

Reducing Pain In First Time Labors

Posted on March 24, 2019

Abstract

One of the primary goals of maternity care is the management of labor pain. The pain of labor and delivery is something that most women worry about getting a baby. It is apparently understandable because labor is painful for women. Management of labor pain can be achieved by two models: the midwifery model (non-pharmacological) and the medical model (pharmacological). In the medical model, the emphasis is usually on the alleviation of the physical sensation of labor pain, while the midwifery model focuses largely on the prevention of suffering. The aim of alleviating pain is founded on the hypothesis that pain inevitably equals suffering (Yuenyong, O'Brien & Jirapeet, 2012). Such an aim not only requires pharmacological interventions but also non-pharmacological interventions to eliminate the accompanying undesirable effects of labor pain. The non-pharmacological approach to managing labor pain includes a wide variety of techniques to address not only preventing suffering by promoting the spiritual and psycho-emotional components of care but also addressing the physical sensation.

Research Problem

The control of pain during labor and alleviation of suffering are primary concerns of healthcare providers and pregnant mothers. Non-pharmacologic approaches toward reducing labor pain and suffering are consistent with midwifery management as well as the preferences of many women. Comfort procedures are associated with natural pain relief and are essential during labor and delivery (Vargens, Silva, & Progianti, 2013). Birthing techniques such as visualization, relaxation, patterned breathing, and hypnobirthing increase the secretion of endogenous endorphins that bind to receptors in the brain for relieving pain. Other nonpharmacological methods such as hydrotherapy, emptying the bladder, massage and effleurage can provide pain relief and replace pharmacological interventions such as anesthesia and narcotic analgesia. These nonpharmacological interventions create competing impulses in the central nervous that block the painful sensation of labor contractions from reaching the brain.

Apart from alleviating the labor pain, the midwife and other healthcare providers help the woman maintain a sense of well-being, build her self-confidence, and help her cope with the labor pain. According to Steel et al. (2014), a woman's level of confidence in her ability to cope with labor is a good element that predicts her experience during childbirth. Encouragement, guidance, and reassurance, as well as a woman's unconditional acceptance of her coping style, are used to alleviate labor pain and suffering during childbirth. These approaches promote a woman's satisfaction and

sense of accomplishment during delivery, even when pain is great.

Purpose Of Study

The purpose of the study is to discuss the benefits and differences of using non-pharmacological pain relief for first-time labor and deliveries vs. pharmacological ones.

Literature Review

Labor represents the last step of conception where the newborn is initiated to begin life independent of maternal support. Labor is one of the most significant events in the life of a woman and is usually associated with fear of physical pain. Enhancing satisfaction and comfort to women during labor are among the essential duties of midwives and caregivers who should value the physiological delivery as well as prioritize humane care that respects women's autonomy and individuality and autonomy (Roth et al. 2016).

In a study that involved 68 newly delivered mothers, it was reported that labor had been a traumatic event that they did not want to repeat (Roth et al. 2016). More than half of these mothers reported that it was their first experience with motherhood. First-time mothers were reported to internalize other women's stories and, therefore, experienced fear of the unknown. For multiparous women, adverse encounters with the lastborn increased their anxiety. Thus, the study asserted pain in childbirth is a complex phenomenon that requires both pharmacological and non-pharmacological interventions (Oyetunde & Ojerinde, 2013).

Recently, there has been a notable increase in the use of pharmacological intervention to manage birth pain. However, quantitative research has shown that pharmacological management of labor pain during natural death reduces the benefits for mothers and their infants (Lehugeur Strapasson & Fronza, 2017). As a result, the use of nonpharmacological approaches to alleviate labor pain and suffering during childbirth is increasingly being appreciated. According to the World Health Organization (WHO), natural techniques for preventing birth pain are being used for protective and preventive purposes (Oyetunde & Ojerinde, 2013). The increased need for the use of non-pharmacological methods during labor is becoming so popular that some nursing institutions have incorporated it into their training curriculum. There are various forms of non-pharmacological interventions for labor pain relief, including aromatherapy, breathing techniques, massage, hypnosis, and vertical positions. The use of non-pharmacological interventions in labor pain relief seems promising and reduces anxiety before subsequent delivery.

Study Framework

Health is related to five sheaths of existence, including the physical body, the bliss body, the higher intellect body, the mind-body and the energy body. Any imbalance in any of these sheaths can lead to illness. All the five sheaths of existence interact with each other, and when one sheath is affected, it influences all the other forms of sheaths. Based on this perspective, pregnancy is significant in women. For instance, about 50% of all pregnancies inflict pain in the lower back and/or the pelvis, which persists or even increases after childbirth. Both pharmacological and non-pharmacological interventions are adopted during childbirth to improve and maintain the health and well-being of the mother (Lee et al., 2013).

Research Question/PICO Question

This study will ask the following research question

What are the benefits and differences of using nonpharmacological pain relief for first-time labor and deliveries vs. pharmacological ones?

P: (Population) first time laboring moms

I: (Interventions) nonpharmacological intervention

C: Pharmacological Interventions

O: (Outcomes) Decreased rate of pain and length of labor

The hypothesis of the Research

The study hypotheses are as follows:

1. The mean score of mothers' comfort associated with nonpharmacological intervention during labor is greater than when pharmacological intervention is used.
2. The mean score of labor pain is lower when nonpharmacological interventions are used compared to pharmacological interventions.

Study Variables

The following variables are defined conceptually/operationally in the study.

Midwives

Midwives are trained and specialized in caring for pregnant mothers during their pregnancy, labor, and delivery up to six weeks post-partially. They include certified midwives and midwives who are accorded additional training to care for women by offering preconception care, gynecological care, and other forms of care throughout the lifespan.

Nurses

The study involved registered nurses and licensed practical nurses who are trained to help pregnant mothers during labor and delivery by providing nurse care to this population.

Obstetricians

These are doctors of osteopathic medicine or medical doctors who are trained to provide gynecological and obstetrical care to their women and families.

Assumptions

This study adapted ontological assumptions whereby the researcher's daily observations indicated that the management of pain during first-time labor was not patient-centered or adequate. Mothers in labor are the best individuals to describe pain during labor. The study also made an assumption that midwives had knowledge of pain management during labor and, therefore, there were key participants in the study research. The study also embraced a methodological assumption whereby the researcher assumed that a qualitative approach to identifying and exploring workplace culture would allow the participants to share their experiences, feelings, and reality of the phenomena.

Limitation Of The Study

The major limitation of this study is that it was conducted in only one healthcare setting, and the findings obtained from this research cannot be generalized to other maternity units.

Research Design

The study entails a quantitative and qualitative part. Data for the qualitative part were obtained from structured interviews with fifteen pregnant mothers during their last month of pregnancy and with and with other fifteen women 3-4 weeks after delivery. In addition, three focus groups (each

comprising 3-5 midwives) provided information about the perspectives of midwives concerning nonpharmacological pain management during labor. The study was also complemented by a view of the international literature (Jhala, 2017, p.21).

Study Population

Some of the women who participated in the study had had a baby before while other while others were having their first babies. Surinamese, Moroccan, Turkish, and Dutch were invited for the interviews since they are the major ethnic groups in the Netherlands (Beebe, 2014, p.49). A descriptive cross-section of age educational level, age, and degree of urbanization was also put into consideration. The inclusion criteria included only women who had planned to go into labor under the supervision of a midwife.

Methods Of Measurement/Data Collection

A quantitative design was used to collect data from the participants using structured questionnaires and structured interviews. The study used convenient sampling, and 30 observations on the use of non-pharmacological vs. pharmacological interventions during labor pain were done. Midwives providing care to women during labor participated in the research and offered their informed consent beforehand. Besides, data was also gathered during observations of the management of pain during labor.

Data Analysis

Analysis of data was done in collaboration with midwives providing nursing care within the maternity ward. Eight (8) midwives were invited to participate in the analysis of data, while the rest agreed to continue with their normal duties of providing patient care. The researcher used McCormack and Boomer's steps and creative hermeneutic data analysis to analyze the data (Alvarado et al. 2017). The participants were divided into two groups and were asked to discuss their opinions about the benefits of nonpharmacological vs. pharmacological management of labor pain. Once the consensus was reached, each participant noted down three benefits of nonpharmacological intervention compared to pharmacological pain management during labor. The study revealed that the availability of a midwife during labor is critical because she can be able to provide the necessary support needed during childbirth. The research showed that the mean score of mothers' comfort associated with non-pharmacological intervention during labor is greater than when pharmacological intervention is used.

Ethical Considerations

The researcher sought permission to carry out the study and upheld the respondents' rights for justice, beneficence, and respect for human dignity (Lee et al., 2013). The researcher protected the participants from harm by monitoring any form of harm or mistrust that might develop during the study and no harm was reported throughout the research study. The participants of the study were not identified, and the data collected was not used against them. The midwives were also informed about the time and date of the study in time and were aware of the significance of the study.

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