Effect of Supportive Measures for Companionship on Parturient Women Satisfaction and Labor Outcome

Thesis

Submitted for Partial Fulfillment of the
Doctorate Degree in Nursing Sciences
(Maternal and Neonatal Nursing)

BY

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LIST OF CONTENTS

List of Tables Title

List of Abbreviations

IASP : The International Association for the Study of Pain .

T10: Thoracic 10.

L1: Lumbar 1.

S2: Sacral 2.

RAS : Reticular Activating System .

JCAHO: Joint Commission Accreditation Health Organization.

Etc., Etcetera.

WHO: World Health Organization.

NCCWCH: National Collaborating Centre for Women's and Children's Health.

TENS : Transcutaneous Electrical Nerve Stimulation .

CNPI : Check List of Nonverbal Pain Indicators.

NICE: National Institute for Clinical Excellence.

FHR: Fetal Heart Rate.

PO_2: Partial Pressure of Oxygen.

VAS: Visual Analog Scale

NRS: Numerical Rating Scale.

APGAR : Appearance, Pulse, Grimace, Activity, Respiration.

SPSS: Statistical Package for Social Science.

Abstract

The aim of this study is to evaluate the effect of supportive measures by trained companionship on parturient women satisfaction and labor outcome. **The hypothesis** of the study is the supportive measures will increase parturient women satisfaction and improve labor outcome. **An intervention study design** was conducted at first in outpatient clinic during the last month of pregnancy then at labor unit of Ain Shams Maternity University Hospital during the period from January 2011 to September 2011.**The sample size** involved 104 companionship attended with 104 parturient women who were randomly selected during the last month of pregnancy. **The criteria of the sample** included primipara, normal pregnancy without medical and obstetrical complication, normal fetal position, full term, single fetus, vaginal delivery, early first stage of labor on admission and healthy, educated trained female companionship. **Tool**s of data collection include Semi Structured Interviewing Questionnaire, Numerical Rating Scale, Checklist, Apgar Score Checklist, Modified Mackey Childbirth Satisfaction Rating Scale (***Mackey Scale)***. **Results** of the study revealed that there was a significant improvement in knowledge regarding supportive measures during labor and expert in providing supportive measure during labor among trained companionship. Also, companionship preparation was positively associated with significant effect in reducing the severity of labor pain, vocalization, and positive association between labor progress, neonatal outcome, increase satisfaction and childbirth experience. **Recommendation** of the study includes designing guideline about supportive measures during labor to be implemented and distributed among all health team members in Ministry of Health Maternity health facilities and companionship to avoid potential harm to laboring mother.

Key words: Parturient women, Companionship, Satisfaction and Labor Outcome

INTRODUCTION

Introduction

Childbirth can be a joyful and a significant event in women's life and their families. However, it is a painful and stressful situation. It is considered a multi-dimensional experience. Labor and birth include intense physical, emotional, psychological, developmental, social, cultural and spiritual elements which may be critical to an individual woman's experience of this major life event ***(Yuenyong, et al, 2008 and Khresheh, 2010).***

Labor is a time of change, both an ending and a beginning, for a woman, fetus and her family. Labor describe as series of events by which uterine contractions and abdominal pressure expel the uterine content from a woman's body. Regular contractions cause progressive dilatation and create sufficient muscular force to allow the baby to be pushed from the birth canal ***(Pillitteri, 2010).***

Pain in general is a major health problem, recently pain is considered the fifth vital sign. Also, it is a universal human experience, the strongest motivator for an individual to seek medical care, and one of the body's most important protective mechanisms. Pain alters the quality of life more than any other health-related problem, interfering with sleep, mobility, thought, emotional well-being, sexual activity, and creativity. Yet, pain is one of the least understood, most under-treated, and often discounted problems faced by healthcare providers. For these reasons, it changes all caregivers to manage pain more consistently and effectively and to support research to improve pain management for everyone ***(Jackson, 2003 and Mary, 2010).***

Modern medicine is addicting to the technology in clinical interventions at the cost of ignoring the therapeutic benefits of emotional and social support. By doing this, the birthing woman is treated as an unreliable machine, likely to

require mechanical intervention in order to achieve its purpose rather than human being following physiological process ***(Goldberg, 2001 and El- Nemer, 2003)***. Consequently, childbirth has moved from the private arena into the public domain, for the safety of mothers and babies. Which may has adverse effects on the progress of labor ***(Downe and McCormick and Beech, 2001)***. So supportive care during labor plays an important role in moving back to the private arena of childbirth and to the positive role of women during labor (***El-Nemer, 2003).*** In addition to companionship during labor has been shown to be one of the most beneficial practices in maternity care ***(Hodnett et al, 2007 and Shaban et al, 2011)***. It involves emotional support, comfort measures, information and advocacy, reassure, encouragement, therapeutic touch, gentle assistance during moving and changing positions in labor and telling what's happening and giving feedback about the labor progress ***(El- Nemer, 2003)***. These measures may enhance physiologic labor processes as well as women's feelings of control and competence, and thus reduce the need for obstetric intervention and help in fulfilling the wishes of safety for mother and babies ***(Hodnett et al, 2011).***

Many trails proven that social support is an important function for health care providers and one of the strategies employed to facilitate labor and birth by reducing many forms of medical intervention, such as cesarean delivery, use of analgesia, anesthesia, vacuum extraction and forceps delivery. Also, it improves mother-infant bonding, breast-feeding rates, and increase maternal satisfaction with the birthing process ***(Chunuan et al, 2009).***

The quality of care that both mother and newborn receive during pregnancy, at delivery, and in the early postnatal period is essential for ensuring women remain healthy and children get a strong start. So many stillbirths and newborn deaths could be averted if more women were in good health, well-nourished,

and received quality care during pregnancy, labor and delivery, and if both mother and newborn received appropriate supportive care during post- partum period ***(Sines et al, 2006).***

The ideal management of labor and delivery requires two potentially opposing viewpoints on the part of clinicians; first birthing should be recognized as a normal physiological process that most women experience without complications. Second, intrapartum complications, often arising quickly and unexpectedly, should be anticipated ***(Cunningham, 2010).***

Nurses are in an ideal position to provide childbearing women with balanced, clear, concise information about effective non-pharmacologic and pharmacologic measures to relieve pain. Pain management standards issued by JCAHO mandate that pain be assessed in all clients admitted to a health care setting. Thus, it is important for nurses to be knowledgeable about the most recent scientific research on labor pain relief modalities, to make sure that accurate and unbiased information about effective pain relief measures is available for parturient women, to be sure that the woman determines what is an acceptable labor pain level for her, and to allow the woman the for informed choice of pain relief method ***(Scott, 2009).***

Non-pharmacologic measures may include continuous labor support, hydrotherapy, ambulation and position changes, acupuncture and acupressure, attention focusing and imagery, therapeutic touch and massage, breathing techniques, and effleurage. Most of these methods are based on the "gate control" theory of pain, which proposes that local physical stimulation can interfere with pain stimuli by closing a hypothetical gate in the spinal cord, thus blocking pain signals from reaching the brain ***(Areson and Drake, 2007).***

Significance of the problem:

Of the thousands of available drugs, relatively few have been shown to adversely affect the fetus. Thus, a potential maternal fetal conflict brings to light the need to identify drugs that can effectively treat the mother without adversely affecting the fetus. Moreover, these medications are financially costly ***(Akerman and Dresner 2009)***.

Because of infection control procedures as well as lack of privacy and the work case load in hospitals and most of health care facilities, it preferable that, the women to get birth alone and discouraging the presence of family members inside the delivery ward. Unfortunately, shortage of nursing staff usually prevents one to one nursing care staying with a laboring woman throughout labor and delivery. So mothers who are delivering in such hospitals can benefit greatly from family companionship during their labor and delivery. At Ain Shams Maternity University Hospital, companionship not permitted to attend labor unit for providing support to the mother during labor.

For these above reasons, the study of the effect of trained companionship regarding supportive measures to parturient woman on labor outcome and maternal satisfaction gets its importance.

AIM OF THE STUDY

AIM OF THE STUDY

The aim of this study is to evaluate the effect of supportive measures by trained companionship on parturient women satisfaction and labor outcome.

Hypothesis:

- The supportive measures will increase parturient women satisfaction and improve labor outcome.

REVIEW OF LITERATURE