

Comparing opinion on needs of laboring women among mothers & midwives working in labour room at a University Medical College Hospital

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Abstract: Pregnancy and labour impose lots of physical, physiological and emotional strain on mother's life. It becomes difficult to balance life in such transaction period. Family members, husband and relatives need to know her expectation and meet them to ensure safe deliver & a healthy baby. Nurses being one of the front line health care provider should feel her helplessness and realise her need during labour and come forward to satisfy those. Through this study the needs of a labouring woman as verbalised by herself and realised by nursing personnel is inquired through a structured opineir. The study was conducted upon 20 mothers at their 1st stage of labour and 20 midwives working in labour room. The opinions of both the groups were recorded and differences were seen through percentage. 75% women required complete privacy, 40% need husband near to her, 80% liked to change position frequently, 80% -70% want calm and quite environment, 70% liked cool liquid, 50% like back massage, 35% like slow breathing 75% liked to express feeling to near one, 50% liked to relieve anxiety by diverting mind, 90% want to know the progress, 60% wants to get information from doctors, whereas 50% alteration in opinion found in case of staff of labour room. Age & parity was not associated with support & relieving anxiety.

Key words: Comforting in Labour, labour needs, labour support

I. Introduction

For most women and families, labour & birth is a time of excitement and anticipation, along with uncertainty, anxiety and fear. Giving birth represents a major transition in a women's life, not only she is becoming a mother, she will also be growing and learning throughout the processes. Birth is a life-changing event and the care given to women during labour has the potential to affect them both physically and emotionally in the short and longer term.

Women and their families should always be treated with kindness, respect and dignity. The views, believes and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected, all the time. The woman should be fully involved in planning her birth. Woman should have the opportunity to make informed decision about the care and any treatment needed.

1.1 Background

Supporting women at delivery is an essential part of public health care. It includes physical comforting such as touching, massaging, bathing, grooming, applying warmth or cold and emotional support such as continues companion, reassurance, encouragement, anticipatory guidance, information provision and non-medical advice and advocacy like relaying the woman's behalf, labour support and care may also involve procedures and facilitation of communication between woman and staff to assist her in making informed choice[1-3].

Many clinical randomized trials have shown that women who were accompanied by partners and assigned midwife during labour received less epidural anesthesia, analgesia and had fewer epitomizes and had a greater sense of control during labour compared with women permitted accompaniment by partners but not assigned midwives[4-7].

Supporting women in labor has many advantages like having shorter labors, reduced need for oxytocin, anesthesia, analgesia, instrumental deliveries and a decreased by 50% of cesarean section [1-7]. Also anxiety, post-partum depression, post-partum bleeding fever, low apgar and prolonged infant hospitalization can be also decreased[3-8].

While studying parturients' need for continuous labour support it was found significant need of increasing education level and family income($\chi^2 = 8.71$, $P = 0.033$ and $\chi^2 = 13.4$, $P = 0.034$). A significantly higher ($\chi^2 = 16.77$, $P = 0.001$) proportion of married women preferred having a companion than unmarried. Also a higher proportion of women delivered by cesarean section wanted to have companion in labour that either with spontaneous or instrumental deliveries. Parturient suggested five possible measures to improve delivery services

like increasing numbers of health workers (34.0%), providing adequate analgesia (25%), allowing family member/partner (19.8%), health educations (16.3%) and others (4.7%)[9].

Main factors identified as influencing satisfaction and dissatisfaction were, caregivers and client interaction, the characteristics of the setting, the involvement of clients in the care process, the nurses' perception of client characteristics, the outcome of labour for both mother and baby. Caregiver attitude as seen as the strongest factor in determining maternal satisfaction than the interpersonal relationship[10].

1.2. Purpose

Labour is an intense physical and emotional experience. Every woman hopes her birth experience to be fearless and positive as possible. Mother once entered into labour room finds herself lonely, anxious and fearful. Nobody probes what she wants and likes. The policy and procedure goes in it's own way, but mother's need and expectation left unattended and unconsidered. After experiencing and realizing the situation in labour room author thought to know their needs how to be explored and known to all in comparing with ideas of midwives working in labour room who are going to satisfy the needs of a mother.

1.3. Objectives

- To explore the needs of mothers admitted in labour room
- To find out the opinion of midwives on needs of a woman in labour.
- To compare the consistency, gaps and inconsistency among both the groups

II. Methodology

The research design was explorative descriptive survey which tried to explore the kind of needs a woman during labour expects. The study was conducted at a university medical college hospital, Bhubaneswar in 2013. The study population was the midwives working in labour room & the mothers who were in early 1st stage of labour without serious complications. 20 from each groups were selected conveniently.

A structured questionnaire was prepared based on needs of mother during 1st stage of labour and subdivided into four sections; physical, physiological, emotional and communication/informational need. Both the groups were explained the purpose of the study & told to express their views & opinion honestly what they realize & viewed as best. In certain items mothers were given the care as required & helped them to differentiate the effects like back massage, hot application, positioning etc. The researcher conducted one-to-one interview. The mothers who were not willing to answer were excluded.

III. Result

TABLE-1
Subject Characteristics

	Mothers at labour				Midwives				
	n=20 (f)	%	Mean	SD	n=20 (f)	%	Mean	SD	
Age (year)					Age (year)				
≤ 20	2	10	25.35	5.7	<20	0	23.7	2.11	
20-30	16	80			20-30	20			100
>30	2	10			>30	0			0
Education					Education				
Primary	4	20			ANM	6	30		
Higher secondary	5	25			G.N.M	10	50		
Under Graduate	5	25			B.Sc (N)	4	20		
Graduate	2	10			M.Sc (N)	0	0		
Parity					Exp(yr)				
Primi	14	70	1.4	0.3	<1	5	2.35	1.26	
Multi	6	30			1-3	12			60
					3-5	2			10
					>5	1			5

Mean age of the mothers was 25.35 and 100% of midwives were in the age group of 20-30 years. 50% of them were diploma holders in nursing. 70% of mothers were primi with mean 1.4. Most (60%) of the midwives had 1 to 3 years of experience with mean experience of 2.35.

Table-2
Distribution of subjects as per physical need

Sl. No	Item	Mothers n=20 (f)	Percentage	Midwives n=20 (f)	Percentage
1	Type of privacy required				
	• Complete	15	75	15	75
	• Not always	05	25	05	25
	• Not required	00	00	00	00
2	Dress to wear				
	• Own clean cloth	4	20	00	00
	• Hospital Gown	8	40	20	100
	• Any comfortable dress	8	40	00	00
3	Position				
	• Supine	02	10	00	00
	• Side lying	16	80	20	100
	• Squatting	02	10	00	00
4	Movement liked				
	• Changing position frequently	16	80	18	90
	• Walking	04	20	02	10
5	Supported by				
	• Husband	08	40	03	15
	• Relatives	08	45	01	05
	• Close friends	01	05	06	30
	• Nursing personnel	02	10	10	50
6	Like to treated & managed by				
	• Lady doctor	17	85	10	50
	• Male doctor	00	00	05	25
	• Nursing Personnel	03	15	05	25
7	Frequency of check up				
	• Frequently	03	15	06	30
	• During relaxation	16	80	14	70
	• Not at all	01	05	00	00
8	Relief of back pain by				
	• Hot packs	06	30	05	25
	• Massage	09	45	07	35
	• Diverting mind	05	20	08	40
	• Analgesics	00	00	00	00
9	Environment be				
	• Calm & quite	14	70	13	65
	• Dark room with music	03	15	02	10
	• Surrounded with health personnel	03	15	05	05
10	Bearing pain by				
	• Holding someone	16	80	04	20
	• Holding bed rails	03	15	16	80
	• Holding pillows	01	05	00	00

The mothers and midwives revealed differently regarding physical need during labour. In case of privacy both gave same opinion. But in changing dress some mothers revealed any comfortable dress or own clean clothes. 80% mothers liked side laying and where as 100% of midwives revealed so. 80% of mothers & 90% of midwives revealed to change position frequently. 40% of mothers liked to be supported by husband 45% by relatives, whereas 50% midwives revealed to support by nursing personnel.

Table-3
Distribution of subjects according to Physiological Need

Sl. No	Item	Mothers n=20 (f)	Percentage	Midwives n=20 (f)	Percentage
1	Relieving dry mouth by				
	• Sips of water	04	20	13	65
	• Cool liquid / ice chips	15	75	07	35

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	• Hot soup or drinks	01	5	00	0
2	Pain relieved by				
	• Deep breathing	05	25	06	30
	• Back massage	10	50	10	50
	• Music therapy	00	00	04	20
	• Holding nearby	05	25	00	00
3	Breath like				
	• Slow blowing (long and slow)	0	0	06	30
	• Hee breath (Slow & deep)	7	35	14	70
	• Painting (quick & shallow)	1	5	00	00
	• Strong blow (hard & fast)	12	60	00	00
4	Sound like to be				
	• Low	14	70	11	55
	• Murmuring	03	15	01	05
	• Slow music	03	15	08	40
5	During contraction pain managed by				
	• Pressing on lower back	7	35	03	15
	• Massaging on back	9	45	14	70
	• Hot and cold pack on back	04	20	03	15
	• Massaging abdomen	00	00	00	00

75% vs. 35% mothers and staff viewed to have cool liquid and 65% staff suggested sips of water for dry mouth as they have practiced likewise. 50% of both cases gave opinion of back massage for relieving pain. 60% mothers go for strong blow breath, which is physiologically incorrect method. Both group suggested for low sound (45% vs. 70%) for reducing effect of contraction pain. Hot & cold application is not still practiced in many hospitals for back pain.

Table-4
Distribution of subjects as per emotional need

Sl. No	Item	Mothers n=20 (f)	Percentage	Midwives n=20 (f)	Percentage
1	Someone to stand nearby				
	• Yes	20	100	14	70
	• No	0	00	00	00
	• Sometime	00	00	06	30
2	Like to express feeling pain to				
	• Obstetrician	00	00	04	20
	• Nursing staff	02	10	11	55
	• Close one	18	90	05	25
3	Like to divert mind by				
	• Conversing with health personnel	06	30	05	25
	• Expressing to nearby	15	75	01	05
	• Listening music	0	00	01	05
	• Watching TV	5	25	07	35
4	Like to encouraged by				
	• Husband	9	45	00	00
	• Relatives	10	50	03	15
	• Friends	0	00	01	05
	• Nursing personnel	1	05	16	80
5	Relieving anxiety & fear by				
	• Discussing with nursing staff	5	25	11	55
	• Diverting mind	10	50	09	45
	• Watching monitor for progress	05	25	00	00

100% mothers liked someone to stand nearby for relieving anxiousness. Also 70% of midwives gave same opinion. Most (90%) of them liked to express feelings to close one. 75% revealed to divert mind by expressing to close one where as 60% staff told by conversing with them. 45% expressed husband 50% for relatives to be with them where as no midwives supported for husband and 15% for relatives and 90% for nursing personnel who can support them.

Tabel-5
Distribution of subjects as per Communication Need

Sl. No	Item	Mothers (20) n=20 (f)	Percentage	Midwives (20) n=20 (f)	Percentage
1	Required to know the progress				
	• Yes	18	90	20	100
	• Sometime	02	10	00	00
	• No				
2	Information to get through				
	• Monitor	00	00	09	45
	• Doctor	12	60	03	15
	• Nurses	08	40	08	40
3	Communicating problems to				
	• Doctors	13	65	09	45
	• Nursing personnel	07	35	11	55
	• Close ones	00	00	00	00
4	Should clarify doubt				
	• Yes	18	90	18	90
	• Sometimes	02	10	20	10
	• No	00	00	0	00
5	Should know delivery steps				
	• Yes	18	90	18	90
	• Sometime	02	10	02	10
	• No	00	00	00	00

90% mothers wished to know the progress, 60% to get the information through doctor and 40% through nurses. 45% mothers revealed to communicate their problems to doctor and 35% to nurses where as staff viewed it as 45% & 55%. Nurses need to pay more attention towards gaining confidence of mother. 90% of both the group wished mother should know delivery steps.

Tabel-6
Association of maternal age and parity with labour support.

Characteristics	χ^2 Value	P.Value	Significance
Age	2.297	.8905	NS
Parity	1.98	.5766	NS

The calculated chi square value for Age & Parity is less than tabulated value. Hence, both are not significantly associated with labour support.

IV. Discussion

The study revealed in certain aspects, the opinion of both the midwives and mothers are same like in items privacy, position, movements, relief of back pain, clarifying doubts & interest in knowing delivery steps; but in other item like dress to wear, supported by, bearing pain by, relief from dry mouth, breathing type, pain management, expressing feelings to, diverting mind, encouraged by, the opinion differed much. Mothers liked to be supported by their husband and relatives where as staff feels nursing personnel can support them emotionally. The midwives should inquire the needs of a mother during labour and support them accordingly. They must be encouraged and communicated properly, so that needs can be met for better labour outcomes.

V. Conclusion

Emotional, tangible and informational supports are positively related to mothers' mental and physical health around the time of childbirth [11]. Many environmental element influence a women's care during labour and birth. These include staffing pattern, attitude of staff, interpersonal relationship and expectations of those receiving care. Healthcare providers play a profound role at the time of birth facilitating attachment between mothers and newborns, as well as family closeness. We should aim to understand the needs and care a woman during labour and birth so as to ensure a positive experience for the woman and her family, while maintaining their health, preventing complications and responding to emergencies.

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