

Efficacy Of Foot Reflexology on Labour Pain Among Primigravid Women at Selected Hospitals , In Kanpur City: A True experimental Study.

Dr. Akansha Massey ,

Tutor, Govt College of Nursing,

GSVM Medical College ,Kanpur, Uttar Pradesh.

Introduction

Intense and prolonged pain is sometimes associated with labour. The level of pain reported by labouring women varies greatly. According to studies, everyone perceives pain the same way. The level of perceived pain is also influenced by factors beyond the woman's control during labour. Labor pain can put women off giving birth naturally. However, there are a number of non-pharmacological pain relief methods that will keep the body drug-free during labour. Foot Reflexology is a non-pharmacological pain relief technique. Massage and pressure are applied to points on the feet that correspond to various organs and systems in the body. Some women (and caregivers) will use specific foot reflexology points for labour pain throughout the woman's labor.

When a contraction begins, the person performing foot reflexology takes one foot (or both) and applies pressure during the contraction.

Labour pain is excruciating and intolerable pain that causes changes in blood pressure, pulse, respiration, skin colour, and pallor. The mother experiencing labour pain may experience nausea and vomiting, as well as affective expressions such as anxiety, crying, groaning, gesturing (hand clenching and wringing), and excessive muscular excitability throughout the body. There are several complementary therapies available to help relieve aches and pains during labour. Foot Reflexology is one of the best non-pharmacological methods for labour pain because it is safe, free of side effects, provides long-term relief, is cost-effective, and is compatible with other forms of treatment. A study on the effect of foot reflexology techniques was conducted; a single-blind randomised control trial was used in this study. The study concluded that women who received foot reflexology felt very relaxed, and that foot reflexology can be used for symptom relief.

Foot Reflexology also relieves stress and tension, improves blood circulation and lymph drainage, aids in the elimination of toxins, strengthens the immune system, and promotes a deep state of relaxation and well-being. There are no adverse effects on delivery, as well as no maternal or foetal side effects. Foot Reflexology is a non-invasive, non-pharmacological pain relief technique.

Methodology

The sample size was 100 prima gravida mothers. The design that was used for the study is a True Experimental Study. This study was conducted at a selected hospital in Kanpur for primigravid mothers in labour with cervical dilatation of 4-5 cm. Foot reflexology was provided for the experimental group of primigravid women with cervical dilatation of 4-5 cm, and pain level, coping level, and foetal maternal parameters were assessed again for both groups. After the labour, the experimental group of women's satisfaction with foot reflexology was evaluated. Descriptive and inferential statistics were used to analyse and interpret the data.

Results

The majority of the women in both the control and experimental groups were aged 24 (82 percent and 86 percent, respectively), indicating that the majority of them were aware of the optimal age for reproduction. It is also important to note that none of the mothers in either the control group or the experimental group gave birth after the age of 30. This shows that complications are less likely to happen during the antenatal period.

The educational qualifications of the women show that the majority of them in both the control and experimental groups (53 percent and 49 percent, respectively) had only a secondary education, while 30 percent of the women in the experimental group were graduates. The researcher believed that because women with insufficient education may have insufficient information about health care practises, pursuing higher education

helps mothers better understand the labour process and cope, and thus all women should be encouraged to pursue higher education in addition to schooling.

The majority of them in both the control and experimental groups lived in semi-urban areas (71% and 84%, respectively), and despite the fact that the women were distributed in different areas of residence, they sought good medical advice and were aware of the benefits of taking adequate antenatal care, thereby reducing the incidence of complications during delivery.

The majority of the women in both the control and experimental groups were from nuclear families (86 percent, 84). The researcher thinks that because caring for other family members is less of a burden in nuclear families, this makes it more likely for mothers to get prenatal care with the help of their spouse.

None of the women in the control or experimental groups had any prior knowledge of foot reflexology, indicating that they were unfamiliar with the various pain relief measures. As a result, it is the responsibility of the nurse midwives to inform the women about the various methods available for pain relief during labour. During delivery, the majority of the women in both the control and experimental groups were between 39 and 40 weeks of gestation. This demonstrates that regular antenatal checkups and screening methods reduce the risk of preterm labour and maternal complications, and healthcare workers assist mothers in delivering the baby at the appropriate time without causing postterm labour.

The fact that the majority of the women (85 percent and 89 percent) in both the control and experimental groups attended at least three antenatal visits demonstrates that most of the women were aware of the importance of regular antenatal checkups, reducing the number of abnormal deliveries. The researcher believes that recent advances in healthcare services have improved labour outcomes through increased antenatal visits. It is also worth noting that in both the control and experimental groups of primigravid, all of them had non-consanguineous marriages, lowering the incidence of complicated deliveries. In both the control and experimental groups of primigravid women, there was no foetal complication. As a result, the researcher discovered that non-consanguinity and regular antenatal visits reduced foetal maternal complications during pregnancy. All of the women in the control group had a little more pain (91 percent) before foot reflexology, and the majority of them had even more pain (92 percent) after foot reflexology. In the control group, the mean and standard deviation of pain level were high after foot reflexology when compared to before foot reflexology. Whereas the majority of the women in the experimental group reported little or no pain after foot reflexology.

Thus, in the experimental group of primigravid women, the mean and standard deviation of pain levels before and after foot reflexology were similar.

This demonstrates that foot reflexology was effective in reducing labour pain perception. Many women require some form of pain relief to deal with the pain during childbirth. The nurse's primary responsibility is to manage labour pain. Pain perception interventions are one of the critical aspects of nursing care that must be considered during a woman's labour. Foot Reflexology can be used by the nurse midwife to help the mother with labour pain because of its strong effect on pain management.

Conclusion

In this study, foot reflexology was found to be effective in reducing labour pain perception. The experimental group of primigravid women who received foot reflexology reported reduced pain perception and high satisfaction with the treatment. Because foot reflexology doesn't hurt the mother or the baby in any way, midwives could be persuaded to use it as a pain relief method during labor.

Reference

- 1) Zanardo V, Parotto M, Manghina V, Giliberti L, Volpe F, Severino L, Straface G. Pain and stress after vaginal delivery: characteristics at hospital discharge and associations with parity. *J Obstet Gynaecol*. 2020;40(6):808–12. <https://doi.org/10.1080/01443615.2019.1672140>.
- 2) Chananeh M, Janati Ataei P, Dolatian M, Mojab F, Nasiri M. Effects of the combination of nigella sativa and mefenamic acid and mefenamic acid alone on the severity of postpartum pain in multiparous women: a double-blind clinical trial. *Iran J Obstet Gynecol Infertil*. 2018;21(4):62–71.
- 3) Williams JW, Cunningham FG, Leveno KJ, Bloom SL, Spong CY, Dashe JS. *Williams obstetrics*. 15, editor. Golban: IRAN; 2018.
- 4) Holdcroft A, Snidvongs S, Cason A, Doré CJ, Berkley KJ. Pain and uterine contractions during breast feeding in the immediate post-partum period increase with parity. *Pain*. 2003;104(3):589–96.
- 5) Yerby M. *Pain in childbearing: key issues in management*: Elsevier health sciences; 2000.

- 6) Taffazoli M, Khadem AM. Assessment of factors affecting afterpain in multiparous women delivered in Mashhad 17-Shahrivar hospital, Mashhad, Iran. *J Midwife Reprod Health*. 2014;2(1):60–5.
- 7) Jangsten E, Bergh I, Mattsson LÅ, Hellström AL, Berg M. Afterpains: a comparison between active and expectant management of the third stage of labor. *Birth*. 2011;38(4):294–301.
- 8) Russell R, Reynolds F. Back pain, pregnancy, and childbirth. *BMJ*. 1997;314(7087):1062.
- 9) Jangsten E, Strand R, de Freitas ED, Hellström AL, Johansson A, Bergström S. Women's Perceptions of Pain and Discomfort after Childbirth in Angola. *Afr J Reprod Health*. 2005;9(3):148–58.
- 10) Fang X, Huan Y, Tao Y, Song Y, Du W, Liu Z, et al. Incidence, severity, and determinants of uterine contraction pain after vaginal delivery: a prospective observational study. *Int J Obstet Anesth*. 2021;46:102961

