

Assessment of Women’s Satisfaction with Childbirth Experience after Utilization of Pain Management Practices at Al-Elwyia Maternity Teaching Hospital

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Abstract

A quasi-experimental study conducted on non-probability of (30) women whom admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain for the period of (4th July 2018 through 24th October 2018). The results show that the highest percentages of non-pharmacological method used was frankincense oil, and related to women perception of labor pain they are assessed high as general, and they are accounted 24(96.0%). The study concluded that women’s satisfaction with childbirth experience after utilization pain management practice’s items showed good status, since highly evaluation was obtained, and that reflected the positive site of effectiveness for the intervention which were applicable indeed. So that construction continuous education program about non-pharmacological pain management practices to all midwife working in delivery room and department of maternity is need.

Keywords: *Assessment, satisfaction, childbirth, Pain Management.*

Introduction

Childbirth is an important life event in women’s life, and it is a multifaceted experience. The mother’s satisfaction during the birthing process is the most frequently reported indicator in the evaluation of the quality of maternity services. A positive birth experience is associated with an increased mother-child bond, maternal abilities, and contributes to her sense of accomplishment and self-esteem ⁽¹⁾.

Methodology

A quasi-experimental study design was conducted on purposive sample, of (30) women whom admitted to Al-Elwyia Maternity Teaching Hospital suffering from labor pain. Study implemented for the period of (4th July 2018 through 24th October 2018). Data collection will be gathered by application one of non-pharmacological

method include: (frankincense, jasmine, & olive oils), massage, body movement and change position (squatting, side-lying, & standing), breathing technique, and therapeutic touch), and by used questionnaire format which consisted of two parts, including non-pharmacological method Birth Satisfaction Scale (BSS-R), which is a 10-item, self-report scale that was reduced from the original 30-item BSS. Descriptive and inferential statistical analyses were used to analyze the data.

Results

Table (1): Type of Pain Management Method Uses

No.	Items	Yes	
		F	%
1	Essential Oils	17	56.6%
3	Side-Lying Position & Breathing	4	13.3%
4	Squatting Position	4	13.3%
5	Massage	1	3.3%
6	Massage & Standing position	1	3.3%
7	Therapeutic Touch & standing	1	3.3%
9	Breathing Technique	1	3.3%
10	Therapeutic Touch & side-lying position	1	3.3%

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Table (1) results show that “Essential Oils” method have recorded the high and first ordered method, and accounted (56.6%), then followed with “Squatting Position, and Side-Lying Position & Breathing” method,

and accounted (13.3%), Massage, Massage & Standing position, Therapeutic touch & Standing, breathing technique, & side lying position accounted (3.3%).

Table (2): Women’s Satisfaction with Childbirth Experience after utilization Pain Management Practices

No.	Items	Groups	F	%	MS	RS%	Ass.
1	I came through childbirth virtually unharmed (unscathed).	Yes	3	10.0%	0.100	10.0	L
		No	27	90.0%			
2	I thought my labor was excessively long.*	Yes	7	23.3%	0.766	76.6	L
		No	23	76.7%			
3	The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.	Yes	30	100%	1.000	100	H
		No	0	0.00%			
4	I felt very anxious during my labor and birth.*	Yes	8	26.7%	0.733	73.3	L
		No	22	73.3%			
5	I felt well supported by staff during my labor and birth.	Yes	30	100%	1.000	100	H
		No	0	0.00%			
6	The staff communicated well with me during labor.	Yes	28	93.3%	0.930	93.3	H
		No	2	6.7%			
7	I found giving birth a distressing experience.*	Yes	26	86.7%	0.133	13.3	H
		No	4	13.3%			
8	I felt out of control during my birth experience.*	Yes	2	6.7%	0.933	93.3	L
		No	28	93.3%			
9	I was not distressed at all during labor.	Yes	8	26.7%	0.266	26.6	L
		No	22	73.3%			
10	The delivery room was clean and hygienic.	Yes	30	100%	1.000	100	H
		No	0	0.00%			

*Items reversed measuring scale (i.e. Negative Response), and that reverse an assessments scores.

Table (2) shows that results show that women’s satisfaction with childbirth experience after of utilization pain management practice’s items, concerning study group assigned that the observed responses regarding positive items numbers (3, 5, 6, and 10) and are high as assessed generally, and they are accounted 4(40.0%), while left over item number (1 & 9) has low assessment, and accounted 2(20%). In relation to negative items numbers (2, 4, and 8) are low assessed generally, and they are accounted 3(30.0%), while left over item number 7 “ I found giving birth a distressing experience” has high assessed, and accounted 1(10%). In sum, it could be concluded that women’s satisfaction with childbirth experience after utilization pain management practice’s items showed good status, since highly evaluation

was obtained, and that reflected the positive site of effectiveness for the intervention which were applicable indeed.

Discussion

Nonpharmacological Method: The researcher depended on WHO recommendations when using method of non-pharmacological pain management which included breathing technique, changing position, massage, aromatherapy and other techniques used for healthy pregnant women requesting pain relief during labor depending on a woman’s preference⁽²⁾. Especially when some women prefer changing positions which include squatting, side-lying position and standing. These positions help relieve pain, and speed labor⁽³⁾.

Then as observed in this study the researcher teaches woman how to apply breathing technique based on evidence-based studies^(4 & 5). Relative to use of massage technique. The massage increasing the production of endorphins in the body that reduce the transmission of signals between nerve cells and thus lower the severity of pain⁽⁶⁾. Finally, the researcher attempted to use aromatherapy for women due to that the researcher noted the uses of these aromatherapy have many benefit such as promoting relaxation, decrease anxiety and reduce labor pain. ^(4, 7 & 8).

Assessing Women's Satisfaction with Childbirth Experience: The results observed that the most important experience in the life of women, who want to play a central role in childbirth process is giving birth to a child. In addition, the satisfaction derived from this experience is extremely important for her, her baby's health and development of positive family support. Such that, adverse childbirth experience can lead to many problems as postpartum depression, posttraumatic stress disorder, tendency to miscarriage, preference for cesarean delivery, negative feelings against baby, difficulty in adaptation to maternal role, breastfeeding problems, and in addition it will have an effect on a woman's interpersonal relationships, and her wellbeing emotionally and physically ^(9 & 10). Women's satisfaction is effected by many factors including medical care, health care professionals, her hospital room, and her relationship with her environment; however studies performed have emphasized critical importance of integrated approach ⁽¹¹⁾. The importance of the approach to pain during labor, and continuity of care were indicated for the popularization of normal vaginal delivery which makes pregnancy, labor, and childbirth a favorable experience for the mother⁽¹²⁾. Moreover, the control concept differentiates from one woman to another and some of them are anxious around controlled along of labor, while other their anxious include the shared in decisions related to labor process. As a consequence, letting woman to decide the decisions and informed choices are essential factors that made woman sense convinced with the labor process⁽¹³⁾. Therefore, a copy with pain by using technique of non-pharmacological pain relief is one factor that link to gratify with labor process. Because that woman who faced low level of labor pain has positive level of satisfaction of birth versus those with intense level of pain in labor⁽¹⁰⁾.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: Is obtained from the Ministry of Health/Al-Russafa Health Directorate (Al-Elwyia maternity teaching hospital), and All laboring women participants in the research - have been approved before the questionnaire is started.

Recommendations: The study recommended Construction continuous education program about non-pharmacological pain management practices to all midwife working in delivery room and department of maternity.

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