

ASSESS THE KNOWLEDGE REGARDING SELECTED NON-PHARMACOLOGICAL INTERVENTIONS AMONG PREGNANT WOMEN

ABSTRACT

Comfort measures that provide natural pain relief can be very effective during labor and childbirth. The aim of the present study was to assess the knowledge on selected non pharmacological interventions among pregnant women in selected hospitals of Bhopal. The research design selected for this study was descriptive in nature. The target population for this study was pregnant women and the method of sampling was purposive sampling. The sample size was 50. A self structured questionnaire was used to assess the knowledge and the study findings revealed that knowledge of pregnant women regarding non pharmacological interventions was inadequate.

Keywords: Non pharmacological interventions, Knowledge, Pregnant women

Introduction

Non-pharmacological therapies have the potential to reduce labour pain while causing little or no harm to the mother, foetus, or labour progress. They are also easy and cost-effective. [1] For the treatment of labour pain, a variety of pharmacological and non-pharmacological methods are available. [2] Hydrotherapy, hypnobirthing, rhythmic breathing, relaxation, and visualization are all birthing techniques that enhance the generation of endogenous endorphins, which attach to pain receptors in the brain and provide pain relief. [3]

Non-pharmacological therapies have the potential to reduce labour pain while causing little or no harm to the mother, foetus, or labour progress, and are straightforward and cost-effective [4]. Pain in labour is a nearly universal experience for child bearing women and it can be intense with tension, anxiety and fear making it worse. It is however experienced differently by mothers giving birth. The majority of women though need some sort of pain relief drugs during childbirth, but safety of the child takes the first priority [5]. The alleviation of pain is important commonly it is not the amount of pain a woman experiences, but whether she meets her goals for herself in coping with the pain that influences her perception of the birth experience as “good” or “bad”. The observant nurse looks for cues to identify the women’s desired level of control in the management of pain and goes into the development method of pain control that brings effective relief for the mother without harm to the child. The perfect solution is yet to be found therefore at times the safety of the child must taken precedence over the comfort of the mother [6]. Many women would like to have labour without using

drugs and find alternative methods to manage the pain. These methods include acupuncture, breathing technique, massage therapy, music, and warm compress. Labour pain and methods to relieve it are concerns of childbearing women and families. Approximately 4 million women and families annually in the United States alone are undergoing this problem. The subject of labour pain is relatively neglected in the health and medical literature. National data is unavailable to describe both childbearing women's access to and use of drug free pain relief measures in the United States which appears to be quite limited and far from commensurate with this universal relevance [7-11].

Need of the Study

Natural child birth is a beautiful experience with many safe options and benefits. Women usually dream of a perfect birth. One unique aspect of childbirth is the association of physiologic process with pain and discomforts requiring appropriate pain management. Intervention of pain and discomfort during labour and childbirth is a major part of modern obstetric care of labouring women. Many women would like to avoid pharmacological or invasive method of pain management in labour and this may contribute towards the popularity of complementary methods of pain management. One of such complimentary approach is the non-pharmacological method used in labour. The World Health Organization lists non-invasive, non-pharmacological treatments as a category. A classification "Practices that are demonstrably useful and should be encouraged." Specifically, the WHO classifies massage and relaxation techniques as category A. Although music therapy is not expressly listed in the WHO classification of practices in normal birth, it certainly serves as a noninvasive and often relaxing treatment during labor. Other non-pharmacological interventions such as herbs, immersion in water, and nerve stimulation are practices for which insufficient evidence exists to support a clear recommendation.

Problem Statement

Assess the knowledge regarding selected non-pharmacological interventions among pregnant women in selected hospitals at Bhopal, (M.P.).

Objectives of the study

To assess the knowledge of pregnant women regarding selected non-pharmacological interventions.

To associate their knowledge with selected demographic variables.

Hypothesis

There will be a significant association between knowledge of pregnant women regarding selected non-pharmacological interventions with their selected demographic variables.

Operational Definition

Knowledge: - Knowledge refers to the verbal responses of the pregnant women regarding selected non-pharmacological interventions as assessed by a structured questionnaire.

Pregnant women: - Women under the period from conception to birth.

Non-pharmacological interventions: - Any type of health intervention which is not primarily based on medication.

Assumptions

1. Pregnant women will have some knowledge regarding breathing exercises.
2. Demographic variables may or may not influence the knowledge of pregnant women.

Methodology

This study was conducted using a descriptive research design.

Setting

RKDF Medical College Hospital & Research Center, Bhopal, (M.P.).

Population

Pregnant women who were attending antenatal OPD's of the hospital at the time data collection.

Sampling

Purposive sampling was used to collect data.

Sample size

The sample size was 50.

Criteria for Sample Selection

Inclusion Criteria

- The pregnant women who were willing to participate
- The pregnant women who were present at the time of data collection.

Exclusion Criteria

- The pregnant women who were not willing to participate.

Description of the Instrument

A self-structured questionnaire was used to conduct the study. The tool consisted of:

Part I- Demographic variables such as age, education, occupation, area.

Part-II- Consisted of a self structured questionnaire to assess the knowledge on selected non-pharmacological interventions which consisted of 30 multiple choice questions.

Scoring

Each question had four options from which the sample had to choose one correct answer. The

right answer was scored as one and the wrong option was scored as zero.

The scoring was interpreted as below:

- Adequate knowledge 76% - 100%
- Moderate knowledge 51% - 75%
- Inadequate knowledge 0% - 50%

The data was collected over the course of a week. The authorization of the Hospital administration was secured prior to the start of the study. The investigator developed rapport with the study respondents, explaining the goal of the interview and obtaining informed consent before collecting data.

Women's knowledge and demographic factors were studied using descriptive measures. Using inferential methods, the relationship between knowledge and selected demographic factors of pregnant women was investigated. The level of significant used was 0.05%.

Data analysis and interpretation

Table 1 reflects the demographic variables of women such as age, education, occupation, income, area. The samples were eventually divided into the following age groups: 20-30 years 56 %, 31-40 years 40 %, and more than 41 years 4 %. In terms of education, 24 % had completed 10th grade, 42 % had completed 12th grade, 18 % had completed graduate school, 14 % had completed postgraduate school, and 2 % were illiterate. In terms of occupation, 36 % worked in the private sector, 14 % in government, 10 % in self-government, and 40 % were housewives. In terms of where they lived, 64 % came from a rural area and 36 % from an urban area.

Table 1: Distribution of samples by demographic variable N=50		
Demographic data	Frequency	Percentage
Age (In Years)		
20-30 years	28	56
31-40 years	20	40
More than 41 years	02	04
Educational Qualification		
10 th	12	24
12 th	21	42
Graduate	09	18
Post Graduate	07	14
Illiterate	01	02

Occupational Status		
Private Sector	18	36
Government Sector	07	14
Self-Government Sector	05	10
Housewife	20	40
Area of Living		
Rural	32	64
Urban	18	36

Distribution of pregnant women by knowledge level

Table 2 shows that there was no significant relationship between knowledge and some demographic characteristics including age, education, occupation, or location. There was a strong link between knowledge and age and educational attainment.

Table 2: Distribution of Pregnant women by knowledge score N=50		
Knowledge level	Number	Percentage
Adequate (76-100%)	05	10
Moderate (51-75%)	25	50
Inadequate (0-5%)	20	40

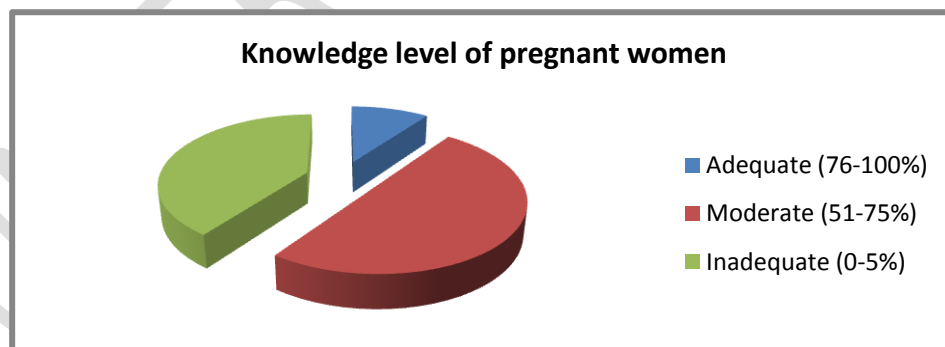


Fig. 1: Pie diagram showing distribution of pregnant women by knowledge score

Conclusion

The awareness of non-pharmacological therapies among pregnant women was insufficient. It is essential to arrange community-based gatherings to educate pregnant women about non-pharmacological interventions.

IMPLICATIONS

Nursing practice

The findings of the study will assist pregnant women with non-pharmacological therapies, which they can use during labour to improve mother and foetal outcomes.

Nursing education

The student nurses may be inspired to teach the women about non-pharmacological interventions.

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