

SUMMARY, IMPLICATION, CONCLUSION AND RECOMMENDATIONS

This chapter consists of four sections. In the first two sections, the summary and implication for nursing practice are presented. In the last section, the recommendation for further research and conclusion are present.

Summary

Aexperimental to assess the effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers in selected hospital at Coimbatore. Quasi experimental pre test post test design was adopted for this study. The conceptual framework for the study was based on modified Widenbach's Helping Art of Clinical Nursing Theory. The instrument used in this study consisted of four sections. Such as demographic characteristics, Numerical pain intensity scale. The data were analysed using descriptive and inferential statistics.

The Major Findings are

Distribution of primi gravida mother with the level of pain perception. According to age of the primi gravida mother in experimental group none of them had below 20 years, 13(65%) of them belong to the age group between 21 – 30 years, 7 (35%) of them belong to the age group between 31 – 40 years and none of them had above 40 years. In control group none of them had below 20 years, 15(75%) of them belong to the age group between 21 – 30 years, 5 (25%) of them belong to the age group between 31 – 40 years and none of them had above 40 years.

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Moreover, it represents the distribution of level of pain perception among primi gravida mothers according to occupation in experimental group 6(30%) were unemployed, 10(50%) were self employed, 2(10%) were private employed and 2(10%) were Government employee. In control group 4(20%) were unemployed, 8(40%) were self employed, 6(30%) were private employed and 2(10%) were Government employee.

In the distribution of primi gravida mother, according to their monthly income in experimental group 2(10%) had below Rs.5000, 4(20%) had Rs.5001 to Rs.10000, 10(50%) had Rs.10001 to Rs.20000 and 4(20%) had above Rs. 20000. In control group 4(20%) had below Rs.5000, 6(30%) had Rs.5001 to Rs.10000, 5(25%) had Rs.10001 to Rs.20000 and 5(25%) had above Rs. 20000.

Regarding the primi gravida mother religion in experimental group 10(50%) were Hindu, 5(25%) were Muslim and 5(25%) were Christian. In control group 8(40%) were Hindu, 6(30%) were Muslim and 6(30%) were Christian.

In the distribution ofprimi gravida mother, according to their family type in experimental group 2(10%) were in joint family, 11(55%) were joint family and 7(35%) were extended family. In control group 4(20%) were in joint family, 12(60%) were joint family and 4(20%) were extended family.

The experimental group, in pre test majority 14(70%) had severe pain and in post test 16 (80%) had mild pain, the control group, in pre test majority 18(90%) had severe pain and in post test 16 (80) had severe pain.

In the experimental group, the pretest level of mean pain score was 7.2 with S.D 1.5 and the post test mean score was1.5 with S.D 1.2. The calculated „t‟ value of 11 was statistically highly significant at p 0.05 level. In the control group, the pretest level of mean pain score was 7.8 with S.D 1.02 and the post test mean score was7.55 with S.D 1.46. The calculated „t‟ value of 0.6 was statistically not significant at p 0.05 level.

In the experimental group that the calculated value is less than table value which indicates there is no significant association between age, education, occupation, income, religion, type of family, gestational week of pregnancy, support person in labour room, pregnancy related medical disorder, previous history of abortion.

Conclusion

Effectiveness of allowing family members to stay with the women during the first stage of labour in reducing the level of pain perception among primigravida mothers. The calculated was 't' value of 11 for level of labour pain, and the calculated 't' value was 0.06 at $p<0.05$ level shows the effectiveness of presence of support person. There was significant association on pain perception among primi gravida mothers in experimental group with their support person. The result of this study showed that most of the mothers in experimental group had moderate pain. Based on the statistical finding its evident that provision of support person during labour was a effective intervention among mothers. There was a significant association between pain perception among mothers in experimental group with support person.

Implications

The findings of study have several implications in nursing practice, nursing dministration, nursing education and nursing research.

Nursing Practice

This study finding will create the awareness to nurse about the presence of the support person during labour, which is necessary for all women in labour. This will prevent maternal mortality and perinatal mortality among women during the time of labour.

- It help the nurses to understand the need of the pregnant women during the time of labour and provide need based care.
- . The companionship of the women during the time of labour would be effective and give better outcomes.
- . Care of the women in labour thus making labour a remembrance experiences

Nursing Education

- The present study would help the nursing student to understand women's need throughout the labour and also provide need based care to women in labour.
- This study would help the student nurse to understand the support activities needed for women in labour.
- Also include labour support in the Maternity Nursing Curriculum as a separate topic which help the student nurses to understand the need of women in labour and implement the labour support action.

Nursing Administration

- The finding of the study is that the presence of a support person during labour is beneficial, it would help the Administrator of Nursing to understand the significance of presence of support person to the women in labour.
- Thus labour room staffing could be improved to provide comprehensive care to women in labour.
- The Administrator need to reinforce the norms and rules of the labour room.
- The Nurse Administ have to conduct compulsory teaching about companionship during labour.
- The Nurse Administ to have the separate labour room for low and high risk cases. In that the close relatives to be allowed to stay with high risk cases during the time of labour.

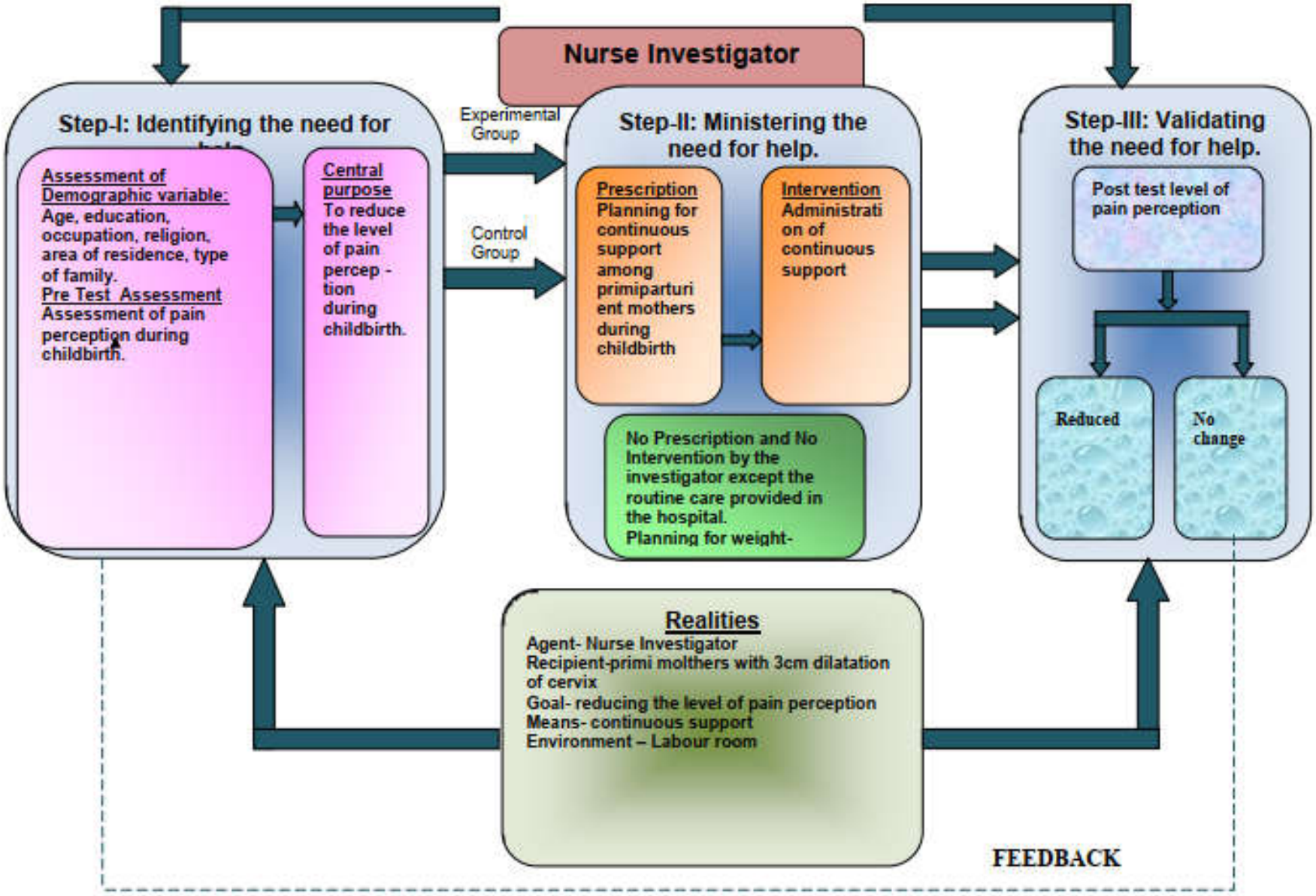
Nursing Research

- The present study would help the future researcher to carry out further studies to determine the need of women in labour and compare them with present study finding.
- The study finding would also help the Nurse Researcher in studying the constrain barrier in providing need based care to women in labour and the way to solve the problems.
- Through this study the investigator may Practice Evidence Based Research Practice.

Recommendations

- A similar study can be conducted/ replicated on a larger sample to generalize the study finding.

- A case method can also be conducted to assess the effectiveness of presence of support person on outcome of labour since pregnancy to labour.
- Comparative study can be done on companionship during labour between rural and urban mother.
- A study can be done to find out the knowledge, attitude and practice of the nurse towards presence of support person during the time of labour.
- A similar study can be done on psychological feeling of mother towards social support.
- A similar study can be conducted to assess the effect of companionship on high risk mother undergoing normal delivery.



Modified Weidenbach's helping Art of Clinical Nursing Theory (1964)

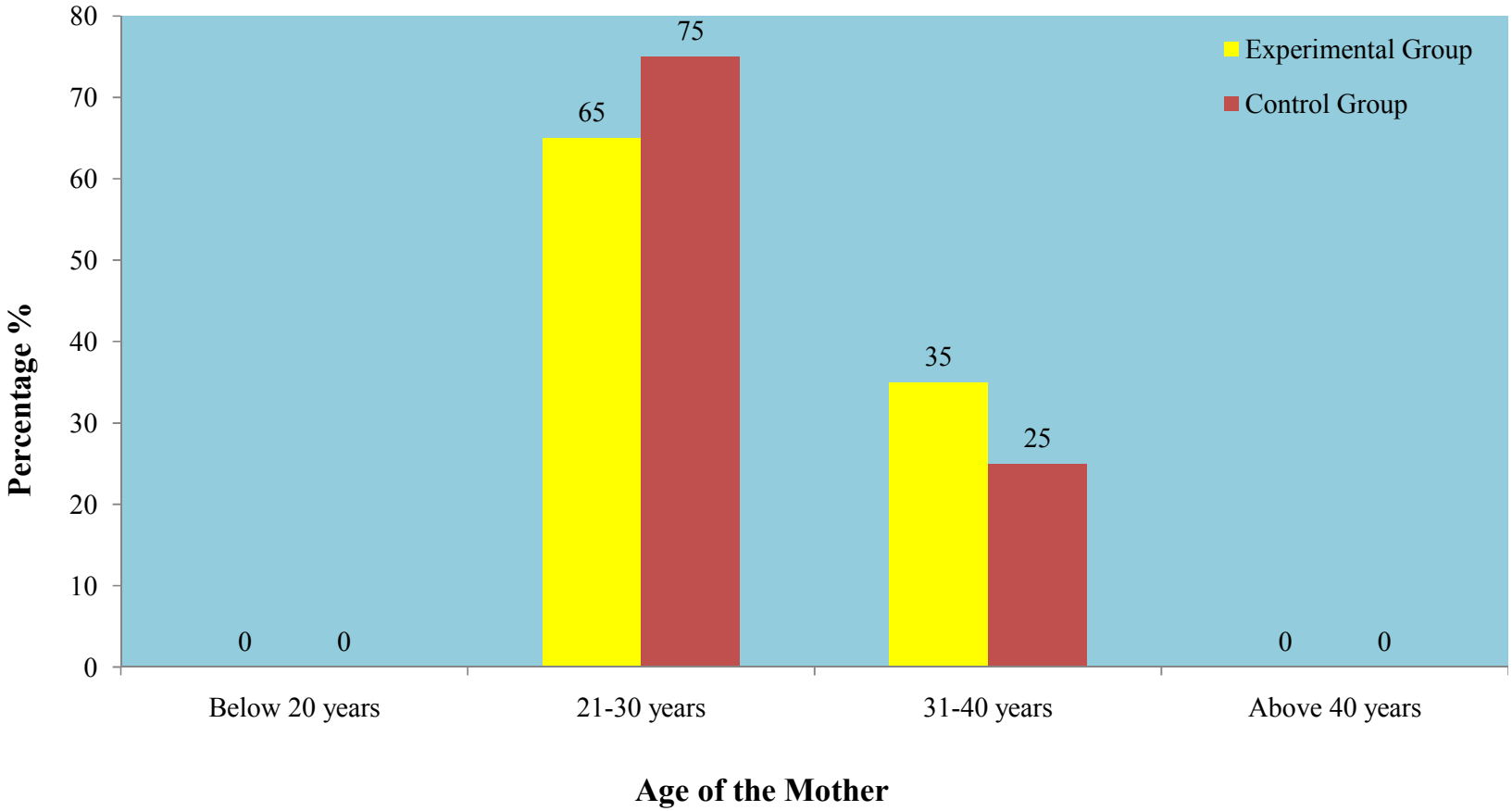


Figure 4.2 Frequency and Percentage Distribution of Demographic Variables According to the Age of the Mother

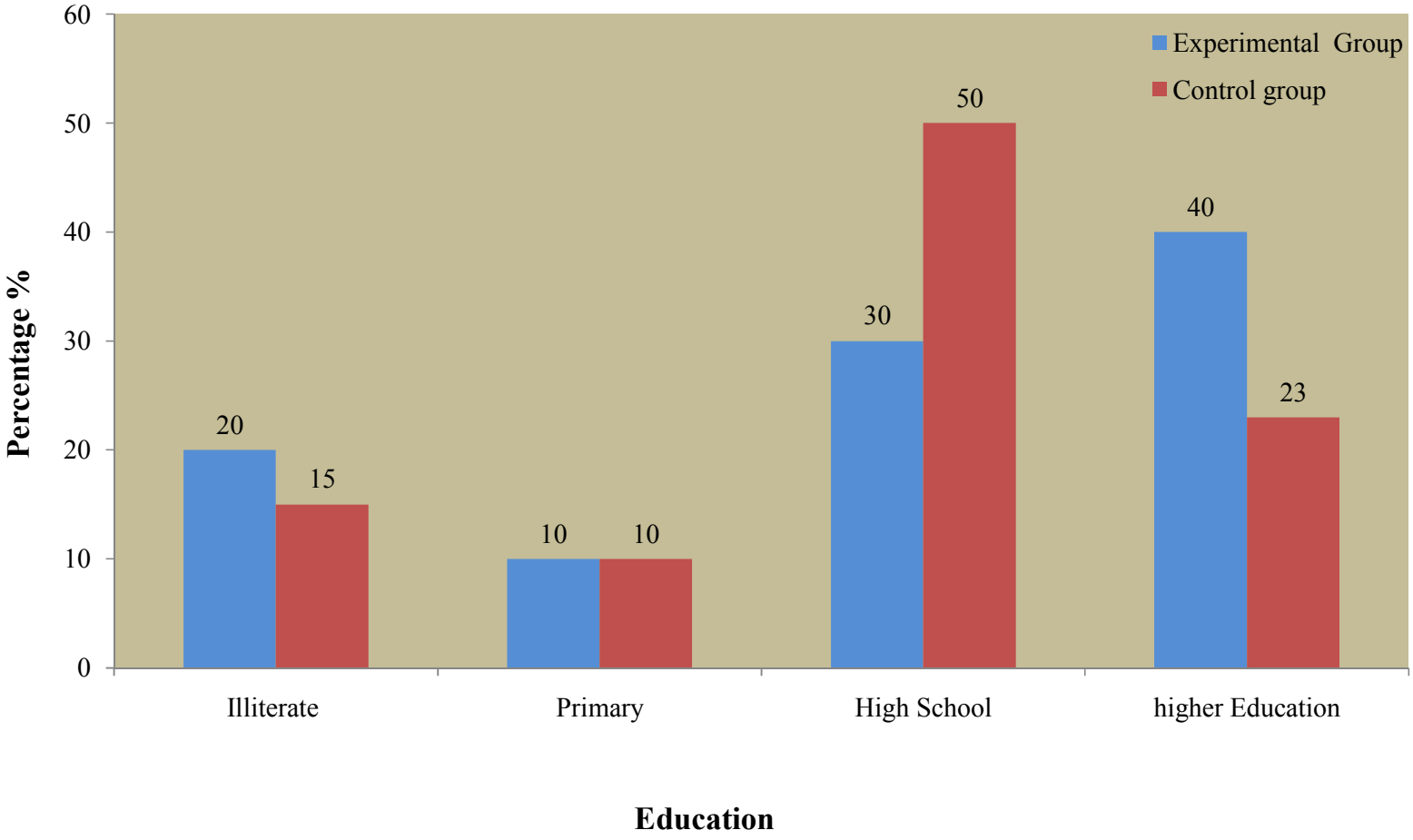


Figure 4.3 Frequency and Percentage Distribution of Demographic Variables According to the Education

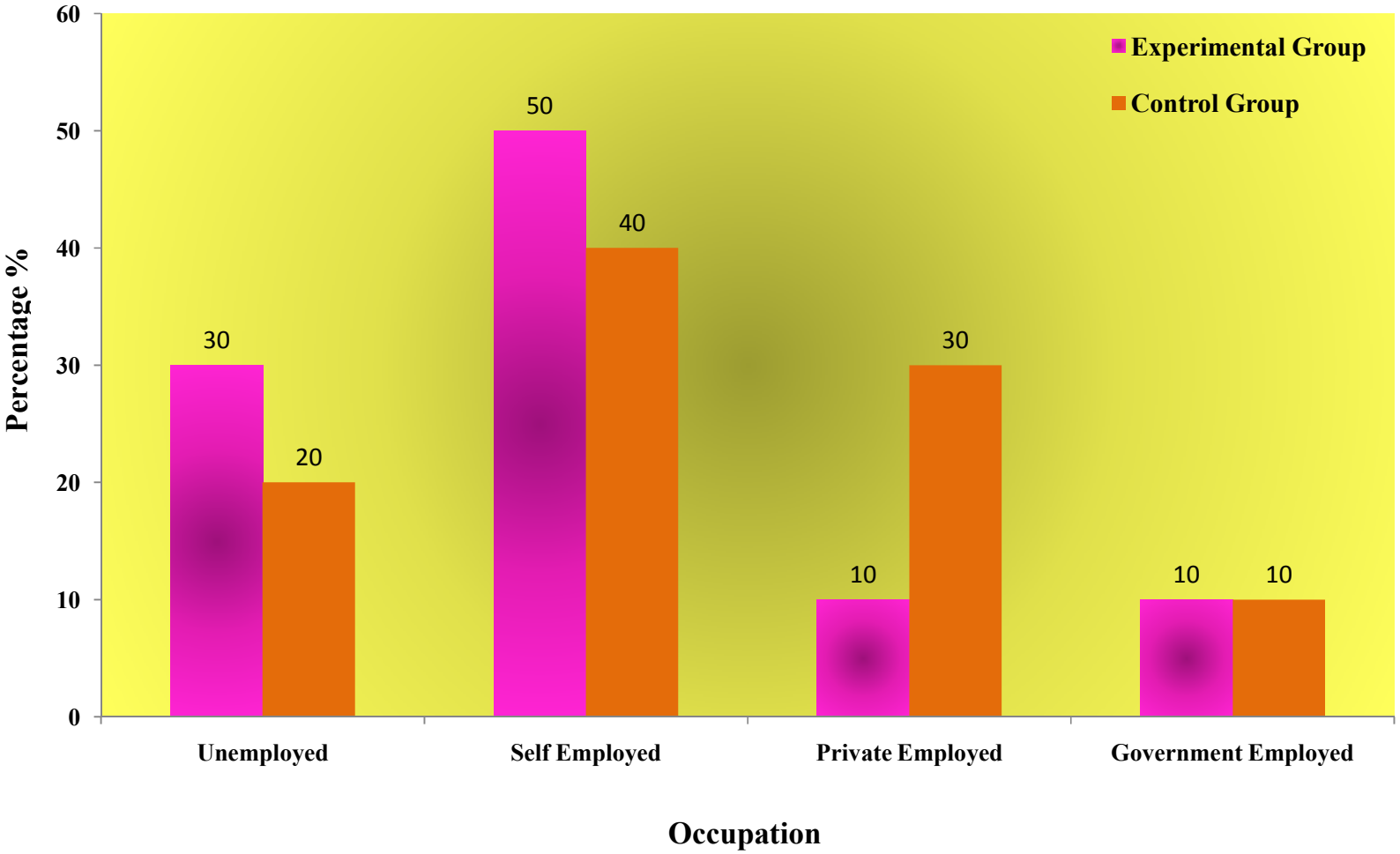


Figure 4.4 Frequency and Percentage Distribution of Demographic Variables According to the Occupation

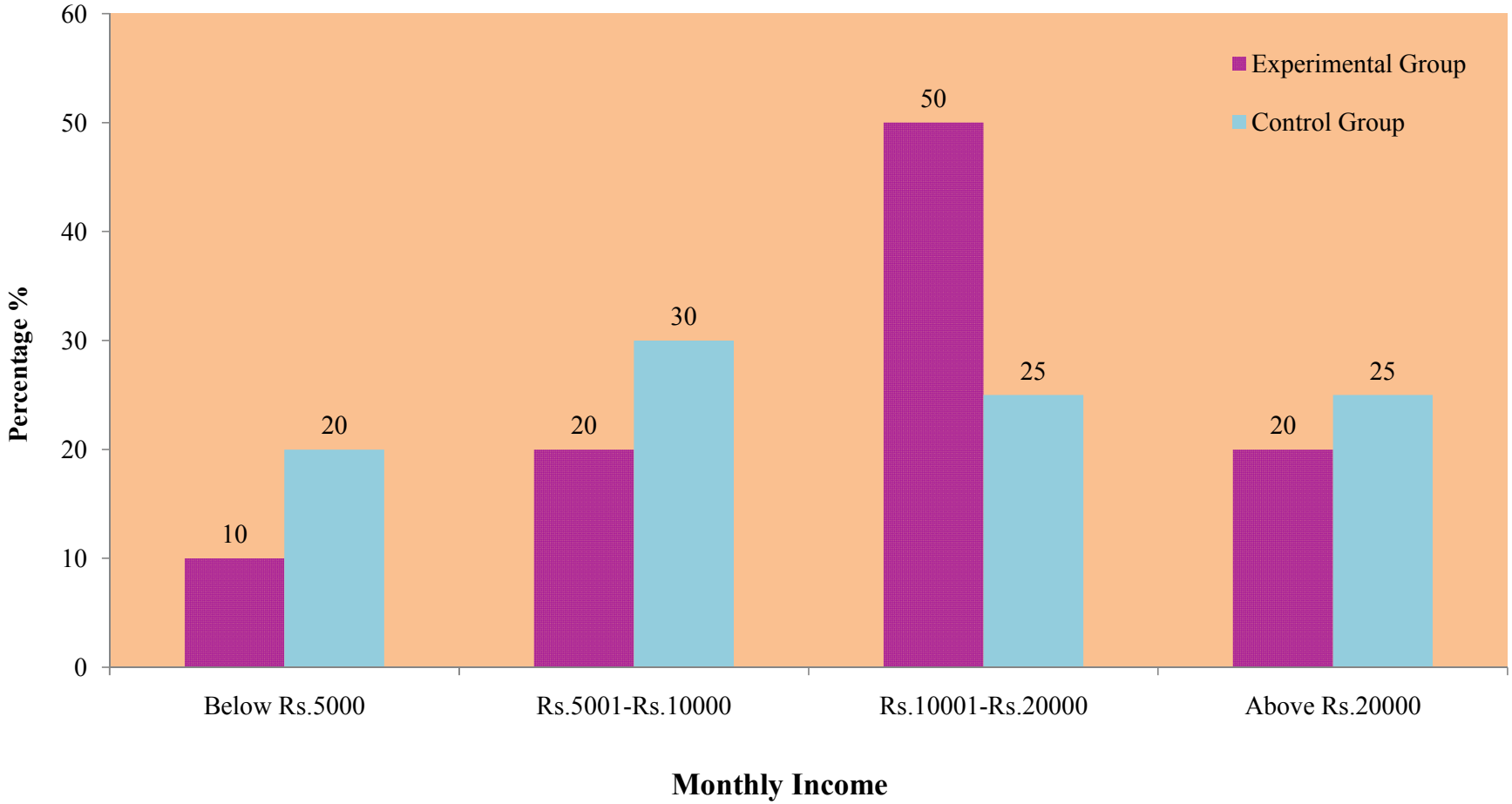


Figure 4.5 Frequency and Percentage Distribution of Demographic Variables According to the Monthly Income

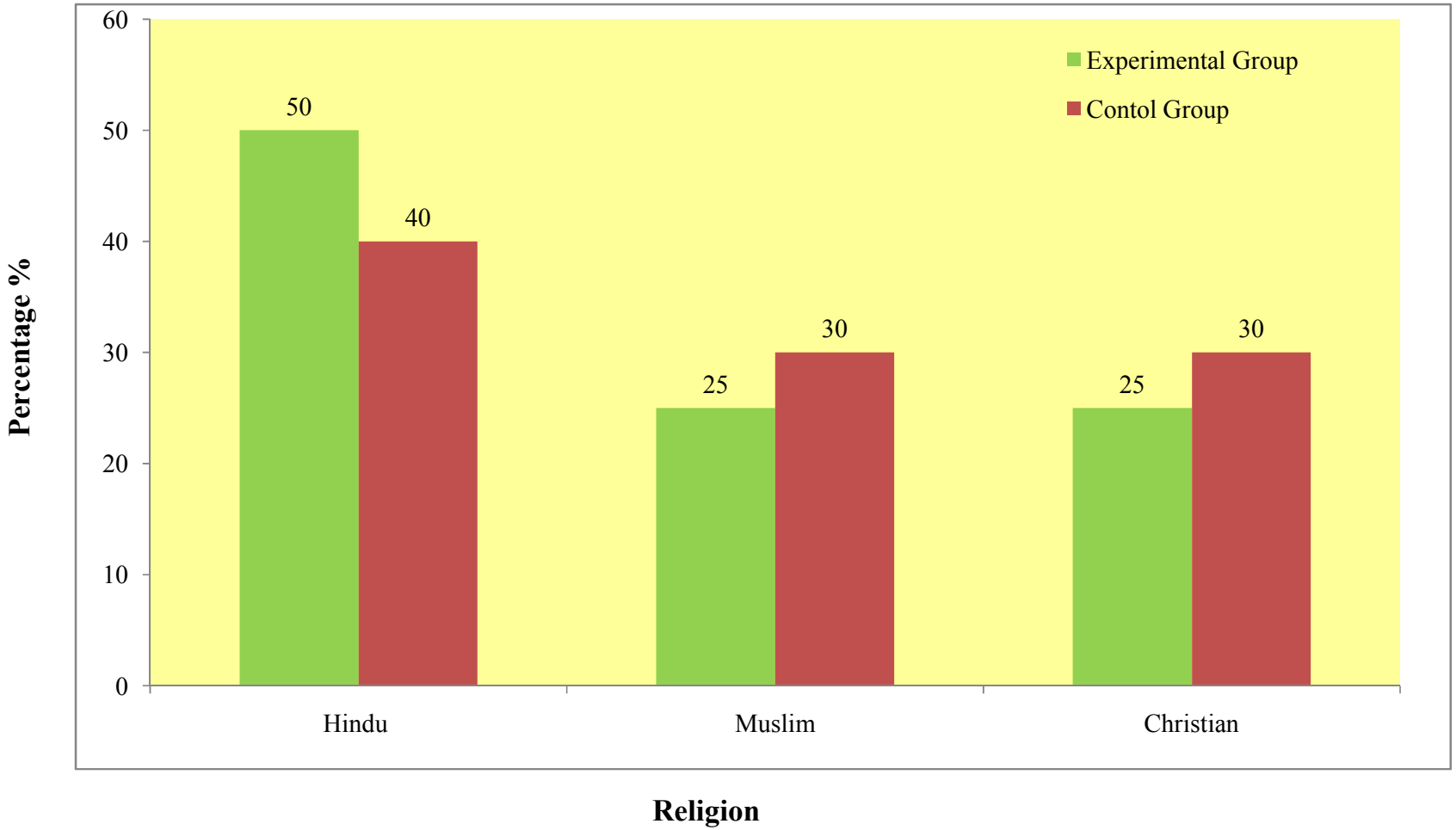


Figure 4.6 Frequency and Percentage Distribution of Demographic Variables According to the Religion

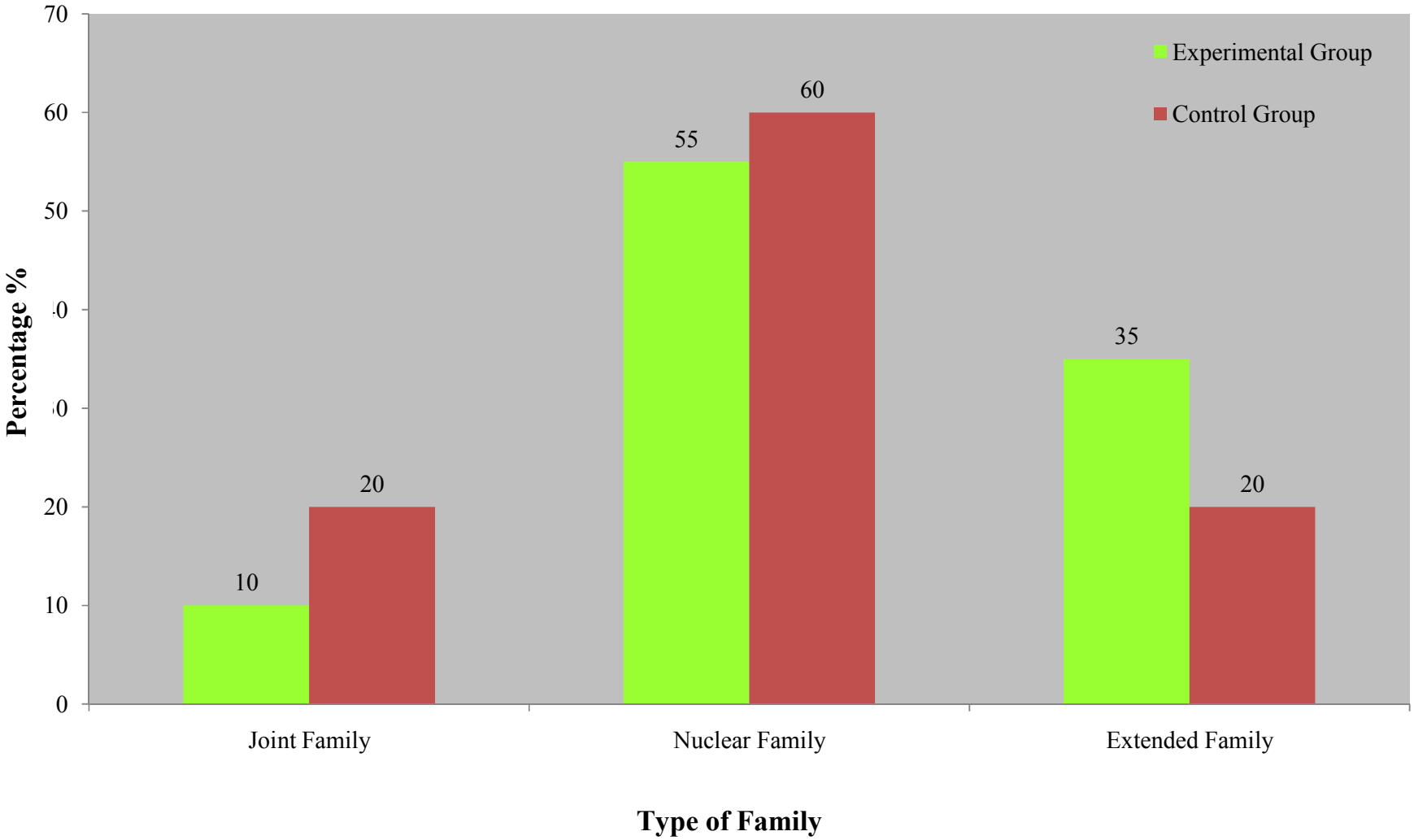


Figure 4.7 Frequency and Percentage Distribution of Demographic variables According to the Type of Family

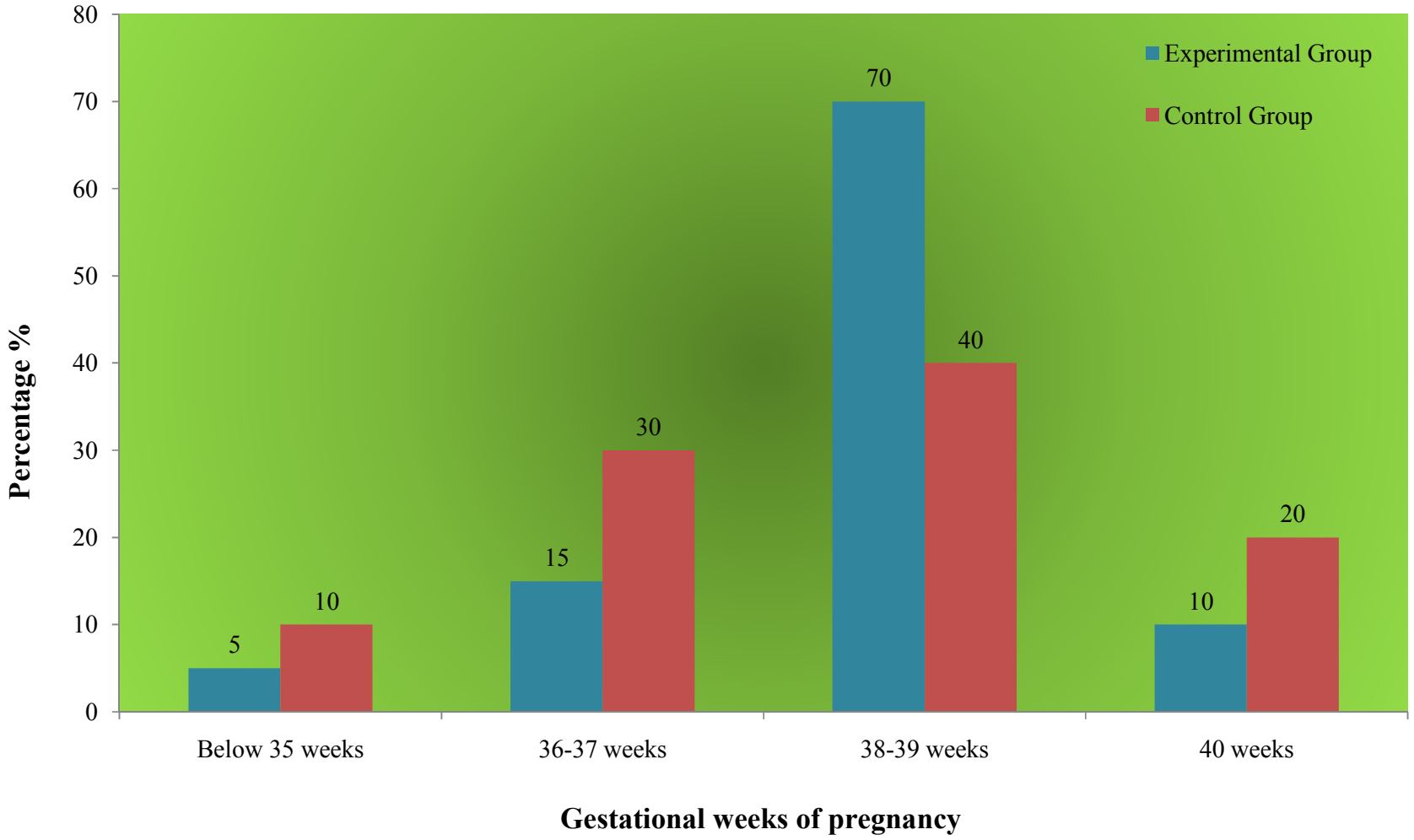


Figure 4.8 Frequency and Percentage Distribution of Demographic Variables According to the Gestational weeks of pregnancy

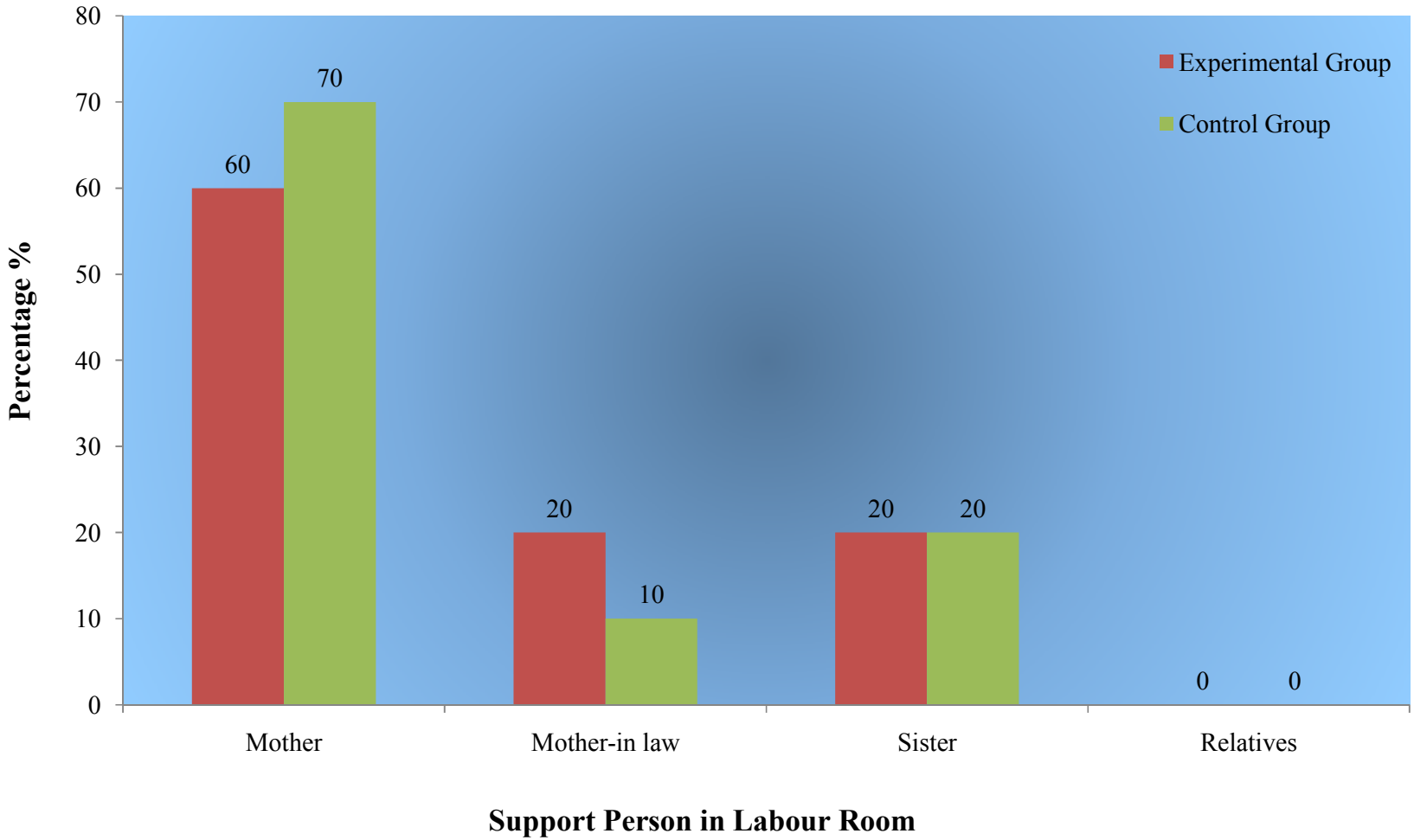


Figure 4.9 Frequency and Percentage Distribution of Demographic Variables According to the Support person in labour room

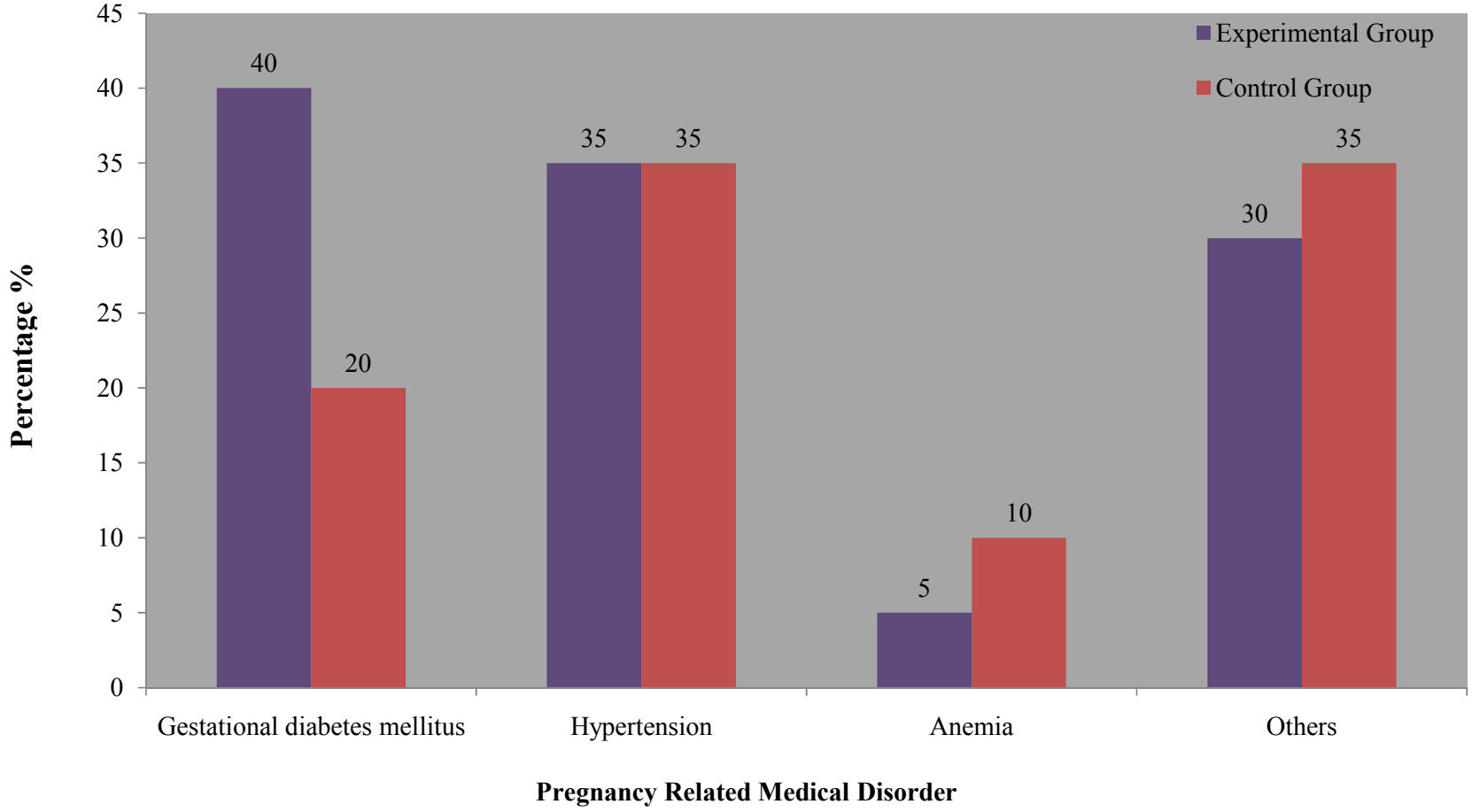


Figure 4.10 Frequency and Percentage Distribution of Demographic Variables According to the Pregnancy Related Medical Disorder

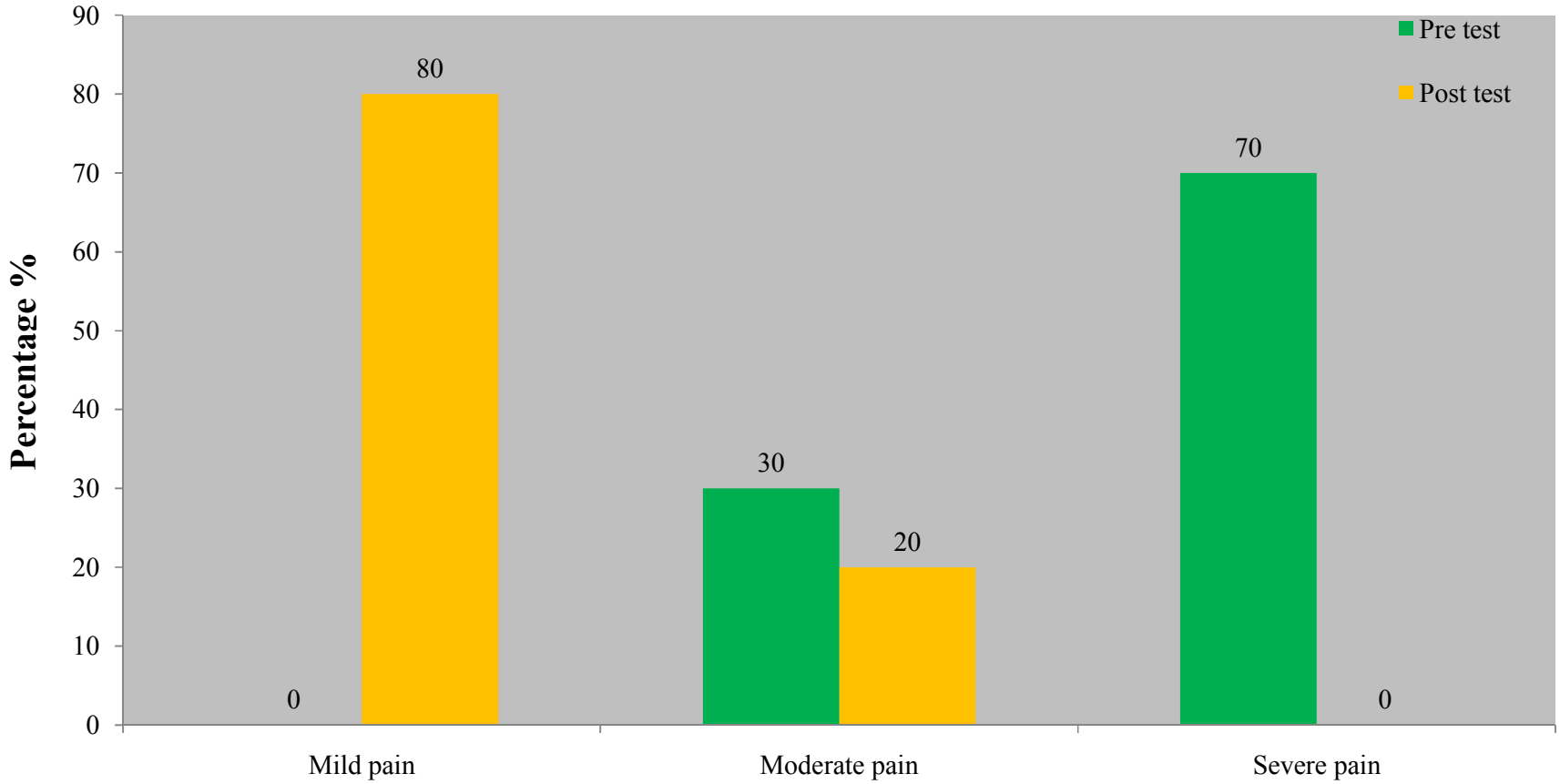


Figure 4.11 Frequency and Percentage Distribution of Pretest Level of Pain in The Experimental Group

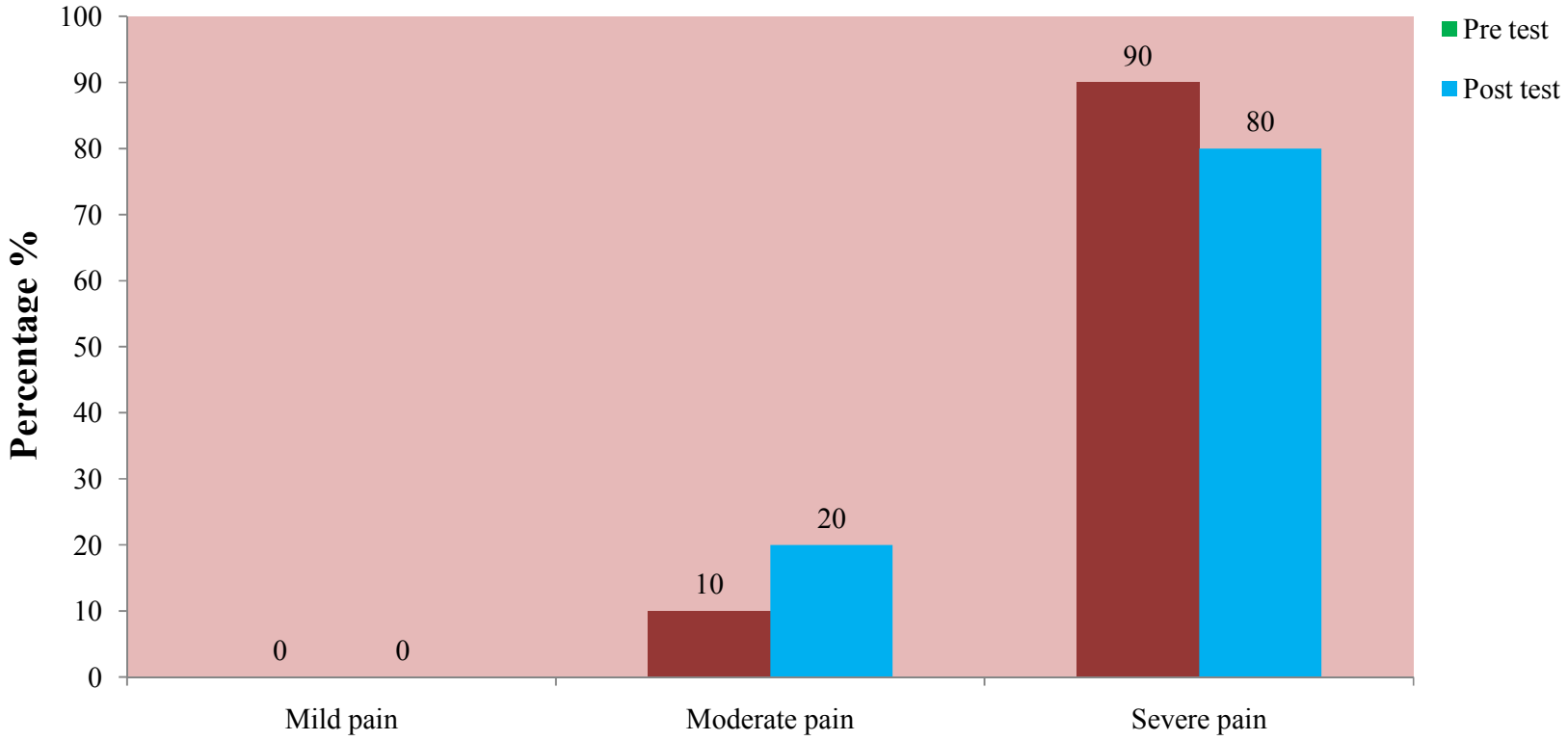


Figure 4.12 Frequency and Percentage Distribution of Pretest Level of Pain In The Control Group

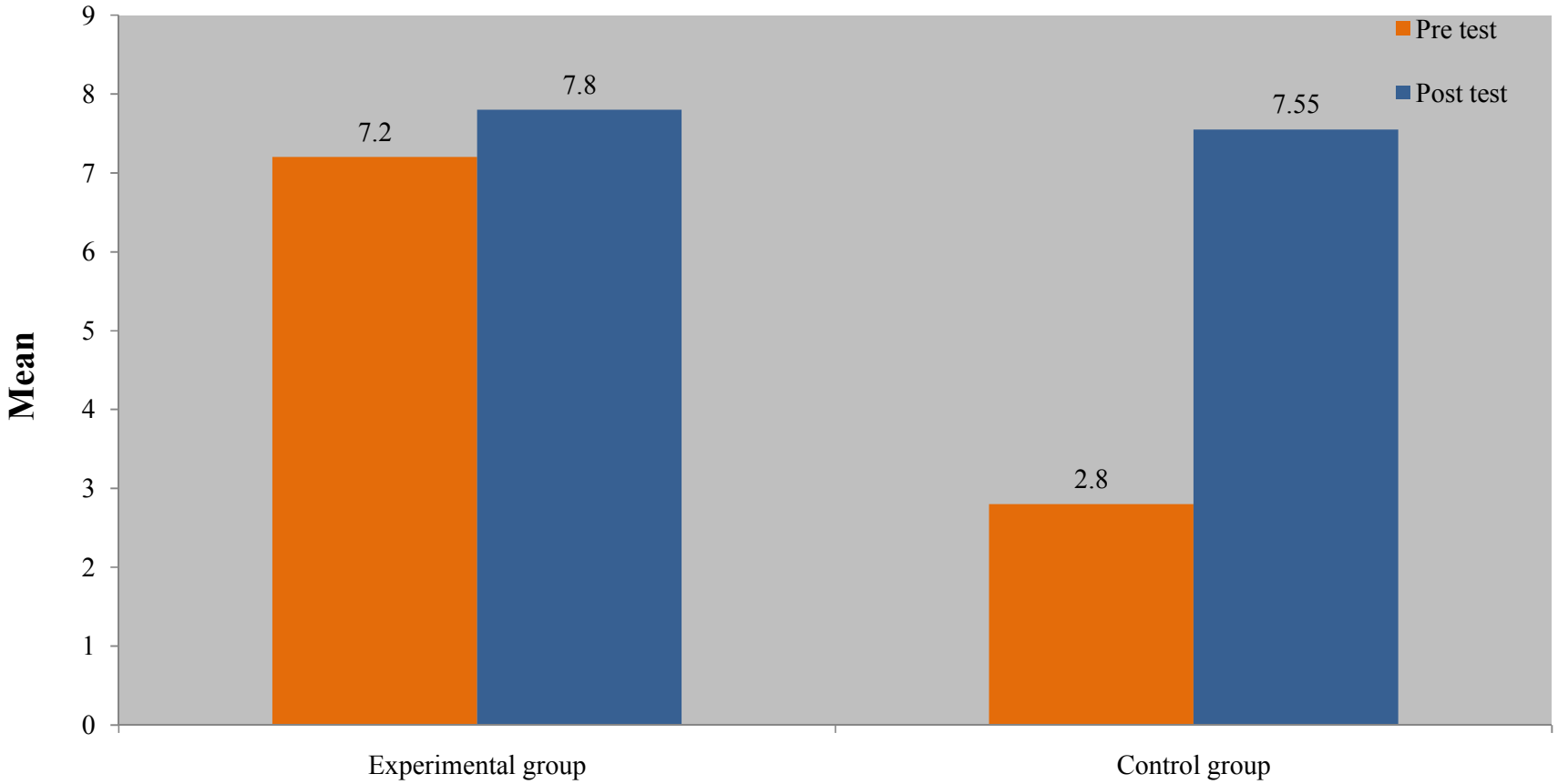


Figure 4.13 Comparison of Pretest and post test level of pain in the Experimental and control Group.

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Permission Letter for Research Study

To

Rekha R

M.Sc., Nursing II[nd] Year,

PPG College of Nursing,

Coimbatore -35

Through:

The Principal ,

PPG College of Nursing,

Coimbatore -35

Respected Sir / Madam.

Sub: Seeking Permission For Conducting Research Study.

I am student of II-year M.Sc Nursing, PPG College of Nursing, affiliated to the Tamilnadu Dr.M.G.R Medical university, Chennai. I have taken the specialization in Obstetrics and Gynaecology Nursing. Iam going to conduct the study on **"A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE."**

I request you to kindly permit me to conduct my study in hospital. Hope you will consider my requisition and do the needful.

Thanking you

Yours faithfully,

PPG COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)
An ISO 9001 : 2008 Certified Institution
Affiliated to The Tamilnadu Dr. MGR Medical University, Chennai
Recognised by Indian Nursing Council, New Delhi. (Cr. No. : 18-1183/2000, INC Resl. No.172) and Tamilnadu Nursing Council, Chennai.
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Requisition Letter for Content Validity

From

II-year M.sc nursing,

PPG college of nursing,

Coimbatore-35

To

Through The Principal ,PPG college of nursing,

Coimbatore - 35

Respected Sir / Madam.

Sub: Requisition for expert opinion and suggestion for content validity of the tool.

I am student of II-year M.Sc Nursing, PPG college of Nursing, affiliated to the Tamilnadu Dr.M.G.R Medical University ,Chennai . As a partial fulfilment of M.Sc Nursing programme.I am conducting

TOPIC : "A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE."

Herewith I have enclosed the developed tool for content validity for your expert opinion and possible suggestion. I will be very kind of you to return the same to the undersigned at the earliest possible.

Thanking you

Yours Truly,

Date:
Place

CERTIFICATE FOR ENGLISH EDITING

This is to certify that the study conducted by **REKHA R** M.Sc Nursing II year Student**,** PPG college of nursing, Coimbatore -35 on the topic of **"A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE."** Has been edited by me for English language appropriateness.

SIGNATURE

NAME :

INSTITUTION :

PLACE :

CERTIFICATE FOR TAMIL EDITING

This is to certify that the study conducted by **REKHA R**, M.Sc Nursing II year Student**,** PPG college of nursing, Coimbatore -35 on the topic **"A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE."** Has been edited by me for Tamil language appropriateness.

SIGNATURE

NAME :

INSTITUTION :

PLACE :

PPG COLLEGE OF NURSING

Format For the Content Validity

Name of the Expert :

Address :

Total Content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No.of Tool/Section	Strongly Agree	Agree	O.K	Not applicable	Need modification	Remarks

Remarks **Signature of the Expert with Date**

LIST OF EXPERTS

1. Dr. Krishnaveni., MBBS, DGO

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Coimbatore

4. Mrs. Agnes, M.sc.,(N)

Assistant Professor,

St. Ann's College of Nursing,

Thoothukudi

TOOLS

I. DEMOGRAPHIC VARIABLES

1. Age of the mother
   a) Below 20 years ☐
   b) 21 – 30 years ☐
   c) 31 – 40 years ☐
   d) Above 40 years ☐

2. Education
   a) Illiterate ☐
   b) primary ☐
   c) High school ☐
   d) Higher education ☐
   e) Graduate & above ☐

3. Occupation
   a) Unemployed ☐
   b) Self employed ☐
   c) Private employed ☐
   d) Government employed ☐

4. Income per month
   a) Below Rs.5000 ☐
   b) Rs.5001-Rs.10000 ☐
   c) Rs.10001-Rs.20000 ☐
   d) Above Rs. 20000 ☐

5. Religion
   a) Hindu ☐
   b) Muslim ☐
   c) Christian ☐

6. Type of family
    a) Joint family
    b) Nuclear family
    c) Extended family

7. Gestational weeks of pregnancy
    a) Below 35 weeks
    b) 36 – 37 weeks
    c) 38 – 39 weeks
    d) 40 weeks

8. Support person in labour room
    a) Mother
    b) Mother-in law
    c) Sister
    d) Relatives

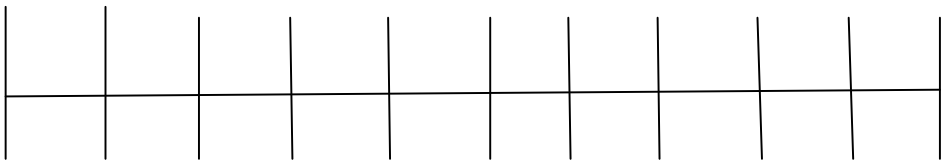
9. Pregnancy related medical disorder
    a) Gestational diabetes mellitus
    b) Hypertension
    c) Anemia
    d) Others

10. Previous history of abortion
    a) Yes
    b) No

II. NUMERICAL PAIN INTENSITY SCALE

It consists of numerical pain intensity scale. This tool is used to assess the labour pain perception after the intervention, this scale shown to the mother to evaluate the intensity of labour pain perception among primi mothers at end of the 1st stage of labour.

0 – 10 Numerical Pain Intensity Scale (American Pain Society)



0 1 2 3 4 5 6 7 8 9 10

No Pain **Mild pain** **Moderate pain** **Severe pain** **Worst Possible pain**

This scale helps to assign a number from zero to ten according to the severity of their pain. The total pain score is interpreted as,

0 = No pain

1 – 3 = Mild pain

4 – 6 = Moderate pain

7 – 9 = Severe pain

10 = Worst possible pain

A STUDY TO ASSESS THE EFFECTIVENESS OF ALLOWING FAMILY MEMBERS TO STAY WITH THE WOMEN DURING THE FIRST STAGE OF LABOUR IN REDUCING THE LEVEL OF PAIN PERCEPTION AMONG PRIMI GRAVID MOTHERS IN SELECTED HOSPITAL AT COIMBATORE.

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Chapter Introduction *"Mother's health is nation's wealth, there is a chance for the welfare of the world, only when the condition of women improves" – Swami Vivekananda.* Every person's appreciation of pain is different and what one person can accept another may find extremely painful. Labour is almost an overwhelming experience because it involves sensations and emotions at such an intense level. All women experience labours differently and pain associated with labour is influenced by variables such as parity, age, racial and cultural factors, coping mechanism (Hanna, Leena, 2003).

Labour pain begins when the uterus begins to contract. Contractions increase in frequency and intensity throughout labour and become painful. The purpose of family members to stay is to make labour safe, comfortable and effective. It is one of the essential interventions that is of proven benefit in improving the outcomes of labour.

Breathing techniques used as a force to expel the baby. Women can actually breath their baby‟s down the birth path by sending breath down through their body. Another advantage of breathing technique is that it allows the perineum to stay relaxed while the baby is descending, thus reducing the risk of tearing and allowing a smoother, shorter pushing phase. Childbirth is a stressful experience, with pain, fear, fatigue and negative

mood reaching high levels as labour progress. Pregnant women commonly worry about the pain they will experience during labour and childbirth. Support plays a vital role to reduce pain perception fear, negative mood and anxiety.

The discomfort experienced during labour has specific origins. During the first stage of labour uterine contraction causes cervical dilatation, effacement. Pain impulses during the first stage of labour transmitted through the spinal nerve segment of T 11 – 12 and accessory lower thoracic and upper lumbar sympathetic nerves. These nerves originate in the uterine body and cervix. Support and care to the mother in labour, which would reduce the women's anxiety which in turn decrease adrenaline production. Family members to stay maybe provided during labour and delivery by professional health workers, non-medical female attendants, midwives and trained women(doulas) and also aunt, mother-in –law, sister, cousin, sister-in-law, grandmother and friend.

A woman's husband or the father of the child has traditionally served as the chief support person in labour. However, some husbands or fathers find it difficult to provide effective coaching or support in labour because of their own emotional involvement in the birth. A doula is a woman who is experienced in child birth but without professional credentials, who assist the woman in labour. Having a doula can increase a woman's self-esteem as well as decrease rates of oxytocin augmentation, epidural analgesia and caesarean birth. A supportive companion is a great source of strength to the woman in labour and provides the continuity which the staff cannot always promise. Some women may feel that a female companion is more appropriate for them.