Efficacy Of aromatherapy on first stage labour pain among primiparturient mothers at selected Hospitals in Kanpur

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Introduction

"Pain during labour serves a purpose and serves a purpose, such as preparing a mother for the responsibility of nurturing a newborn baby." A major goal of intra-partum care is to manage labour pain. There are two approaches in general: pharmacologic and non-pharmacologic.

Pharmacologic approaches aim to eliminate the physical sensation of labour pain, whereas non-pharmacologic approaches aim to prevent suffering. Suffering can be defined by any of the following psychological elements: a perceived threat to the body and/or psyche; helplessness and loss of control; distress; insufficient resources for coping with the distressing situation; fear of mother or baby death. Although pain and suffering are frequently associated, one can suffer without pain or suffer without pain. Most women, with or without pharmacologic interventions, use non-pharmacologic approaches to manage labour pain. Non-pharmacologic pain management techniques include a wide range of techniques that address not only the physical sensations of pain but also attempt to prevent suffering by improving the psycho-emotional and spiritual components of care. Pain is viewed as a normal part of most labour in this approach. Her caregivers and supporters also assist her by offering reassurance, direction, encouragement, and unconditional acceptance of her coping style. Women who take an active role in decision-making and receive appropriate support are more likely to be able to transcend their pain and experience a sense of mastery, control, and well-being, all of which are associated with their ability to cope with labour. In 2012, Jacob conducted an experimental study in which he used aromatherapy with peppermint to reduce pain intensity in the intervention group compared to the control group. As midwives, we must encourage mothers to have natural births by providing them with pain relief measures. Non-pharmacological methods of pain relief are safe during labour and have no side effects. Aromatherapy with peppermint is a low-cost, easy-to-administer treatment during the first stage of labour pain. As a result, the researcher hopes to make the first stage of labour a pleasurable experience for primiparturient mothers.

Methodology

An experimental study was conducted at a selected hospital in Kanpur to assess the effectiveness of aromatherapy on first stage labour pain and coping among primiparturient mothers. Orem's theory served as the study's conceptual framework. Aromatherapy, labour pain, and coping were the study's variables. Null hypotheses were developed. Based on the experts' opinions, an extensive review of the literature was conducted. A time series experimental study with multiple institutions of treatment design was used. Simple random sampling was used to select 100 parturient mothers for the study. The research was carried out at the Selected Hospitals in Kanpur. Demographic factor The researcher used a variety of tools, including a proforma, an obstetric variable proforma, a Visual Pain Analogue scale, a Pain Coping Scale, a Rating Scale on Satisfaction with Peppermint Aromatherapy, and a Modified WHO Partograph. Various experts were consulted to determine validity and reliability. Following the pilot study, the main study was carried out. The control and experimental groups of parturient mothers had their labour pain, coping, and feto-maternal parameters assessed. The experimental group received peppermint aromatherapy every 30 minutes until the first stage of labour was completed. The level of labour pain, coping, and feto-maternal parameters were then evaluated for both groups. After delivery, the experimental group of parturient mothers' satisfaction with peppermint aromatherapy was assessed. The collected data was analysed using descriptive and inferential statistics. The mean, median, and standard deviation are examples of descriptive statistics. Chi-square and the paired "t" test are examples of inferential statistics.

Results

The parturient mothers in both the control and experimental groups were between the ages of 22 and 26 (67 percent, 62 percent), lived in urban areas (72 percent, 76 percent), belonged to a nuclear family (80 percent, 83 percent), and had never heard of peppermint aromatherapy. During delivery, the mothers in both the control and experimental groups (48 percent and 67 percent) were between 39 and 40 weeks of gestation. They all had more than four antenatal visits, and the APGAR score of the newborn at birth was between 7 and 10 for both the control and experimental groups. The majority of the women (80 percent and 81 percent) were able to do the 3 R's (Rhythm, Ritual, and Relaxation) before therapy, and a significant percentage of them (6.66 percent and 40 percent) were able to do the 3 R's after therapy in both the control and experimental groups. The mean pain level after therapy was high (M = 6.8, SD = 0.71) compared to before therapy (M = 4, SD = 0.76) in the control group, whereas the mean pain level after therapy was low (M = 3.5, SD = 0.62) compared to before therapy (M = 4.1, SD = 0.77) in the experimental group. As a result, the null hypothesis Ho1 was rejected: "There will be no significant relationship between the level of labour pain, coping with maternal parameters, and aroma therapy in the control and experimental groups of parturient mothers." As a result, the null hypothesis Ho1 was rejected: "There will be no significant relationship between the level of labour pain, coping with maternal parameters, and aroma therapy in the control and experimental groups of parturient mothers." The experimental group and control group of parturient mothers had increased cervical dilatation and uterine contractions after therapy compared to before therapy, indicating that peppermint aromatherapy had no adverse effects on uterine contractions and The majority of parturient mothers in the experimental group were extremely satisfied (82 percent) with the peppermint aromatherapy, and none expressed dissatisfaction with the intervention. No significant association was found between demographic variables and the level of labour pain perception in both the control and experimental groups of parturient mothers, proving that demographic variables have no influence over pain perception. As a result, pain relief methods are necessary for women to reduce pain. Similarly, no association was found between demographic variables and the level of coping in both the control and experimental groups of parturient mothers, implying that demographic variables may not influence women's coping levels and that it is the nurse midwife's responsibility to assist the mother in coping with labour pain. In both the control and experimental groups, there was no significant association between obstetric variables such as gravida, parity, gestational age in weeks, number of antenatal visits, cervical dilatation, duration of first, second, and third stages of labour, and APGAR score of newborn at birth and the level of labour pain after peppermint aromatherapy (P > 0.05). As a result, the null hypothesis Ho3 "There will be no significant association between selected obstetric variables and the level of labour pain before and after aroma therapy in the control and experimental groups of parturient mothers,"

Conclusion

The study's conclusion stated that there was no significant relationship between obstetric variables such as gravida, parity, gestational age in weeks, number of antenatal visits, cervical dilatation, duration of first, second, and third stage of labour, and APGAR score of newborn at birth in the control and experimental groups (P > 0.05). As a result, the null hypothesis Ho3 was retained: "There will be no significant association between selected obstetric variables and the level of labour pain and coping before and after aromatherapy in the control and experimental groups of parturient mothers." The results of the study showed that the researchers were right to use aromatherapy with peppermint to help pregnant women feel less pain.

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