Effect of First Degree Relatives Presence During the Latent Phase of Labour on Labour Outcome

Thesis

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CONTENT

List of Abbreviations

ACOG	: American College of Obstetricians and Gynecologists
AM	: Ante Perdium
AMJ	: American Medical Journal
AWHONN	: Association of Women's Health, Obstetric and Neonatal Nurses
CAS	: Catecholamine
CBC	: Complete Blood Count
CD	: Cervical Dilation
CEMAH	: Confidential Enquiry into Maternal and Child Health
FHR	: Fetal Heart Rate
AJCOG	: American journal College of Gynecology
HS	: Highly Significant
JNURSSCI	: Journal Nurse Science
JOGNN	: Journal of Gynecology Neonatal Nursing
LPN	: Licensed Practical Nurse
Med J	: Medicine Journal
NS	: No Significant
PC	: Personal Computer
Pm	: Post Perdium
RN	: Registered Nurse
S	: Significant
SD	: Standard Deviation
SVD	: Spontaneous Vaginal Delivery
UC	: Uterine Contraction
US	: United States
WBC	: White Blood Cells
WHO	: World Health Organization

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ABSTRACT

The aim of the present study was to evaluate effect of first degree relatives presence during the latent phase of labour on labour outcome.this study utilized a descriptive and comparative design conducted at labour department in El Fayoum general hospital. The sample was a purposeful selective sample, it consisted of one hundred and fifty parturient women study included six tools; first tool include an interviewing questionnaire sheet designed to collect data related to, General characteristics of both parturient women and their support persons, second tool include partogram sheet to assess Progress of labour, and labour outcome for both maternal and fetal condition, and. Third tool include Visual Analogue Scale fourth tool include Anxiety Scale fifth tool include Likert scale (Parturient Woman's Satisfaction Scale) sixth tool include Apgar score at 1^{st} and 5^{th} minute to assess neonatal condition . The results of the present study revealed that, the severity of both pain and anxiety levels were lower in study group as compared to control group the progress of labor occur more rapidly in study group compared to control group Oxytocin use, and forceps deliveries were lower in the study group. Neonatal in the study group had more normal Apgar scores in the first minute compared to those of the control group. There are strong relationships between degree of satisfaction of parturient woman and age, occupation and educational level of support person and their degree of satisfaction and degree of relativity of support person. There is a negative correlation between degree of parturient woman's pain and degree of satisfaction of support person. The level of anxiety was significantly lower for woman with high degree of satisfaction with the presence of support person.

The study concluded that, continuous support in primipararous women enhances maternal and fetal well being, reduce medical intervention, lower maternal fears, stress and anxiety associated with labour in unfamiliar environment (hospital), which improve the progress of labour (uterine contraction, cervical

dilation and effacement), reduce instrument delivery, improve fetal and neonatal condition (improve neonatal Apgar scoring) reduce prenatal complications, reduce duration of labour.. The study recommended further researches focused, on the importance of presence of supportive companion allover the process of labour.

Key Words:

Female relatives, labour outcome, labour pain, degree of Anxiety, progress of labour, degree of satisfaction.

Introduction

Definition:

Labour and birth are enormous emotional and physiological accomplishments not only for a woman but for her support person as well, for this reason, support person should be treated with respect and should be included in all phases of the process whenever possible. Particularly during the late active phase, there is a need for human contact some one to hold on to during the severe contractions ***(McCloskey and Bulecheck, 2006)***.

These women stayed through labour providing physical comfort, emotional reassurance, and information, essentially labour support professionals called doulas; Greek for "woman who serves" are trained to provide the comfort and care women need during labour. They offer comfort measures such as cool cloths, massage, and handholding. They give emotional support including reassurance, encouragement, honest and praise. They can suggest ways to improve progress or ease discomfort. They can explain what is happening or interpret what hospital staff has said. They can also help the woman communicate her needs to hospital staff and support decisions that the woman and her support person have made. A doula can help to protect privacy and create an intimate atmosphere in a busy, institutional setting. They stay with the mother until an hour or so after the birth to help get breast feeding started ***(Hodnett et al., 2007).***

There is ample evidence that social support reduces the harmful effect of stress on physical and psychological well being ***(Scheepers et al., 2007).*** Support for women during labour and delivery may derive from four sources as; trained labour support specialist as support specialist labour assistance, the women partner, clinical care giver as a nurse, midwife or doctor and invited relative or friend ***(Campbell et al., 2006).***

Types of labour support include four types: emotional support, comfort measures, informational advice and advocacy. Emotional support, which includes companionship, words of affirmation, eye contact reassurance, praise, attention focusing, visualization and distraction. Comfort measures, which includes: reassuring touch, hydrotherapy (bath or shower), massage, holding, helping with personnel hygiene application of heat and cold compresses, assisting with ambulation, giving ice chips and helping with positioning. Informational advice which includes: providing information, support the husband and partner, providing an opportunity for respite, interpreting medical jargon, coaching in breathing and relaxation techniques, encouragement and praise and role modeling. Advocacy, which includes supporting the woman's decision, and interpreting the woman's wishes to others the support of loving people to the woman has great benefit to her ***(Tucker, 2006).***

The impact of continuous labour support is obvious in the most recent and largest reviews when compared to women who did not receive continuous support, those who received continuous labour support. ***(Hodnett et al. 2007)*** found that 26% less likely to give birth by cesarean section, 41% less likely to give birth with vacuum extraction or forceps, also 28% less likely to use any pain medications and 33% less likely to be dissatisfied with or negatively rate their experience.

There are several other factors that are seen to make a difference. Benefits of continuous labour support appear to be greater when the women receive it as: Beginning earlier rather in labour and in setting that do not allow them to bring companion of choice (versus setting where epidural is routine) ***(Hodnett et al., 2007); (Hodnett et al., 2006).*** These patterns suggest that the more labour support a woman receives and the better its quality, the greater is its favorable impact.

According to ***Cherine et al., (2007)*** factors that make the greatest contribution to women's satisfaction in child birth include: having good support from caregiver, having a high quality relationship with caregivers and being involved in decision making about care.

In most governmental hospitals in Egypt, studies found

that provision of caregiver support during labour and delivery is not universal and the majority of women delivering in these hospitals are not given a choice of a companion during labour or during delivery. There is inadequate numbers of health provides and women's preference for not labouring alone. Other practices known to be ineffective or harmful are routine episiotomy for primiparas and delivering in lithotomy position ***(Abouzhar and Wardlow, 2007).*** There is a gap of knowledge about psychosocial support during labour, lack of continuous caregiver support, lack of companion in labour and delivery, little skin to skin contact between mother and her neonates. There is overcrowding of hospitals, high workload and limited resources ***(Egypt, Ministry of Health and Population, 2007).***

Birth is a life changing event and the care given to women during labour has the potential to affect them both physically and emotionally in the short and long term ***(Jacklin and Paul, 2006)*** Labour support is one of the most important intrapartum nursing functions, with measurable effects on the outcomes of labour and birth. Supportive activities fall within five categories: emotional support, comfort measure, advocacy, supporting the husband/ partner, and information/ advice. Labour support is a repertoire of techniques the nurse can use to help women during one of the most memorable and personally challenging experiences of their lives ***(Enkin et al., 2006)***.

The labouring and birthing process is a life changing event for many women. Nurses need to be respectful, available, encouraging, supportive, and professional in dealing with all women. The nursing management for labour and birth should include comfort measures, emotional support, information and instruction, advocacy, and support for the partner ***(Simkin, 2007).***

The nurse must support natural physical process, promote a meaningful experience for the family, and be alert for complications. Nursing care management focuses on assessment and support of the woman and her significant others, throughout labour and birth, with the goal of ensuring the best possible outcome for all involved ***(Williams and Wilkins, 2007).***