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RESEARCH ARTICLE

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A STUDY TO ASSESS THE EFFECTIVENESS OF ORIENTATION TO LABOR ROOM UNIT AND THE NURSE ON ANXIETY, EXPERIENCE AND OUTCOME OF DELIVERY

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ABSTRACT

Introduction: Labor and delivery is considered as the normal process in a women's life but it is also one of the challenging and risky period for them. Preparation for child birth is an important aspect for the mother. **Methodology:** A quasi experimental one group pre and post test design was used in this study. Research was done on 200 samples. Samples were selected using non probability convenient sampling technique. Hamilton's anxiety rating scale was used to assess the level of anxiety. Result: Study showed a drastic reduction in anxiety level after giving orientation. Orientation to department and nurses has a positive effect on experience and outcome of delivery. **Conclusion:** Providing information related to department and nurses prior to delivery helps in reducing the level of anxiety during labor process.

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INTRODUCTION

Anxiety is considered as normal response to stress. It is an emotion characterized by feeling of intense fear, tension worries and physical changes. Occasional anxiety is extremely different from anxiety disorder. It refers to the anxiety due to some specific situations like prior to decision making, some serious disease conditions, labor and birth etc. This type of anxiety is also called as temporary anxiety. However when a person regularly feels disproportionate levels of anxiety, it leads to medical disorders. Labor and birth brings about lot of changes in a women's body. Almost all women feel anxiety about labor, more than 10% of women feel intense fear during labor. Stress and anxiety increase the release of stress hormone and this delays the labor process. To some extent this anxiety and panic attacks may cause non progressive labor which may end up with emergency cesarean sections. Most of the time unfamiliarity to the department and people around them increases the fear. Providing prior orientation to department will make mothers more comfortable and also the orientation of the patient to the nurse who will be present at the time of delivery provides support and reassurance to the mother¹. A study conducted by B Atefeh, H Fatemeh and et al on Effect of pretreatment education on anxiety in patients undergoing radiation therapy for the first time.

Orientation given prior to radiation therapy. Anxiety level was observed before and after the procedure. ²Spielberger State-Trait Anxiety Inventory (STAI) was used as a tool. Thus proved that the pre education reduced the anxiety level during radiation therapy² A study done by G Sarah on the effect of education on anxiety levels in patient receiving chemotherapy for the first time. Hamilton's anxiety rating scale was used in the study. This study shows that the anxiety was reduced during chemotherapy in experimental group.³ Mothers are stressed and anxious during labor mainly due to their unfamiliarity to the situation. Hence the Researcher felt the need to conduct the research at Dr.L H Hiranandani Hospital, Powai.

Objectives

- To assess the anxiety levels of the mothers undergoing delivery
- To provide physical orientation to the labor room Unit and the nurse assisting during delivery
- To assess the anxiety levels and the experience of the mothers during the delivery
- To assess the outcome of the delivery process

MATERIALS AND METHODS

Design: Quasi experimental one group pre and post test design.



Figure 1. Pre and post test design

Population: - Antenatal mothers undergoing delivery

Sample: - Antenatal mothers undergoing delivery in Dr. L H Hiranandani Hospital

Sampling Technique: - Non probability convenient sampling technique.

Sample Size: - 200

TOOL: - tool consist of 4 parts

Demographic variables:-Name, age, occupation, type of family, gravida, previous information related to labor room

Hamilton anxiety rating scale: - Consist of 14 questionnaires related to anxiety level. Rating is given from 0-4. As per the rating evaluated the anxiety level under four categories. Mild (1-14), moderate (14-28), severe (28-42), panic (42-56).

Experience: - Questionnaires contains 5 questions related to experience of delivery. Five point scales was used. Analysis done under four classifications. very poor(5-10), poor(10-15), good (15-20), excellent(20-25).

Outcome of delivery: Outcome is analyzed by using questionnaires which consist of 10 questions.

Ethical consideration: The protocol of the study was approved by the ethical review board of Dr. L H Hiranandani hospital, Powai. In addition, written consent was obtained from each patient prior to study.

RESULTS

Study was conducted in Dr. L H Hiranandani Hospital to assess the effectiveness of orientation to LABOR ROOM unit and the Nurses on anxiety, experience and outcome of delivery. Data collected from

Table 1. Effectiveness of Orientation To Labor Room Unit And
The Nurse On Anxiety

	Mean	Standard Deviation	Z Test	P Value
Pre test	22.7	4.42	17.993	0
Post test	14.5	4.7		

Data collected from 200 samples. Pre test mean was 22.7 and post test mean is 14.5. This shows that the orientation to LABOR ROOM department and Nurses reduced the anxiety level of mothers during delivery. The observed z test is 17.993 which is more than the critical value that is 1.96. p value is 0 which is less than 0.05. Hence proves that the orientation to

LABOR ROOM department and Nurses is effective in reducing level of anxiety during labor.

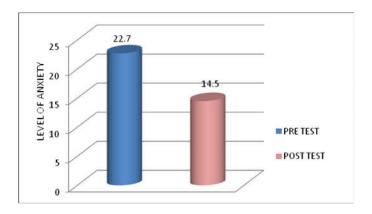


Figure 2. Comparison of Pre and Post Level Of Anxiety

Table 2. Frequencies and Percentage Distribution of Demographic Variables

		N=200
Demographic Variables	Frequency	Percentage
Age		
20-25	11	5.5%
25-30	99	49.5%
30-35	65	32.5%
35-40	25	12.5%
occupation		
Working	97	48.5%
Non working	103	51.5%
gravida		
primi gravida	89	44.5%
Multi gravida	111	55.5%
Previous information		
Yes	133	66.5%
No	68	34%
Type of family		
Nuclear	160	80%
joint	40	20%

Table 1 suggests that Maximum samples were between the age group of 25-30years. Age group of 30-35 were 32.5%, 12.5% were 35-40 and 5.5% were between 20-25 years. 48.5% of samples are working and 51.5% are non working. 55.5% of multi gravida mothers and 44.5% of primi gravida mothers participated in the study. 66.5% had previous information regarding labor and delivery at the same time 34% was unaware about the labor. Maximum numbers of samples were from nuclear family.

Table 3. Level of Anxiety Related to Age

			N=200		
	Level of anxiety				
Mild	Moderate	Severe	Panic		
(1-14)	(14-28)	(28-42	(42-56)		
-	72%	27.2%	-		
2.02%	92.9%	5.05%	-		
3.07%	76.92%	20%	-		
-	60%	40%	-		
	(1-14) - 2.02%	Mild Moderate (1-14) (14-28) - 72% 2.02% 92.9% 3.07% 76.92%	Mild (1-14) Moderate (14-28) Severe (28-42) - 72% 27.2% 2.02% 92.9% 5.05% 3.07% 76.92% 20%		

Study shows that almost all mothers have moderate level of anxiety during labor. Age group of 20-25years and above 30 years shows severe anxiety during labor.

6.1% of working women shows severe anxiety than non working women. Both the groups have moderate level of anxiety.

Table 4. Relationship Between Occupation And Level Of Anxiety

N	_2	U

Level of anxiety	Occupation				Chi square test	P value
	W	Working Non working				
	Frequency	Percentage	Frequency	Percentage	0.64	0.01
Mild (1-14)	3	3.09%	1	0.97%		
Moderate (14-28)	88	90.7%	77	74.75%		
Severe (28-42)	6	6.1%	25	24.27%		
Panic (42-56)	-	-	-	-		

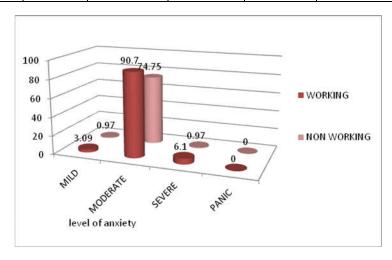


Figure 3. Level of Anxiety Related to Occupation

Table 5. Relationships between anxiety level and gravid

Gravida	Level of anxiety			
	Mild Moderate Severe (1-14) (14-28) (28-42)			Panic (42-56)
Primi gravida	-	68.53%	31.46%	-
Multi gravida	3.6%	93.6%	2.7%	-

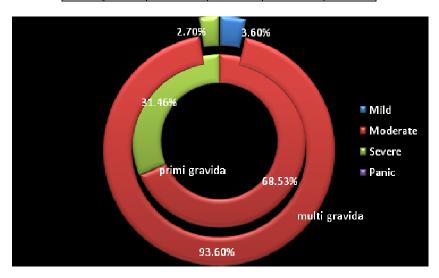


Figure 4. Level of anxiety related to gravida

Table 6. Level of anxiety related to previous information

N=200

					11	-200
Level of anxiety	Previous infor	Previous information				P value
	NO YES			0.164	0.001	
	Frequency	Percentage	Frequency	Percentage		
Mild (1-14)	3	4.41%	1	0.75%		
Moderate (14-28)	38	55.8%	128	96.2%		
Severe(28-42)	27	39.7%	4	3%		
Panic (42-56)	-	-	-	-		

Moderate level of anxiety is observed in both the groups. However, 3.6% of multi gravida mothers have only mild anxiety where as 31.36% of primi gravida mothers reveal severe anxiety.

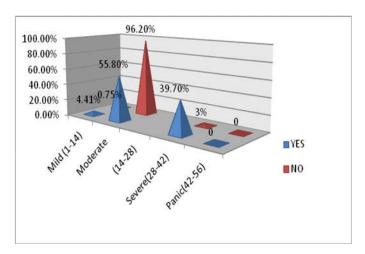


Figure 5. Level of Anxiety Related To Previous Information

Previous information shows a direct effect on the anxiety level. 39.7% of mothers without previous information had severe anxiety whereas, only 3% of mothers with previous information had severe level of anxiety. as per the collected data most of the mothers have moderate anxiety during labor.

Table 7. Effectiveness of Orientation on Experience

		N=200
Experience	Frequency	Percentage
very poor(5-10)	0	0
poor(10-15)	6	3%
Good(15-20)	84	42%
Excellent(25-30)	110	55%

Orientation to department and staffs also influenced the experience of the mothers. 32% of mothers marked excellent and 65% had good experience. Few numbers of samples that is 3% of samples had poor experience

Table 8. Effectiveness of orientation on outcome of delivery

		N=200
Outcome of delivery	Frequency	Percentage
Mode Of Delivery		
Normal vaginal delivery	89	44.5%
LSCS	93	46.5%
vacuum delivery	13	6.5%
forceps delivery	5	2.5%
Gestational Week		
34-37	68	34%
37-40	132	66%
Birth Weight		
1.5 -2.5 kg	24	12%
2.5-3.5 kg	150	75%
3.5-4.5 kg	26	13%
Initiation of Breast Feeding		
>30 minutes	182	91%
<30 minutes	18	9%

Table 8 shows the effect of orientation on outcome of delivery. As per the above data mode of delivery does not affected with orientation. Maximum of deliveries were full term delivery and 88% of babies were normal birth weight. Lactation education also provided with the orientation programme. 91% of mothers initiated feeding within 30 minutes of labor. There were extraneous causes like meconium aspiration, low birth weight etc influenced to the delay in breast feeding.

DISCUSSION

Labor and birth require a woman to use all the psychological and physical coping methods she has available. Caring and supportive nursing care is needed regardless of the amount of child birth preparation or the number of times she has been through the experience before. Labor is also very critical time for the mother and baby. Almost all women experiences anxiety during labor but this also because of unfamiliarity to the situation. Result of this study shows that there is significant difference in the mean score between pre test and post test. P value is 0. Hence it is proved that the orientation to labor room and Nurses is effective in reducing the anxiety level of mothers during labor. Orientation also results in experience and outcome of delivery. This study is supported with a similar research conducted by Leila Valizadeh, Mohammad Bager Hosseini and etall on effect of NICU department orientation program on mother's Anxiety (2016). This study was focused on providing orientation to the mothers before delivery. There is reduction in level of anxiety after giving orientation programme.4

Limitation of the Study: There are, however, limitations to this study that need to be addressed. Samples in this study were selected only from Dr. L H Hiranandani hospital.

Conclusion: This study provides evidence of effectiveness of orientation to labor room unit and Nurses on anxiety level, experience and outcome of delivery.

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