

**EFFECTIVENESS OF PRESENCE OF SUPPORT PERSON ON
LABOUR OUTCOME AMONG PRIMI-PARTURIENT
WOMEN AT A SELECTED HOSPITAL, SALEM.**

By

Ms. JEYALAKSHMI .K

Reg. No: 30099422

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CERTIFICATE

Certified that this is the bonafied work of **Ms. JEYALAKSHMI. K**, Final Year M.Sc(N). Student of Sri Gokulam College of Nursing, Salem, submitted in partial fulfillment of the requirement for the Degree of Master of Science in Nursing to The Tamil Nadu Dr. M.G.R. Medical University, Chennai, under the Registration No.**30099422**

College Seal:

Signature:

PROF. A. JAYASUDHA, M.Sc (N)., Ph.D.,
PRINCIPAL,
SRI GOKULAM COLLEGE OF NURSING,
3/836, PERIYAKALAM,
NEIKKARAPATTI,
SALEM – 10.

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Approved by the Dissertation Committee on: 22.12.2010

Signature of the Clinical Speciality Guide

PROF. A. JAYASUDHA, M.Sc (N), Ph.D.,
HOD of Maternity Nursing Department,
Sri Gokulam College of Nursing,
Salem.

Signature of the Medical Expert

Dr. P. CHELLAMMAL, M.D., D.G.O.,
Consultant, Obstetrician and Gynaecologist,
Sri Gokulam Hospital,
Salem.

**Signature of the Internal Examiner
with Date**

**Signature of the External Examiner
with Date**

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ABSTRACT

A Study to Evaluate the Effectiveness of Presence of Support Person on Labour Outcome among Primi-Parturient Women at a Selected Hospital, Salem. An evaluative approach with quasi experimental design was adopted where non-probability convenience sampling technique was used to collect the data from 60 primi parturient women (30 in experimental group and 30 in control group) at Salem Poly Clinic, Salem. The tools used for this study were Numerical Pain Intensity Scale, modified Hamilton Anxiety Rating Scale and Observation Record.

The finding reveals that level of labour pain in experimental group 22 (70%) had moderate pain whereas in control group 15(50%) had severe pain and 15 (50%) had worst pain also level of anxiety in experimental group 24 (80%) had mild anxiety whereas in control 18 (60%) had moderate anxiety and 8 (26.6%) samples had severe anxiety. In experimental all 30 (100%) were having normal vaginal delivery in control group majority of them had normal vaginal 27 (90%) and 3 (10%) instrumental delivery. In experimental group 23 (76.6%) had upto 6 hours first stage of labour whereas in control group all 30 (100%) had above 6 hours for first stage of labour. The calculated was 't' value of 11.33 for level of labour pain, the calculated 't' values was 7.32 for level of anxiety 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 labour outcome among primi parturient women in experimental group with their support person.

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CHAPTER – I

INTRODUCTION

Pregnancy is a unique exciting and often joyous time in a women's life. It highlights the women's amazing creative and nurturing power. Early developmental stage of growing fetus, depends entirely on it's mother's healthy body. So pregnant women must take steps to remain as healthy and well nourished as much as possible **(Calister. K, 2000)**.

Anxiety and fear are commonly associated with pain during labour. Mild anxiety is considered normal for a woman during labour and birth. However, excessive anxiety and fear cause more catecholamine secretion, which increase the stimuli to the brain from the pelvis because of decreased blood flow and increased muscle tension, which in turn magnifies the pain. As anxiety heighten, muscle tension increase, the effectiveness of the uterine contraction also increases **(Corbett.C, 2000)**.

A study at Negiria among 50 primiparous women on reaction of stress hormones like catecholomine and cortisol during labour, delivery and postpartum. The study results supported that the stress response vary considerably among women. The substantial increase of adrenaline and cortisol indicates mental stress 50% more dominant than physical stress during labour **(Cheng, 2001)**.

The pain threshold is remarkably similar in all persons regardless of gender, social, ethnic or cultural difference. But those difference play a definite role in the individual's perception. The meaning of pain, the verbal and non-verbal expression given to pain are apparently learned from interaction within the primary social group and cultural influences may impose unrealistic expectations **(Honet, 2002)**.

Labour pain result in both psychic response and reflex physical action. When the women feel confident in her ability to cope and find ways to work with the

contraction, the labour process is enhanced. However, if the labouring women become fearful or has intense pain, she may become tense and tight the contractions. This situation often become a cycle of fear, anxiety, and pain that interferes with the progress of labour (**Langer. K, 2006**).

The process of child birth perceived by labouring women, especially first time mothers as a fearful event. They express worries about labour pain, difficulty giving birth and the possibility of having an abnormal baby. The hospital environment where child birth take place, is the place where variety of equipments are used by health care professional and is often unfamiliar to her and also the language, procedure, intervention and health care providers themselves can be intimidating. Yet, it is a time when pregnant, will contribute to a sense of isolation resulting in increased maternal stress (**Veena Jirapact, 2008**).

Need for the Study

Admission to the maternity unit may be a women's first acquaintance with hospital as a client. Her immediate reaction may be stranger, expresses loneliness and homesickness. It is significant when she arrives alone, others not permitted to stay with her in the labour room (**Ruth Benet, 2000**).

The labouring mother need physical, emotional, mental, informational support before, during and after labour. Having someone with the labouring women at all times, keeping her well informed about the importance of lateral positions, promoting frequent urination, nutrition encouragement, educating time of bearing down, reminding her of why she is doing this and many other job are needed in labour. Medical studies have shown that having a doula present with the labouring mother provides the following benefits like 50% reduction in cesarean rate, 60% reduction in epidural request, 40% reduction in the use of pitocin, 25% shorter labour, 30%

reduction in use of anesthesia, 40% decreased in forceps use and increased maternal satisfactions (**Weiss, 2001**).

Fear and anxiety compound the individual's response to pain. Leaving the women alone to cope with the experience of labour without any form of support may cause anxiety. Failing to cope well, as well as a previous bad experience, may increase the anxiety (**Bennet & Brown, 2002**).

Labour is an intense process that creates high amount of emotional disturbance for both the women and her support person. Ability to tolerate stress depends on a person's perception of the event, the support people available and past experience in coping with the problems during child birth (**Henderson, 2002**).

The continuous supportive presence of a person (eg. Women with or without special training including doulas, family members, friend, who provides physical comfort, emotional support, facilitation of communication, and information and guidance to the women in labour is a beneficial form of care. Significant changes have occurred in low birth services are delivered for birthing women in the countries. One of the key changes has been in the inclusion of support people to accompany the birthing women into the delivery suite. A support person is commonly understood to be a non-professional person chosen by the birthing women in order to assist her during the process of birth (**Hodnet, 2002**).

In U.K/ U.S.A (1960 & 1970) husband began to encouraged to be with their wives during labour and birth. In India (1983) which have a very high MMR and PMR, the MMR was 407 per 10,000 live births and PMR was 46/ 1000 live births. More than 1,00,000 mothers die every year due to pregnancy related causes. Adequate support and psychological factors are responsible for MMR and PMR rates. Studies show that 16.5% prolonged labour causes MMR (**Park, 2002**).

Once labour is well established, the labouring women should not be left alone. During labour most women are sensitive to the behaviour of those around them, particularly in relation to her perception of how much concern health personal show for her safety and well being (**Reader. M, 2003**).

A clinical trial study on effectiveness of safety of support person during labour, Dubai. The study conducted over a period of one year. Totally 212 primiparous women are participated in the study. The study results shown that support group were more satisfied with labour (median 88.0 Vs 76.0 $p < 0.0001$) and delivery (median 91.4 Vs 77.1, $p < 0.0001$). During labour patient satisfaction was associated with the presence of a companion (RR 8.06; 99% CI: 4.84 – 13.43) with care received (RR 1.11; 95% CI :1.01 – 1.22) and with the medical guidance (RR 1.14; 95% CI: 1.01 – 1.28). During the delivery satisfaction was associated with having a companion (RR: 95% CI: 3.70 – 8.38) with care received (RR:1.11, 95% CI: 1.01 - 1.22) and with vaginal delivery (Rr: 1.33; 95% CI:1.02) (**Sao Paulo, 2004**).

Women consider several factors in choosing a setting for child birth, including the preference of their health care provider, characteristics of the birthing unit and preference of their third party payer. An important advantage of alternative birth setting to the women and family is that they have more control over the events surrounding the birth experience. The woman has an opportunity to decide on her activities during labour. In addition, her companions and family are given the opportunity to participate more in the birth process (**Reader M, 2005**).

Support plays a vital role to decreased pain perception, fear, negative mood and anxiety. Support provided during labour and delivery by professional health care workers, non-medical female attendants and trained women to this task has been evaluated in controlled studies. Data suggest that the effect of support are associated

with reduction in the dissatisfaction or negative perception of women towards giving birth, in the use analgesia/ anesthesia, and in the frequency of instrumental vaginal delivery and caesarean sections. Based on scientific evidence the World Health Organization recommended that the Parturient should accompanied by people she trust and with whom she feels at ease, possibly her partner, a friend and close female relatives (**Green, 2005**).

The amount of discomfort a women experienced by women during contraction differ according to her expectations and preparation for labour, the length of her labour, the position of fetus and the availability of support people around her (**Pilliteri, 2007**).

In addition to the provision of physical and emotional support have to care for several other. Sometimes nurses may give low position support to the individual women because they have various clinical responsibilities and paper work. It may create women experience emotional loneliness and deal with labour pain and unfamiliar environment alone. These situations can contribute negative effects on child birth outcomes. Having a close female relative to support a women in labour can reduce maternal anxiety and improve child birth outcomes (**Siriwan Yuen young, 2008**).

Many women believe that the intrapartum period (i.e. labour, birth, and the early puerperium) is a high risk time for their anticipated babies and themselves. Women remember their child birth for the rest of their lives. It forever shapes their thoughts of themselves as women and as mother and may affect their ability to form positive relationship with other family members. The availability of support that women receive during labour and delivery is critical for continued well being of the entire family (**Johnson, 2008**).

During labour women may be uniquely vulnerable to environmental influences, modern obstetric care frequently subjects women to institutional routines, unfamiliar personal, lack of privacy, and other conditions that may be experienced as harsh. These condition may have an adverse effect on the progress of labour and the development of feeling of competence and confidence. This adjustment to parenthood and establishment of breast feeding and increased risk of depression. This process may, to some extend be changed by the provision of support and companionship during labour (**Hodnett, 2008**).

During the clinical posting in the labour room, the investigator have seen that women admitted in the labour room, especially primipara women were crying and screaming even in the first stage of labour. The labouring women often asked many questions about labour process and they requested the investigator to allow some female relatives constantly with them and not to leave them alone for a single movement. So, the investigator decided to take a study to evaluate the effectiveness of presence of support person on labour outcome among primi-parturient women at selected hospital, Salem.

Statement of the Problem

A Study to Evaluate the Effectiveness of Presence of Support Person on Labour Outcome among Primi-Parturient Women at a Selected Hospital, Salem.

Objectives

1. To evaluate the effectiveness of presence of support person on labour outcome among primi-parturient women in experimental and control group.
2. To associate the labour outcome among primi-parturient women in experimental and control group with their selected demographic variables.

Operational Definition

1. Effectiveness

It refers to statistically significant difference on labour outcome among primi-parturient women in experimental and control group.

2. Support person

Female permitted to be with primi-parturient women throughout the labour process.

3. Labour outcome

It is the result of labour process which consists of level of pain, as measured through Numerical Pain Intensity Scale and level of anxiety which is measured through based on Modified Hamilton Anxiety Rating scale and labour progress which is measured through observation record.

4. Primi-Parturient women

Women who are having true labour pain and admitted in labour room for their first delivery.

Assumption

1. Labour pain differs from each woman.
2. Support person can help in reducing, the pain perception during labour process.
3. Presence of support person may give psychological support to primi-parturient women.

Hypotheses

H₁: There is a significant difference in labour outcome on presence of support person among primi-parturient women of experimental and control group at $p < 0.05$ level.

H₂: There is a significant association between the labour outcome among primi-parturient women of experimental and control group with their selected demographic variables at $p < 0.05$ level.

Delimitations

The study is delimited to,

- Four weeks of data collection.
- Only females are allowed to stay with the parturient women.

Projected Outcome

This study was conducted to evaluate the effectiveness of presence of support person among primi-parturient women throughout the labour process. This intervention help the mother to get confidence during the labour time and help for reduction of pain and anxiety. Findings of this study projected that the presence of support person was provide a psychological support to alleviate the fear and anxiety, and provide the positive birth experiences and also give a positive outcomes.

Conceptual Framework

Conceptual framework are a type of intermediate theory that have the potential to connect all aspects of enquiry (eg) conceptual framework act like maps that give coherence empirical enquiry. They take different forms depending upon the research question or problem (**Tatalli. S, 2006**).

The present study is based on the concept of presence of support person among primi-parturient women who are in true labour pain through out the labour process. The investigator adopted the Modified Widenbach's Helping Art Clinical Nursing Theory (1964). Which describe desired situation and way to attained. It directs action towards the explicit goal. This theory has three factors,

1. Central purpose
2. Prescription
3. Reality

Central purpose: It refers to what the nurse want to accomplish. It is an over all goal towards which a nurse strives.

Prescription: It refers to plan of care for a patient. It will specify the nature of action that will fulfill the nurse's central purpose.

Reality: It refers to the physical, physiological, emotional and spiritual factor that comes into play in situations involving the nursery action.

The 5 realities identified by Widenbach's are agent, recipient, goal, mean activities and framework.

The conceptualization of nursing practice according to this theory consists of three steps as follows,

Step-I: Identifying the need for help.

Step-II: Ministering the need help.

Step-III: Validating that the need for help was met.

Step-I: Identifying the need for help

During labour the women experience loneliness feeling anxious with labour pain. The investigator identified her need while collecting the information.

Step-II: Ministering the need help

After identifying the need for help during true labour pain, provide the intervention (presence of support person among primi-parturient women throughout the labour process.

Agent: Investigator

Recipient: Primi-parturient women who are in true labour pain.

Goal: Positive labour outcome in terms of pain perception level of anxiety and labour outcomes.

Mean activities: Provide support person for experimental group.

Frame work: Labour room.

Step-III: Validating that the need for help was met

It is accomplished by mean of post-test assessment of labour outcome for experimental and control group after rendering intervention.

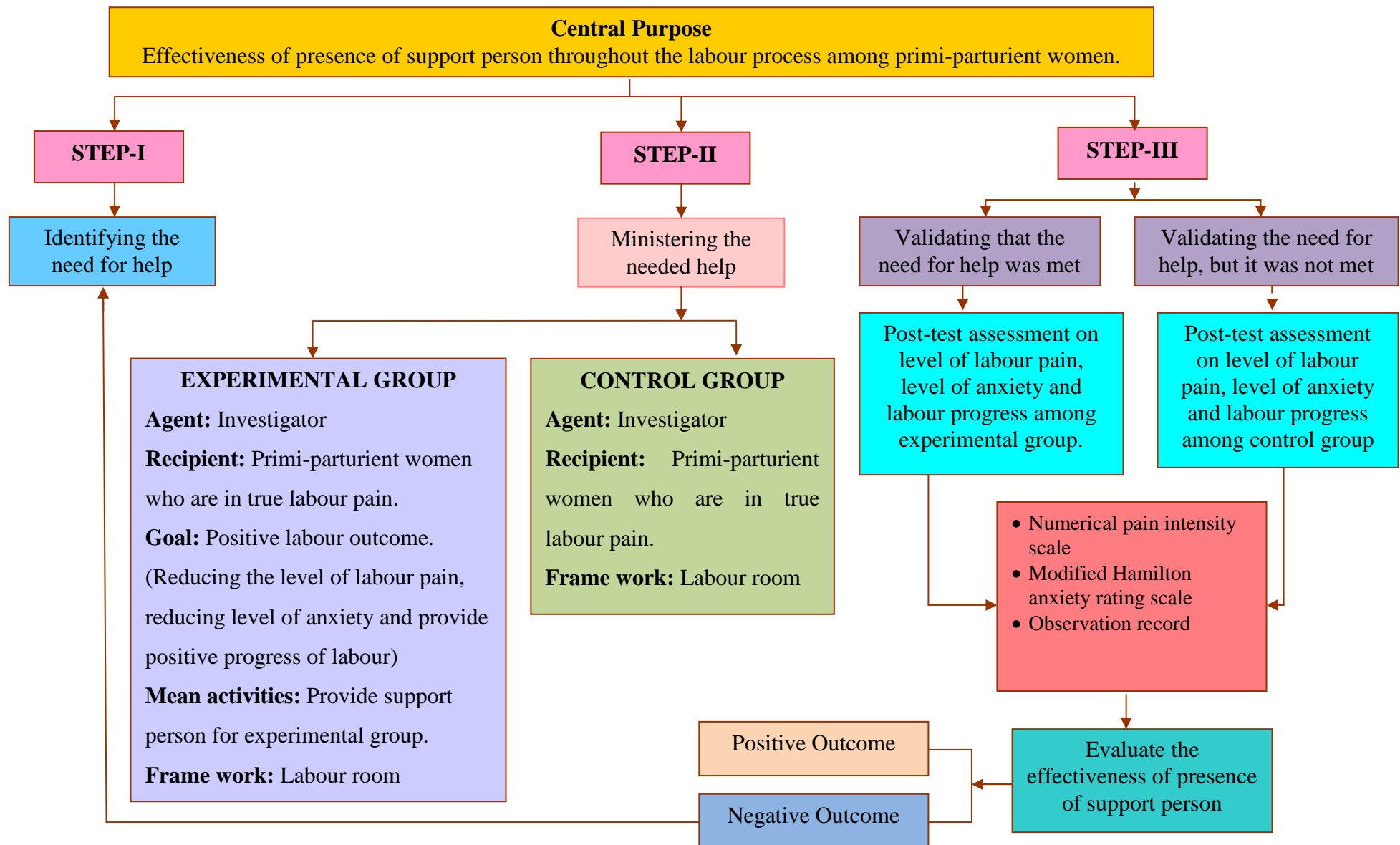


Fig-1.1: Theoretical Framework Based on Modified Wiedenbach's Helping Art of Clinical Nursing Theory (1964) on Effectiveness of Presence of Support Person Among Primi-Parturient Women.

Summary

This chapter dealt with introduction, need for the study, statement of the problem, objective, hypotheses, operational definition, assumption, delimitation, projected outcome, and conceptual frame work.

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 (**Polit D.F. 2003**)

Literature related to,

- ❖ Support person during labour
- ❖ Pain and Anxiety during labour
- ❖ Progress of labour based on support person

Support Person during labour

Mcgrath. S.K, (2008) conducted a study on a randomized controlled trial on continuous labour support for middle class couples examined the perinatal effect of doula support for nullipara middle income women during labour and delivery. 224 women were randomly assigned to the experimental group. The result of this study was the doula group had a significantly lower cesarean delivery rate than the control group and also the need for (3.4% Vs 25.0%, $p=0.002$), epidural analgesia reduced (64.7% Vs 76.0%, $p=0.008$) among women with induced labour. Thus there was a positive child birth experience.

Odlea, (2007) conducted a study to investigate the effectiveness of support to women by a companion of her choice during child birth. A randomized control clinical trial was carried out between (Feb- 2004 to March - 2005) at University of Companies, Brazil. 105 women were allocated to the group in which support was

permitted and 107 to had no support the over all result concluded that women in the support group were more satisfied with labour significant level of $p < 0.001$ than women with no support.

Sao Paulo, (2004) conducted a clinical trial to evaluate effectiveness of presence of support person on level of satisfaction among primipara women during labour in Dubai. The study was conducted over a period of one year. Totally 212 primipara women were participated in the study. The study results showed that, the support group was more satisfied with labour (median 88.0 Vs 76.0, $p < 0.0001$) and delivery (median 91.4 Vs 77.1, $p < 0.0001$). During labour patient satisfaction was associated with the presence of a companion (RR 8.06; 99% CI: 4.84 – 13.43) with care received (RR 1.11; 95%, CI: 1.01 – 1.22) and with medical guidance (RR: 1.14, 95% CI: 1.01 – 1.28). During the delivery satisfaction was associated with the presence of a companion (RR 5.57; 95%, CI: 3.70-8.38) with care received (RR: 1.11, 95%, CI: 1.01-1.22) and with vaginal delivery (RR: 1.33, 95%, CI:1.02). The study concluded that experimental group had more positive satisfaction.

Ball (2000) stated that the support person has many roles during labour like, providing emotional support to intra partum women, talking and maintaining eye contact, holding her hand, touching or hugging, encouraging and praising maternal efforts, providing physical comfort, assisting with ambulation and helping to find a comfortable position, using cool cloths on forehead, massaging painful areas such as lower back and upper thigh, providing effleurage on abdomen, coaching breathing during contractions and pushing efforts during delivery, encouraging breast feeding within 30 minutes and looking after mother and baby, the following questions should be seriously considered by a pregnant women in choosing a support person.

Langer. A Campero, (2000) conducted a study on effectiveness of psychological support during labour in a Mexican Public Hospital, Mexico. 724 women with a single fetus, no previous vaginal delivery and no indication for elective caesarean section were selected. They were randomly assigned to be accompanied by doula or routine care. The data were collected by clinical records. The study showed that the 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) and also had a positive effect on breast feeding. It also had a more limited impact of medical interventions. Thus the study suggested that psychological support during labour can be used as a component of breast feeding promotion strategies.

Maternal Infant and Reproductive Health Research Department in Canada, (2000) conducted a study on effectiveness of social support. Objective of this study was to assess the effects of continuous support during labour (provided by health care workers or lay people) on mother and babies. More than 5000 women were included. The study showed that continuous presence of a support person reduced the likelihood of medication for pain relief, reduced operative vaginal delivery and caesarean delivery, and reduced the incidence of 5 minute APGAR score less than 7. The study concluded that support provided by caregivers (Nurses, Midwives or Lay People) appears to have a number of benefits for mother and their babies, there was no harmful effects.

Pain and Anxiety during Labour

Lundvren, and Dahnb, RG., (2005) conducted a study on women experience of pain during child birth in Sweden. The main objective of the study was to describe women's experience of pain during child birth. A qualitative study using

phenomenological approach was used, data were collected by tape recorded interviews. The study participants were 90 primi and multigravid mothers. The study concluded that the experience of pain during child birth was more severe and it was suggested that support person (midwives, lay people and doula) can help the women to find out their ability to cope with the labour pain.

Mosallam, (2004) conducted a randomized controlled trial to assess women attitude towards psychosocial support during labour in London. The study was conducted among 400 mothers. The companion were (n=163 40.7%) health professionals (56.4%), mother (25.8), sister (6.6) and husband (1.2%). The labour pain significant decreased duration $p < 0.001$ with less need for analgesia $p < 0.001$. oxytocin augmentation and need for decreased NICU care.

Jose. G. Cecalli, (2001) stated that companionship can be used to decreased anxiety in the delivery room. Pre-labour sessions help to decreased anxiety in expectant mothers and help them to have control of the situation they face. Support by a companion of the mother choice during labour and delivery had a positive effect on her satisfaction with the birth experience.

Park, (2000) reported that in India, which have a very high maternal perinatal mortality rate, the MMR was 407 per 1,000.000 live –birth and the PMR 46 per 1000 live birth more than 1,00.000 mother die every year due to pregnancy related causes, adequate support and psychological factor are responsible for maternal and perinatal mortality.

Kabeyanna, (2000) investigated the intensity of the labour pain among mothers Rhode Island, the study was done among 101 primiparous and 95 multiparous mother Numerical Rating scale was used to assess the level of labour

pain. The study findings showed that primipara mother suffer with more severe pain than multipara.

Wijamma, et.al., (2000) conducted a comparative study on the labour pain among primi and multipara women during first stage of labour 35 primiparaous and 39 multiparaous women were selected for the study by using random selection method. Verbal Rating Scale was used to collect the data. The data was analysed by mean and 't' test. The result of the study showed that primipara women reported higher level of pain than the multiparaous women ($t=0.735;p=0.01$).This study concluded that when the cervical dilation increased, there was significant increased in pain.

May, AE., Andelton., (1999) conducted a prospective study on the labour pain at Leicester Royal University. The study was conducted over a period of 2 months. 100 primipara women who had been admitted in hospital for delivery were selected by convenience sampling technique. The pain assessment was carried out by direct questioning method using 4 point scale. None, mild, moderate, and severe in lobour room during first to second stage. Data was analysed by descriptive and inferential statistics, the result of the study showed that the labour is a painful event for every women, 95% of the primipara mothers experienced progressively increasing pain during first stage from mild to severe.

Progress of Labour Based on Support Person

Wanyim, (2004) conducted a study on relationship between partner's support during labour and maternal outcomes at Hong Kong. The main objective of this study was to measure the relationship between women's rating of partner participation during labour and maternal outcomes. The maternal outcomes were measured by anxiety level, pain perception, dosage of pain, relieving drugs used and length of

labour. A convenience sampling technique was used and 45 primi women were selected with the age 18 or over. The state-Trait anxiety inventory was to measured maternal anxiety during labour and the labour pain was measured by Visual Analogue Scale. The result of this study was that the intervention group had reduced need to any medication had shorter the duration of labour less anxiety and had positive outcomes.

M.H. Klaus and J.H. Kennell, (2002) conducted a study on effect of social support among parturient women at United Arab. The study was conducted over a period of 7 months. 465 healthy primigravidous women were enrolled using a randomized design. The results of the study showed that companion throughout labour had significantly fewer perinatal complications ($p < 0.001$) including caesarean sections (7% Vs 17%, $p < 0.001$) and oxytocin augmentation (2% Vs 13, $p < 0.001$) and fewer infant admission to Neonatal Intensive Care Unit ($p < 0.10$). The women who had an uncomplicated labour and delivery requiring no intervention, those with a companion had a significantly shorter duration of labour (7.7 hours Vs 15.5 hours, $p < 0.001$). This study suggested that constant human support may be of great benefit to women during labour.

Sandal., (2001) conducted a randomized controlled trial on effect of female relative support in labour, 109 primigravida with uncomplicated spontaneous labour were randomly distributed into experimental and control group. Result shows that significantly more mothers in experimental group had spontaneous vaginal delivery (91% vs 71%) less intrapartum analgesia 53% vs 73% less oxytocin (43% to 30%) fewer amniotomies to augment the labour (30% vs 16%) and few LSCS (6% vs 13%) than in the control group. These difference were all significant at $p < 0.05$ level. The presence of a female relative as a labour companion low cost preventive intervention. All women giving birth in a hospital offered choice of a female relatives as companion to give support during labour.

Ball, (2000) reported that many research studies have continuous support of a woman during labour creates a strong feeling of security, satisfaction and as well as it have a positive effect on labour outcomes, the benefits are, shorter duration of labour, spontaneous vaginal delivery, fewer extractions, reduced caesarean sections, decreased oxytocin augmentation, less frequent use of epidural analgesia, greater maternal control during labour, increased coping behaviour decreased labour pain, reduced number of babies have 5 minutes APGAR score less than 7, less frequent admission to Neonatal Intensive Care Units, more likely maternal-infant interaction behaviours, high breast feeding initiation, more positive child birth experience, less anxiety, higher self-esteem and less depression during postnatal period, sources of support for women during labour and delivery are many and they can be partners / husbands, female relatives, friends, nurses, monitrices (lay midwives), doulas and untrained lay women.

Jeffrey R.B, (2000) conducted a study on labour outcomes among mothers accompanied by an additional support person at New Jersey. The study was conducted over a period of 6 months. The main aim of the study was to compare labour outcomes in women accompanied by an additional support person with outcomes in women who did not have this additional support person. 600 nullipara women participated in this study. The result of the study was showed that there shorter length of labour, greater cervical dilation, reduced need for epidural anesthesia and higher APGAR scores at both 1 and 5 minutes and lower caesarean delivery rates with an additional support person.

Summary

In this chapter investigator has discussed about literature related to support person during labour, pain and anxiety during labour, labour progress based on support person.

CHAPTER – III

METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure of gathering and reliable for the purpose of investigation. **(Polit D.F2003)**

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

The present study aim to evaluate the effectiveness of presence of support person on labour outcome among primi-parturient women in Salem Polyclinic, Salem.

Research Approach

Quantitative evaluative research approach was adopted for the study.

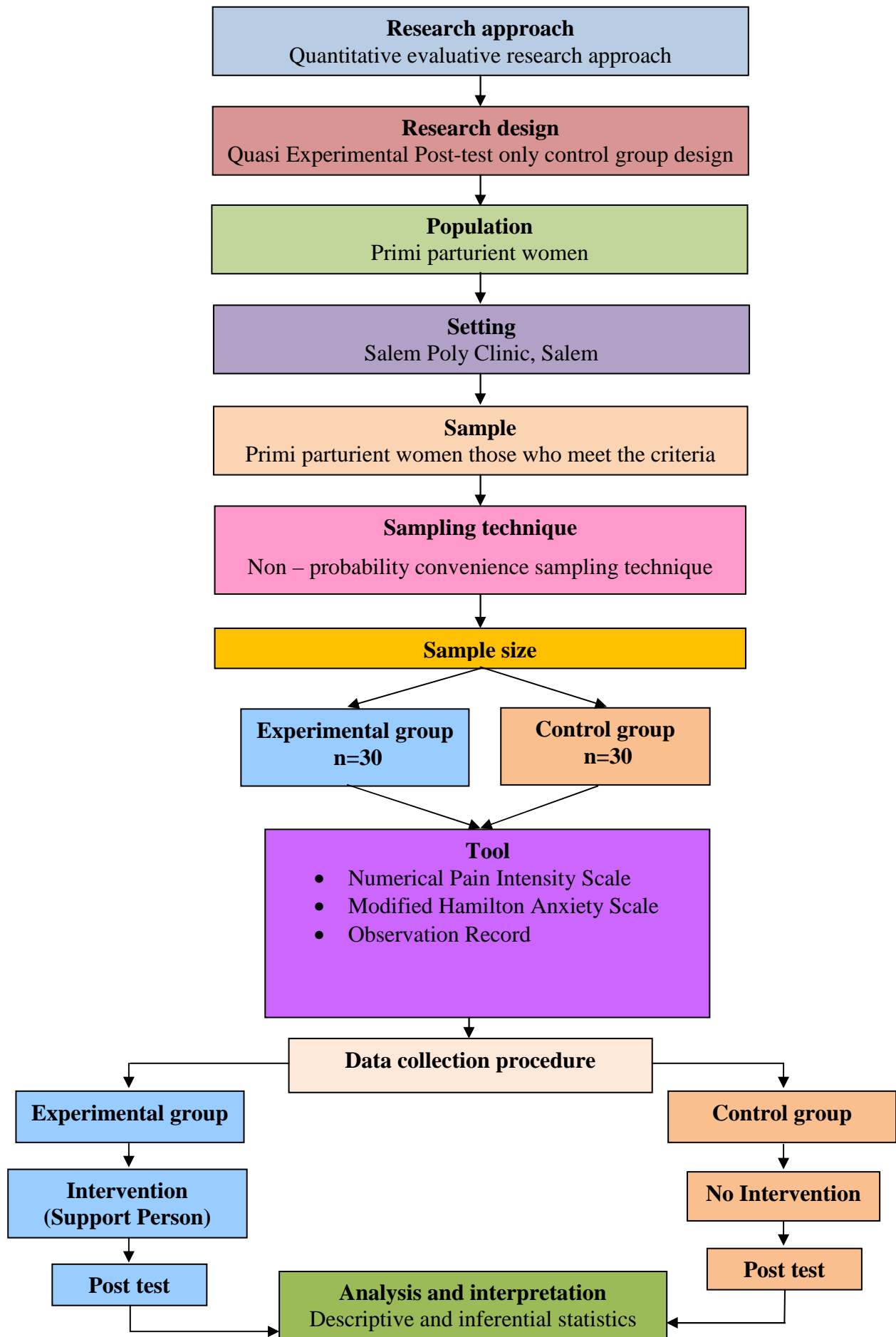
Research Design

Research design is the overall plan for addressing a research question, including specification for enhancing the study's integrity. **(Polit, D.F. and Hungler, 2003)**

Quasi experimental research (post-test only control group design) was used.

E X O ₁
C O ₁

- E - Experimental group
- C - Control group
- X - Intervention (presence of support person)
- O₁ - Assessment of labour outcome



Figure–2.1: Schematic Representation of Research Methodology

Population

Primi-parturient women with labour pain. who are admitted in selected hospital.

Setting of the Study

Setting is the general location and condition in which data collection takes place for the study. **(Polit D.F, 2003)**

The study was conducted in Salem Polyclinic, Salem. It is located at TVS bus stop, Four roads, Salem. It is 1 km away from New Bus Stand. It is 150 bedded Hospital. Every day census of the labour room is approximately 15-22 mothers among them 10-12 were getting normal vaginal delivery.

The population under this study includes all primi-parturient women in selected hospital, Salem.

Sampling

➤ Sample

Primi-parturient women at Salem Poly Clinic, Salem those who meet the criteria.

➤ Sampling size

The sample size was 60 primi-parturient women. Among them 30 were in experimental group and 30 were in control group.

➤ Sampling technique

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

➤ Criteria for Sample Selection

Inclusion criteria

Primi-parturient women who have

- ❖ Completed 37 weeks of gestation.

- ❖ True labour pain.

Exclusion criteria

Primi-parturient women who had,

- LSCS (Planned).
- Mal presentation.
- High risk pregnancy.

Variables

Independent variable: Presence of support person.

Dependent variable: Labour outcomes.

Extraneous variable: Age, educational status, monthly income, religion, occupation, weeks of pregnancy, type of family, support person.

Description of the Tool

Description of the tool

Section-A: Demographic variable of the primi parturient women.

Section -B: Numerical Pain Intensity Scale

Section-C: Modified Hamilton Anxiety Rating Scale

Section-D: Observation Record

Section –A:

Demographic variables of the primi parturient women consist of age, education, monthly income, religion, occupation, weeks of pregnancy, type of family and support person.

Section -B:

Numerical pain intensity scale (American pain society). This tool is used to assess the level of labour pain among primi parturient women at the end of first stage

of labour. The primi parturient women were asked to place the mark at the scale then the score was given according their mark and then it was interpreted.

Table: 3.1

The scoring procedure for Numerical pain intensity scale

Scoring	Level of labour pain
0	No pain
1-3	Mild pain
4-6	Moderate Pain
7-9	Severe pain
10	Wrost possible pain

Section-C:

Modified Hamilton Anxiety Rating scale

It consist of 10 items among which item no 1-4 assessed through interview the score 0-4 was given based on the response by primi parturient women. Items no 5-10 assessed through observation by investigator and score 0-4 was given. Item no. 5-9 from the standardized tool was modified and used based on labour room setting. The scoring procedure follows.

Table: 3.2

Scoring procedure for Modified Hamilton Anxiety Rating scale

Score	Level of Anxiety
0-20	Mild
21-30	Moderate
31-40	Severe

Section-D:

Observation record on progress of labour which consist of mode of delivery, duration of labour and APGAR score of the baby. It consist of 7 items. Score 1 was

given for each expected outcome and all other score 0 was given. So total score obtained by primi parturient women was 7.

Table 3.3

Scoring procedure for observation record

Variables	Scoring
Mode of delivery	
Normal vaginal delivery with episiotomy	1
Instrumental delivery	0
Duration of first stage of labour (Starting from active phase)	
Upto – 6 hrs	1
> 6 hrs	0
Duration of second stage of labour	
Upto 2 hrs	1
> 2 hrs	0
Duration of third stage of labour	
Upto 30 minutes	1
> 30 minutes	0
Total duration of labour (from active phase labour to placental delivery)	
Upto 9 hrs	1
> 9 hrs	0
APGAR score at 1 minute	
7-10	1
< 7	0
APGAR score at 5 minutes	
7-10	1
< 7	0
Total	7

Validity and Reliability

Validity refers to the degree of which an instrument measure what it's supposed to measured. **(Polit D.F 2003)**

Validity of the tool was established by consultation with the guidance and experts. The tool were validated by One Medical Expert in the field of Obstetrics and Gynecology, Three Maternity Nursing Experts. The tool was found adequate and suggestions given by Experts were incorporated.

Reliability of an instrument is the degree of consistency with which measure that attributes, it is supposed to be measured. **(Polit D.F., 2003)**

The value was established by interrater method the value was found for Numerical Pain Intensity Scale $r'=0.96$, and Structured Interview Observation checklist based on Modified Hamilton Anxiety Rating Scale was $r'=0.94$ and observation record was $r'=0.96$. Hence the tools were considered to be proceed to conduct study.

Pilot Study

A pilot study is defined as a small scale version or trial run, done in preparation for a major study. **(Polit D.F, 2003)**

The pilot study conducted in Salem Polyclinic Hospital at Salem between 07.06.10 to 13.06.10 to find out the feasibility of the study. The data was collected Numerical Pain Intensity Scale. modified Hamilton Anxiety Rating Scale. Observation Record. The tool were a administered and checked for it's feasibility and appropriateness. The researcher did not find any difficulties during the pilot study. Hence, it was continued in the main study.

Method of Data Collection

Ethical consideration

Prior to collection of data written permission was obtained from the Managing Director of Salem Poly Clinic, Salem. Informed consent was obtained from primi parturient women.

Period of data collection

Data was collected over a period of 4 weeks from 05.07.2010 to 31.07.2010.

Date collection Procedure

The investigator visited the labour rooms and enquired them whom they want to keep as a support person. According to their choice the support person were selected. The support person of the subjects were allowed to accompany the primi-parturient women throughout the labour process. At the end of 1st stage of the labour, the pain was assessed by using Numeric Pain Intensity Scale. At the end of the 3rd stage anxiety was assessed by using structured interview schedule and observation checklist based on modified Hamilton Anxiety Rating Scale. Throughout the labour process the duration of labour, nature of delivery, APGAR score of baby were observed by using the observational record. The data collected from experimental group for the 1st and 2nd weeks and the control group for 3rd and 4th weeks.

Plan for Data Analysis

The data will be collected, arranged and tabulated, mean, SD, Independent 't' test was used to find out the effectiveness of presence of support person among primi parturient women in experimental and control group. And Chi-square was used to associate the level of labour pain, level of anxiety and progress of labour with the demographic variables.

Summary

This chapter dealt with methodology, it consists of research approach, research design, population, settings, sampling, variable, description of the tool, validity and reliability of tool, pilot study, method data collection procedure and planned for data analysis. The data analysis and interpretation of the study is presented in the following chapter.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a “process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested”. **(Polit D.F 2003)**

The term analysis refers to the computation of certain resources along with searching for patterns of relationship that exists among data groups. Analysis of data in a general way involves a number of closely related operations, which are performed, with the purpose of summarizing the collected data, organizing these in such a manner that they answer the research questions. **(Kothari, C.R.2000)**

This chapter presents a study to evaluate the effectiveness of presence of support person on labour outcome among primi-parturient women at selected hospital, Salem. The data collected were organized, coded, calculated and analyzed as per objectives of the study under the following heading:

Data collected and analysed by following sections

Section-A : Distribution of primi-parturient according to their demographic characteristics in experimental and control group.

Section-B : Comparison of level of labour pain, level of anxiety and progress of labour among primi parturient women in experimental and control group.

Section-C : Hypothesis testing

a) Effectiveness of presence of support person on level of labour outcome among experimental and control group.

b) Association of level of labour pain, level anxiety and progress of labour of support person among primi-parturient women with their selected demographic variables.

Section - A

Distribution of Primi-Prurturient Women According to their Demographic Variables in Experimental and Control Group

Table-4.1

Frequency and percentage distribution of primi-parturient women according to their demographic characteristics in experimental and Control group

n=60

S. No	Demographic variables	Experimental group (n=30)		Control group (n=30)	
		f	%	f	%
1.	Age (in years)				
	a. < 20	9	30	7	23.3
	b. 20 – 25	17	56.6	15	50
	c. 26-30	4	13.3	8	26.6
	d. >30	-	-	-	-
2.	Educational status				
	a. Nonformal education	-	-	3	10
	b. Primary education	-	-	2	6.6
	c. Secondary education	3	10	6	20
	d. Higher Secondary education	16	53.3	9	30
	e. Under Graduate	6	20	6	20
	f. Post Graduate	5	16.66	4	13.3
3.	Monthly income (in ₹)				
	a. Less than 5000	15	50	11	36.6
	b. 5001 – 1000	8	26.6	13	43.3
	c. above 10000	7	23.3	6	20
4.	Religion				
	a. Hindu	25	83.3	18	60
	b. Muslim	2	6.6	9	30
	c. Christian	3	10	3	10
	d. Others	-	-	-	-
5.	Occupation				
	a. Homemaker	26	86.6	19	63.3
	b. Employer	4	13.3	11	36.6
6.	Weeks of pregnancy				
	a. 37 weeks	-	-	4	13.3
	b. 38 weeks	20	66.6	16	53.3
	c. 39 weeks	10	33.3	10	33.3
	d. 40 weeks	-	-	-	-
7.	Type of family				
	a. Nuclear family	12	40	15	50
	b. Joint family	18	60	14	46.6
	c. Extended family	-	-	1	3.3
8.*	Support person				
	a. Mother	23	76.6	-	-
	b. Mother in law	5	16.6	-	-
	c. Sister	2	6.6	-	-
	d. Sister in law	-	-	-	-
	e. Others	-	-	-	-

* Only for experimental group

The above table shows that in experimental group, 17(56.6%) were belongs to age group of 20-25 years, 16(53.3%) had higher secondary education and 15(50%) were having a monthly income less than ₹5000, 25(83.3%) belongs to Hindu religion and 26(86.6%) were homemaker. Nearly 20(66.6%) had 38 weeks of pregnancy, 18(60%) were belongs to joint family. 23(76.6%) had mother was a support person.

In control group 15(50%) were in 20-25 years of age group. 9(30%) had higher secondary education and 13(43.3%) had a family income ₹5000-10000. Nearly 18(60%) belongs to Hindu religion and 19(63.3%) were homemaker, 16(53.3%) had 38 weeks of pregnancy and 15(50%) belongs to nuclear family.

Section - B

Comparison of level of labour pain, level of anxiety and progress of labour among primi parturient women in experimental and control group.

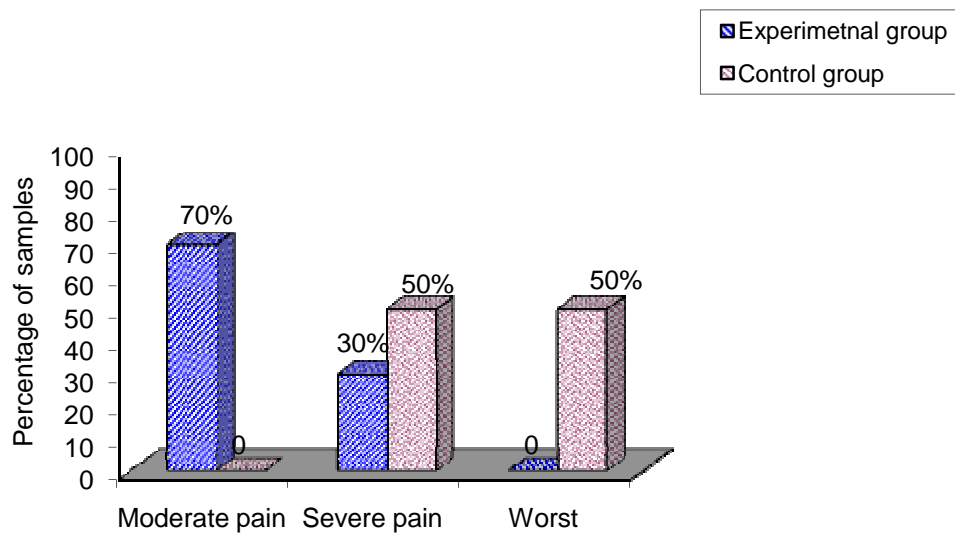


Figure 4.1 Percentage distribution of primi-parturient women according to their level of labour pain in experimental and control group

The above figure shows that in experimental group 22(70%) had moderate pain, and 8(30%) had severe pain.

In control group 15(50%) had severe pain and 15(50%) had worst possible pain. It can be concluded that experimental group primi parturient women had less pain than control group.

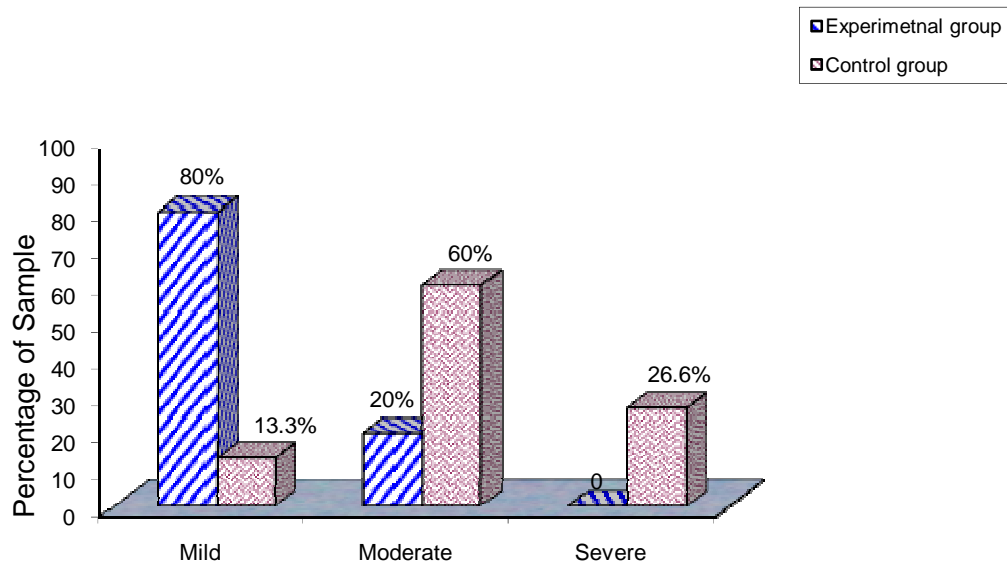


Fig : 4.2 Percentage distribution of primi-parturient women according to their level of anxiety in experimental and control group.

The above figure shows that in experimental group 24(80%) had mild anxiety and 6(20%) had moderate anxiety.

In control group 4(13.3%) had mild anxiety and 18(60%) had moderate anxiety and 8(26.6%) had severe anxiety. It can be concluded that experimental group primi parturient women had reduced anxiety than control group.

Table – 4.2

Frequency and percentage distribution of primi-parturient women according to their progress of labour in experimental and control group

n =60

Variables	Experimental group (n=30)		Control group (n=30)	
	f	%	f	%
Mode of delivery				
Normal vaginal delivery with episiotomy	30	100	27	90
Instrumental delivery	-	-	3	10
Duration of first stage of labour (Starting from active phase)				
Upto – 6 hrs	23	76.6		
> 6 hrs	7	23.3	30	100
Duration of second stage of labour				
Upto 2 hrs	30	100	30	100
> 2 hrs	-	-	-	-
Duration of third stage of labour				
Upto 30 minutes	30	100	30	100
> 30 minutes	-	-	-	-
Total duration of labour (from active phase labour to placental delivery)				
Upto 9 hrs	30	100	24	80
> 9 hrs	-	-	6	20
APGAR score at 1 minute				
7-10	30	100	30	100
< 7	-	-	-	-
APGAR score at 5 minutes				
7-10	30	100	30	100
< 7	-	-	-	-

The above table shows that in experimental group all 30(100%) were having normal vaginal delivery and 23(76.6%) had duration of active labour was upto 6 hrs. All 30(100%) were having less than 2 hour for second stage of labour, and upto 30 minutes for third stage of labour process and up to 9 hrs for total duration of labour process. All 30(100%) were having APGAR score was 8 for 1 minute and 10 for 5 minutes.

In control group 27(90%) were having normal vaginal delivery and all 30(100%) were had above 6 hours for active stage of labour. All 30(100%) were having more then 2 hrs for second stage of labour and 30 (100%) had upto 30 minutes for third stage of labour. Most of them 24(80%) were having total duration of labour process above 9 hours, and 30(100%) were having APGAR score at 1 minutes 8, All 30(100%) were had APGAR score 10 for 5 minutes. In concluded that in experimental group had positive progress of labour than in control group.

Table : 4.3

Comparison of mean, SD, mean difference, max score of labour outcome among primi parturient women in experimental and control group

Variable	Max score	Experimental group (n=30)		Control group (n=30)		Mean difference
		Mean	SD	Mean	SD	
Level of pain	10	6.1	0.75	8.96	1.15	-2.86
Level of anxiety	40	17.23	3.33	25.06	4.81	-7.83
Labour progress	7	6.76	0.51	6.6	0.60	0.16

The above table represent in experimental group the mean score of level of labour pain among primi parturient women was 6.1 ± 0.75 whereas in control group it was 8.96 ± 1.15 and mean difference was 2.86

In experimental group the mean score of level of anxiety among primi parturient women was 17.23 ± 3.33 whereas in control group it was 25.06 ± 4.81 and mean difference was 7.83.

In experimental group the mean score of labour progress in primi parturient women was 6.76 ± 0.51 whereas in control group it was 6.6 ± 0.60 and mean difference was 0.16. The mean difference is higher for the two variables, level of pain and anxiety than the labour progress. Thus it became evident that there is a mean difference in the level of pain and anxiety among primi-parturient women in experimental and control group.

Section – C

Hypotheses Testing

Effectiveness of Presence of Support on Labour Outcome Primi-Parturient

Women in experimental and control group

H₁: There is a significant difference between presence of support person on labour outcome among primi-parturient women in experimental and control group at $p < 0.05$ level.

Table-4.4

Mean, SD, t value, Max score of labour outcome among primi parturient women in experimental and control group

Variable	Max score	Experimental group (n=30)		Control group (n=30)		't' value
		Mean	SD	Mean	SD	
Level of pain	10	6.1	0.75	8.96	1.15	11.33*
Level of anxiety	40	17.23	3.33	25.06	4.81	7.32*
Labour progress	7	6.76	0.51	6.6	0.60	1.33

*significant at $p < 0.05$ level, $df = 58$, table value 1.96

The above table shows that, in experimental group, mean score was 6.1 ± 0.75 whereas in control group, it was 8.96 ± 1.15 . The calculated 't' value for level of labour pain was 11.33. In experimental group, the mean score was 17.3 ± 3.33 whereas in control group, it was 25.06 ± 4.81 . The calculated 't' value for level of anxiety was 7.32.

In experimental group, mean score was 6.76 ± 0.51 whereas in control group, it was 6.6 ± 0.60 . The calculated 't' value for progress of labour was 1.33. This shows that there is an effectiveness of support person in the two variables, level of pain and

anxiety at $p < 0.05$ level. Hence the research hypothesis H_1 is retained for the two variables, level of pain and anxiety whereas it is rejected for the variable, progress of labour.

H₂. There is a significant association between the labour outcome among primiparturient w 2-15omen of experimental and control group with their selected demographic variables at p< 0.05 level

Table-4.5

Association on level of labour pain among the primiparturient women with their selected demographic variables in experimental and control group

n=60

Demographic variables	Experimental group (n=30)			Control group (n=30)		
	df	χ^2	Table value	df	χ^2	Table value
1. Age in years	2	10.74*	4.30	2	4.67*	4.30
2. Educational status	3	1.63	3.18	5	10.53*	2.57
3. Monthly income	2	1.02	4.30	2	0.16	4.30
4. Religion	2	1.67	4.30	2	0.44	4.30
5. Occupation	1	1.28	12.71	1	2.40	12.71
6. Weeks of pregnancy	1	0.85	12.71	2	1.40	4.30
7. Type of family	1	1.02	12.71	2	3.81	4.30
8. Support person	2	6.429*	4.30	-	-	-

* significant at p<0.05 level

The above table shows that there is significant association between level of labour pain among primiparturient women of experimental group with their selected demographic variables age and support person whereas in control group the significant association found between level of pain and demographic variables of age and educational status of primiparturient women, Hence H₂ is retained in above mentioned demographic variables. No significant association and was found other variables.

Table-4.6

Association of level of anxiety among the primi-parturient women with their selected demographic variables in experimental and control group

n=60

Demographic variables	Experimental group (n=30)			Control group (n=30)		
	df	χ^2	Table value	df	χ^2	Table value
1. Age in years	2	10.22	4.30	4	6.96*	2.78
2. Educational status	3	2.32	3.18	10	6.45*	2.23
3. Monthly income	2	0.84	4.30	4	3.15*	2.78
4. Religion	2	1.87	4.30	4	2.01	2.78
5. Occupation	1	2.59	12.71	2	4.18	4.30
6. Weeks of pregnancy	1	0.00	12.71	4	0.64	2.78
7. Type of family	1	1.021	12.71	4	1.74	2.78
8. Support person	2	6.42*	4.30	-	-	-

* significant at $p < 0.05$ level

The above table shows that in experimental group there was a significant association found between level of anxiety among primi-parturient women with their selected demographic variable of support person. Whereas in control group the significant association found in between level anxiety and demographic variable of age, education statuses and monthly income. Hence H_2 is retained in case of above mentioned hypothesis. No significant association and was found other variables.

Table 4.7

**Association of progress of labour among experimental and control group among
primi-parturient women with their selected demographic variables**

n=60

S.No	Demographic variables	EXPERIMENTAL GROUP			CONTROL GROUP					
		Duration of 1 st stage			Mode of delivery			Total duration of labour		
		df	χ^2	t	df	χ^2	t	df	χ^2	t
1.	Age in years	2	1.76	4.30	2	3.72	2.57	2	0.48	4.30
2.	Educational status	3	1.52	3.18	5	2.90	2.57	5	9.40	2.90
3.	Monthly income	2	1.81	4.30	2	5.75*	4.30	2	2.46	4.30
4.	Religion	2	1.8	4.30	2	0.36	4.30	2	1.87	4.30
5.	Occupation	1	1.15	12.71	1	1.67	12.71	1	0.93	12.71
6.	Week of pregnancy	1	3.09	12.71	2	1.81	4.30	2	0.07	4.30
7.	Type of family	1	0.478	12.71	2	0.59	4.30	2	4.42	4.30
8.	Support person	2	15.6*	4.30	-	-	-	-	-	-

* significant at $p < 0.05$ level

The above table shows that in experimental group there is a significant association in duration of first stage of labour. Hence the research hypothesis H_2 was retained in case of presence of support person. It can be concluded that there is an effectiveness of presence of support person on labour outcome. Whereas in control group there was association between mode of delivery and monthly income among primi-parturient women with their selected demographic variable. Hence the research hypothesis H_2 is retained. No significant association was found for other variables.

Summary

This chapter deal with data analysis and interpretation in the form of statistical value based on the objectives. Frequency and percentage of level of labour pain, level of anxiety and labour progress with their selected demographic variables. The independent 't' test was used to evaluate effectiveness of presence of support person on labour outcome among primi – parturient women. The chi-square analysis was used to find out the association between the level of labour pain, level of anxiety and progress of labour with their selected demographic variables.

CHAPTER – V

DISCUSSION

A Quasi experimental design was adopted to evaluate the effectiveness of presence of support person on labour out come among primi parturient women. The data collection was done from 5-7-10 to 31-7-10, at Salem Polyclinic, Salem. Sixty primiparturient women were selected by non probability convenience sampling technique.

Description of demographic variables

- In experimental group, 17 (56.6%) primi parturient women were in the age group 20-25 years whereas in control group 15 (50%) of them belongs to 20-25 years of age group. These finding were little higher by Reedy joy (2002), conducted study and found that 21 (70%) of them in the age group of 20-25 years.
- In experimental group 16 (53.33%) and in control group 9 (30%) had completed their higher secondary education. These finding were little lower when compared to Sudha's study (2002) reported that 21 (70%) primi-parturient women completed higher secondary education.
- In experimental group 15 (50%) had monthly income less than ₹. 5000 and in control group 13 (43.33%) had monthly income between ₹.5000-10000. These finding were supported by Vijayalakshmi (2009). 12 (40%) of them monthly income ₹. 5000-10000.
- In experimental and control group most of primi-parturient women 25 (83.3%) were Hindus. It might be associated with the distribution of religion In India statistics shows that almost 81% of population in India are Hindus. (National Census 2001)

- Under occupational status in experimental group 26 (86.66%) and control group 19 (63.33%) were belongs to Home makers. These finding were higher than the finding of Susan Hepsi (2010) Conducted a study in Salem shows that 17(56.66%) of them belongs to Home makers.
- In experimental group 20 (66.66%) and control group 16 (53.33%) were reported 38 weeks of pregnancy. The finding little higher by Sasikala (2009) reported that 26 (86.66%) sample were between 38-39 weeks of gestation.
- In Experimental group 18 (60%) and in control group 15 (50%) belongs to nuclear family. These finding was supported by Anbuselvi (2002) found 18 (60%) belongs to nuclear family.
- In experimental group 23 (76.66%) primi-parturient women selected mother as a support person. This finding were little higher when compared with Mosallam's Study (2004). In her study 16 (56.44%) primi-parturient are selected mother as a support person.

The first objective of the study to evaluate the effectiveness on presence of support person on labour outcome among primi-parturient women of experimental and control group

Among primi-parturient women in experimental group 22 (70%) of primi-parturient women had moderate pain and 8 (30%) had severe pain whereas in control group 15(50%) of primi-parturient women had severe pain and 15 (50%) had worst pain. Also in the experimental group 24 (80%) had mild anxiety and 6 (20%) women had moderate anxiety whereas in control group 4 (13.3%) had mild anxiety and 18 (60%) had moderate anxiety 8(26.6%) had severe anxiety. These finding were supported by **Ramani (2008)**, she conducted a study to assess the effectiveness of companionship in level of pain perception and anxiety in first stage of labour among

primi-parturient women at Railway Hospital, Chennai. In her study she found that among primi 20 (66%) primi-parturient women had moderate pain and 18 (60%) had moderate anxiety.

According to Labour progress in experimental group all 30 (100%) had normal vaginal delivery whereas in control group 27 (90%) had normal vaginal delivery. In experimental group 23 (76.6%) had upto 6 hours for active stage of labour whereas in control group 30 (100%) had above 6 hours for active stage of labour. In experimental group and control group all 30 (100%) had less than 2 hrs for duration of second stage of labour and up to 30 minutes for 3rd stage of labour. In experimental group 30 (100%) had total duration of labour (from active stage labour to placental delivery) was 9 hrs whereas in control group 24 (80%) had total duration of labour was above 9 hrs. All the sample in experimental and control group had APGAR score 8 for 1 minute and 10 for 5 minute. These finding were supported by **Salus D.J. (2002)**. In his study he had 20 (66.6%) had use of less analgesia and anesthesia use and 10 (33.3%) had lower operative birth rates, 25 (83.3%) had shorter duration of labour process 15 (50%) new born APGAR score was 10 for 5 minutes. It shows that presence of support person during labor was effective intervention to reduce the pain and anxiety.

The effectiveness of presence of support person in level of labour pain among primi-parturient women in experimental group 6.1 ± 0.75 , whereas in control group 8.96 ± 1.15 and the estimated 't' value was 11.33 which is significant at $p < 0.05$ level. The effectiveness of presence of support person in level of anxiety among primi-parturient women in experimental group 17.23 ± 3.33 , whereas in control group 25.06 ± 4.81 and the estimated 't' value was 7.32 which is significant at $p < 0.05$ level. Hence the research hypothesis H_1 was retained.

The effectiveness of support person on labour progress by Observation Record among primi parturient women in experimental group 6.76 ± 0.51 whereas in control group 6.6 ± 0.6 and the estimated 't' value was 1.33 which is not significant at $p < 0.05$ level. Hence research hypothesis H_1 was rejected. This study supported by **Benjamin (2007)** in his study found post test assessment mean 3.75 ± 3.95 those had companionship. The obtained 't' value 8.19 $p < 0.05$ was significant found in level of pain and anxiety.

The final objective of the study to associate the labour outcome among primiparturient women of experimental and control group with their selected demographic variables

There was significant association found between the level of labour pain and the demographic variable such as age, support person in experimental group, whereas in control group significant association was found with demographic variables of age, educational status. There was significant association found between level of anxiety and demographic variables of support person in experimental group whereas in control group association was found in demographic variables of age, educational status and monthly income among primi-parturient mothers. Hence the hypothesis- II retained. These findings were supported by Halmeryar (2002). In his study reported that there was significant association ($p < 0.05$ level) found between level of labour pain, stress and anxiety.

In experimental group there is a significant association in duration of first stage of labour. Hence the research hypothesis H_2 is retained in case of presence of support person. It can be concluded that there is an effectiveness of presence of support person on progress of labour whereas in control group there was association between

mode of delivery and monthly income among primi-parturient women with there selected demographic variable. Hence the research hypothesis H_2 is retained.

Summary

The discussion was made in this chapter based on the objectives of the study and it was related with similar studies conducted by their investigator.

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

The purpose of this study is to evaluate the effect of presence of support person on labour outcome among primi-parturient women in selected private hospital, Salem. Quasi experimental post-test only control group design was chosen for the 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, Modified Hamilton Anxiety Rating Scale and observation record.

The data were analysed using descriptive and inferential statistics.

The Major Findings are

- In experimental group, 17 (56.66%) primi parturient women were in the age group 20-25% years whereas in control group 15 (50%) of them belongs to 20-25 years of age group.
- In experimental group 16 (53.33%) and in control group 9 (30%) completed their higher secondary education.
- In experimental group 15 (50%) had monthly income less than ₹.5000 and in control group 13 (43.33%) had monthly income between ₹.5000-10000.
- Most of primi-parturient women in experimental 25 (83.3%) and in control group 18 (60%) were Hindus.

- Under occupational status in experimental group 26 (86.66%) and control group 19 (63.33%) were belongs to home makers.
- In experimental group 20 (66.66%) and control group 16 (53.33%) were reported 38 weeks of pregnancy.
- In Experimental group 18 (60%) and in control group 15 (50%) belongs to nuclear family.
- In experimental group 23 (76.66%) primi-parturient women selected mother as a support person.

The findings regarding labour progress among primi-parturient women in experimental and control group.

- The level of pain in experimental group 22 (70%) were had moderate pain and 8 (30%) were had severe pain whereas in control group 15 (50%) were had severe pain and 15 (50%) had worst pain.
- In anxiety the experimental group most of them 24 (80%) had mild anxiety and 4 (13.33%) had moderate anxiety, in control group 4(13.33%) were had mild anxiety and 18(60%) had moderate anxiety and 8(26.66%) were had severe anxiety.
- Labour progress in experimental group all 30 (100%) had normal vaginal delivery whereas in control group 27 (90%) had normal vaginal delivery. In experimental group 23 (76.6%) had up to 6 hours for active stage of labour whereas in control group 30 (100%) had above 6 hours for active stage of labour. In experimental group and control group all 30 (100%) had less than 2 hrs for duration of second stage of labour and up to 30 minutes for 3rd stage of labour. In experimental group 30 (100%) had total duration of labour (from active stage labour to placental delivery) was 9 hrs, whereas in control group 24

(80%) had total duration of labour was above 9 hrs. All the sample in experimental and control group had APGAR score 8 for 1 minute and 10 for 5 minutes.

- The above table shows that, in experimental group, mean score was 6.1 ± 0.75 whereas in control group, it was 8.96 ± 1.15 . The calculated 't' value for level of labour pain was 11.33. In experimental group, the mean score was 17.3 ± 3.33 whereas in control group, it was 25.06 ± 4.81 . The calculated 't' value for level of anxiety was 7.32.
- In experimental group, mean score was 6.76 ± 0.51 whereas in control group, it was 6.6 ± 0.60 . The calculated 't' value for progress of labour was 1.33. This shows that there is an effectiveness of support person in the two variables, level of pain and anxiety at $p < 0.05$ level. Hence the research hypothesis H_1 is retained for the two variables, level of pain and anxiety whereas it is rejected for the variable, progress of labour.

Conclusion

This study was done to evaluate the effectiveness of presence of support person on labour outcome among primi-parturient women at selected hospital, Salem. The calculated was 't' value of 11.33 for level of labour pain, the calculated 't' values was 7.32 for level of anxiety 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 labour outcome among primi parturient women in experimental group with their support person. The result of this study showed that most of the primi-parturient women in experimental group had moderate pain and mild anxiety and positive progress of labour. Based on the statistical finding its evident that provision of support person during labour was a effective intervention among primi – parturient

women. There was a significant association between the labour outcome among primi – parturient women in experimental group with support person.

Implications

The findings of study have several implications in nursing practice, nursing administration, 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 carryout 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 findout 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.

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ANNEXURE –A



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Letter Seeking Permission to Conduct a Research Study

To

Dr.Resmi Rao
Managing Director,
Salem Poly Clinic,
Salem.

Dear Madam,

Sub: Permission to conduct a research study request reg.

This is to introduce Ms. Jeyalakshmi, K. Final year M.Sc., (Nursing) student of our college. She is conducting research project which is to be submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfillment of University requirement for the award of M.Sc., (Nursing) Degree.

Topic: “A Study to Evaluate the Effectiveness of Presence of Support Person on Labour Outcome among Primi-Parturient Women at a Selected Hospital, Salem”

I request you to kindly permit her to conduct the study in your esteemed Hospital from 5.06.10 to 31.06.10. She will adhere to the hospital Policies and regulations.

Thanking you

Place : Salem

Date :

Yours Sincerely,

(Prof. A. Jayasudha)

PRINCIPAL
Sri Gokulam College of Nursing.
3/836, Periakalam, Neikkarapatti
SALEM - 636 010

ANNEXURE -B

Tool

Section – A Demographic Variables

This section consists of personal information and you are requested to answer the correct one. The data given by you will be maintained confidentially.

Sample No:

1. Age of the mother (in years)

- a) < 20
- b) 21 – 25
- c) 26 – 30
- d) > 30

2. Education of the mother

- a) Non-formal education
- b) Primary education
- c) Secondary education
- d) Higher secondary education
- e) Graduate
- f) Post graduate

3. Monthly income of the family (in ₹)

- a) Less than 5000
- b) 5001 – 10000
- c) Above 10000

4. Religion

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

5. Occupation

- a) Home-maker
- b) Employer

6. Weeks of pregnancy

- a) 37 weeks
- b) 38 weeks
- c) 39 weeks
- d) 40 weeks

7. Type of family

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

8. * Support Person

- a) Mother
- b) Mother in law
- c) Sister
- d) Sister in law
- e) Others

* Applicable only for experimental group

பிரிவு - அ
தனிநபர் விபரங்கள்

கீழே கொடுக்கப்பட்ட கேள்விகள் உங்களின் தனிப்பட்ட விபரங்களை அறிந்துக்கொள்ள பயன்படுத்தப்படுகிறது. கொடுக்கப்பட்டுள்ள கேள்வியின் பதில்கள் நான்கில் ஒன்று சரியானதாகும். நீங்கள் அளிக்கும் சரியான பதிலை (✓) குறியீடு மூலம் குறிப்பிடவும். நீங்கள் அளிக்கும் விபரங்கள் பத்திரமாக பாதுகாக்கப்படும்.

மாதிரி எண்:

தேதி:

1. தாயின் வயது (வருடங்களில்)
 - அ. 20க்கு கீழ் ()
 - ஆ. 21 - 25 ()
 - இ. 26 - 30 ()
 - ஈ. 30க்கு மேல் ()
2. தாயின் கல்வி தகுதி
 - அ. முறையான கல்வி பயிலாதவர் ()
 - ஆ. தொடக்க கல்வி ()
 - இ. நடுநிலைக்கல்வி ()
 - ஈ. மேல்நிலைக்கல்வி ()
 - உ. இளநிலைபட்டதாரி ()
 - ஊ. முதுநிலை பட்டதாரி ()
3. குடும்பத்தின் மாதவருமானம் (₹ல்)
 - அ. 5000க்கு கீழ் ()
 - ஆ. 5001 - 10000 ()
 - இ. 10000க்கு மேல் ()
4. மதம்
 - அ. இந்து ()
 - ஆ. முஸ்லீம் ()
 - இ. கிறிஸ்தவர் ()
 - ஈ. மற்றவர் ()
5. தொழில்
 - அ. இல்லத்தரசி ()
 - ஆ. வேலைக்கு செல்பவர் ()

6. கர்ப்பகால வாரம்

அ. 37 வாரம் ()

ஆ. 38 வாரம் ()

இ. 39 வாரம் ()

ஈ. 40 வாரம் ()

7. குடும்ப வகை

அ. தனிக்குடும்பம் ()

ஆ. கூட்டுக்குடும்பம் ()

இ. நீட்டிக்கப்பட்ட குடும்பம் ()

8. * உடன் இருப்பவர்

அ. அம்மா ()

ஆ. மாமியார் ()

இ. சகோதரி ()

ஈ. நாத்தனார் ()

உ. மற்றவர் ()

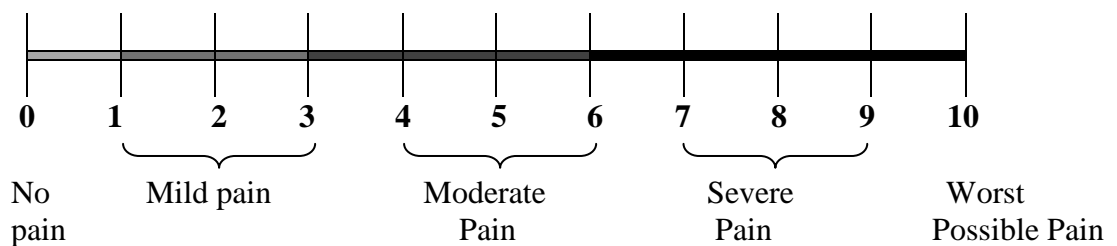
* ஆராய்ச்சி பிரிவினர்க்கு மட்டும் பொருந்தக்கூடியது.

Section –B
Numerical pain intensity scale
Description of tool

Instruction:

Section-B consists of numerical pain intensity scale. This tool is used to assess the labour pain after the intervention, this scale shown to the mother to evaluate the intensity of labour pain among primi-parturient women at end of the 1st stage of labour.

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



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

- 0 = No pain
- 1 – 3 = Mild pain
- 4 – 6 = Moderate pain
- 7 – 9 = Severe pain
- 10 = Worst possible pain

Section-C

Modified Hamilton Anxiety Assessment Scale

Instructions

Dear participant, this section consists of ten items. Kindly answer the questions according to your feeling by the following option.

Sl. No.	Content	Score
1	Did you have anxious feeling? a) Not present. b) Worries. c) Anticipation of worst. d) Fearful anticipation. e) Irritability.	0 1 2 3 4
2	Did you have tension? a) Not present. b) Moved to tears easily. c) Trembling. d) Feeling of restlessness. e) Inability to relax.	0 1 2 3 4
3	Did you have fear? a) Not present. b) Fear of stranger. c) Fear of procedures and sound. d) Fear of outcome of labour. e) Fear of left alone.	0 1 2 3 4
4	Did you have following respiratory symptoms? a) Not present. b) Pressure or constriction on chest. c) Chocking feeling. d) Sighing. e) Dyspnea.	0 1 2 3 4
5 *	Intellectual a) Cope up with the situation. b) Able to understand difficult in following some instructions. c) Able to understand, not cope up with most instructions. d) Able to understand, not at all co-operative. e) Even difficult to listen.	0 1 2 3 4

6*	Muscular response a) Not present. b) Twisting movement. c) Grinding of teeth. d) Irritable movement of extremities. e) Not withstanding in position.	0 1 2 3 4
7 *	Sensory response a) Not present. b) Nausea. c) Feeling of thirst. d) Feeling of weakness. e) Feeling of exhausted.	0 1 2 3 4
8 *	Autonomic symptoms a) Not present. b) Dry mouth. c) Flushing. d) Pallor. e) Tendency to sweat.	0 1 2 3 4
9 *	Cardiovascular symptoms a) Not present. b) Palpitation. c) Feeling of heaviness. d) Pain in the chest. e) Throbbing of vessels.	0 1 2 3 4
10*	Behaviour at interview a) Responding appropriately. b) Furrowed brow. c) Strained face. d) Restlessness. e) Tremor.	0 1 2 3 4

- This items will be observed by investigator.

Score interpretation: Maximum score - 40

According to the score, anxiety will be classified as follows.

Score	Percentage	Level of anxiety
1-20	0-50%	Mild
21-30	51- 75%	Moderate
31-40	76- 100%	Severe

பிரிவு - இ

மாற்றி அமைக்கப்பட்ட ஹாமில்டன் மனபதற்றத்தை மதிப்பிடும் அளவுகோல்

குறிப்பு: இந்த பிரிவில் 10 வகையான கேள்விகள் உள்ளன, தயவு செய்து பின்வரும் கேள்விகளுக்கு நீங்கள் உணர்ந்து சரியான விடையை தெரிவிக்கவும்.

வ. எண்	பொருள்	மதிப்பெண்
1	கீழே கொடுக்கப்பட்டுள்ளவற்றில் எவ்வகையான கவலை உணர்வு தங்களுக்கு இருப்பதாக உணர்கிறீர்கள்? அ) இல்லை ஆ) வருத்தமாக இருத்தல் இ) மோசமான நிகழ்வுகள் நடந்துவிடுமோ என்று நினைத்தல் ஈ) பயம் நிறைந்த எதிர்பார்த்தல் உ) எரிச்சலாக இருத்தல்	0 1 2 3 4
2	உங்களுக்கு கீழே கொடுக்கப்பட்டுள்ளவற்றில் எவ்வகையான இறுக்கமான மனநிலை இருப்பதாக உணர்கிறீர்கள்? அ) இல்லை ஆ) எளிதில் அழக்கூடிய தன்மை இ) நடுங்குதல் ஈ) அமைதியற்ற மனநிலையில் இருத்தல் உ) ஓய்வு எடுக்கமுடியாத நிலை	0 1 2 3 4
3	நீங்கள் எப்போது பயமாக இருப்பதாக உணர்கிறீர்கள்? அ) பயம் இல்லை ஆ) அந்நியர்களைக் காணும் போது பயம் இ) செய்முறைகள் மற்றும் சத்தம் ஏற்படும்போது பயம் ஈ) பிரசவத்தின் முடிவை எண்ணி பயம் உ) தனிமையை குறித்து பயம்	0 1 2 3 4

4	<p>உங்களுக்கு கீழ்க்காணும் சுவாச பிரச்சனைகள் உள்ளனவா?</p> <p>அ) சுவாச பிரச்சனை இல்லை</p> <p>ஆ) மார்பு பகுதியில் அழுத்தம் அல்லது இறுக்கமான உணர்வு</p> <p>இ) தொண்டை அடைப்பு போன்ற உணர்வு</p> <p>ஈ) பெருமூச்சு விடுதல்</p> <p>உ) மூச்சு விட சிரமம்</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
5*	<p>நுண்ணறிவுத்திறன்</p> <p>அ) சூழ்நிலையோடு ஒத்து போதல்</p> <p>ஆ) சூழ்நிலையை உணரமுடிகிறது ஆனால் சில குறிப்புகளுக்கு ஒத்துப்போக முடியவில்லை</p> <p>இ) சூழ்நிலையை எனக்கு புரிகிறது. ஆனால் பல குறிப்புகளுக்கு ஒத்துப்போக இயலவில்லை.</p> <p>ஈ) சூழ்நிலையை புரிகிறது, ஆனால் முற்றிலுமாக ஒத்துழைக்கவில்லை</p> <p>உ) என்னால் எதையும் கவனிக்க கூட முடியவில்லை</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
6*	<p>உடலரீதியான அறிகுறிகள்</p> <p>அ) எதுவும் இல்லை</p> <p>ஆ) தசைகளை இழுத்து பிடித்தல்</p> <p>இ) பற்களை கடித்தல்</p> <p>ஈ) கால் மற்றும் கைகளை உதறுதல்</p> <p>உ) ஒரு நிலையில் இல்லாமல் இருத்தல்</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
7*	<p>உணர்ச்சி சம்பந்தமான அறிகுறிகள்</p> <p>அ) எதுவும் இல்லை</p> <p>ஆ) வாந்தி</p> <p>இ) தாக உணர்வு</p> <p>ஈ) வலிமையற்ற உணர்வு</p> <p>உ) மிகவும் வலிமையற்ற உணர்வு</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

8*	தற்செயலாக காணப்படும் அறிகுறிகள் அ) எதுவும் இல்லை ஆ) உலர்ந்த வாய் இ) சிவந்து போதல் ஈ) வெளிறி போதல் உ) எளிதில் வியர்த்தல்	0 1 2 3 4
9*	இதய சம்பந்தமான அறிகுறிகள் அ) எதுவும் இல்லை ஆ) படப்படப்பாக இருத்தல் இ) நெஞ்சம் கனமாக இருப்பதாக உணர்தல் ஈ) நெஞ்சுவலி வருவது போல் உணர்தல் உ) இரத்தநாளங்கள் வெடிப்பதுபோல் உணர்தல்	0 1 2 3 4
10*	நோர்காணலின் போது தாயின் நடவடிக்கை அ) சரியாக விடையளித்தல் ஆ) புருவத்தை நெறித்தல் இ) விருப்பமில்லாமல் இருத்தல் ஈ) அமைதியற்ற நிலை உ) நடுக்கம்	0 1 2 3 4

*இவ்வகையான வினாக்கள் ஆராய்ச்சியாளர் மூலம் கூர்நோக்கப்பட்டு மதிப்பெண் வழங்கப்படும்.

அதிகப்பட்ச மதிப்பெண் = 40

கீழ்க்கண்ட முறையில் மனபதற்றம் வகைப்படுத்தப்பட்டுள்ளது.

ஸ்கோர்	சதவீதம்	மனபதற்றத்தின் அளவு
1-20	0-50%	குறைவான மனபதற்றம்
21-30	51- 75%	மிதமான மனபதற்றம்
31-40	76- 100%	அதிகமான மனபதற்றம்

Section – D
Observation Record

The investigator evaluate the effectiveness of support person on primi-parturient women with the help of the observation records at the throughout the labour progress.

Sample. No	Mode of delivery	Duration of first stage of labour	Duration second stage of labour	Duration third stage of labour	Total duration of labour process	APGAR score at 1 minute	APGAR score at 5 minutes

ANNEXURE -C

Letter requesting opinion and suggestion of Experts for content validity of the research tools

From:

Ms. Jeyalakshmi. K
Final Year M.Sc (N),
Sri Gokulam College of Nursing,
Salem.

To,

Respected Sir/Madam,

Sub: Requesting the opinion and suggestions of Experts for establishing content validity of the research tool.

I, Ms. Jeyalakshmi. K, Final Year M.Sc., (N) Student of Sri Gokulam College of Nursing, Salem have selected statement of the problem mentioned below for the research study to be submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai for the partial fulfillment of Master Degree in Nursing.

Topic: “A Study to Evaluate the Effectiveness of Presence of Support Person on Labour Outcome among Primi-Parturient Women at a Selected Hospital, Salem”

I request you to kindly validate the tool and content of evaluate the effectiveness of presence of support person and labour outcome and give your expert opinion for necessary modification. I will be grateful to you for this.

Thanking you

Yours obediently,

Place : Salem

Date :

(JEYALAKSHMI.K)

ANNEXURE -D

Certificate of Validation

This is to certify that the tool developed by **Ms. JEYALAKSHMI. K** Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to Dr.M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Evaluate the Effectiveness of Presence of Support Person on Labour Outcome Among Primi-Parturient Women at a Selected Hospital, Salem”**.

Signature with Date

ANNEXURE -E

List of Experts for Validated the Tool

1. Dr. Mrs. Reshmi Rao, MBBS., DGO.,
Consultant Obstetrician and gynaecologist,
Salem Poly Clinic, Salem
2. Mrs. Lalitha Vijay, M.Sc (N)
Professor,
H.O.D., Department of Mental Health Nursing,
Sri Gokulam College of Nursing, Salem.
3. Mr. Kandasamy, M.Sc (N), Ph.D.,
Associate Professor,
Former H.O.D., Department of Community Health Nursing,
Sri Gokulam College of Nursing, Salem.
4. Mrs. Amutha, M.Sc (N),
Associate Professor,
Department of maternity Nursing,
Sri Gokulam College of Nursing, Salem.
5. Mrs. V. Selvanayaki, M.Sc (N),
Associate Professor,
H.O.D., Department of maternity Nursing,
Vinayaka Mission Annapoorna College of Nursing, Salem.
6. Mrs. R. Nalini, M.Sc (N),
Lecturer,
Department of maternity Nursing,
Sri Gokulam College of Nursing, Salem.
7. Mrs. Naganandhini, M.Sc (N),
Lecturer, Department of Mental Health Nursing,
Vinayaka Mission Annapoorna College of Nursing, Salem.
8. Mrs. Sheela Theres, M.Sc (N),
Lecturer, Department of maternity Nursing,
Sri Gokulam College of Nursing, Salem

ANNEXURE -F
Certificate of editing

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled “**A Study To Evaluate The Effectiveness Of Presence Of Support Person On Labour Outcome Among Primi Parturient Women At A Selected Hospital, Salem**” by Mrs. **JEYALAKSHMI.K.** It has been checked for accuracy and correctness of English language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

Sakile Devi M. Gov. M.Phil

SIGNATURE®
WINGS

ENGLISH ACADEMY

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Five Roads, SALEM-636 004.

APPENDIX - G

