

FIRST TIME MOTHERS; KNOWLEDGE REGARDING COPING STRATEGIES DURING LABOUR PROCESS

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ABSTRACT: *Pregnancy and child birth are actions of huge expectation in women's life. Labor is much more than a purely emotional event, women should have sufficient information about labor to ensure proper perceptive of changes that labor will bring.¹ Proper teaching during antenatal period may augment the coping with changes throughout labour. The aim of the study was to assess the knowledge regarding coping strategies during labour among primigravida mothers with a view to develop self instructional module. A quantitative approach with non-experimental descriptive design was used for the present study. Data was collected by using the structured questionnaire. The study was conducted in the Gynecology OPD of the Jubilee Memorial hospital. 60 primigravida mothers were selected by using non probability purposive sampling technique. Majority of the primigravida had just average level of knowledge 35 (58.33 %), whereas 22 (36.67 %) primigravida mothers had very poor knowledge regarding coping strategies and only 3 (5 %) of samples had good knowledge regarding coping strategies. No significant association was found between knowledge scores regarding coping strategies during labour and selected socio-demographic variable like age, years of marriage, monthly income and occupation at 0.05 level of significance. Significant association was found between knowledge scores regarding coping strategies during labour and education. The result depicts that majority of primigravida mothers had just average level knowledge regarding coping strategies and thus suggesting a need for education regarding coping strategies among primigravida mothers.*

Key Words: *Coping strategies, labour, physiological coping strategies, psychological coping strategies, cognitive coping strategies, spiritual coping strategies*

Introduction:-

"Part of birthing without fear is trusting your instincts"

- Brande Holm

Pregnancy and child birth are actions of huge expectation in women's life. The child birth is a normal physiological event with the potential to evoke a range of positive and negative experiences. Substantial awareness is needed to focus on improving mother's affirmative experience of child birth and reducing negative experiences. Labor is much more than a purely emotional event, women should have sufficient information about labor to ensure proper perceptive of changes that labor will bring.¹ Proper teaching during antenatal period may improve the coping with changes during labour.

Comfort procedures that provide natural pain relief can be very useful during labor and childbirth. Birthing techniques like hydrotherapy, patterned breathing, relaxation, hypnobirthing and visualization can amplify the production of endogenous endorphins that bind to receptors in the brain for pain relief. Comfort healing measures including emptying the bladder effleurage (light rhythmic stroking of the abdomen), massage, and hydrotherapy can provide pain relief and reduce the need for narcotic analgesia or anesthesia by logically creating competing impulses in the central nervous system that can prevent the painful stimuli of labor contractions from reaching the brain.²

Management of labor pain is a chief goal of intrapartum care. There are two general approaches: pharmacologic and nonpharmacologic. Pharmacologic approaches are directed at eliminating or decreasing the physical sensation of labor pain. In contradiction, nonpharmacologic approaches are largely directed at increasing comfort, enabling the laboring woman to cope with the pain, and preventing suffering.³

OBJECTIVES OF THE STUDY:-

- Assess the knowledge regarding coping strategies during labour among primigravida mothers.

- Find out association between level of knowledge regarding coping strategies during labour among primigravida mothers with selected demographic variables
- Develop self instructional module on coping strategies during labour

LITERATURE REVIEW:-

Subhashini N et al (2017) conducted a cross sectional descriptive study to identify the knowledge regarding coping strategies during labour among primigravida postnatal mothers. Thirty postnatal mothers were selected by non probability convenient sampling technique. Data was collected by using semi structured questionnaire. Analysis was performed by using descriptive and inferential statistics. The results concluded that majority of women are having inadequate knowledge regarding coping strategies during labour. Hence there is need to educate the women during antenatal visits thereby can improve coping strategies towards the effects of events during labour.¹

Borrelli S et al (2017) conducted a qualitative study on first time mother's expectations of unknown territory of child birth, uncertainties, coping strategies and 'going with flow.' Data was collected from 14 first-time pregnant women in good general health with a straight forward pregnancy (single fetus) and anticipating a normal birth in Three National Health Service (NHS) Trusts in England. Data analysis included coding and conceptualising data, Findings revealed Three themes in regard to women's expectations of childbirth and coping strategies: 1) the unknown territory of labour and birth; 2) waiting for the unknown: coping strategies; 3) going with the flow. Key conclusions and implications for practice comprise women and their families may welcome receiving precise and practical information from caregivers starting in pregnancy and continuing during labour and birth to lessen the state of doubt characteristic of the childbearing event. The midwife should speak about the woman's worries and help her 'go with the flow' in the labour continuum. The birth plan should also be revised by the midwife and woman together if they can no longer stick on to the original one.⁷

THEORITICAL FRAMEWORK:-

Establish the theoretical relationship among variables:

- Research variables- Knowledge regarding coping strategies during labour**
- Demographic variables- Age, years of marriage, education, occupation, monthly income, religion**

RESEARCH METHODOLOGY:-

Research Design – In the present study, due to its evocative nature a Quantitative approach, non – experimental, descriptive design was used

Benefits:- This study is beneficial for antenatal mothers in labour and the health care professionals

The benefits are listed below:

1. This study will facilitate antenatal, parturient mothers to reduce the prolonged traumatic experience, controlled use of drugs and incidence of operative interference
2. Coping strategies during labour are effective in reducing the incidence of maternal exhaustion and fetal distress
3. Use of coping strategies during labour will shorten the duration of labour and hence ensure productive usage of time by health care professionals
4. Self instructional module developed as a part of the study will be beneficial for the antenatal mothers to prepare for pain free labour
5. Review of study result will be valuable for future researchers

Method of data collection:-

A quantitative approach using non-experimental, descriptive design was used for the study. The population comprised of primigravida mothers. Data was collected from 60 primigravida mothers selected using non probability purposive sampling technique between the period of October, 2018 to December, 2018 from the Out Patient Department of Gynaecology of Jubilee Memorial Hospital.

The tool used was a structured knowledge questionnaire. The questionnaire consisted of 30 multiple choice questions. The first part of the questionnaire contained demographic data and the second part consisted of questions on knowledge regarding coping strategies during labour categorized under five sub-headings definition, physiological coping strategies, psychological coping strategies, Cognitive coping strategies and spiritual coping strategies.

DATA ANALYSIS AND INTERPRETATION:-

The obtained data was analyzed, tabulated and interpreted by employing descriptive and inferential statistics. The data has been organized under following sections.

Section – A - Findings related to sample characteristics

Section – B - Findings related to level of knowledge regarding coping strategies during labour among primigravida mothers

Section – C - Findings related to association between knowledge scores and selected demographic variables

Section – A

Findings related to sample characteristics

Majority of the primigravida mothers i.e 51.67 % belonged to the age group between 23 - 28, whereas 38.33 % samples belonged to age group more than 32 years of age and only 10 % belonged to age group between 18 -22 years. Only 13.33 % of primigravida mothers were having years of marriage between 4 – 6, majority of the samples i.e 43.34 % were in the group 1 – 3 years of marriage, followed by 25 % falling in the group < 1 years of Marriage and 18.33 % in the group > 6 years of marriage. All samples are educated about 12 % have completed at least secondary school education, 47 % of primigravida mothers were graduates, 23 % primigravida mothers had completed post graduate and above education and 18 % were undergraduates. Majority of the primigravida mother’s i.e 71.67 % were unemployed whereas 28.33 % were employed. 26.67 % of primigravida mothers have an income of 5000 – 10000, while 25 % primigravida mothers had an income of > 15000, only 15 % of primigravida mothers reported an income of < 5000 and 18.33 % primigravida mothers had an income of 10001 – 15000. Majority of primigravida mothers i.e 65 % belonged to Christian religion while 33.33 % samples belonged to Hindu religion, only 1.67 % of primigravida mothers belonged to Muslim religion.

Section - B

Findings related to coping strategies during labour among primigravida mothers

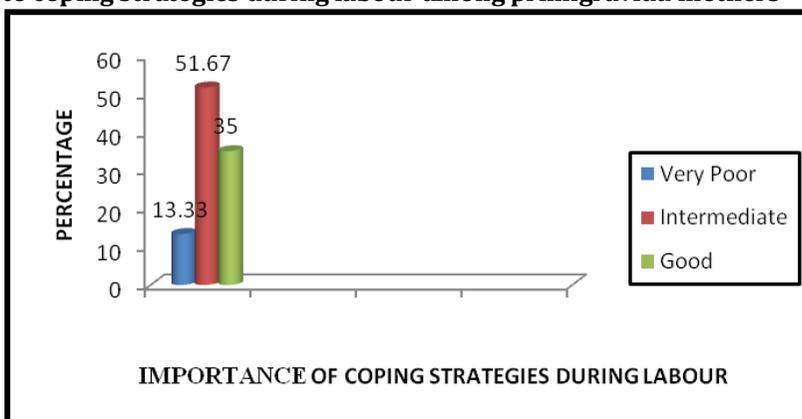


Fig. 1 – Cylinder diagram showing distribution of samples based on Knowledge on importance of coping strategies during labour

Figure 1 shows that 51.67 % primigravida mothers had Just average level knowledge regarding importance of coping strategies during labour, 13.33 % samples had very poor knowledge and 35 % samples had good knowledge.

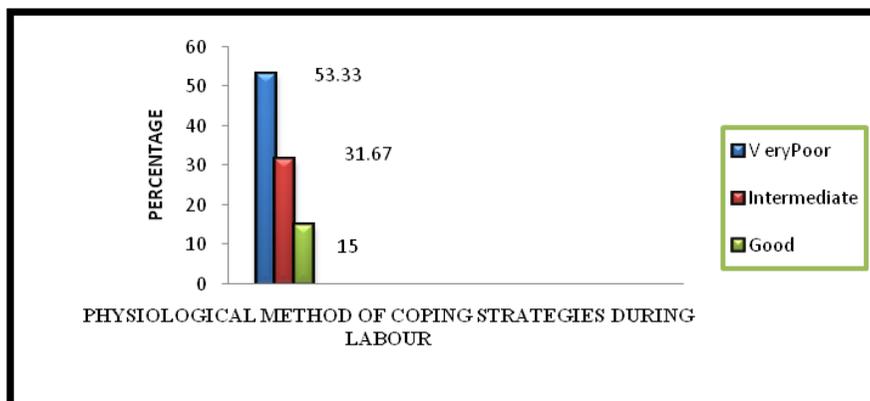


Fig. 2 – Bar diagram showing distribution of samples based on Knowledge on physiological method regarding coping strategies during labour

Figure 2 shows majority of the samples 53.33 % had very poor knowledge regarding physiological method of coping strategies during labour, 31.67 % had just average level knowledge and 15 % had good knowledge regarding physiological method of coping strategies during labour.

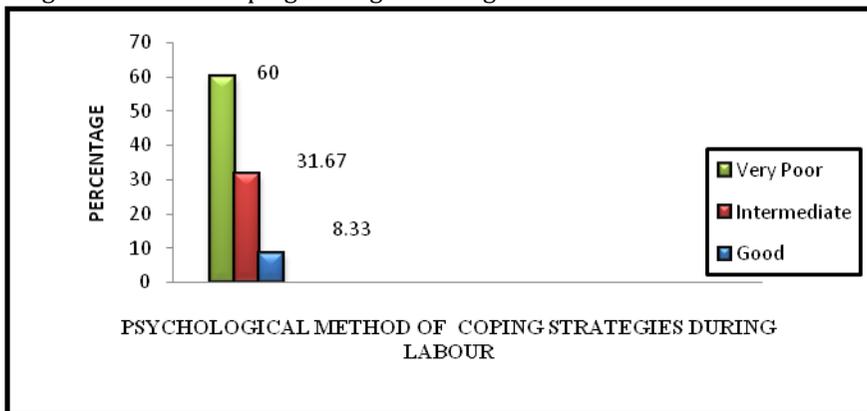


Fig. 3 - Bar diagram showing distribution of samples based on Knowledge on psychological method of coping strategies during labour

Figure 3 shows majority of the samples 60 % had very poor knowledge regarding psychological method of coping strategies during labour, 31.67 % had just average level knowledge and 8.33 % had good knowledge regarding psychological method of coping strategies during labour.

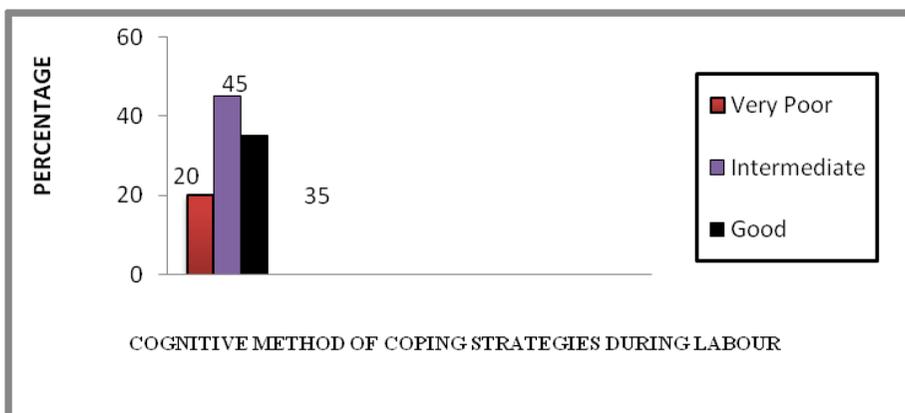


Fig. 4- Bar graph showing distribution of samples based on Knowledge on cognitive method regarding coping strategies during labour

Figure 4 shows majority of the samples 45% had just average level knowledge regarding cognitive method of coping strategies during labour, 35% had good knowledge and 20 % had very poor knowledge regarding cognitive method of coping strategies during labour.

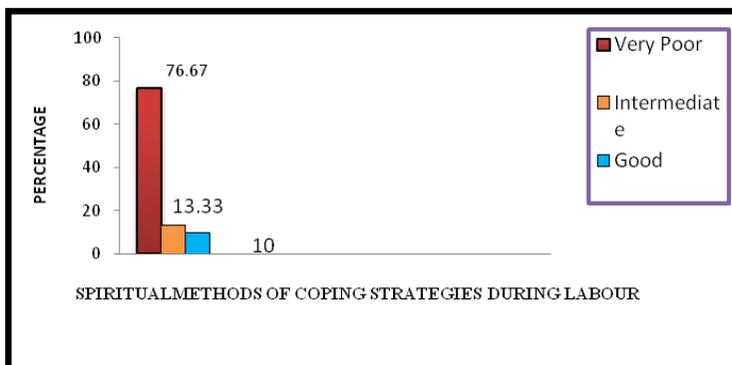


Fig. 5 - Bar graph showing distribution of samples based on Knowledge on spiritual methods regarding coping strategies during labour

Figure 5 shows majority of the samples 76.67% had very poor knowledge regarding spiritual method of coping strategies during labour, 13.33% had just average level knowledge and 10 % had good knowledge regarding spiritual method of coping strategies during labour.

Section - B

Findings related to level of knowledge regarding over all coping strategies during labour among primigravida mothers

Table 1
Frequency and percentage distribution of samples according to the level of knowledge regarding over all coping strategies during labour
n = 60

Level of Knowledge	Coping Strategies during labour	
	Frequency	Percentage
Good/high level (0-10)	3	5 %
Just average level/Just average level (11-22)	35	58.33 %
Very Poor/low level (23-30)	22	36.67 %

Table 1 shows that majority of the primigravida had just average level of knowledge 35 (58.33 %), whereas 22 (36.67 %) primigravida mothers had very poor knowledge regarding coping strategies and only 3 (5 %) of samples had good knowledge regarding coping strategies. Thus showing need for further awareness.

Section - C

Findings related to association between level of knowledge and selected demographic variables

Statistical hypothesis

H1 - There is significant association between level of knowledge and selected demographic variables at 0.05 level of significance as evident from structured knowledge questionnaire

H0 - There is no significant association between level of knowledge scores and selected demographic variables at 0.05 level of significance as evident from structures knowledge questionnaire.

Table 2
Association between level of knowledge and sociodemographic variable

n=60

Socio demographic variable	Level of knowledge			
	Critical Value	Chi square Value	Df	Inference
Age	5.991	1.31	2	NA
Years of Marriage	5.991	0.14	2	NA
Education	5.991	10.64	2	A
Monthly Income	5.991	5.27	2	NA
Occupation	3.841	3.45	1	NA

NA - No association

A - Association

Df - Degree of freedom

Table 2 shows association between knowledge scores and selected demographic variables. No significant association was found between knowledge scores regarding coping strategies during labour and selected sociodemographic variable like age, years of marriage, monthly income and occupation at 0.05 level of significance. Significant association was found between knowledge scores regarding coping strategies during labour and education.

DISCUSSION

Findings related to sociodemographic data

A similar study conducted shows that majority of primigravida postnatal mothers with respect to age 13(43.33%) were between 22-25 years of age and with regard to religion 19(63.3%) belonged to Hindu religion, in relation to educational qualification of postnatal mothers 25(83.3%) were illiterate, and in relation to type of family 9(30%) postnatal mothers lived in a joint family and with context to occupation 26 (86.6%) were house wives, with respect to family income 13 (43.3%) postnatal mothers had family income between Rs.5001-7000 per month, and with regard to information regarding labor, majority of postnatal mothers 16 (53.33%) acquired information from relatives.¹

In this study 51.67 % belonged to the age group between 23- 28, whereas 38.33 % samples belonged to age group more than 32 years of age and only 10 % belonged to age group between 18 -22 years. Only 13.33 % of primigravida mothers were having years of marriage between 4 – 6, majority of the samples i.e 43.34 % were in the group 1 – 3 years of marriage, followed by 25 % falling in the group < 1 years of Marriage and 18.33 % in the group > 6 years of marriage. 12 % have completed at least secondary school education, 47 % of primigravida mothers were graduates, 23 % primigravida mothers had completed post graduate and above education and 18 % were undergraduates. 71.67 % were unemployed whereas 28.33 % were employed. 60 % had good knowledge regarding psychological method of coping strategies during labour, 31.67 % had just average level knowledge and 8.33 % had poor knowledge regarding psychological method of coping strategies during labour.

Findings related to level of knowledge

A similar study conducted reveals that 40% of samples had inadequate knowledge, 33.3% had moderately adequate knowledge and 26.6% had adequate knowledge.¹

In the present study, majority of the primigravida had just average level of knowledge 35 (58.33 %), whereas 22 (36.67 %) primigravida mothers had very poor knowledge regarding coping strategies and only 3 (5 %) of samples had good knowledge regarding coping strategies. Thus showing need for further awareness.

Findings related to association between scores and selected demographic variables

In a similar study conducted shows there is an association between the level of knowledge with socio demographic variables such as type of family and remaining variables like age, educational qualification, religion, source of information, monthly family income showed no significant association with level of knowledge.¹

In the present study no significant association was found between knowledge scores regarding coping strategies during labour and selected sociodemographic variable age, years of marriage, monthly income and occupation at 0.05 level of significance. Significant association was found between knowledge scores regarding coping strategies during labour and education.

LIMITATION

This study is limited to primigravida mothers attending Gynaecology OPD of the Jubilee Memorial hospital.

The study was limited to sample size of 60.

The study was limited to the samples available during the time of data collection.

IMPLICATIONS

Nursing education:- The syllabus of all nursing courses can include topics on non-pharmacological methods of coping which the students can impart to antenatal mothers

Nursing Administration:- At administration level such information can be disseminated in the form of information leaflets, pamphlets to help in easy childbearing

Nursing Service:- Nurses in the labour room can directly provide information and implement these methods so as to gain a positive pregnancy outcome

Nursing Research:- Further research can be conducted in this area to find out the effectiveness of all strategies on labour outcome

CONCLUSION

Data shows that primigravida mothers have very poor knowledge regarding some coping strategies like physiological, physiological and spiritual methods and just average level knowledge about importance of coping strategies and cognitive coping strategy. The study concludes that there is just average level knowledge among primigravida mothers regarding coping strategies during labour, suggesting a need for education regarding coping strategies among primigravida mothers and the self instructional module developed based on the coping strategies during labour will be considerably valuable.

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