



Effect Of Lavender Oil Massage On Lumbosacral Region For Labour Pain And Progress Among Mother In Labour Room Of Selected Hospital Of Bhubaneswar

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ABSTRACT

Introduction: The labor process is an extremely complex one. Various factors impact the way mothers perceive labor. On the pain scale, childbirth pain is regarded very high in comparison to other traumatic events.

Aim: This study aimed to assess the effective of lavender oil massage on lumbosacral region for labour pain & progress among mothers in labour room.

Method: A quantitative experimental study was conducted in IMS and SUM hospital Khordha, Odisha. A total number of 50 samples were taken, from which 25 samples were allotted to experimental group & 25 samples were allotted to control group using the purposive sampling technique. The study followed a pre-test and post-test control research design. By the sample allocation method, the samples were grouped to experimental and control group through randomization. Data were collected through interview method. Visual analogue scale was used to assess the labour pain level. The data analysis tool utilized was SPSS-20. Acceptance of the research project by the institute review board. The labor room nurse, the hospital and medical supervisor, and the in-charge professor all provided their written consent.

Result: The study's findings revealed that both the control group and the experimental group had an average value of 1.40. Additionally, the standard deviation for both groups was 0.50. Upon comparing the control group to the experimental group, the t-test value was determined to be 0.00, which was not significant at the <0.05 level of significance, with a p-value of 1.00 concerning contraction.

Upon comparing the control group to the experimental group, the mean values were 1.40 and 1.36, respectively, with standard deviations of 0.50 and 0.49. The t-test result was calculated to be 0.2857 at the <0.05 level of significance, and the p-value was found to be 0.7763 for dilation. Similarly, the estimated p-values of 1.00 for contraction and 0.77 for dilation were less than the tabulated p-value of 2.064, indicating no significant difference between the control and experimental groups.

Keywords: Labour room mother, Lavender oil massage, Lumbosacral pain

INTRODUCTION

Labor is a subjective and multifaceted experience. Every mother's experience of labor is different due to a variety of reasons. When compared to other unpleasant life situations, labor pain is rated highly on the pain scale, despite repeated findings to the contrary. Mothers who are multiparous and nulliparous experience different patterns of labor discomfort and progression. It appears to be more painful at the pelvic stage of labor. The labor process has three steps. The first stage of labour starts from the contraction started up to the full dilatation of cervix, in the last stage the viable contain of uterus will come out from uterus to the outside through the vagina.

For pain management during childbirth, many women turn to pharmaceutical or non-pharmacological options. Women report some degree of doubt during pregnancy regarding the intensity of pain they may suffer during labor and the impact of various pain management techniques.

The objective of this research is to explore methods of enhancing support for women in planning for and deciding on pain treatment during pregnancy and labor. This will be achieved through conducting interviews with women to gain insights into their experiences and perspectives regarding pain management strategies

OBJECTIVE

1. To assess the level of pain during labour.
2. To find out the effect of lavender oil massage on labour pain and progress

MATERIAL & METHOD

The study employed a quantitative experimental pre- and post-test control research design. Before commencing the main investigation, a one-week pilot study was conducted using ten samples, with five allocated to the experimental group and five to the control group. Following this, fifty pregnant women were purposively selected, with twenty-five assigned to each group. The labor room was then made available to these participants. Data collection involved the use of a partograph, visual analogue scale for labor pain intensity assessment, and in-person interviews. Data analysis was performed using SPSS-20. Approval for the research project was obtained from the institute review board, with written consent provided by the responsible professor, hospital and medical supervisor, and postnatal unit nurse

ANALYSIS & INTERPRETATION

The findings of the investigation are organized and presented in the subsequent sections

Section- A

Frequency and percentage distribution of pregnant women according socio-demographics variables of Control and Experimental group.

In this study, the demographic variables among pregnant women in control group about 44% of mothers were between the age of 18-22 years and in experimental group about 36% of mothers were between the ages of 18-22 years respectively. In control group about the duration of marriage between 1-2 years were in 48% of mothers and in experimental group about the duration of marriage between 3-4 years in 52% of mothers. In control group about 56% of mothers were primi gravida where 44% of mothers were multi mothers & in experimental group about 56% of mothers were primi gravida where 44% of mothers were multi mothers. In experimental & control group about 16% of mothers had the history of complications in previous pregnancy where 84% mothers didn't have any complications in previous pregnancy. In control group about 44% of mothers were between 39-40 the gestational age and in experimental group about 56% of mothers were between 38-39 the gestational age. In the control group, labor onset was spontaneous in 96% of mothers, with only 4% undergoing induced labor. In contrast, in the experimental group, labor onset was spontaneous in 92% of mothers, while induced labor was observed in 8% of mothers. In control group about 28% of mothers having low socio-economic status while 44% mothers having moderate socio-economic status and rest of 28% mothers were having high socio-economic status and in experimental group about 8% of mothers having low socio-economic status while 64% mothers having moderate socio-economic status and rest of 28% mothers were having high socio-economic status.

Section-B

Analysis of level of pain during labour by using percentage.

Table 1 n=50

VAS	CONTROLGROUP		EXPERIMENTAL GROUP	
	Pre Test	Post Test	Pre Test	Post Test
MILD PAIN (0-3)	0	0	0	0
MODERATE PAIN(4-6)	92	88	96	92
SEVER PAIN(7-10)	8	12	4	8

Table 1 shows that in the control group pre-test 92% of mother were experienced moderate level of pain and 8% of mothers were experienced severe pain while in experimental group pre-test 96% of mother were experienced moderate level of pain & 4% of mothers were experienced severe pain. In the control group post-test 88% of mother were experienced moderate level of pain & 12% of mothers were experienced severe pain while in experimental group post-test 92% of mother were experienced moderate level of pain & 8% of mothers were experienced severe pain.

Section-C

Analysis of effect of lavender oil massage on its progress by using unpaired t test

TABLE 1.1

	MEAN VALUE		STANDARD DEVIATION		T TEST VALUE	P VALUE	REMARK
	CONTROL GROUP	EXPERIMENTAL GROUP	CONTROL GROUP	EXPERIMENTAL GROUP			
CONTRACTION	1.40	1.40	0.50	0.50	0.0000	1.0000	Not statistically significant
DILATATION	1.40	1.36	0.50	0.49	0.2857	0.7763	Not statistically significant

Table 1.1 shows that the mean values of control & experimental group were 1.40 and 1.40 while standard deviations for the control and the experimental group were 0.50 and 0.50 as compared the control group to the experimental group. The t-test value of 0.00 was found to be non-significant at the <0.05 level of significance, with a p-value of 1.00 regarding contraction.

When comparing the control group to the experimental group, the mean values for the control and experimental groups were 1.40 and 1.36, respectively, with standard deviations of 0.50 and 0.49. The t-test resulted in a value of 0.2857 at the <0.05 level of significance, yielding a p-value of 0.7763 for dilation. Furthermore, the estimated p-values for contraction and dilation were 1.00 and 0.77, respectively, both of which were less than the tabulated p-value of 2.064. These findings indicate that there was no significant difference between the control and experimental groups, leading to the rejection of the null hypothesis.

DISCUSSION

Present study was conducted in hospital with 50 sample where the purposive sampling technique was used. The results were evaluated by using the descriptive statistics in the form of frequencies & percentage distribution and unpaired t test. The raw scores of the Visual Analog Scale (VAS) ranged from 0 to 10, where scores between 0 to 3 indicated mild pain, scores between 4 to 6 denoted moderate pain, and scores between 7 to 10 indicated severe pain perception. This scale was used to assess the level of pain experienced by mothers admitted to the labor room during labor. Data shows that in the control group pre-test 92% of mothers were experienced moderate level of pain & 8% of mothers were experienced severe pain while in experimental group pre-test 96% of mother were experienced moderate level of pain & 4% of mothers were experienced severe pain. In the control group post-test 88% of mothers were experienced moderate level of pain & 12% of mothers were experienced severe pain while in experimental group post-test 92% of mother were experienced moderate level of pain & 8% of mothers were experienced severe pain.

When comparing the control group to the experimental group, the raw Partograph score was 1.40 for both groups, with standard deviations of 0.50 each. The t-test value of 0.0000 was found to be non-significant at the <0.05% level of significance, with a p-value of 1.0000 in the case of contraction.

When comparing the control group to the experimental group, the mean values for dilatation were 1.40 and 1.36, respectively, with standard deviations of 0.50 and 0.49. The t-test resulted in a value of 0.2857 at the <0.05% level of significance, with a p-value of 0.7763 in the case of dilatation.

As the tabulated p-value of 2.064 was higher than the calculated p-values of 1.0000 for contraction and 0.7763 for dilation, it indicates that there was no significant difference between the control and experimental groups. Consequently, the null hypothesis was rejected.

LIMITATIONS

1. The study was limited to those pregnant mothers who were involved in data collection.
2. The study was limited to those mothers who were interest to take part in the study.

CONCLUSION

The current study concluded that most of the mother in labor room had moderate pain during labour and there is no effect of lavender oil massage on improvement in the contraction and dilatation during labour.

Conflict of Interest: None

Financial source: self-funded

Ethical Clearance:

The objectives and concerns of the investigation were approved by the research panel of Sum Nursing College, & the SOA Deemed to be University's Institutional Ethics Committee (IEC) gave permission to conduct the study. These deeds made this task easier. Obtaining approval from Bhubaneswar hospital senior officials. Participants provided their informed consent.

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