Effectiveness of Expectant Father's Presence during First Stage of Labour

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ABSTRACT

Introduction: Natural Childbirth is a profound and powerful human experience which is a mixture of feeling of empowerment, elation, and accomplishment. It is a challenging time for both men and women. Childbirth is such an exciting time that can lead to emotional changes which need support from the care giver.

Objective: To assess the effectiveness of expectant father’s presence during first stage of labour

Method: A quasi experimental (post test only control group) research design was adopted with convenient sample of 40 parturient in K.G Hospital, Coimbatore. It was divided into experimental and control group, 20 samples in each group. Expectant father was allowed inside the labour room after checking their attitude towards childbirth by using birth participation scale; he was instructed to give physical and emotional support during contractions. Control group samples received only routine intranatal care. Data were collected by Numeric pain intensity scale and State trait anxiety inventory scale from the parturient. Analysis was done by using descriptive and inferential statistics.

Results: There was a significant difference between experimental group and control group in relation to expectant father’s presence and perception of pain, level of anxiety, duration of first stage of labour (value of ‘z’ was 2.03, 5.6, 2.56 respectively). There was an association between analgesics (Χ²=5.2) during labor and pain score. Parity (Χ²=6.4) and nature of conception (Χ²=5.2) had an association with anxiety score at 5% level of significance. There was an association between parity (Χ²=4.9) and duration of labor at 5% level of significance. Finally it was concluded that there was a positive relationship between expectant father’s presence and outcome of labour during first stage of labour.

Conclusion: Expectant father’s presence in birth helps mothers to have more positive experiences in all aspects of childbirth. Hence this study suggests that constant support by their partner during first stage of labour may be important for successful childbirth.

Keywords: Effectiveness, Expectant Father, First Stage of Labour.

INTRODUCTION

Childbirth is a thrilling, exciting and life changing experience. Giving birth is ecstasy. This is our birth right and our body’s intent. Natural Childbirth is a profound and powerful human experience which is a mixture of feeling of empowerment, elation, and accomplishment. Pregnancy and childbirth is such an exciting time and with the changes that accompany pregnancy can lead to emotional changes which need support from the caregiver. Since each pregnancy and birth are once in a life time events.

Women’s health is a major concern in the nation today, particularly in the areas of maternal health and family welfare. Maternal mortality rate is the critical indicator that reflects the need for strengthening the maternal health status of a community and country. India has one of the highest maternal mortality rates in the world. The maternal health challenges faced by India are more voluminous, more diverse, and more formidable than that of any other country in the world.

Historically, women were surrounded and cared by other women, family, and close friends during the
life changing event of giving birth (Lothian, 2001). Birth was considered as home event. When childbirth moved from the home to the hospital, mothers are attended by nurses and physicians in a restrictive, sterile medical environment that does not include supporting of others. Childbirth became a medical event.

Earlier all birth took place in homes, women learned about birth and cared for other laboring women as a central part of family and community life. This knowledge was lost when birth moved into the hospital and women were isolated from their loved ones during childbirth. In 2008, the last year with available data the rate of birth by cesarean section was 31.1% in United States and 24.5% in India, the highest it has ever been. India has one of the highest maternal mortality rates in the world.

The maternal health challenges faced by India are more voluminous, more diverse, and more formidable than that of any other country in the world. The presence of husband with the mother at the time of labour is very encouraging and gives her the feeling of highest safety as it has been a dangerous experience for many which she might have seen in her life. Hence the researcher would like to recommend the life partner’s presence in the labour room which will give a marvelous and wonderful experience to the mother undergoing the childbirth process. As well as to reduce the rate of Cesarean section, the mother needs constant support from their loved ones. Good support may reduce fear about labour. So the researcher has decided to do a study to assess the effectiveness of expectant father’s presence during first stage of labour to promote the outcome of labour.

HYPOTHESIS

- There will be a significant relationship in Expectant father’s presence and outcome of labour

CONCEPTUAL FRAMEWORK

The conceptual framework in this study is based on Sister Callista Roy’s Adaptation model. The Roy’s Adaptation model views the person as an adaptive system in constant interaction with an internal or external environment containing variety of stimuli that either threaten or promote the person’s unique wholeness. As per Roy’s Adaptation model an individual’s behavior is based on the input, control process and feedback.

METHODOLOGY

Two groups quasi experimental (post test only control group) research design was adopted in this study. The researcher had 2 groups experimental and control group. 20 parturient without their husband for control group and 20 parturient low risk women and their husband were selected for experimental group.

Setting: The study was conducted in K.G. Hospital, Coimbatore, which is a 550 bedded multi specialty ISO 9002 certified hospital. It is situated in the heart of Coimbatore city, Tamilnadu.

Population: The population in this study comprised of primigravid women who met the inclusion criteria who were in first stage of labour.

Sample size: sample consisted of 40 samples.

Sampling Technique: Purposive sampling technique was used for this study. Selection of samples was done according to the sample criteria.

Description of the Tool

The researcher has developed the tool on the basis of the objectives of the study. The following steps were adopted prior to the development of the tool. Review of literature provided adequate content for the tool presentation. Personal experience of the investigator in the clinical field and expert opinion from the teachers of maternity department and gynecologists were of extreme help in devising this tool. The tool was developed in English and translated into Tamil.
The following tools included in the study.

1. Demographic and obstetrical profile of the women
2. Birth participation scale.
3. Spiel Berger’s State Trait Anxiety inventory scale
4. Numeric pain intensity scale
5. Partogram

Pilot Study: The investigator conducted a pilot study with 10 samples that fulfilled the inclusive criteria. After the pilot study the researcher found the need for minor modification in demographic data, obstetrical data, when analyzed, the results gave evidence that the tool was reliable. After the pilot study the investigator proceeded for the main study.

Description of Intervention

A written permission was obtained to conduct the study from the human ethical committee of K.G. Hospital, Coimbatore. Data collection was for a period of four weeks. The investigator personally explained the purpose of the study with the participants individually.

According to purposive sampling technique, the investigator had 2 groups and totally 40 samples, i.e. 20 samples in experimental group and 20 samples in control group. The participants those who were accompanied with their husband during the study were included in experimental group; the expectant father’s attitude was checked by using Birth Participation Scale at the time of admission to labour room. The participants who fulfilled the inclusive criteria and the expectant father who got the favorable score based on birth participation scale were included as samples of experimental group. Demographic data and obstetric data were collected by using structured questionnaire, when the participants came to the labor room.

In experimental group, the expectant father allowed inside the labor room to give physical and emotional comfort and relaxation for the mother from the admission to labour room till the end of first stage of labor. The husband was instructed to give physical and emotional support by gentle massaging, words of encouragement like “You’re doing so good, you’re so strong,” Encouraging her to do breathing exercises, spiritual support like prayer, mantras or slogans, cool wiping of face, touching on her shoulder and suggesting her to relax, providing sips of water between contractions.

The anxiety level was checked by using State Trait Anxiety Inventory Scale for 3 times at 2 hours interval, first assessment was immediately after the admission to labour room. The average score was taken into consideration. The pain perception was assessed by using numeric pain intensity scale during the dilation of cervix between 4-6cm, 6-8 cm and 8-10cm. The average score was taken into consideration. The routine intrapartum care also given by the investigator. In control group also as like experimental group anxiety level of the parturient were assessed by using state trait anxiety inventory scale and the pain perception was assessed by using numeric pain intensity scale. They received only routine intrapartum care during first stage of labour.

Finally a structured questionnaire of patient satisfaction which was prepared by the investigator was given to the mother next day of delivery to assess the effectiveness of expectant father’s presence during first stage of labour.

Plan for Data Analysis

Data analysis was done by using descriptive and inferential statistics.

Descriptive statistics was used to analyze the frequency, percentage of demographic and obstetric variables of the parturient. Inferential statistics was used to determine the relationship and association in control and experimental group

RESULT & DISCUSSION

The purpose of the study is to assess the effectiveness of expectant father’s presence during first stage of labor to promote the outcome of labour. The discussion of the present study is based on the findings obtained from statistical analysis of collected data.

1. To assess the expectant father’s attitude towards childbirth by using Birth participation scale

The parturient who were accompanied with their husband were expected to be the experimental group after checking their attitude towards child birth. The expectant father’s attitude was checked by using birth participation scale at the time of admission to labour room.

2. To provide physical and emotional support to the parturient by their husband

The parturient that fulfilled the inclusive criteria
and the expectant father who got the favorable score based on birth participation scale were included as the samples of experimental group. The husband was allowed inside the labour room from the time of admission till full dilatation of cervix. The husband was instructed to give physical and emotional support by gentle massaging, words of encouragement like “You’re doing so good, you’re so strong.” Encouraging her to do breathing exercises, spiritual support like prayer, mantras or slogans, cool wiping of face, touching on her shoulder and suggesting her to relax, providing sips of water between contractions.

3. To assess the labour outcome of parturient during first stage of labour

Percentage distribution was used to assess the labour outcome of parturient during first stage of labour.

Assessment of pain perception out of 20 women of experimental group 3(15%) had mild pain, 8(40%) had moderate pain and 9(45%) had severe pain; whereas in the control group 2(10%) had mild pain, 6(30%) had moderate pain and 12(60%) had severe pain.

Anxiety level of the mother out of 20 women of experimental group 4(20%) had mild anxiety 8(40%) had moderate anxiety and 8(40%) had severe anxiety, whereas in the control group 3(15%) had mild anxiety 4(20%) had moderate anxiety and 13(65%) had severe anxiety.

Duration of labour out of 20 women of experimental group 4(20%) had first stage last for 4-7 hours, 7(35%) had 7-10 hours, and 9(45%) had >10hours, whereas in the control group 2(10%) had first stage last for 4-7 hours, 6(30%) it last for 7-10 hours and 12(60%) it last for >10 hours.

4. To assess the effectiveness of expectant father’s presence during first stage of labour in experimental group.

The z value computed for pain score of experimental and control group was significantly higher. Hence there was a significant difference between the experimental and control group at 5% level of significance.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subject</th>
<th>Mean</th>
<th>SD</th>
<th>Calculated value of ‘Z’</th>
<th>Tabulated value of ‘Z’ at 5% level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Experimental group</td>
<td>7.5</td>
<td>0.53</td>
<td>2.03</td>
<td>1.96</td>
</tr>
<tr>
<td>2</td>
<td>Control group</td>
<td>7.9</td>
<td>0.71</td>
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</tbody>
</table>

The z value computed for anxiety score of experimental and control group was significantly higher. Hence there was a significant difference between the experimental and control group at 5% level of significance.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subject</th>
<th>Mean</th>
<th>SD</th>
<th>Calculated value of ‘Z’</th>
<th>Tabulated value of ‘Z’ at 5% level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Experimental group</td>
<td>52.6</td>
<td>5.36</td>
<td>5.6</td>
<td>1.96</td>
</tr>
<tr>
<td>2</td>
<td>Control group</td>
<td>62.7</td>
<td>5.97</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The z value computed for duration of labour of experimental and control group was significantly higher. Hence there was a significant difference between the experimental and control group at 5% level of significance.

Thus it implied that expectant father’s presence during first stage of labour was effective in reducing labour pain, anxiety and duration of labour.

5. To associate the findings with selected demographic & obstetric variables.

Chi-square test was used to identify the influence of selected demographic and obstetric variables on pain scores, duration of labour & anxiety level in experimental group and control group.

There was an association between analgesics during labor and pain score at 5% level of significance. Parity and nature of conception had an association with anxiety score at 5% level of significance. There was an association between parity and duration of labour at 5% level of significance.
RECOMMENDATION

The following recommendations were made by the investigator after the study.

- The similar study can be undertaken on a large sample.
- A similar study can be conducted separately for primigravidae and multigravidae.
- Similar study can be conducted in mothers in urban and rural areas and result can be compared.
- A comparative study can be performed to evaluate the effectiveness of different complimentary and alternative therapies.

CONCLUSION

The present study was supported by a series of other studies which confirmed that expectant father’s presence was effective in reducing labour pain and promotes comfort to the mother. The respondent revealed that expectant father’s presence during first stage of labour provide comfort relaxation and sense of well being. From the analysis and result it is concluded that expectant father’s presence during first stage of labour is effective in better labour outcome.

REFERENCE