

# Knowledge on Selected Natural Pain Relief Methods During Labour Among Primigravida Mothers

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## Abstract

Child birth is a natural biological process and therefore the pain associated with it also received as normal and natural. Both pharmacological and non-pharmacological methods are used to reduce the pain perception during labour. Midwife should work with mothers during the prenatal period to identify the personal coping strategies and encourage make efficient and effective use of these resources. The objective of the study is to assess the level of knowledge regarding selected natural pain relief methods during labour and is to associate the level of knowledge with selected demographic variables. A descriptive research design was used. Purpose sampling technique was used. Data was collected through semi structured knowledge questionnaire. Data was analysed by descriptive and inferential statistics. The finding reveals that 36% of the subjects had adequate knowledge, 48% of them had moderate knowledge and only family income and place of residence had significant association with knowledge.

**Keywords:** *Natural Pain Relief Methods, Primigravida Mothers, Knowledge Level.*

## Introduction

Pain is whatever the person says it is, existing whenever the experience person says it does (Mc. Caffery). This emphasizes the highly subjective nature of pain and pain management. Pain is an unpleasant sensory and emotional experience association with actual or potential tissue damage<sup>1</sup>. It is the most common reason for seeking health care. The health personnel must have the knowledge and skills to assess pain to implement pain relief strategies and to evaluate the effectiveness of these strategies regardless of setting.

Pain in labour is a nearly universal experience; pregnant women commonly worry about the labour pain which they experience during labour and child birth. Pain thresholds cause the amount of pain experienced to be unique to each individual anxiety commonly associated with increased pain during labour. Pain is complex

individual and multifactor phenomenon influenced by several factors namely psychological, biological, socio, cultural and economic in way<sup>2</sup>. Pain can be shared from the reports by those who feel it, characterized by normal transformation, such as menstrual pain.

Labour pain is often described as the most intense ever experienced, and in many cases, it is the aspect of child birth most feared by expectant mother, physical psychological, and cultural factors play an important role in the women's response to child birth, although the intensity of pain experienced varies a great deal from women to another<sup>3</sup>.

Pain during child birth is generally handled with pharmacological techniques. Pain medications are widely used throughout hospitals in the labour and delivery units including intramuscular and intravenous pain medication, regional, local anaesthesia, epidurals and spinal blocks. Non-pharmacological techniques for pain relief during labour are a generally new concept for more people. The women who choose to deal with childbirth pain by using non-pharmacological methods needs care and support from nurses<sup>4</sup>.

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Many of these methods require practice for best result although the women or couple having prior knowledge, women should be encouraged to try a variety of methods and to seek alternatives including pharmacological methods.

There are some of the non-pharmacological pain relief methods such as counter pressure, therapeutic touch and massage, walking, rocking, changing positions application of heat or cold, water therapy, aromatherapy, music imaginary use of focal points hypnosis and bio feedback etc. Other surveys have shown that labour is significantly more painful during first time than the subsequent births. As if the mechanism of pain was not complicated enough, its expression is even more enigmatic. Some individuals reveal their pain and suffering more freely than others<sup>5</sup>.

#### Statement of Problem :

A study to assess the level of knowledge regarding selected natural pain relief methods during labour among primigravida mothers in selected hospital at Madurai.

#### Objectives :

- To assess the level of knowledge regarding selected natural pain relief methods during labour among primigravida mothers.
- To find the association between the level of knowledge on selected natural pain relief methods and selected demographic variables such as age, education level, religion, occupation, family income, type of family, place of residence

### Research Methodology

**Research Design:** Non- experimental descriptive design was used for this study.

**Setting of the study:** The study was conducted at Infant Jesus Maternity Hospital in Madurai.

**Sample & Sample size:** The study consisted of primigravida mothers between the age group 21-40 years in the outpatient department in Infant Jesus Hospital and sample size 50.

**Sampling Technique:** Purposive sampling technique was used to select the samples.

#### Data collection tools:

##### Part-1: Demographic Data

##### Part-2: Semi Structured Knowledge Questionnaire

This part consisted of 20 multiple choice questions regarding selected natural pain relief methods such as massage technique, changing position, heat application and breathing exercises.

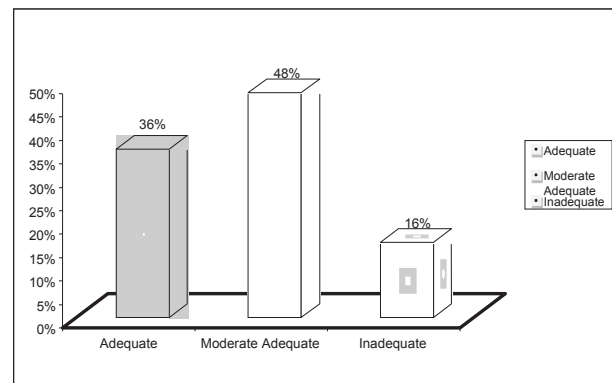
#### Data Collection Procedure:

After obtaining permission from hospital authority, study was conducted for period of two weeks. The informed consent was obtained after given clear information about the study and assured confidentiality. Data was collected by using semi structured questionnaire. Collected data was then tabulated and analysed using descriptive and inferential statistical methods.

### Findings

#### Demographic variables:

Majority of samples 54% belongs to age group between 21 – 25 yrs. Where 48% were Hindus, 24% had primary education, 56% were housewives, 58% had family income of Rs.1001 – Rs.2000/-, 56% were from nuclear family and 54% were from urban areas of residence.



**Fig.1 Distribution of samples according to their level of knowledge regarding primigravida mothers**

18 (36%) samples had adequate level of knowledge, 24 (48%) of them had moderately adequate and 8 (16%) of the subjects had inadequate knowledge. The results shows that demographic variables such as family income and place of residence had significant association with knowledge and other demographic variables such as

age, education, occupation, religion, type of family and availability of health personnel did not have significant association with knowledge score.

### **Conclusion**

The child birth is natural process for every women, it should be handled naturally as much as possible. The mother should have knowledge regarding pain relief methods which helps them to face this situation as happiest and memorable event. The midwives are responsible for pain relief measures using of both pharmacological and non-pharmacological methods during labour in the hospitals.

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**Conflict of Interest:** Nil.

### **References**

1. Adelepillitteri, Maternal and child health nursing care of the child bearing and child rearing family. 5th ed. Philadelphia: Lippincott wilkins publication; c2007, p 460-1
2. Annamma Jacob, A comprehensive text book of midwifery and gynaecological nursing.4th ed. New Delhi: Jaypee brothers publication ; c 2015, p 603-6
3. Basvanthappa. B.T,Nursing Research, 1st ed. New Delhi: Jaypee brothers Publication; c2003, p 93-127
4. John Stud, Progress in obstetrics and Gynaecology , 2nd ed. London: Churchill livingstone publication; c1991, p 131-3.
5. Ralph.C.Benson.). Handbook of obstetrics and gynaecology, 6th ed.California: Lange Medical publication; c1997.p 435-8.