

Effect of Change in Position and Back Massage on Pain Perception during First Stage of Labor

■ ■ ■ *Suad Abdul-Sattar Khudbur Ali, MSc,**
and *Hamdia Mirkban Ahmed, PhD[†]*

■ ABSTRACT:

Labor is one of the most painful events in a women's life. Frequent change in positions and back massage may be effective in reducing pain during the first stage of labor. The focus of this study was to identify the impact of either change in position or back massage on pain perception during first stage of labor. A quasi-experimental study. Teaching hospital, Kurdistan Region, Iraq, November 2014 to October 2015. Eighty women were interviewed as a study sample when admitted to the labor and delivery area and divided into three groups: 20 women received frequent changes in position (group A), 20 women received back massage (Group B), and 40 women constituted the control group (group C). A structured interview questionnaire to collect background data was completed by the researcher in personal interviews with the mothers. The intervention was performed at three points in each group, and pain perception was measured after each intervention using the Face Pain Scale. The mean rank of the difference in pain scores among the study groups was as follows after the first, second, and third interventions, respectively: group A—52.33, 47.00, 49.2; group B—32.8, 30.28, 30.38; group C—38.44, 42.36, 41.21. There were significant differences between groups A, B, and C after the first, second, and third interventions ($p_1 = .011$, $p_2 = .042$, $p_3 = .024$). Back massage may be a more effective pain management approach than change in position during the first stage of labor.

© 2018 by the American Society for Pain Management Nursing

From the *Midwifery Unit, Erbil General Directorate of Health;
[†]Midwifery Department, College of Nursing, The Center for Research and Education in Women's Health, Hawler Medical University, Erbil City, Kurdistan Region, Iraq.

Address correspondence to Hamdia Mirkban Ahmed, PhD, Midwifery Department, College of Nursing, The Center for Research and Education in Women's Health, Hawler Medical University, 60th Street, Erbil City, Kurdistan Region, Iraq. E-mail: bamdial76@gmail.com

Received November 4, 2016;
Revised January 27, 2018;
Accepted January 29, 2018.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

1524-9042/\$36.00
© 2018 by the American Society for Pain Management Nursing
<https://doi.org/10.1016/j.pmn.2018.01.006>

Labor pain is one of the most severe forms of pain women experience during their lives. It is viewed as a complex physiological phenomenon that encompasses psychological, emotional, spiritual, and physical dimensions (Zahra & Leila, 2013). Continued pain and fear during labor have numerous adverse effects on the physiological status of the mother and fetus (Melender, 2002), and may also increase the need for midwifery interventions including assistive devices and cesarean section. Indeed, labor pain can increase elective cesarean

section; thus, the provision of pain relief in obstetrics and gynecology is of considerable significance (Hajiamini, Masoud, Ebad, Mahboubh, & Matin, 2012).

The management of labor pain is a major goal of intrapartum care. There are two general approaches to pain management: pharmacological and nonpharmacological (Simkin & Klein, 2007). The advantages of nonpharmacologic pain management strategies are their simplicity and relatively easy initiation, the sense of control women feel when they actively manage their pain, the lack of serious side effects, and the fact that they do not generally add additional costs to the birth process (Simkin & O'Hara, 2002). Among the most important tasks for a midwife and nurse who are providing obstetric care is support of women during pregnancy and childbirth and reduction of the intensity of pain or discomfort during labor (London, Ladewig, Ball, & Bindler, 2003).

Various nonpharmacological techniques have been proposed for relief of labor pain, such as massage therapy, change in position, acupuncture, music, warm bath, relaxation, and aromatherapy. These methods are often simple and safe, have few adverse reactions, are relatively inexpensive, and can be used throughout labor (Simkin & Bolding, 2004; Perry, Hockenberry, Lowdermilk, & Wilson, 2014). Nonpharmacological approaches to pain management are intended not only to decrease the physical sensations of pain, but also to prevent suffering by enhancing the psychological, emotional, and spiritual dimensions of care. In this approach, pain is perceived as a side effect of a normal labor. Research studies reveal that nonpharmacological measures such as back massage and frequent changes in position are very effective in reducing labor pain during the first stage of labor, and the use of oil makes massage more pleasant (Gallo et al., 2013; Simkin, 2003; Simkin & Klein, 2007).

In therapeutic massage, the sense of touch is used to promote relaxation and pain relief. Massage works as a form of pain relief by increasing the production of endorphins in the body. Endorphins reduce the transmission of signals between nerve cells and, thus, lower the perception of pain. In addition, massage acts as a distraction from the discomfort. Another nonpharmacological technique is change in position, frequently from sitting to lying, kneeling, or walking, all of which help relieve pain. Changes in position also may help speed labor through the effects of gravity and changes in the shape of the pelvis. Continuing changes in positions frequently facilitate favorable fetal rotation by altering the alignment of the presenting part with the pelvis. As the mother continues to change positions based on comfort, the optimal presentation is achieved (Ricci, 2013).

It is worth mentioning that antenatal care in Iraq comprises four visits during which vaccinations are administered, laboratory tests are performed, and checking blood pressure is checked. Prenatal education is very limited. There are no childbirth classes for mothers during pregnancy or professional health care providers (midwives or nurses) trained to deliver maternal education. As pregnant women in Iraq are not educated in the primary health care system on the availability of pain management during labor and delivery, they are not offered pharmacological interventions. The lack of these interventions for pain management allowed for a clearer interpretation of the nonpharmacological interventions in this study.

Iraqi public maternity hospitals do not implement nonpharmacological therapy to reduce pain and discomfort during labor, nor do they offer pharmacological therapy. Most patients have no opportunity to receive any analgesic medications, and few receive only pharmacological analgesia with tramadol or meperidine. There are no antenatal teaching or childbirth classes in Maternal and Child Health (MCH) units of Iraqi primary health care centers, so pregnant women are not familiar with pain management approaches during labor and delivery. In addition, our women consider pain during labor to be an inevitable component of the labor process. We became interested in examining the effects of back massage and/or change in position on pain perception during the first stage of labor among Kurdish women. The present study was aimed at determining and comparing the effectiveness of change in position and back massage on pain perception during first stage of labor, as compared with the usual care of patients.

METHODS

A quasi-experimental study was conducted in the delivery unit of a teaching hospital in the Kurdistan Region, Iraq, during the period 2014-2015. A convenient, non-probability sampling method was used to select 80 mothers who were then divided into three groups: two study groups each with 20 women, and a control group of 40 women. Group A (study group) received changes in position. Group B (study group) women received back massage. Group C (control group) women received standard care by the staff of the hospital. The rights and confidentiality of the respondents were respected in all phases of the study. During the verbal informed consent process, the type and purpose of the study, discussion, issues of confidentiality, voluntary participation, and free will of withdrawal from the study were explained, and the women were

Download English Version:

<https://daneshyari.com/en/article/8578792>

Download Persian Version:

<https://daneshyari.com/article/8578792>

[Daneshyari.com](https://daneshyari.com)