ORIGINAL RESEARCH PAPER

Volume-8 | Issue-8 | August - 2019 | PRINT ISSN No. 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AND ANXIETY DURING FIRST STAGE OF LABOUR AMONG PRIMI MOTHERS IN SELECTED HOSPTIAL, VIRUDHUNAGAR DISTRICT.

Nursing

Muneeswari Jeyachandran M.ScNursing.,RMCON, Annamalai University, Chidambaram Currently the author works as Registered Nurse (Obstetric and Gynecological Nursing), Kuwait Oil Company, Kuwait & Co-author is a Professor in Rani Meyyammai College of Nursing.

T.Chandra* Guide RMCON, Annamalai University, Chidambaram Currently the author works as Registered Nurse (Obstetric and Gynecological Nursing), Kuwait Oil Company, Kuwait & Co-author is a Professor in Rani Meyyammai College of Nursing.*Corresponding Author

ABSTRACT

A Quasi Experimental study was conducted to assess the Effectiveness of Guided Imagery on pain and anxiety during first stage of labour among 40 primi mothers (20 from control group and 20 from Experimental group) selected by Convenience sampling technique in selected Hospital at Virudhunagar district. Quasi Experimental design was adopted. Numerical rating scale and modified Spielberg state anxiety scale were used to collect data regarding socio demographic variables, pain and anxiety level during first stage of labour. The result revealed that the level of pain and anxiety of experimental group was significantly lesser than the control group at *(p<0.001)*.

KEYWORDS

Guided Imagery, Primi Mothers, Pain and Anxiety.

INTRODUCTION

" Birth is an experience that demonstrate that life is not merely function and utility, but form and beauty".

-Christopher Largen.

Pregnancy is a mixture of excitement and anticipation in the life of women and their whole family. Despite labour and birth process being a rewarding time for excitement, it provokes anxiety for the women and their family. The time of labour and birth, though short in comparison with the length of pregnancy, it is the most dramatic phase of pregnancy.

Guided imagery aids in using one's imagination to reduce stress, relieve pain, anxiety and stimulate healing response in their body and a powerful in helping persons to lessen their pain and anxiety, take a more active role in their treatment, and regain a feeling of control. Research has shown the stress, anxiety and tension can increase pain levels and learning to relax the body and mind can help you manage your pain and use the mind body connection to improve your health (Dr. Rossman). There is an opinion that the ability of imaginativeness can enhance people heal has antiquated roots. Traditional folk healers named as shamans used guided imagery to manage ailments.

The early stage of labor can be difficult for a birthing mother, she may not be confirmative that she is experiencing real labor or might her contractions be mild and spaced out, but the anticipation of what comes ahead may prevent her from getting rest with resultant anxiety before more difficult labor phase begin. Guided imagery is a convenient and simple relaxation technique to manage stress, reduce tension, and achieve balance and health in your body. It is virtually easy as indulging in vivid daydream and with practice, helps access your inner wisdom.

Although delivery is a natural phenomenon, it has been demonstrated that the accompanying pain is considered severe or extreme in more than half of cases (Yonneaue 2007). A canadian study comparing different pain syndromes found that average labour pain scores were higher in both primiparous and multiparous women than the average scores previously recorded for out- patients with sciatic pain, tooth ache and fracture pain, it was found that the labour pain was mild in 15% of cases, moderate in 35% of cases, severe in 30% and extreme in 20% of cases.

Guided imagery helped elevate mood and decrease stress. (Waldenstrom 2003). The participants rated their moods before and after practicing guided imagery and had their blood levels of the stress hormone cortisol measured. The subjects who used guided imagery reported a significant decrease in depression, fatigue and total mood disturbance, and measured significant decrease in cortisol, as compared to the control group.

Guided imagery which can be as simple as visualizing a beautiful beach or as complex as picturing immune cells attacking cells has already been used successfully to help people cope with various types of pain. For instance, among a group of 94 adult cancer patients, those who received imagery training reported less pain than those who didn't participate in the study.

Imagery and self hypnosis have also demonstrated effectiveness in reducing complication of pregnancy (Mehl & Torem 1994). Guided imagery was administered to 100 women whose babies were in breech positions at 37 to 40 weeks gestation. Results projected that 81% of the babies spontaneously "turned" to the proper position, compared with 48% of the control group.

Guided imagery is another powerful cognitive activity that can be used to reduce pain perception by engaging the mind so that awareness of the incoming pain stimuli is reduced (Jones 1988).

Visualization and imagery exercises work best when a person is relaxed (Bourne, Edmund 2001) which are typically practiced 2-3 times a day for 10-20 minutes at a time. How quickly a person will see result can vary. Many times people report immediate symptom relief. However, the goals a person sets for herself, the power of a person's imagination, and the willingness to practice can all influence how rapidly benefits can be obtained. `People find it helpful to tape record and replay detailed descriptions of what they want to visualize or image.

MATERIALS AND METHODS

Quantitative research approach was followed using Quasi experimental research design. Using convenience sampling technique 20 Control group primi mothers and 20 Experimental group primi mothers were selected. Ethical clearance was obtained from the Human Ethical Committee of the institution. Formal permission was sought from the administration of selected hospital at Aruppukottai, Virudhunagar District. Data was collected from 08.11.2010 to 22.11.2010. Inclusion criteria comprised only primi mothers who can speak and understand Tamil or English, primi mothers who are in 3cm cervical dilatation during labour in selected hospitals. Exclusion criteria included primi mothers who are unwilling to participate and who are multi paras and primi mothers who developed complication during labour. Informed consent from all the primi mothers was obtained and data was collected from the mothers individually by interview and identified the level of pain and anxiety using Numerical Rating Scale and Modified Spielberg state anxiety scale, and Self administered structured questionnaire was administered to collect data on socio- demographic variables and assess the effectiveness of guided imagery and routine care during first stage of labour from both the groups. Consequent to data collection, routine care was administered

to control group mothers and guided imagery based pictures was showed to each participant in experimental group.

RESULTS

Table 1: The demographic and clinical profile of experimental and control groups.

Variable	Experimental group	Control group
Socio demographic data	Majority of the mothers (45%) were aged 21-25, Primi, and 45% mothers had high school level and 55% belongs to moderate worker. Chi square test was done to identify the homogeneity of both groups	Majority of the mothers (65%) were aged 21-25 years, primi, and 50% mothers had high school level and 60% belongs to moderate worker. Chi square test was done to identify the homogeneity of both groups.
Obstetric data	Majority of the mothers (90%) did antenatal registration and 65% mothers did walking and 35% mothers did antenatal exercise during pregnancy. Chi square test was done to identify the homogeneity of both groups.	Majority of the mothers (10%) did antenatal registration and 60% mothers did walking and 40% mothers did antenatal exercise during pregnancy. Chi square test was done to identify the homogeneity of both groups.

Table 2 : Level of pain among primi mothers between control group and experimental group.

Level of pain	Mean	Standard Deviation (S.D)	Independent 't' Value	'p' value
Control group	7.90	0.64	2.371	0.028 (S)
Experimental group	7.25	0.91		

***(S) – Significant at p < 0.001**

This table depicts pain level mean values of control group and experimental group are 7.90 and 7.25 with a standard deviation value of 0.64 and 0.91 respectively. The independent t test shows that t value is 2.371 which is significant at p<0.001. Hence, experimental group primi mothers have experienced reduced level of pain than the control group primi mothers.

Table 3 : Level of pain among primi mothers between control group and experimental group based on time.

Level of pain (in hours)	Experimental group (n=20)		Control group (n=20)		Independent 't' value	'p'value
	Mean	SD	Mean	SD		
1	1.40	1.39	1.40	1.43	0.000	-
2	2.70	1.45	2.80	1.20	0.295	0.772 (NS)
3	3.70	1.17	4.35	1.18	2.156	0.044 (S)
4	4.90	1.02	5.70	0.98	2.792	0.012 (S)
5	6.15	0.81	6.95	0.83	3.107	0.006 (S)
6	7.25	0.91	7.90	0.64	2.371	0.028 (S)

***(S) – Significant at p < 0.001**

This table depicts mean and standard deviation of the level of pain among the mothers in the experimental group and control group. The mean score for pain during each contraction was higher in the control group comparing to experimental group during every hour in the first stage of labour. The result indicated that there was a significant decrease in the level of pain among the mothers in the experimental group in comparison to control group. Hence the findings inferred that the guided imagery was effective (p<0.001) in reducing pain for the mothers in the experimental group during the first stage of labour.

Table 4: Level of anxiety among primi mothers between control group and experimental group.

Level of anxiety	Mean	Standard Deviation (S.D)	Independent 't' Value	'p' value
Control group	69.50	6.26	2.343	0.030 (S)
Experimental group	65.85	5.18		

***(S) – Significant at p < 0.001**

This table depicts anxiety level mean values of control group and experimental group are 69.50 and 65.85 with a standard deviation value of 6.26 and 5.18 respectively. The independent t test shows that t value is 2.343 which is significant at p<0.001. Hence, experimental group primi mothers have experienced less level of anxiety than the control group primi mothers.

DISCUSSION

The present study intended to assess the effectiveness of guided imagery on the level of pain and anxiety among primi mothers during first stage of labour with quasi experimental research design. The findings revealed that there was a significant difference in level of pain and anxiety between control group and experimental group mothers at p<0.001 proving the effectiveness of guided imagery.

CONCLUSION

According to the results, present study concluded that experimental group mothers has significant reduction of level of pain and anxiety by using Guided Imagery.

Implication for practice

Nursing personnel are in the best position to implement the Guided imagery to different clients who are experiencing pain and anxiety. Guided imagery is one of the non-pharmacological interventions that can be used by nurses which reduce pain and anxiety of the mothers. Guided imagery is one of the complementary therapies played in hospitals as well as home and thus expanding the nurse's role in patient care. Nurses play a pivotal role in helping the primi mothers during labour by reducing the pain and anxiety and thus promoting comfort. The nurse has an excellent opportunity to give counselling for primi mothers.

REFERENCES

1. Adele pilliteri. (1992), Maternal and Child Health Nursing. Lippincott Williams and Wilkins publicaitons.
2. Rossman, M. L. (2010). Guided imagery for self-healing: an essential resource for anyone seeking wellness. HJ Kramer.
3. Brown, S. T., Douglas, C., & Flood, L. P. (2001). Women's evaluation of intrapartum nonpharmacological pain relief methods used during labor. The journal of perinatal education, 10(3),
4. Davis, M., Eshelman, E. R., & McKay, M. (2008). The relaxation and stress reduction workbook. New Harbinger Publications.
5. Menzies, V., Taylor, A.G.& Bourguignon, C. (2006). Effects of guided imagery on outcomes of pain, functional status, and self-efficacy in persons diagnosed with fibromyalgia. Journal of alternative & complementary medicine, 12(1), 23-30.