EFFECT OF HOT FORMENTATION ON SACRAL AREA FOR LABOUR PAIN

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OBJECTIVES: To assess the effect of hot formentation on sacral area for labour pain among primigravida mothers.

METHODS: Experimental research design pre-test post-test design was used to assess effect of hot formentation on sacral area for labour pain among primigravida mother's. Present study conducted in labour room of Krishna hospital karad. The study population was 30 primigravida mothers selected with purposive sampling technique admitted at Krishna hospital karad. The collected data was analyzed using both descriptive and inferential statistics.

RESULTS: majority of mothers 27(90%) belongs to age group of 21-25 years of age and minimum 3(10%) were from 26-30 years of age. Most mother 14(46.66%) were educated up to Higher secondary level, 12(40%) had completed Graduation, 4(13.33%) were educated up to Secondary level and none of them was up to Primary level. Majority 22(73.33%) of the mothers was house wives, only 4(13.33%) were Skilled worker, and 4(13.33%) was Self employed. Maximum 26(86.66%) mothers family income was Rs.5001and above, 3(10%) had it in the range of Rs.4001-5000, 1(3.33%) had below 3001. Majority 23 (76.66%) were from joint family, 7(23.33%) were from nuclear family. hot formentation group the mean score in the pre-test was 8.4(SD=1.273) as compared to post-test mean score5.2 (SD=0.7618) Mean difference -3.2 the calculated paired t value of Hot formentation group was 15.041at (p<0.0001) which was statistically considered extremely significant.

CONCLUSION: The study concluded that hot formentation had decreases the labour pain intensity among primigravida mothers in first stage of labour.

KEYWORDS: Hot Formentation, Sacral Area, Labour Pain

INTRODUCTION

Among other pains the pain of child birth is an inevitable part of the human experience. Uterine contraction and dilatation of cervix causes unbearable labour pain in primigravida mother. When the intensity of pain increases they cry out for the help. As labour progresses and pain becomes more intense and persistent, woman becomes fatigued and discouraged, often experiencing difficulty coping with contraction.

Need for study

Massage therapy and hot fermentation are useful methods to relieve the labour pain. Massage therapy manipulates soft tissues. The purpose of massage therapy is to reduce labour pain by releasing endorphins which acts as a painkiller in the body. Massage therapy includes touch during the labour which relieves anxiety of the womens during labour and helps the mother feel sense of support.

Statement of the Problem

Effectiveness of hot formentation on sacral area for labour pain among primigravida mother's admitted at tertiary care hospital."

Objective – To assess the effect of hot formentation on sacral area for labour pain among primigravida mother's.

RESEARCH METHODOLOGY

Research Approach-Quantitative research approach

Research Design- Experimental research design pre-test post-test design

Setting of study- Present study conducted in labour room of Krishna hospital karad.

Population- The study population was primigravida mothers admitted at Krishna hospital karad

Sample- Primigravida mothers

Sample size- 30 Primigravida mothers

Sampling technique- Purposive sampling technique

Variables-

Dependent variables- Pain during 1st stage of labour.

Independent variable-   Effect of hot formentation on sacral area during labour pain

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

 ➢ Primigravida women in 1st stage of labour.

 ➢ Mothers who are admitted in labour room of Krishna hospital karad with low risk.

EXCLUSION CRITERIA

 ➢ Who are not willing to participate

 ➢ Women who are medical and nursing personnel.

TOOL

 SECTIONA

 1. Socio-demographic characteristics of mothers received hot formentation on sacral area for labour pain

SECTIONB

 2. Visual analogue scale.

PROCEDURE OF DATA COLLECTION

Step 1:- Permission from the principal to conduct research study.

Step 2:- Ethical consent will be taken from the university.

Step 3:- Permission obtained from HOD of the obstetrics and gynecology department for the data collection in labour and maternity ward.

Step 4:- On the day of data collection all women's those available in labour room firstly explained them about the rational of this study, a formal consent obtained pre assessment of pain by using Visual analogue scale then applied hot formentation after intervention again assessment of pain using same scale.

PLAN OF DATA ANALYSIS

The data collected will be analyzed by means of descriptive statistics and inferential statistics.

DESCRIPTIVE STATISTICS

1. Frequency and percentage distribution used to describe the demographic variables of primigravida mother's in first stage of labour.
2. Mean and standard deviation will be used to analyze level of pain in primigravida mother's in first stage of labour.

Result:

Table No-1 Frequency and percentage distribution of demographic variables of mothers received hot formentation on sacral area for labour pain

Sr No	Variable	Frequency	Percentage (%)
1	Age (In years)		
a	21-25	27	90
b	26-30	3	10
2	Education		
	Secondary	4	13.33
	Higher secondary	14	46.66
	Graduation	12	40
3	Occupation		
	Skilled worker	4	13.33
	Self employed	4	13.33
	House wife	22	73.33
4	Monthly income of the family		
	Rs.5001and above	26	86.66
	Rs.4001-5000	3	10
	Below 3001	1	3.33
5	Type of family		
	Nuclear family	7	23.33
	Joint family	23	76.66

The data presented in Table No-1 indicates that majority of mothers 27(90%) belongs to age group of 21-25 years of age and minimum 3(10%) were from 26-30 years of age. Most mother 14(46.66%) were educated up to Higher secondary level, 12(40%) had completed Graduation, 4(13.33%) were educated up to Secondary level and none of them was up to Primary level. Majority 22(73.33%) of the mothers was house wives, only 4(13.33%) were Skilled worker, and

4(13.33%) was Self employed. Maximum 26(86.66%) mothers family income was Rs.5001and above, 3(10%) had it in the range of Rs.4001-5000, 1(3.33%) had below 3001. Majority 23 (76.66%) were from joint family, 7(23.33%) were from nuclear family.

Table 2: comparison of pre and post-test level of pain during 4-5 cm dilation in labour

Level of pain during 4-5 cm dilation in labour	Pre-test		Post test		Mean difference	Paired t value	P value
	Mean	SD	Mean	SD			
Hot formentation	8.4	1.273	5.8	0.7618	-2.6	13.175	<0.0001

Table 2 shows the comparison of pre-test and post-test mean score, standard deviation, mean difference, paired t value of effect of formentation in control of pain level during labour in primigravida mothers. in the hot formentation group the mean score in the pre-test was 8.4(SD=1.273) as compared to post-test mean score 5.8 (SD=0.7618) and mean difference was -2.6

The calculated paired t value of Hot formentation group was 13.175at (p<0.0001) which was statistically considered extremely significant.

This showed that the effect of hot formentation had significant effect on reduction of level of pain among primigravida mothers during labour pain.

Table 3: comparison of pre and post-test level of pain during 6-7 cm dilation in labour

level of pain during 6-7 cm dilation in labour	Pre-test		Post-test		Mean difference	Paired t value	P value
	Mean	SD	Mean	SD			
Hot formentation	8.4	1.273	5.2	0.7678	-3.2	15.041	0.0001

Table 3 shows the comparison of pre-test and post-test mean score, standard deviation, mean difference, paired t value of effect of hot formentation in control of pain level during 6-7cm dilation of the cervix in primigravida mothers. in the hot formentation group the mean score in the pre-test was 8.4(SD=1.273) as compared to post-test mean score5.2 (SD=0.7618) Mean difference -3.2 The calculated paired t value of Hot formentation group was 15.041at (p<0.0001) which was statistically considered extremely significant.

This showed that the effect of hot formentation had significant effect on reduction of level of pain during 6-7 cm cervical dilation among primigravida mothers having labour pain.

Table 4: comparison of pre and post-test level of pain during 8-9 cm dilation in labour.

Level of pain during 8-9 cm dilation in labour	Pre-test		Post-test		Mean difference	Paired t value	P value
	Mean	SD	Mean	SD			
Hot formentation	8.4	1.273	4.5	0.6070	-3.9	16.283	0.0001

Table 4 shows the comparison of pre-test and post-test mean score, standard deviation, mean difference, paired t value of effect of hot formentation in control of pain level in primigravida mothers. In the hot formentation group the mean score in the pre-test was 8.4(SD=1.273) as compared to post-test mean score 4.5 (SD=0.6070)

The calculated paired t value of hot formentation group was 16.283at (p<0.0001) which was statistically considered extremely significant.

This showed that the effect of hot formentation had significant effect on reduction of level of pain among primigravida mothers having labour pain.

Discussion: present study findings 27(90%) belongs to age group of 21-25 years of age and minimum 3(10%) were from 26-30 years of age. Most mother 14(46.66%) were educated up to Higher secondary level, 12(40%) had completed Graduation, 4(13.33%) were educated up to Secondary level and none of them was up to Primary level. Similer finding found in study conducted by Dr. V. Selvanayaki to assess the knowledge on childbirth process among highest percentage of the mothers were in the age group o0f 21-25 years (50%), housewives (60%), belonged to nuclear family (54%) and income group of Rs 2999 (66%). Majority of them were Hindus (88%)[9]

Conclusion:

Study proved that hot formentation was effective in reducing pain during the first stage of labor in primipara mothers. Also prove that hot formentation is a one of the effective nonpharmacological method of treatment to reduce labour pain among primigravida women.

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