Evaluation of the Effect of a Certain Intervention on First-Time Moms' Back Pain and Certain Foetal and Maternal Variables

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Introduction

Women sometimes fear giving birth because labour is so painful. Some have even called it "the greatest misery conceivable." The reasoning for efforts to alleviate labour pain is based on the assumption that negative emotions like pain contribute to its perpetuation. Both mother and child are at risk when pregnant women turn to medicines for pain management. Massage therapy is one of the most effective methods because of its positive effects on both the mother and the baby during labour. A partner or member of the birthing team may help you relax and cope with the pain of contractions by giving you an aromatherapy massage. The oils aid the skin in sliding more easily against itself, and they also have medical uses. Women who have received skilled massage during giving birth have found it to be beneficial and relaxing. The agony of labour is something almost every pregnant woman knows all too well. Since the dawn of time, people have argued about the best methods for relieving the agony that women feel during delivery. These days, most pregnant women may get pharmacological help for labour pains. It is possible to safely deliver non-pharmacologic pain management modalities, such as those used in nursing practise, during the early stages of labour. When it comes to non-invasive treatments for labour, massage is right up there with the pharmacological choices. Pain relief, relaxation, spasm relief, and anxiety reduction are all possible benefits. A massage may be quite soothing for a woman who is having back pain.

One of the essential oils diffused during labour is jasmine oil. The pain and spasms associated with labour may be alleviated and the power of contractions can be increased by using the essential oil of jasmine blossoms. Jasmine, clary sage, rose, and lavender essential oils, among others, have been used in massages of the lower back to ease labour pains. By doing so, endorphins, the body's natural analgesics and mood boosters, are produced. Massage is recommended by labour and delivery specialists because it eases labour pains, shortens the duration of labour, and minimises the probability of postpartum depression.

Methodology

This study used a quasi-experimental design [with pre- and post-tests, as well as a comparison group]. Research was conducted using an evaluation strategy, and the study was conducted in the Gonda Government Hospital. For this study, we relied extensively on the theoretical framework established by Wiedenbach's (2001) "helping art of clinical nursing" (11970). Only 200 first-time mothers were able to be included in the analysis. Each group's samples were chosen with the intention of minimising learning curves for new users. The quality of the Jasmine oil back massage was rated on a satisfaction scale, the severity of low back pain was measured on a visual analogue scale, and the foetal and maternal features were graded. Simple random sampling was used to choose 200 samples, 100 of which were placed in each of the experimental and control groups. Specimens for each set were collected on different days. Every day, five samples would be selected at random for use in the study. The study's primary investigator made short introductions to the mothers. Low back discomfort and fetomaternal features were scored using a visual analogue scale and a grading system, respectively, during the pre-test for both the treatment and control groups, respectively. Over the course of three hours, twenty millilitres of jasmine oil were administered topically to the back three times every hour. We gave a post-test after a 20-minute jasmine oil massage. First-time mothers in the control group received the usual medical care at the hospital and took the second screening one hour after the first. Participants in the control group were given a back massage with jasmine oil before the post-test, and the results were compared to those of the experimental group. Descriptive and inferential statistics were used to analyse and tabulate the data.

Conclusion and analysis

The results showed that the vast majority of first-time mothers (80%) were young adults (18-25), while just a small percentage were in their late twenties or early thirties. About 80% of the mothers in the control group were younger than 25, and just 13% were 26 or older when they gave birth. In the control group, 70% of mothers had some college education, 10% were functionally illiterate, 10% had acquired college degrees, and 9% had just finished elementary school. When compared to mothers in the treatment group, those in the control group had lower levels of education overall (55% primary, 15% secondary, 16% illiterate, and 14%). Whereas only 40% of moms in the intervention group were urban dwellers, 60% of those in the control group

were. Compared to the moms in the experimental group, those in the control group were more likely to live in the suburbs or the countryside (45%) than in the cities (55%). Of the mothers in the control group, 62% were from nuclear families and 38% were from joint families, suggesting that nuclear families are more common among the primitive women. Among the comparison group, primiparous women were more likely to have been reared in nuclear households (55%) than in joint families (45%).

In the control group, 70% of mothers were making more than Rs 10,000 per month, while 15% were making between Rs 5,000 and Rs 100,000 and 15% were making less than Rs 5,000. In the control group, 35% of the women had yearly earnings of more than Rs. 10000, 35% of the women had annual incomes between Rs. 5000 and Rs. 10000, and 5% of the women had annual incomes of less than Rs. 5000. All treatment and control groups consisted mostly of Hindu women who were primiparous. Sixty-two percent and fifty-five percent, respectively, of the test and control groups identified as Hindu. Compared to the control group (18%) and the general population (15%), mothers in the treatment group were less likely to identify as Christians (20%) or Buddhists (15%).

Among first-time mothers, over half (48%) reported having severe low back pain before and throughout pregnancy, with a further 44% indicating they experienced moderate pain levels. 83% of first-time mothers reported substantial low back discomfort after the test, with 31% expressing severe pain. In the experimental group, 89 percent of samples had normal foetal heart rate ranges throughout both the pre- and post-test periods, as determined by fetomaternal measures. Ninety-seven percent of the samples had normal uterine contraction duration before delivery, and seventy-five percent of primigravidae had normal uterine contraction duration after delivery. Additionally, all of the mothers had normal systolic blood pressure, diastolic blood pressure, and uterine contraction frequency before and after delivery.

The majority of primigravidae (76%) and the majority of primigravidae (22%), respectively, reported moderate levels of low back pain before the post test, whereas the majority of primigravidae (68% and 68%) suffered severe levels of low back pain after the post test. In the control group, all of the samples showed normal foetal heart rate ranges between the pre- and post-test values. Before and after the test, all of the mothers' systolic and diastolic blood pressure, as well as the frequency and duration of their uterine contractions, were within normal ranges. With a mean posttest score of 7 (SD0.65) lower than a mean pretest score of 11 (SD3.1) and a paired "t" value of 12.93 (table value = 4.53) at the p0.05 level of significance, the data showed a significant difference in the level of low back pain between the pretest and posttest in the experimental group. Similar findings were obtained in a study conducted by Ram Seva in Bangalore on the benefits of jasmine oil massage therapy for the relief of low back pain experienced by mothers in the initial stage of labour (Ram Seva, 2019). The findings revealed that low back pain decreased significantly between the pre and post tests, with the post test mean score of 7.13 (SD + 0.50) being lower than the pre test mean score of 7.79 (SD + 0.56) (paired t-value = 14.12).

CONCLUSION

It's common knowledge that labour is a painful event for pregnant women. It might be difficult for nurses to know how to effectively help a patient experiencing pain during labour. Recent studies conducted at a public hospital in Gonda, India, examined the effect of jasmine oil massage on lumbar pain and other fetal-maternal markers. The results revealed that compared to the control group, primigravidae whose backs were massaged with olive oil had less low back pain and longer uterine contractions. The author of the research stated that standardised tools for evaluating low back pain are essential, and that pregnant women who have low back pain in the early stages of labour may benefit from a non-pharmacological method such as olive oil back massage.

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