MEASURING THE EFFECTIVENESS OF SELF CARE CAPABILITY PROGRAMME ON RESPONSE TO LABOUR PROCESS AMONG PRIMIGRAVID ANTENATAL WOMEN THROUGH LAMAZE TECHNIQUE OF CHILD BIRTH PREPARATION IN A SELECTED MATERNITY HOSPITAL OF J&K

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ABSTRACT:

Introduction: Education should begin before pregnancy and continue through postpartum period. During Antenatal period, the expectant mother needs to help herself by indulging in self care and improve herself care capabilities in order to combat self care deficit that may be there for various reasons, in order to enjoy healthy Antenatal, perinatal and postnatal period as well as contribute to fetal wellbeing.

Methodology: Quasi-Experimental study, Mixed method approach was adopted and the research design selected for the present study was Control Group Post-Test-Only Design. Purposive sampling technique was used. 100 Primigravid Antenatal women were selected for the study out of which 50 for Experimental group and 50 for Control group, in order to achieve appropriate results. Setting of the study was a Selected Maternity Hospital of J&K.

Results: In Experimental group the mean $\pm$ sd score of response to labour process score was found to be 27.04 $\pm$ 5.10 while in control group it was found to be 12.24 $\pm$ 1.00 respectively. Paired t test show the p value as 0.001 and it was found to be statistically significant at 0.05 level of significance.

Conclusion: In this study the mean scores of Experimental group were significantly higher than the mean scores of Control group and p value is significant at 0.05 level of significance.

Keywords: Effectiveness, Lamaze technique, Selfcare capability programme, Response to labour process.

INTRODUCTION:

Pregnancy is challenging for Antenatal women, as it brings stress and fear regarding birth process. Not only the pregnant women but their families are equally concerned about stress free safe delivery with good Maternal and fetal outcome. . Education for family members should begin before pregnancy and continue

through postpartum period. During period, the expectant mother needs to help herself by indulging in self care and improve herself care capabilities in order to combat self care deficit that may be there for various reasons, in order to enjoy healthy Antenatal, perinatal and postnatal period as well as contribute to fetal wellbeing. Most of the deaths of women of the reproductive age in

many developing countries are the result of complications of pregnancy on child birth. In addition to the number of deaths each year, over 50 million women suffer from maternal morbidity and acute complications from pregnancy. . Pain during labour and delivery is caused by:

- 1. Hypoxia, caused by circulatory stasis in the myometrium and adjacent tissues during and immediately after strong uterine contractions may cause a local oxygen deficit.
- 2. Pressure by the presenting part on the bladder ,bowel, or other sensitive pelvic structures,
- 3.Traction on the peritoneum and uterocervical supports during contractions or expulsive efforts,
- 4.Emotional tensions caused by anxiety and fear

According to Jenson and Bobak (1997) causes of pain are due to traction on the peritoneum, pressure, tension and hypoxia in the myometrium and adjacent tissues.

Due to apprehension they are not able to relax and breathe properly inbetween the contraction of uterus. . They scream and become exhausted much earlier using their power of pushing the fetus before time, leading to prolonged and complicated

labour. To avoid such tension and exhaustion, a mother should be taught relaxation and breathing exercises (Lamaze technique) during ante-natal period which will help her to cope up with the stress during labour.

SMRITIKANA MANI (2000) in her study has reported that teaching the mothers breathing and relaxation technique right from antenatal period has been significantly effective in reducing their undesirable behaviour during the labour, instrumental delivery, maternal complications and use of pain relieving drugs during delivery

Thassari et al (2000) ¹²conducted a study and hypothesized that health education could help prevent complications. He identified participatory action research as theoretical framework and used purposive sampling. The number of subjects were 214.

The study used qualitative methodology. The Lamaze education classes were referred to as a health education program. The study cited hospital-based programs as the setting for classes. The findings revealed that there was a significant change in behaviours related to preparation for labor and birth, breastfeeding, and postpartum period.

Wikipedia(August 2009) The Lamaze technique, often reffered to as Lamaze, is a

prepared child birth technique developed in the 1940s by French obstetrician Dr Fernand Lamaze as an alternative to the use of medical intervention during childbirth. The goal of Lamaze is to increase a mother's confidence in her ability to give birth, classes help them understand how to cope with pain in ways that both facilitate labour and promote comfort, including focused breathing, movement and massage. .

2.OBJECTIVES:

1. To assess the effectiveness of self care capability programme through Lamaze technique on Response to Labour process.
2. To determine the correlation between the self care capability process and Response to labour process.

METHODOLOGY:

Research Approach: To accomplish the objectives of the study, Convergent triangulation design of **mixed method approach** was adopted .**The research design** selected for the present study was Control Group Post-Test-Only Design(One Group Post-Test Only Design).**Setting:**The present study was carried out partially in the side room of Obs and Gyne OPD and partially in the labour room of selected Maternity Hospital. **Sample size:** Keeping in view the nature of problem and the

objectives of the study and its research design, a sample of 100 primigravid antenatal women was selected by purposive sampling 50 for each group i.e. Experimental and Control group respectively.

Instrumentation: Based on the objectives and conceptual framework of the study, the following instruments were developed in order to generate the data.

1.Physical assessment chart.

2.Structured interview schedule consisting of two parts , I and II:

- Part I on Demographic data.
- Part II on clinical features of true labour pain, and practice of breathing exercises.

3.Semi-structured interview schedule to assess the perception and acceptability of Lamaze technique .

4.Observation checklist consisting of two parts.

- Part I : Comprising of areas of observable woman's response during the labour process.
- Part II : Consisting of areas regarding maternal outcome.

5.Self care capability checklist.

6.Instructional module on self-care capability process.

7. Instructional module on Lamaze technique of child birth preparation.

RESULTS: In this study out of all participants of experimental group (practicing Lamaze technique) 48% of the women were in the age group of 23-26 years while 52% were in the age group of 27-30 years whereas in case of control group 64% were in the age group of 23-26 years while 36% were in the age range of 27 -30 years. In case as well as in control group majority of the women were Muslims. Only a fewer samples (2%) in experimental group were following Hindu religion. . As far as educational qualification of samples is concerned in case group majority of the respondents (74%) were educated upto Graduation or above, followed by secondary education (22%) and Primary education (4%). Likewise in control group also similar trend was observed as more than half of the respondents (58%) were educated upto graduation and above, followed by secondary (40%) and primary (2%) level of education In case group (78%) as well as in control group (70%) maximum number of the respondents were working while only a small proportion of respondents were housewives in case of both case and control group. Probing into the medical history of

respondents nothing significant was observed in case group and control group . On the other hand in surgical history among 2% in experimental group some significant history was reported otherwise nothing significant was reported by the women in both the groups. Further the data about menstrual history reveals that in experimental group 84% of the women reported regular menstrual cycle while only 16% reported irregular menstrual cycle. Similarly, in control group also 92% reported regular menstrual cycle while 8% reported irregular menstrual cycle. The data regarding period of gestation depicts that in experimental group all the women reported < 36 weeks of Gestation period while on the other hand in control group also all the women reported gestation period of more than <36 weeks. Statistically, significant difference was observed among case and control group in case of period of gestation only. No statistically significant difference was observed in both the groups in terms of their age, religion, education, occupation, medical, surgical and menstrual history. n=100

Table 1: Comparison of different domains of Response to labour process					
Variables (Response to Labour Process)	Variable Categories	Groups		Chi ²	p-value
		Control f (%)	Experimental f (%)		
Position of Women	Undesirable or not desired at all	45 (90.0)	7 (14.0)	60.76	0.001 (S)
	Less desirable	5 (10.0)	15 (30.0)		
	Most Desirable	0 (0.0)	28 (56.0)		
Vocal Activity	Undesirable or not desired at all	45 (90.0)	10 (20.0)	52.27	0.001 (S)
	Less desirable	5 (10.0)	15 (30.0)		
	Most Desirable	0 (0.0)	25 (50.0)		
Body Activity	Undesirable or not desired at all	10 (20.0)	5 (10.0)	75.50	0.001 (S)
	Less desirable	40 (80.0)	3 (6.0)		
	Most Desirable	0 (0.0)	40 (80.0)		
Attitude towards Contraction	Undesirable or not desired at all	43 (86.0)	5 (10.0)	73.68	0.001 (S)
	Less desirable	7 (14.0)	3 (6.0)		
	Most Desirable	0 (0.0)	42 (84.0)		
Response in Latent Phase	Undesirable or not desired at all	50 (100.0)	5 (10.0)	81.81	0.001 (S)
	Less desirable	0 (0.0)	3 (6.0)		
	Most Desirable	0 (0.0)	41 (82.0)		
Response in Active Phase	Undesirable or not desired at all	50 (100.0)	5 (10.0)	81.81	0.001 (S)
	Less desirable	0 (0.0)	3 (6.0)		
	Most Desirable	0 (0.0)	43 (86.0)		
Response in Transient Phase	Undesirable or not desired at all	50 (100.0)	5 (10.0)	81.81	0.001 (S)
	Less desirable	0 (0.0)	3 (6.0)		
	Most Desirable	0 (0.0)	42 (84.0)		

Table 2 n =100

Variable	Experimental (Mean±sd)	Control (Mean±sd)	Diff. (95% CI)	p-value
Response to labour process Score	27.04±5.10	12.24±1.00	13.3-16.2	0.001 (S)

Paired t test was applied for data analysis.

Data presented in Table 1 and Table 2 elucidates that in experimental group the mean±sd score of response to labour process score was found to be 27.04±5.10 while in control group it was found to be 12.24±1.00 respectively. The p value is 0.001 and it was found to be statistically significant at 0.05 level of significance.

Inference: Finding shows that practicing Lamaze technique is effective in improving Primigravid Antenatal women's Response to

labour process and accepts the Hypothesis H1.

Correlation between Response to labour process and Self care capability process was computed by using Pearson's coefficient of correlation and represented by scatter diagram, and table3.

Table 3 n =100

Variable	Experimental Mean ± SD	Control Mean ± SD	Diff(95% CI)	P value
Self care capability process	10.4 ± 0.85	5.4 ± 1.8	4.9(4.4-5.5)	< 0.001
Response to labour process	27.04 ± 5.10	12.24 ± 1.00	14.8(13.3-16.2)	0.001

However there is no correlation between selfcare capability process and Response to labour process.

Inference: Table 4 shows that there is no correlation between Response to labour process and Self care capability process.

Table 4 n=100

Variables	Experimental r (p)	Control r (p)
Self care capability process- Response to labour process.	0.19(0.181)	0.03(0.899)

Hence H₂ is rejected and Null Hypothesis

H₀₂ is accepted.

RECOMMENDATIONS:

1. All Antenatal women attending out patient department should be taught Lamaze technique irrespective of their Gravida.
2. All Nurses working in Maternity Hospitals should be taught Lamaze technique through Planned teaching programme so that they find it easy to teach the same to their patients.
- 3 A similar teaching programme should be implemented for obstetricians and other health personnel dealing with pregnant women.
- 4.This programme should be implemented in Community setting e.g. PHCs and CHCs so that the women from far flung areas attending these centers take the benefit of this programme .

CONCLUSION:

The findings concluded that the instruction modules developed and the Live demonstration by the researcher was found to be effective in improving the coping capabilities of antenatal primigravid women.

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