

***EFFECT OF SECOND STAGE PERINEAL
MASAGE ON LABOR PROGRESS AND
OUT COME***

**Proposal submitted for partial
fulfillment of the doctorate degree**

In
Maternal New born Nursing

By
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Under Supervision
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بسم الله الرحمن الرحيم

(وقل رب زدنى علما)

صدق الله العظيم

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DEDICATION

**TO MY PARENTS
WHO HELPED ME TO GROW
SENSITIVE TO THE NEEDS
OF THE PEOPLE AROUND ME**

TO MY BRATHERS

&

MY LOVELY CHILDREN

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Abstract

The aim of this study was to evaluate the effect of second stage perineal massage upon labor progress and perineal outcome. A Quasi-Experimental study was done at the labor ward of El Minia University Hospital. Eight hundred women were included and divided into 2 equal groups , one performing perineal massage during second stage of labor and the other receive routine hospital care .

Tools used for data collection were., interviewing sheet. Partograph, visual analogue scale , Apgar scoring results . The results showed that intact perineum increased among the study group (60.8%) compared to (30.0%) in the control group. Also the second and third degrees tears were less among the study group (13.4%, and 1.0%) respectively compared to (27.8%, and 11.1%) in the control group.

The episiotomy rate was (11.3%) in the study group compared to (15%) in the control group. The study concluded that perineal massage was effective in reducing perineal trauma and giving better labor progress, and perineal outcome. According to the findings the researcher suggested demonstrating of perineal massage during labor, in order to improve out come during labor . Also further researchs in larger population to have generalizable results .

Introduction

Labor is normal process , when it occurs near term, is completed in 24 hours, a single fetus is in vertex presentation , and no complications occur. The course of normal labor consists of progressive uterine contraction, effacement and dilation of the cervix, and descent of the fetus. Second – stage labor begins with complete cervical dilation and ends with the expulsion of the fetus . During second stage, the presenting part presses on the stretch receptors of the pelvic floor. This stimulates the pushing reflex and causes the release of Oxytocin from the posterior pituitary, which provokes stronger uterine contraction. **(Grabowski and Tortora, 2000).**

Labor is considered a stressful time for every laboring mother. Women during labor are exposed to a series of labor discomfort such as perineal pain, fatigue, nausea, and discomfort position. Furthermore psychological variables such as fear and anxiety can influence the degree of perineal pain and the women's ability to cope with it. **(May & Elton, 1998).** Medical team with the potential benefits of improved labor progress, reduction in use of the harmful medications effects, patient satisfaction , and lower costs can initiate many simple, effective, method's to relieve labor perineal pain .and diminishing the rate of episiotomy.

McNiven, Williams, Hodnett, Kaufman, and Hannah, (2000) found out that early labor assessment has potential to reduce the number of women receiving Oxytocin for augmentation of the rate of episiotomy ,cesarean section labor, the duration of the active phase and second stage of labor, and improve women's evaluation of their labor and birth experiences.

Perineal massage during labor is a major part of modern obstetric care .During the late 19th and 20th centuries the

goals of perineal massage prompted many women to seek the physicians services for childbirth (**Rollant, Hamlin, and piotrowski, 2001**).

Although Perineal massage is accepted as a common part of the experience of labor and birth, the wide range of its expression is well known to experienced clinicians. There are characteristics of perineal massage such as its individuality, subjectivity, and intensely personal nature, That is why a nurse who cares for laboring women must learn to sensitively understand, assess, and intervene for perineal massage according to the individual woman's need and desires .(**Lowe , 1996**)

Stamp, Kruzins, and Crowther (2001), studied the effect of perineal massage on the intensity of labor perineal pain ,perineal laceration, perineal tear and episiotomy rate during labor. Stretching and massaging of the perineum during the second stage of labor has been promoted as a means of relaxing the perineum and possibly preventing tearing and the need for episiotomy. Perineal trauma during and after childbirth is associated with short and long term morbidity for women that can result in urinary and faecal incontinence, painful intercourse, and persistent perineal pain. (**Johanson, 2000**). These problems are less likely to occur in women whose perineum remains intact, the achievement of which has long been highly regarded. Perineal trauma, particularly from routine episiotomy, is painful, often considered unnecessary, and impact woman's sexuality and self esteem (**Carolli, & Belizan , 2001**).

Keenan (2000) showed that perineal massage during labor resulted in reduction in the duration of labor, the use of pain relief medications, operative vaginal delivery . Other studies found a reduction in caesarian deliveries rate .

List of Abbreviations

UCS ***Uterine contraction stress***

WHO ***World Health organization***

VAS ***Visual analog Scales***

VDS ***Verbal descriptor scales***

BSI ***Body Substance isolation***

F.H.R ***Fetal heart rate***

EDB ***Expected date of birth***

NPO ***Nothing per mouth***

WBC ***White blood cell***

CPD ***Cephalopelvic disproportion***

ROM ***Rupture of membrane***

Introduction

Aim of the study

