Assess the Effectiveness of Breast Crawl on the Intensity of Episiotomy Pain and Behavioral Response Among Parturient Mother During Episiotomy Suturing

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ABSTRACT

Methods to provide comfort and relieve pain are of paramount importance for the child bearing woman. Unfortunately very little importance is given to reduce the pain and discomfort of the women during episiotomy. Objectives of the study: 1) To assess the intensity of episiotomy pain and behavioural response prior to episiotomy suturing among parturient mother. 2) To assess the effectiveness of breast crawl on the intensity of episiotomy pain and behavioral response among parturient mother during episiotomy suturing. 3) To compare the effectiveness of breast crawl in experimental and control group. 4) To associate the effect of breast crawl with demographic variables among primi mother during episiotomy suturing. This study was based on experimental approach. Population was all the parturient mother admitted in the labour units of selected hospitals of Vidarbha region. True Experimental Design-Pre test- post test with experimental and control group which is a sub type of true experimental design and Probability - Simple random sampling technique was used. Sample size consists of 30 Parturient mothers 15 mothers - Experimental group (Parturient who had breast crawl) and 15 mothers - Control group (Parturient who did not have breast crawl). Findings showed that the present study findings also revealed that there is a significant difference in the mean scores of behavioural response of mothers during suturing between the experimental and control group. Also there is a significant difference in the mean scores of reduction in intensity of episiotomy pain of mothers during suturing between the experimental and control group. Hence breast crawl is effective in reducing the intensity of pain during episiotomy suturing and there is a favourable behavioural response among women who received breast crawl during episiotomy suturing. The findings concluded that breast crawl is a simple and cost effective method to reduce the intensity of episiotomy pain in women during episiotomy suturing. Nurses can in co-operate this practice and thus initiate the bond of motherhood.

KEY WORDS: BEHAVIORAL RESPONSE, BREAST CRAWL, EFFECTIVENESS, EPISIOTOMY SUTURING, INTENSITY OF EPISIOTOMY PAIN AND PARTURIENT MOTHERS.

ARTICLE INFORMATION

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Received 13th Oct 2020 Accepted after revision 27th Dec 2020

Print ISSN: 0974-6455 Online ISSN: 2321-4007 CODEN: BBRCBA

Thomson Reuters ISI Web of Science Clarivate Analytics USA and Crossref Indexed Journal

NAAS Journal Score 2020 (4.31)

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Online Contents Available at: <http://www.bbrc.in/>

Doi: <http://dx.doi.org/10.21786/bbrc/13.15/45>

INTRODUCTION

Introduction and background of the study: Mother, the most beautiful term on humanity's tongue, is the most talented position a woman will ever accomplish in her lifetime. There was never a great man who did not have a very good mother. Women's wellbeing has been granted utmost importance in this century. The 1990s have been called the women's health decade. Many maternity

health workers are unaware of the enforcement of the guideline for early initiation of breast feeding within one hour of birth by the Baby Friendly Hospital Initiative. Consequently, breast feeding initiation is often delayed. Even in those areas where health practitioners are well educated and keen to start the breast feeding program early, there is a lack of knowledge of Breast Crawl.

Genital tract trauma is common following channel vaginal birth, and region pain could be a frequent symptom reported by new mothers. the subsequent techniques and care measures area unit related to lower rates of medical specialty lacerations and connected pain following spontaneous channel birth: antepartum region massage for nulliparous ladies, upright or lateral positions for birth, shunning of Valsalva pushing, delayed pushing with epidural physiological state, shunning of perineotomy, controlled delivery of the baby's head, use of Dexon or Vicryl suture material, the "Fleming method" for stitching lacerations, and oral or body part Nuprin for region pain relief when delivery.

The investigator has detected throughout her clinical expertise that just about all the mothers expertise pain throughout perineotomy sewing. The investigator additionally found that completely different mothers responded otherwise to perineotomy sewing procedure because of numerous factors. therefore the investigator needed to seek out out the effectiveness of breast crawl on the intensity of perineotomy pain and activity response among ladies throughout perineotomy sewing that might showsuperior results on the reduction of pain throughout perineotomy sewing and increase within the success of infant feeding. Aim: To assess the effectiveness of breast crawl on the intensity of episiotomy pain and behavioural response among parturient mother during episiotomy suturing.

Objectives of the Study

1. To assess the intensity of episiotomy pain and behavioural response prior to episiotomy suturing among parturient mother.
2. To assess the effectiveness of breast crawl on the intensity of episiotomy pain and behavioral response among parturient mother during episiotomy suturing.
3. To compare the effectiveness of breast crawl in experimental and control group.
4. To associate the effect of breast crawl with demographic variables among parturient mother during episiotomy suturing

Assumptions

1. Mothers experience some degree of episiotomy pain prior and during episiotomy suturing.
2. Breast crawl during episiotomy suturing will divert the minds of the mother during episiotomy suturing

Hypothesis

H1: There will be significant difference in the mean scores of reduction in intensity of episiotomy pain and

a positive behavioural response of parturient mothers between the experimental and control group.

H2- There is significant association between effectiveness of breast crawl and selected demographic variables.

Variables

Independent variable: Parturient mothers who having episiotomy.

Dependent variable: Breast crawl on episiotomy pain and behavioural response.

Demographic variables: Age, education, religion, occupation

METHODOLOGY

- **Research approach:-** An evaluative quantitative research approach.
- **Research design:-** True Experimental Design-Pre test -post test with experimental and control group which is a sub type of true experimental design.
- **Setting of the study:-** The study will be conducted in AVBRH Maternity hospitals at Wardha City.
- **Sampling technique:-** Probability -Simple random sampling technique
- **Sample:-** All the primi mothers admitted in the labour room of the selected maternity hospital.
- **Sample size :-** Sample size consists of 40 Parturient mothers

20 mothers – Experimental group (Parturient who had breast crawl)

20 mothers - Control group (Parturient who did not have breast crawl)

Criteria for sample selection

Inclusion Criteria

1. Parturient who have delivered full term neonates by normal vaginal delivery.
2. Parturient who have their neonates with them..
3. Parturient who know either English or Marathi or Hindi well.
4. Parturient and newborn without complications
5. Exclusion Criteria
6. Mothers who are having complicated medical or surgical disorders.
7. Parturient who have delivered by instrumental delivery.
8. Parturient who have perineal tear.
9. Mothers who are not willing for breast crawl.
10. Newborn with high risk condition like convulsion, hypoglycemia, asphyxia etc.
11. Newborns who have delivered by the caesarean section.
12. Newborns that have an APGAR score below 9.

Discription of Tools

Part I- Demographic variables (age, education, area of residence, religion, occupation)

Part II- FLACC Scale for Pain assessment**Part III-Visual Analogous scale for behaviour assessment**

Validity: - The validity of tool will be established in consultation with the Guide & Experts from Obstetric & Gynecological nursing Department.

RESULTS

The distribution of subjects according to their age depicts that majority of the subjects in both groups, 65% of subjects in the experimental group and 75% in the control group is belongs to the age group of 19 – 23 years. The distribution of the subjects according to their education reveals that 60% from the experimental group and 65% from the control group are having secondary education. According to their religion illustrate that 60% from the experimental group and 75% from the control group are belongs to the Hindu religion and subjects according to their occupation reveals that 75% from the experimental group and 80% from the control group were house wives.

Table 1. Pain and behavioral responses during the episiotomy suturing among parturient mother in experimental group before breast crawl.

	Mean	Standard Deviation	Range
Pain	8.85	0.67	8-10
Behavioral Responses	8.70	0.65	8-10
N = 20			

Table 2. Pain and behavioral responses during the episiotomy suturing among parturient mother in control group

	Mean	Standard Deviation	Range
Pain	8.95	0.68	8 - 10
Behavioral Responses	8.85	0.58	8 - 10
N = 20			

Assessment of pain and behavioral responses during the episiotomy suturing among parturient mother in the experimental group shows the mean score for pain is 8.85 and standard deviation is 0.67. Mean score for behavioral responses is 8.70 and standard deviation is 0.65 and the range for both pain and behavioral responses are between 8 and 10. In control group the mean score for pain is 8.95 and standard deviation is 0.68. Mean score for behavioral responses is 8.85 and standard deviation is 0.58 and the range for both pain and behavioral responses are between 8 and 10. Statistically there is significant decrease in pain and behavioral responses in the experimental group after Breast crawl during the episiotomy suturing.

Statistically there is significant decrease in pain and behavioral responses in the experimental group after breast crawl during the episiotomy suturing. The tabulated 't' for 19 df is 2. 09 and calculated 't' value for pain is 41.03. The calculated 't' value was higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance ($p = 0.000 < 0.05$). For Behavioral responses, calculated 't' value 35.51 is higher than the tabulated 't' value at 5% level of significance which is statistically acceptable level of significance ($p = 0.000 < 0.05$). Hence research hypothesis H1 is accepted.

Table 3: Assessment of the effect of breast crawl on pain and behavioral responses during the episiotomy suturing among parturient mother in the experimental group N = 20

		Mean	Standard Deviation	Range	Mean Difference	t-value	p-value
Pain	Before t/t	8.85	0.67	8-10	5.55±0.60	41.03	0.000 S,p<0.05
	After t/t	3.30	0.47	3-4			
Behavioral Responses	Before t/t	8.70	0.65	8-10	5.45±0.68	35.51	0.000 S,p<0.05
	After t/t	3.25	0.44	3-4			

Statistically there is significant difference in comparison between the experimental and control group in pain and behavioral responses. The tabulated 't' for 19 df is 2. 09 and calculated 't' value for pain is 40. 35. The calculated 't' value was higher than the tabulated value at 5% level

of significance which is statistically acceptable level of significance ($p = 0.000 < 0.05$). For Behavioral responses, calculated 't' value 42.70 is higher than the tabulated 't' value at 5% level of significance which is statistically acceptable level of significance ($p = 0.000 < 0.05$).

There is no significant association of effect of breast crawl on pain in relation to the age, educational status, religion and occupation. Calculated 'f' value is 0.87 and 'p' value is 0.43, 'f' value is 0.42 and 'p' value is 0.66, 'f' value is 0.96 'p' value is 0.40, 'f' value is 1.19 and 'p' value is 0.32 respectively. There is no significant association of

effect of breast crawl on behavioral responses in relation to age, religion and occupation. The 'f' value is 0.34 and 'p' value is 0.71, 'f' value is 1.75 and the calculated 'p' value is 0.202, 'f' value is 2.36 and 'p' value is 0.124 respectively. There is significant association of effect of breast crawl in relation to education. Calculated 'f' value is 5.66 and the calculated 'p' value is 0.013.

Table 4. Compare between pain and behavioral responses during the episiotomy suturing in experimental and control group. N = 20 (in each group)

		Mean	Standard Deviation	Range	Mean Difference	t-value	p-value
Pain	Experimental	3.30	0.47	3-4	6.00±0.14	40.35	0.000
	Control	9.30	0.47	9-10			S,p<0.05
Behavioral Responses	Experimental	3.25	0.44	3-4	6.00±0.14	42.70	0.000
	Control						S,p<0.05

Breast crawl evokes an atmosphere of acceptance, respect for the body and being cared for. The close personal interaction implicit in breast crawl strengthens the mother – child relationship. So the present study conclude that breast crawl has an effect on pain and behavioral responses during the episiotomy suturing and reduces the pain and enable the mother to cope with the severity of pain and have a positive responses towards the episiotomy pain.

DISCUSSION

A study was conducted to assess the Impact, feasibility and acceptability of breast crawl in a busy labor room in a tertiary care hospital in Nagpur, Maharashtra in 2012. A prospective, single blinded, randomized controlled clinical trial. Impact of breastcrawl was studied in one group and the outcome was compared with the other group where breastcrawl was not performed Descriptive statistics and $\chi^2(2)$ analysis was applied to evaluate the questionnaire and to compare the outcome in the two groups. The results revealed that Breastcrawl had a significant positive impact on the onset of lactation as well as extent of neonatal weight loss on day 3. Breastcrawl results in positive short-term breast feeding outcome but acceptability of breastcrawl as a routine in a busy labor room remains a major issue.7.

Hence the present study strongly suggests that breast crawl has a positive effect on the pain and behavioral responses during the episiotomy suturing. There was significant difference between the experimental and control group. Breast crawl has a role in reducing pain, and improving women's emotional experience of labour and a positive response to pain. Thus the findings are supported by above research studies.

The findings are supported by a study conducted to assess the effectiveness of breast crawl as a diversional therapy for reduction of pain in primipara women, during episiotomy suturing in selected maternity hospitals of a metropolitan city. The mean score obtained in the

experimental group before episiotomy suturing was 6.2 and during suturing with breast crawl intervention was 2.72 with a mean difference of 3.48 which shows a significant difference in reduction of pain. Furthermore, the comparison between the mean scores of experimental group during episiotomy suturing which was 2.72 and control group which was 6.80 with a mean difference of -4.08 shows that the data are extremely significant at $P < 0.0001$ level of significance. The findings of the study proved that breast crawl was effective as a diversional therapy for reduction of pain in primipara women, during episiotomy suturing.13.

The present study findings also revealed that there is a significant difference in the mean scores of behavioral response of mothers during suturing between the experimental and control group ($t > 42.70$). Hence, it can be concluded that there is a favorable behavioral response among women who received breast crawl during episiotomy suturing.

The findings of the study are supported by a study conducted to assess the effectiveness of transcutaneous electric nerve stimulation on pain and behavioral responses of women during the first stage of labor. Friedman's test was used to test the significant difference among area wise behavioral responses score during the first stage of labor. The results showed that there is a significant difference between the area wise behavioral responses in experimental and control group.14.

CONCLUSION

During episiotomy suturing, nurses in the delivery room can safely and reliably practice breast crawl as a procedure on the basis of maternal comfort. In the birthing units, nurse educators will update the nursing staff on the advantages of the infant's early skin-to-skin contact and its effect on physical and mental growth and development. During episiotomy suturing, the bonding advantage of breast crawl can be a useful

non-pharmacological measure in providing diversion to the mother. Nurses can introduce and promote the breast crawl initiative in maternity hospitals as health professionals, it will be beneficial for mother and baby as well as for the entire family and country.¹⁵ Therefore, the investigator takes this study to inform and encourage antenatal mothers to practice this program, which in turn will lead to our country's healthy children and thus healthy future people.

ACKNOWLEDGEMENTS

I, the investigator of the study, owe my sincere thanks and gratitude to all those who have contributed to the successful accomplishment of this endeavor.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

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