

Perception of Labour Pain among Primi Mothers

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Abstract

Background: Pain during labor is caused by contractions of the muscles of the uterus and by pressure on the cervix. Labor pain can be felt as strong cramping pain in the abdomen, groin, and back.

Aim: The present study aims to assess the perception of labour pain perception among primi mothers.

Methods: The study was conducted at Government general hospital, Kancheepuram district. Research design adopted for this study was cross sectional design. The sample size for the study was 60 primi mothers who were selected by Convenient sampling method. The tool consists of two sections. Section A consisted of Structured questionnaire to elicit demographic variables of primi mothers and Section B comprised of visual analogue categorical numerical pain scale which was used to assess the pain perception of Primi mothers.

Results: The present study results depicted that, regarding the level of labour pain perception among primi mothers, none of them had no pain; 7 (11.6%) had mild pain; 39 (65.0%) had moderate pain and 14 (23.4%) had severe pain and no one had worse pain.

Conclusion: The results of the study concluded that majority 35 (58%) of primi mothers had moderate labour pain. The mothers may have lack of knowledge regarding the need for pain relief and various types of pain relief methods during labour. All the antenatal women particularly primi mothers should be educated about the need for pain relief during labor and also about the available options.

Keywords: Perception; Labour pain; Primi mothers.

Introduction

Motherhood is the important act that manifest in human being. A life is growing within the women, nurtured with human blood, and then the wonder of all, this vague motion within the womb turns into two tiny hands, reaching out of the mother. She is an important person for her family. She nourishes her fetus and gives birth to child. Health of mother is tender and unwanted component of fetal care and cannot be neglected because of the fact that

the mother is healthy, the children will be healthy which in turn affect nations health. So mother's mental, physical and psychological health affects the health of the family and the nation [1].

Pregnancy is a joyful event and one of the wonderful and noble services imposed by nature on women can shirk. It is a time of great hope, joy and anticipation. It is also a period of challenge opportunity and tension for all women and their families. Most of the women may not have much problem during pregnancy and labour, but some

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face various problems, related to pregnancy and child birth. Every pregnancy is unique experience for the women and each pregnancy that the women experience will be new and uniquely different [2].

Labor Pain is caused by contractions of the uterine muscles and also by pressure on the cervix. Labor pain can be felt as strong cramping pain in the abdomen, groin, and back as well as in their sides or thighs [3].

Joyce Nilima James et al. (2012) conducted a survey in the antenatal clinic of a 30-bedded private hospital in Chennai, India. After institutional approval and informed consent, the prepared questionnaire was handed to the women to be filled up while waiting for the antenatal check-up. Two hundred questionnaires were handed out, 109 were returned and 100 had answered most of the questions. Forty-one of them expected to experience some degree of pain during labour. Fifty-one women (51/100, 51%) felt that labour pain should be relieved [4].

The present study aims to assess the perception of labour pain perception among primi mothers.

Methodology

The study was conducted at Government general hospital, Kancheepuram district. Research design adopted for this study was cross sectional design. The sample size for the study was 60 primi mothers who were selected by Convenient sampling method. The Inclusion Criteria includes a. Primi mothers between 37-42 weeks of gestation, b. Primi mothers who were in the first stage of labour with 4-6 cm of cervical dilatation, & c. Primi mothers who were willing to participate in the study. The exclusion Criteria's were a. Mothers who had narcotics in past 8 hrs, b. Mothers with complications of pregnancy such as preterm rupture of membranes, pregnancy induced hypertension, gestational diabetes mellitus etc.

Development and Discription Tool

The tool consists of two sections. Section A consisted of Structured questionnaire to elicit demographic variables of primi mothers such as age, religion, education, occupation, type of work and residence & Obstetrical variables such as gestational age, gravity and cervical dilation.

Section B comprised of visual analogue categorical numerical pain scale which was used to assess the pain perception of Primi mothers.

The mothers were asked to indicate in the area on the scale representing to the amount of pain they experienced. The scores were interpreted as no pain (0%), Mild pain (1%-25%), Moderate pain (26%-50%), Severe pain (51%-75%) and Worst possible pain (76%-100%).

Ethical Consideration

The research proposal was approved by the dissertation committee of S.R.M College of Nursing, S.R.M Institute of Science & Technology, Kattankulathur. Formal Permission was obtained from the Medical officer, In charge, Government General Hospital, Kancheepuram, where the study was conducted. Informed consent was obtained from the study participants, after explaining the nature and duration of the study. Assurance was given to the individuals that each individual report will be maintained confidentially.

Results

The data collected was arranged and tabulated to interpret the findings of the study. The data was analyzed by using both descriptive and inferential statistical methods.

Table 1: Frequency and percentage distribution of demographic variables of primi mothers
N =60

Demographic Variables	Primi mothers		
	Frequency (n)	Percentage istribution (%)	
Sex	18-22	29	48.3
	23-27	21	35
	28-32	7	11.7
	>32	3	5
Religion	Hindu	33	55
	Christian	18	30
	Muslim	9	15
Education	No formal education	9	15
	Primary school	20	33.3
	Middle school	13	21.7
	High school	10	16.6
	Higher secondary school	4	6.7
	Graduate	4	6.7
Occupation	Home maker	21	35
	Self employed	22	36.7
	Private	11	18.3
	Government	6	10
Type of work	Sedentary	27	45
	Moderate	25	41.7
	Heavy	8	13.3

Residence	Rural	35	58.3
	Semi urban	19	31.7
	Urban	6	10
Gestational age	37 Weeks	8	13.3
	38 Weeks	16	26.7
	39 Weeks	23	38.3
	40 Weeks	13	21.7
Gravida	1	43	71.7
	2	12	20
	>2	5	8.3
Cervical dilatation	3 cm	21	35
	4 cm	23	38.3
	5 cm	16	26.7

The demographic variables of primi mothers showed that, regarding the age distribution of primi mothers, maximum 29 (48.3%) mothers were in between (18-22) and minimum 3 (5%) mother age was above 32 years. Considering the religion, maximum 33 (55%) mothers were Hindu and minimum 9 (15%) were Muslims. With respect to the educational qualification, maximum 20 (33.3%) mothers had primary school and minimum 4 (6.7%) mother had higher secondary school and also completed graduate. Regarding occupation, maximum 22 (36.7%) were self employed and minimum 6 (10%) were Government servants. With regard to the type of work, maximum 27 (45%) mothers were sedentary workers and minimum 8 (13.3%) mothers were heavy workers. Considering the residence, maximum 35 (58.3%) mothers were in rural area and minimum 6 (10%) mothers were in urban area. With respect to the gestational age of primi mothers, maximum 23 (38.3%) mothers were in 39 weeks of gestation and minimum 8 (13.3%) mothers were in 37 weeks of gestation. Regarding the gravid status of the primi mother, maximum 43 (71.7%) mothers belonged to gravida 1, and minimum 5 (8.3%) mothers belonged to >2 gravida. Considering the cervical dilatation, maximum 23 (38.3%) were in 4 cm dilatation, 21 (35%) were in 3 cm cervical dilatation, and minimum 16 (26.7%) were in 5 cm dilatation.

Table 2: Frequency and percentage distribution of level of Labour pain perception among primi mothers N = 60

Level of Pain perception	Frequency (n)	Percentage distribution (%)
No pain	0	0
Mild pain	7	11.6
Moderate pain	39	65.0
Severe pain	14	23.4
Worse pain	0	0

The analysis depicted that, regarding the level of labour pain perception among primi mothers,

none of them had no pain; 7 (11.6%) had mild pain; 39 (65.0%) had moderate pain and 14 (23.4%) had severe pain and no one had worse pain.

Discussion

Pain during labor is different for every woman. Some women experience labor pain as menstrual cramps, others as extremely strong waves that feel like diarrheal cramps. As the labor progresses, there is less and less time for the women to relax in between the contractions [5].

The present study results depicted that, regarding the level of labour pain perception among primi mothers, none of them had no pain; 7 (11.6%) had mild pain; 39 (65.0%) had moderate pain and 14 (23.4%) had severe pain and no one had worse pain.

The study results are consistent with the study done by Lydia Aziato et al. (2017) and they conducted an exploratory descriptive qualitative approach and collected data through individual interviews. The data were analyzed inductively by using content analysis techniques. The women expressed labour pain through crying, screaming and shouting. They prayed God to help them to reduce the severe pain. Some women endured the pain, cried inwardly and others showed no sign of pain. Some women believed that crying during labour is a sign of weakness. Non-pharmacologic measures were employed included walking around, deep breathing, side-lying, waist holding, squatting, taking a shower and chewing gum. The individuality of pain experience and expression was emphasized and the socio-cultural orientation of women made some of them stoic [6].

Conclusion

The results of the study concluded that majority 35 (58%) of primim mothers had moderate labour pain. The mothers may have lack of knowledge regarding the need for pain relief during labour, the various types of labour pain relief methods and their advantages and disadvantages. All the antenatal women particularly primi mothers should be educated about the need for pain relief during labor and also about the available options. This may be done at an appropriate time during the antenatal visits by the obstetrician or Anaesthetist. The antenatal women's knowledge may also be improved by the provision of information leaflets, labour pain websites and childbirth preparation classes.

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