

# Evaluation of Women's Perception toward Childbirth Experience after Utilization of Pain Management Practices at Al -Elwyia Maternity Teaching Hospital

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## Abstract

**Objectives:** To evaluate the women's perception with Childbirth Experience after utilization Pain Management Practices. **Methodology:** A quasi-experimental study conducted on non-probability of (30) women whom admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain for the period of (4<sup>th</sup> July 2018 through 24<sup>th</sup> October 2018). Descriptive& Inferential statistical analyses were used to analyze the data. **Results:** show that the highest percentages of non- pharmacological methods used was frankincense oil, and related to women perception of labor pain they are assessed high as general, and they are accounted 24(96.0%). **Conclusions:** The study concluded that there are a positive evaluation observed regarding women's perception with childbirth experience after utilization pain management practices. **Recommendations:** The study recommended developing structured training program and clinical practice guideline of non-pharmacological pain management methods during labor and childbirth should be made available in English and Arabic which contains information about the proper use of non-pharmacological pain management methods and its advantages to midwives working in delivery room.

**Keywords:** Assessment, Perception, childbirth, Pain Management.

## Introduction

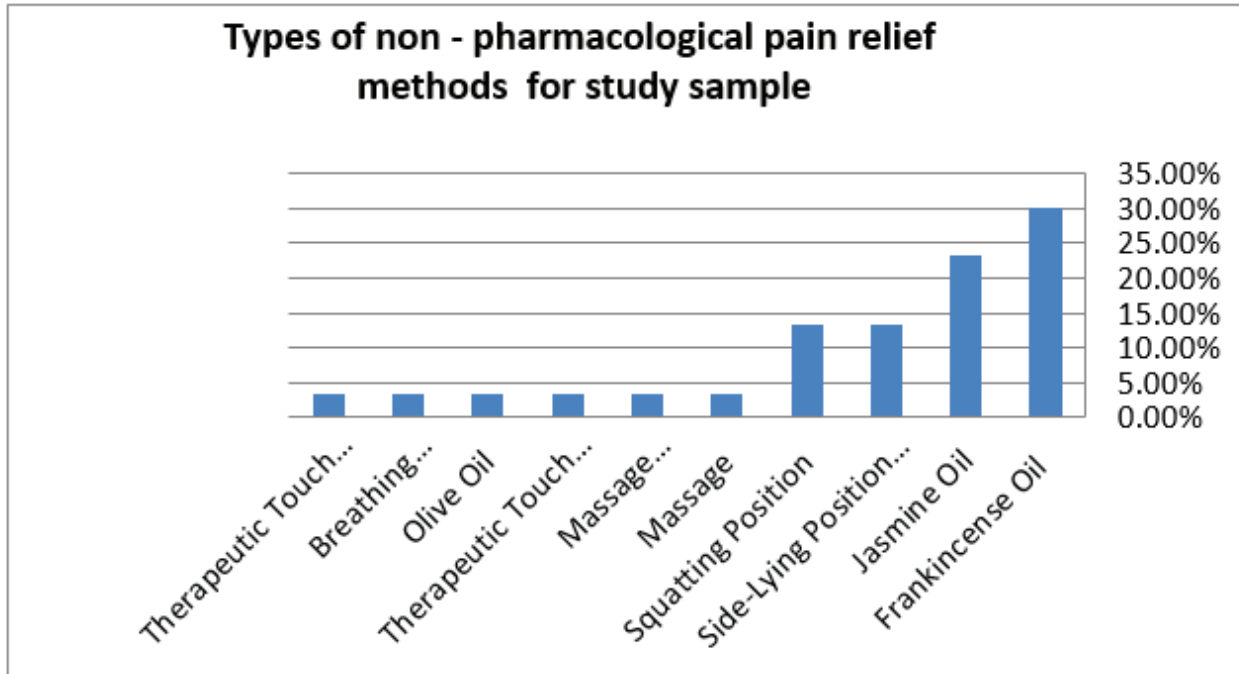
Labor pain is considered one of the most painful conditions in women life and these women often underestimate the pain they will experience due to several factors might influence a woman's perception of labor pain. These factors include (cultural, ethnic, educational factors, excessive anxiety triggers "fight-or-flight" response, fear of pain may be one component of labor-related anxiety and has a high correlation with pain levels reported during first-stage labor. The environment affects the woman's experience of pain that includes the persons present and their verbal and nonverbal communications, the philosophy of care and practice policies of the providers; the quality of support the woman perceives from those present, the degree of strangeness of the environment, including (furniture, noise, lighting, and temperature), Ability to cope all affects her ability to manage the pain of labor. <sup>(1-3)</sup>

## Methodology

A quasi-experimental study design was conducted

on purposive sample, of (30) women whom admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain. Study implemented for the period of (4<sup>th</sup> July 2018 through 24<sup>th</sup> October 2018). Data collection will be gathered by application one of non-pharmacological strategies of pain relief methods include: (frankincense, jasmine,& olive oils), massage ,body movement and change position (squatting, side-lying,& standing),breathing technique, and therapeutic touch) ,and by used questionnaire format which consisted of two parts, including non-pharmacological methods the delivering woman received during labor and delivered women's perception toward labor pain which consisted of (25 items). A pilot study was carried out between the 25<sup>th</sup> June 2018, to 1<sup>st</sup> July 2018, on (10) women to determine the reliability of the questionnaire and content validity was carried out through the 12 experts. Descriptive and inferential statistical analyses were used to analyze the data.

## Results



**Figure (1) Cluster Bar Chart for the distribution types of non - pharmacological methods**

Figure (1) results show that “ Frankincense Oil” method has recorded the high and first ordered method, and accounted (30%), then followed with Jasmine Oil” method, and accounted (23.3%), then followed with “Squatting Position, and Side-Lying Position & Breathing” methods, and accounted (13.3%), Massage, Massage & Standing position, Therapeutic touch & Standing, Olive oil, breathing technique, & side lying position accounted (3.3%).

**Table (1): Delivered Women’s Perception of their Labor Pain**

No.	Items	MS	Ass.
1	I was able to participant in making decision about how to manage labor pain	3.630	H
2	I was in control of my pain management	3.470	H
3	I was able to choose the type of pain management I would receive	3.570	H
4	The nurse asked my opinion about unplanned procedure before it was performed	3.600	H
5	I was able to move around as best I could even though I had some pain interventions	3.600	H
6	While I was in labor, I was able to decide how to be most comfortable.	3.530	H
7	I was able to take charge of managing my labor and birth	3.370	H
8	I was able to control the labor and delivery environment	3.170	H
9	Pain management practice helped me to calm down and not feel so tense	3.570	H
10	I feel comforted by the nurse when apply pain management practice	3.800	H
11	Therapies helped me feel relaxed	3.670	H
12	Presence of the nurse made me comfortable even though I was in pain	3.900	H
13	I enjoyed the way nurse communicated with me in clam manner	3.870	H
14	The nurse listened to me even when I was not making sense of the things I said	3.870	H

**Cont... Table (1): Delivered Women's Perception of their Labor Pain**

15	The nurse were really gentle when they were carrying out the practice	3.900	H
16	The nurse were of help to me in coping with labor pain	3.870	H
17	The nurse really encouraged me	3.900	H
18	I felt free to talk to this nurse about what concerned me	3.870	H
19	I felt the nurse was more interested in her job than my needs	2.100	M
20	I felt the nurse could tell when something was bothering me.	3.900	H
21	I could tell this nurse wanted to make me comfortable	3.870	H
22	I felt secure and reassured with the nurse taking care of me	3.870	H
23	I felt the nurse really valued me	3.800	H
24	I felt frustrated by the nurse's attitude*	1.630	H
25	I have not heard any offensive words or comments from the nurse or the doctor	3.170	H

\* Item reversed measuring scale (i.e. Negative Response), and that reverse an assessments scores.

Table (1) shows that delivered women's perception of their labor pain items are high as assessed generally, and they are accounted 24(96.0%), as well as only item named " I felt the nurse was more interested in her job than my needs " has a moderate assessment.

## Discussion

### Non pharmacological methods

The results of figure (1) show that aromatherapy are the first order used which include" frankincense oil, jasmine oil, and olive oil" then body movement and change position such as squatting position, side-lying position which used combination with breathing and recorded the second order and finally, massage, massage and standing position, therapeutic touch and standing, breathing technique, and therapeutic touch and distraction" are used in a little. In this study, it has been noted that essential oils (Frankincense, jasmine, and olive) recorded the high number of uses and accounted 17 (56.7%). The researcher attempted to use aromatherapy for participant (according to their preference) due to that the researcher noted the uses of these aromatherapy are widely in world and have many benefit such as promoting general relaxation, reduce anxiety and helpful to reduce labor pain as it used in the current study depend on wide evidence based studies.<sup>(4, 5-7)</sup> especially when used during labor. Then as observed in this study some women prefer changing positions which include squatting, side-lying position and standing which used as combine with other method. These positions help relieve pain, and speed labor by effect on uterine activity and efficiency <sup>(8)</sup>.In relation to use breathing technique as

alone or combined with another position the researcher teaches woman how to apply this method based on evidence-based studies <sup>(5&9)</sup>.Relative to use of massage technique the results show that there are two women were choosing massage. The massage work as a form of pain relief by increasing the production of endorphins in the body that reduce the transmission of signals between nerve cells and thus lower the perception of pain <sup>(10)</sup>. Relative to use therapeutic touch observed that there are two women chose therapeutic touch but in different way one therapeutic touch with standing position and another one use therapeutic touch with side-lying position.

### Women's Perception of their Labor Pain Regarding Study sample

According to the table (1), the results show that delivered women's perception of their labor pain items concerning study group assigned that observed responses are high assessed generally, and they are accounted 24 (96.0%), as well as only item " I felt the nurse was more interested in her job than my needs " has a moderate assessed. These high assessed responses related to pivotal role that the researcher acted in care for women by using pain management practices in addition to her role as a doula (continuous labor support) in labor for all participants in study group. And these results are in agreement with evidence based studies from high

countries that have revealed that continuity of midwifery care, continuous support during labor, a good support during labor and birth are more likely to lead to less pain to women and reported higher perception of control and be more satisfied with their intra partum care<sup>(11&12)</sup>. In addition, another studies showed that emotional support, in holding the patient's hands. Making a difference during labor, also Nurse's interpersonal skills are more important than technical skills for mother and baby. Due to women's perception to labor pain were different among women in a cultural, education, social and psychological dimensions, and the responses may be influenced by several factors that include, culture, information they have about labor pain, fear of labor process, and unfamiliar environment that can worsen the situation, therefore the emotional and physical support given to labor woman by nurse or people around her is very important <sup>(13&14)</sup>. Further, another study reported that having received helpful labor coping measures that were valued by participants included performing roles of emotional supported, comforters, information and advice, professional technical skills, and advocates <sup>(15)</sup>.

### Conclusions

The study concluded that there are a positive evaluation observed regarding women's perception with childbirth experience after utilization pain management practices.

**Conflict of interest:** Nil

**Source of funding:** the source of funding is self

**Ethical clearance:** is obtained from the Ministry of Health / Al-Russafa Health Directorate (Al-Elwyia maternity teaching hospital), and All laboring women participants in the research - have been approved before the questionnaire is started.

### Recommendations

The study recommended developing structured training program and clinical practice guideline of non-pharmacological pain management methods during labor and childbirth should be made available in English and Arabic which contains information about the proper use of non-pharmacological pain management methods and its advantages to midwives working in delivery room.

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