

Assessment of Instructional Labor Support Behaviors among Laboring Women at Teaching Hospitals in Hilla City

تقييم السلوكيات الاسنادية الارشادية بين النساء الماخضات في المستشفيات التعليمية في مدينة الحلة

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الخلاصة:

الهدف: تهدف الدراسة الى تقييم السلوكيات الاسنادية الارشادية بين النساء الماخضات في المستشفيات التعليمية في مدينة الحلة **المنهجية:** أجريت دراسة وصفية تحليلية لاختبار عينة عمدية من مئة امرأة ماخضت متكررة الولادة في المستشفيات التعليمية في مدينة الحلة، وتم جمع المعلومات من خلال ملاء الاستمارة الاستثنائية، للفترة من (أشباط الى ٣٠ اذار) ٢٠١٤، واستخدمت الوسائل الإحصائية الوصفية في تحليل البيانات.

النتائج: أظهرت النتائج أن أعلى نسبة لعينة الدراسة تتراوح أعمارهن بين (٢٠-٢٤) سنة، معظمهن ربوات بيوت، ثلثهن خريجات الدراسة الابتدائية وأكثر من نصفهن يسكن في الريف، (٨٦%) من عينة الدراسة كانت ولادتهن طبيعية و(٤٧%) من أطفالهن بحالة جيدة، فيما يتعلق بالسلوكيات الاسنادية الارشادية فإن أعلى متوسط للقياس يرجع الى اتصال العين بالعين مع الأشخاص الذين يقدمون المساعدة عند اعطاء التعليمات وفتح الفم (فتحه المزمار) تتبعها الدفع بقوة الى الاسفل، ورفع الطفل بعد الولادة للتعرف على جنس الوليد.

التوصيات: نتائج الدراسة تشير الى ضرورة تفعيل هذه السلوكيات بتزويد مدارس القبالة والتوليد بمنهاج دراسي لها وتجهيز المستشفيات ببرنامج تدريبي سريري متطور وتوفير كافة المعدات اللازمة لتفعيل هذه السلوكيات في كافة مستشفيات النسائية والتوليد مع ضرورة إعطاء دور لمشاركة العائلة في عملية إسناد المرأة.

Abstract

Objectives: The aim of this study to assess instructional labor support behaviors among laboring women in teaching hospitals in Hilla city.

Methodology: A descriptive analytic study was concluded to select a sample purposely of one hundred multipara laboring women in maternity hospital in Hilla city and data was collected through questionnaire form during February (1st to March 30th) 2014. A descriptive statistical method was used to analyze the data.

Results: The result showed that the highest percentage of study sample was at age (20-24) years, most of them was house wife, more than third graduate from primary school, and more than half of them lived in rural area, (86%) of study sample delivered normal delivery, and (47%) of them their babies were healthy, regarding instructional labor support behaviors, the highest mean of score refer to instruction with eye to eye contact with persons who provide support, use open mouth (glottis) pushing and follow urges to push and rise the baby to let mother see her baby's gender.

Recommendations: The result of this study indicated need for providing all midwifery school with labor support behaviors, revising clinical guideline and efficient updating training to all staff and give role to family to share in labor support behaviors.

Key words: Instructional, labor support behaviors, laboring woman

Introduction

Instructional labor support behaviors (LSB) are provided information during labor by offering verbal and nonverbal communication for laboring woman and (relaxation, breathing patterns and information about routine procedures) on all aspects of labor and birth, provide woman with an opportunity to be a part of the decision-making process, which fosters a positive birth experience for all. Effective verbal and nonverbal communication is vital when delivering instructional and informational support to laboring woman. Communication is delivered simultaneously, and the message is stronger when these are congruent ⁽¹⁾. Verbal communication must be culturally sensitive, taking into consideration how instruction or information is understood by the woman; the nurse/midwife should face the woman and direct questions to her. During labor too many voices confuse woman, only one person should take the lead with turns taken by another ⁽²⁾.

Listening enable the nurse-midwife to hear the woman's intuitive wisdom on her needs and desires for labor birth and postpartum period, woman who can perform the various level of breathing and maintain relaxation can be assured that she is prepared to handle all labor contractions up to the second stage of labor. All muscles aid the involuntary uterine contractions, the fetus is pushed out of the birth canal ⁽³⁾.

Woman is better able to adjust her breathing levels as labor progresses and nurse/midwife can suggest switching to the next breathing level ⁽¹⁾.

Midwives calm approach and information about what is happening can ensure the woman stays in control and confident of her ability to birth her baby ⁽⁴⁾.

Objective of study sample

To assess instructional labor support behaviors among laboring women in teaching hospitals in Hilla City

Methodology

Prior to actual collection of data, formal administrative approval was obtained to conduct the study from the following: Ministry of Planning, Central Statistical Organization /Republic of Iraq, Ministry of Health, Babylon Health Directorate.

A descriptive analytic study was conducted to assess physical and instructional labor support behaviors.

The study was conducted at two hospitals, Babylon Maternity Hospital and Hilla Surgical Teaching Hospital, in Hilla City, the study was held at labor and delivery rooms.

A purposive" Non-probability" sample of (100) laboring women at labor period who have been diagnosed as in active phase of labor.

The study design consisted of multipara with active phase of labor and woman who haven't pre term labor previously

Through review of relevant literature and previous studies, instrument constructed according to assessments, designed by Association of Woman's Health, Obstetric and Neonatal Nurses (2008), and Non pharmacological comfort measures assessment and register nurse initiated activity decision support tool No. 5 ^{(5),(6)}, some questions modifying according to hospitals policies which allows to do certain procedures during conducted the study and several experts comments when making validity to questionnaires form in numerous fields.

The questionnaires form consists of three parts which are:-

Part one was designed to include items that represented the laboring women

related to age, educational level, occupational level, and residence.

Part two consisted of types of current delivery and postpartum period (1hr.after childbirth).

Part three consisted from the instructional labor support behaviors (3 main techniques) and each of them includes several items which are:

1-Effective communication techniques verbal and non verbal (9 items)

2-Instructional breathing patterns) (3 items)

3-Informational routines procedures relaxation techniques and pushing techniques (11items)

Data were collected for the study through the utilization of the observation and interview technique as means of data collection process. It carried out from Feb. 1st to March 30th, 2014 during morning and evening shifts. Verbal consent to participate in the study was obtained from each woman by explaining the nature of study, that it was voluntary and confidential.

Descriptive statistical methods (frequency, percentage, mean, standard division and mean of score) were used to analyze the data.

Many problems and difficulties encountered the investigator in conducting the present study, some of these are:-

1- Not all laboring women cooperated and participated in the study.

2-Facilities (equipments) are not available to apply some techniques in the hospitals.

Results of the Study

Table (1) Distribution of Study Sample According to Socio demographic data

Variables	F	%
Age / Years		
15-19	10	10
20-24	32	32
25-29	27	27
30-34	21	21
35-39	8	8
40-45	2	2
Mean age and SD is 26.05 ± 1.19		
Occupation		
House wife	88	88
Employee	12	12
Level of Education		
Not Read and Write	18	18
Read and Write	23	23
Primary School	36	36
Intermediate School	8	8
Secondary School	3	3
Institution	3	3
College	9	9
Residency		
Urban	37	37
Suburban	10	10
Rural	53	53
Total	100	100

F = Frequency, % Percentage

Table (1) shows that the highest percentage (32%) of study sample were at age group between (20-24) years of age with mean age and SD of the study sample is 26.05 ± 1.19 , while the lowest percentage (2%) of them were at age group between (40-45) years

Regarding occupation : (88%) of study sample were house wife, while (12%) of them were employee.

According to educational level: the highest percentage (36%) of study sample graduated from primary school, while the lowest percentage (3%, 3%) of them graduated from secondary school and institution respectively

Regarding residency: the highest percentage (53%) of study sample were lived in rural area, while the lowest percentage (10%) of them were lived in suburban area

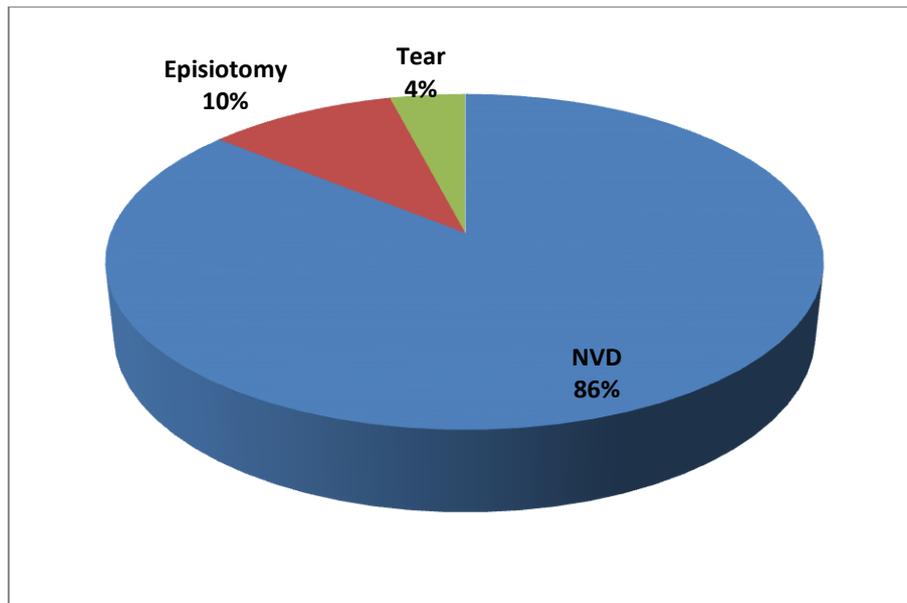


Figure (1) Distribution of Study Sample According to Types of Current labor

Table (2) Distribution of Study Sample According to Postpartum Period (1hr.after childbirth)

Variable	Yes	%	NO	%
1-Postpartum bleeding	34	34	66	66
2-Breast feeding	87	87	13	13
3-Chilling	25	25	75	75
4-Afterpain	62	62	38	38
5- Mother-newborn bonding after delivery	95	95	5	5

% = Percentage

Table (2) shows that the highest percentage (66%) of study sample does not suffer from post partum bleeding ,while more than one third of them had bleeding.

Regarding the Breast feeding :(87%) of study sample had breast feed their baby, while (13%) of them didn't breast feed their baby.

Regarding chilling :(75%) of study sample doesn't feel chilling, while one quarter of them feel chilling. Regarding

after pain :(62%) of study sample had after pain, while (38%) of them hadn't after pain

Regarding mother-newborn bonding after delivery: The majority (95%) of the study sample their babies remain with their mothers, while (5%) of them their babies separated from their mothers.

Table (3) Distribution of Study Sample According to Instructional Labor Support Behaviors

	Instructional Labor Support Behavior	Always	Some times	Never	Total	MS
1	A- Verbal-Nonverbal, Communication Techniques					
	A-1 talk in quiet and calm voice	78	22	0	100	2.78
	A-2 relax between contraction	66	34	0	100	2.66
	A-3 choosing proper words and phrases	53	45	2	100	2.51
	A-4 choosing culturally words	50	49	1	100	2.49
	A-5 choosing sensitive words	49	49	2	100	2.47
	A-5 choosing word according to her language	62	37	1	100	2.61
	A-6 gestures and body language	57	41	2	100	2.55
	A-7 instruction with eye to eye contact	82	18	0	100	2.82
	A-8 familiarize with surrounding	53	35	12	100	2.41
	A-9 explain childbirth progress	77	22	1	100	2.76
2	B-Instruction for Breathing					
	B-1 breathing patterns ,breath with her as she won't	82	18	0	100	2.82
	B-2 deep breath from nose and exhale from mouth (clean breath)	80	20	0	100	2.80
	B-3 use open –glottis pushing and follow urges to push(mouth blow)	89	11	0	100	2.89
3	C-Instruction for Relaxation Technique					
	C-1 release tension by touch	47	51	2	100	2.45
	C-2 differentiate between tense muscle and relaxes muscle	32	66	2	100	2.30
	C-3 spontaneous pushing efforts in 2 nd stage	76	22	2	100	2.74
	C-4 deep breath and hold it during pushing	78	22	0	100	2.87
	C-5 interpret medical jargon	43	53	4	100	2.39
	C-6 explain routine procedures	46	48	6	100	2.40
	C-7 explain electronic fetal monitoring	60	39	1	100	2.59
	C-8 instruct her to read some (Quran ayah)	50	34	16	100	2.34
	C-9 let her to touch vertex in crowning or use the mirror	18	32	49	100	1.67
	C-10 instruct her to relax and stop pushing to reduce speed of expulsion	90	9	1	100	2.89
	C-11 rise the baby to see her the gender of baby	99	1	0	100	2.99

MS=Mean of Score

Table (3) shows that the highest mean of score (2.82) of the effective communication techniques verbal and non –verbal was item No. (A-7) refers to, instruction with eye to eye contact. , while the lowest mean of score (2.41) was item No. (A-8) refers to ask her to be familiars with surrounding

Regarding to instruction for breathing highest mean score(2.89) was item No.(B-3) refer to ,use open –glottis pushing and follow urges to push., while the lowest mean score (2.80)of the item No.(B-2) refer to ,deep breath from nose and exhale from mouth (clean breath).

Regarding instruction for relaxation technique, the highest mean of score (2.99) was item No.(C-11) refers to rise the baby after childbirth to see her baby s gender , while the lowest mean of score (1.67) was item No.(C-9) refers to let her to touch vertex in crowning or use the mirror.

Discussion

This study reports on the assessment of instructional labor support behaviors

Demographic Characteristics

1- Age

The present study reveals that the highest percentage (32%), of study sample are at age group between (20-24) years of age with mean age and SD of the study sample is 26.05 ± 1.19 as show in table (1), this agrees with a study that finds that adolescents are typically less prepared for labor and need more support coping with pain than pregnant adults ⁽⁷⁾.

2-Women Occupation

The result revealed that the highest percentage (88%) of study sample were housewives as show in table (1) this result may be due to Iraqi rural families preferred to married their young daughters rather than educated or employed them.

3-Educational Level

More than one third of study sample are graduate from primary school as show in table (1) this agrees with a study that finds that most (68%) of study sample (n= 212) had primary school level ⁽⁸⁾.

4-Residence

The finding of present study shows that more than half (53%) of study sample

were lived in rural places as show in table (1).

5-Types of Current labor

The result of the study shows that (86%) of study sample delivered normal vaginal delivery without episiotomy as shown in figure (1). laboring women are more likely to have shorter labor ⁽⁹⁾.

6-Postpartum Period (1hr.after childbirth)

The study results show that (86%) of study sample delivered spontaneous vaginal delivery, (66%) of them had no postpartum bleeding, (87%) of them breast fed their babies, three third of study sample didn't feel chilling, (62%) of them had after pain and most (95%) of them remain with their babies, as shown in table (2). Women allocated to continuous support more likely to have spontaneous vaginal birth ⁽⁹⁾.

7-Instructional Labor Support Behaviors

Regarding verbal and nonverbal communication which carry out by persons who provide labor support behaviors, this study shows as in table (3) that there is high mean score (2.82) to the item related to give instruction with eye to eye contact with person who providing support. Nurse- midwife should face the laboring woman and direct questions to her ⁽²⁾.

The result show concerning instruction for breathing the high mean of score (2.89) related to use open –glottis pushing and follow urges to push this is correct techniques to speed down the expulsion of baby this result agrees with a study that finds that once the head has crowned the mother can achieve control by gently blowing or sighing out each breath in order to minimize active pushing ⁽¹⁰⁾. Regarding to instruction for relaxation technique the result of this study show high mean score(2.99)to the item related to rise the baby to let mother be sure from her baby's gender after childbirth this is a routine procedure in Hilla hospitals to avoid any trouble from woman how denial the

gender of baby especially when she have more than one female and she afraid of divorce and the staff secure themselves from such doubt because they have many problem from woman may be her baby was change in delivery room, this result agrees with that most physicians and nurse /midwives regard it as their responsibility or pleasure to announce the sex of the newborn ⁽¹¹⁾.

Recommendations

- 1-Providing all midwifery school with labor support behaviors curricula.
- 2-Provide clinical practice guideline regarding labor support behaviors in maternity hospitals.
- 3-Adopting flexible policies and role for family to engaged in labor support behaviors to ensuring good quality outcome for labor
- 4- Providing all staff in delivery room with efficient updating training regarding labor support behaviors
- 5- Future research for enhancing the relationship between staff and laboring woman to improve maternal-newborn outcome.

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