

EFFICACY OF SELECTED AROMATHERAPY ON LABOUR PAIN AMONG PARTURIENT MOTHERS AT SELECTED HOSPITALS IN KANPUR

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Introduction

A woman's pregnancy is a unique and memorable time in her life. The majority of women experience childbirth without any problems. A woman goes through a period of time during pregnancy, childbirth, and motherhood in which her body goes through a significant amount of change. This period of time can be referred to as an entirely new birth for the woman or as a time of rebirth. There are some things that do not alter at all, despite the passage of time and the subsequent modernization of the birthing process, which results in fewer complications.

However, we become more capable of navigating any challenges that may arise during childbirth.

Both becoming pregnant and giving birth are miraculous and beautiful experiences. The experience of giving birth is a momentous occasion in a woman's life, and she will remember and treasure the feelings associated with it for the rest of her life.

"Pain during labour is a purposeful, useful thing, which has quite a number of benefits, such as preparing a mother for the responsibility of nurturing a newborn baby," one of the benefits listed in the article is that "pain in labour is a purposeful, useful thing." Intrapartum care focuses primarily on pain relief for labouring women as one of its primary objectives. There are two main approaches: pharmacologic and non-pharmacologic. Both have their advantages and disadvantages.

The goal of pharmacologic approaches is to eradicate the unpleasant physical sensations associated with labour pain, whereas the primary focus of non-pharmacologic approaches is to alleviate as much discomfort as possible. 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 the mother or baby passing away are all potential psychological components that can be used to define suffering. Although it is common for one to experience both pain and suffering at the same time, it is possible to suffer without having pain or to have pain without having suffered.

In order to alleviate the discomfort associated with labour, the majority of women turn to methods that do not involve the use of pharmaceuticals. The non-pharmacologic approach to pain management includes a wide variety of techniques that not only address the physical sensations of pain, but also attempt to prevent suffering by enhancing the psycho-emotional and spiritual components of care. These techniques can be categorised as either complementary or alternative medicine. The idea behind this method is that experiencing pain during labour is to be expected in the majority of cases. Reassurance, direction, encouragement, and unwavering acceptance of her chosen method of coping are all things that her caregivers and support people do for her to assist her. Women have a greater chance of being able to transcend their pain and experience a sense of mastery, control, and well-being, factors that are associated with their ability to cope with labour and delivery, when they take an active role in the decision-making process and receive the appropriate support.

A large uncontrolled prospective study was carried out by Levins et al. (1998) in order to report on the use of aromatherapy and its effectiveness in a large referral maternity in the United Kingdom.

During the labour process, 8058 women received aromatherapy, which was administered by midwives who had been trained in aroma therapy. It was utilised for a variety of purposes, including the alleviation of fear, anxiety, and pain; the suppression of nausea and vomiting; the promotion of women's feelings of wellbeing; and the acceleration of contractions. 31% of the women received aromatherapy treatments consisting of lavender, rose, or frankincense to alleviate their fear and anxiety. It was found to be unhelpful by 51% of mothers and midwives. 71% of people found benefit in rose oil, while only 50% found benefit in lavender oil. 537 women

reported that lavender and frankincense helped relieve their pain, with 54% reporting that lavender was helpful and 60% reporting that frankincense was helpful. Aromatherapy is utilised frequently by labouring women and midwives because of its low cost.

In an experimental study that Giti Ozgoli carried out in 2004, she found that the use of aromatherapy with peppermint resulted in a reduced level of pain in the intervention group compared to the group that served as the control. When it comes to methods for relieving labour pain, non-pharmacological approaches are the safest option because they do not produce any negative side effects during labour. As midwives, it is our responsibility to encourage mothers to have their children through natural childbirth. During the first stage of labour, aromatherapy with peppermint is one of the low-cost and simple pain treatments that can be administered. Therefore, the researcher hopes to make the pain of the first stage of labour a delightful experience for first-time mothers throughout their lives.

Methodology

This research was conducted on pregnant women who had a cervical dilatation of four to ten centimetres and who had checked themselves into one of Kanpur's participating hospitals. Peppermint aromatherapy was provided to the Experimental group of parturient mothers with the cervical dilatation of 4-10cm for 40 minutes, and then the pain level, coping level, and feto maternal parameters were assessed again for both of the groups. This was done for both the Control and Experimental groups of parturient mothers. The Control group of parturient mothers received no aromatherapy. After giving birth, mothers in the experimental group were polled about how satisfied they were with peppermint aromatherapy.

Results

More than half of the pregnant women in both the control group and the experimental group were in the age range of 21 to 39 years (62%), which indicates that the majority of them are aware of the ideal age to start having children and that there is a lower risk of experiencing complications during pregnancy and delivery.

The educational background of the women shows that a significant percentage of those in both the control group and the experimental group (55%) had only completed their high school education, while a significant percentage of those in the experimental group (47%) had completed their college education. The researcher came to the conclusion that obtaining a higher education assists mothers in better understanding the labour process and in better coping with it. As a result, the researcher believes that all women should be encouraged to obtain their higher education in addition to completing their primary and secondary education.

Even though the women were distributed in different areas of residence, they seek good medical advice and are aware of the advantages of taking adequate antenatal care, thereby reducing the incidence of complications during delivery. More than half of them were from sub urban areas (61%) in both the control group and the experimental group respectively.

The majority of the women in both the Control group and the Experimental group belong to nuclear families, with 72% of each group's female members falling into that category. The researcher has the opinion that the fact that nuclear families have a lower level of responsibility for the care of other family members encourages mothers to seek antenatal care with the support of their partners. According to the findings of a study that was carried out by Gak in 2015, within nuclear families, women who have healthier marital relationships are more likely to utilise the antenatal care services that are provided in a health care facility than women who do not have these types of relationships.

Because none of the women in the control group or the experimental group received any prior information about peppermint aromatherapy, it is clear that these women were not familiar with the various alternative pain relief measures that are available. As a result, it is the responsibility of the nurse midwives to inform the mother about the various methods that are available for relieving pain during labour.

At the time of delivery, 55% of the women in both the control group and the experimental group had reached between 31 and 40 weeks of pregnancy. This demonstrates that the risk of preterm labour, postterm labour, as well as complications for both the mother and the foetus, was reduced by having regular antenatal checkups and using advanced screening methods. The healthcare professionals were playing an essential part in ensuring that the baby was delivered at the appropriate time and that there were no complications with postterm labour. This view was supported by Aaron et. al. (2008) in their study that was conducted at the Department of Obstetrics

and Gynecology. Their study proves that maternal complications were high beyond 40 weeks of gestation, which was the point at which they looked at the data. The fact that all of the women (90%) in both the Control group and the Experimental group attended more than four antenatal visits highlights the fact that the majority of the women were aware of the significance of regular antenatal checkups in lowering the risk of complications during pregnancy. The researcher has the opinion that recent developments in health care services have improved the outcome of labour by increasing the number of antenatal visits that patients receive.

Both the control group and the experimental group had newborns whose APGAR scores ranged between 7 and 10, which highlighted the fact that there were no foetal complications as a result of peppermint aromatherapy. The majority of the APGAR scores, or one hundred percent, were between 7 and 10.

After peppermint aromatherapy, the majority of women in the Control group reported having severe pain (14.1%), whereas the majority of women in the Control group reported having moderate pain (80%). After therapy, the average level of pain was significantly higher in the Control group ($M = 6.2$, $SD = 0.77$) compared to before therapy ($M = 5$, $SD = 2.18$), whereas in the Experimental group, the average level of pain was only slightly higher ($M = 5.1$, $SD = 0.22$) after therapy when compared with before therapy ($M = 4.8$, $SD = 0.55$).

This demonstrates that the peppermint aromatherapy was successful in lowering the level of pain perception that was experienced during labour. When it comes to dealing with the discomfort associated with childbirth, many women find that they require some form of pain medication. The nurse is primarily responsible for the labour pain management throughout the entire process. During labour, one of the fundamental aspects of nursing care that must be taken into consideration is the provision of interventions to lessen the sensation of pain. It demonstrates that maternal complications were more likely to occur after 40 weeks of gestation, according to obstetrics and gynaecology.

Concluded

According to the results of this study, peppermint aromatherapy is an effective method for reducing the intensity of labour pain and improving parturient mothers' ability to cope with the pain.

Peppermint aromatherapy was administered to a group of parturient mothers in an experiment, and those women reported significantly less pain, an increased capacity for coping, and a high level of satisfaction with the treatment. Because peppermint aromatherapy is a non-invasive procedure that does not have any negative effects on the mother or the foetus, the midwives could be encouraged to use this as a method of pain relief during the labour process.

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