Maternal Child Paper

Nonpharmacological and Nonintrusive Pain Management Methods in Labor

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Introduction

It has been often said that child birth is one of the most painful experiences that a human being can have. In the past several decades, amazing advances in medical science have enabled women to give as pain free a childbirth as possible with pharmacological agents such as anesthetics via epidural delivery, spinal and pudendal blocks and opioids (IQWiG, 2016). While these are very effective, there are many women wishing to have pain relief via nonpharmacological methods and this appears to be a developing trend worldwide (Goldbas, 2012). It is important for the nurse to be informed concerning nonpharmacological methods of pain management since these are becoming increasingly more popular as patients become more informed regarding their health as well as natural and nonintrusive options. In the following paper, the findings in regards to these methods as well as some assessment regarding them shall be explored, finishing up with a conclusion on the subject.

Findings

There are several methods of nonpharmacological childbirth pain management such as relaxation techniques, skin stimulation, positioning, diversion and distraction, breathing (Leifer 2015 pg. 162) as well as hypnosis, yoga, Chinese medicine, massage, reflexology, herbal medicines and water immersion (Sullivan, 2015). Some of these methods are more effective than others, with some being more appropriate as adjunct methods used in combination with modern pain management procedures such as those stated in the introduction, or with other alternative methods. Some of the methods including acupressure, aromatherapy and massage therapy have also not been explored enough in a clinical research setting, thus the data is insufficient to provide a sweeping approval of their lone use (Sullivan, 2015). Midwifery is also being more
considered by women. In a study considering the midwife-led continuity of care approach (where the midwife is the primary health professional involved from the first appointment to the earlier days of parenthood), 15 studies involving 17,674 mothers and babies were analyzed. It was observed that women who used the continued care of a midwife were less likely to use epidural as well as more likely to experience no intrapartum analgesia/anaesthesia, less likely to have instrumental births, episiotomies, less likely to experience preterm birth, lower risk of infant mortality and the chances of spontaneous vaginal birth increased (Sandall et al., 2016).

Some of the nonpharmacological methods utilized by midwives include immersion in water that is warm during the initial stages of labour and intracutaneous or subcutaneous injections of sterile water near the lumbosacral spine to reduce pains in the back associated with labor. These injections also decrease the probability of caesarean births (Rooks, 2012). Caesarean sections are another factor to consider because they have been on the rise in recent decades, with the analysis of trending data from 121 countries showing that between 1990 and 2014, the international average for caesarian sections increased 12.4%, demonstrating annual average increase rates of 4.4% (Betrán et al., 2016). The more comfortable attitudes towards caesarian births have been influenced by elements such as psychosocial factors, anxiety involving the delivery, financial factors, cultural and social factors, all leading to the perception that such a procedure is exempt from complications (Mylonas et al., 2015). Despite these relaxed attitudes towards caesarian sections, concerns regarding the procedure involve intraoperative risks like organ injuries, infections, need for blood transfusions as well as postpartum adverse effects such as thromboembolic complications and complications regarding later pregnancies such as placental anomalies, uterine rupturing, and infertility (Mylonas et al., 2015). There have also been studies which speak of the risks that pre-labor caesarean sections have on newborns such as
associations with short-term immune responses like minimalized expression of inflammatory markers, thus leading to increased risks of immune diseases such as celiac disease, type 1 diabetes, asthma and allergies (Cho et al., 2013). What the aforementioned compiled data suggests is that there are great advantages to be had in considering nonpharmacological as well as nonintrusive methods of child birth. Of course, pharmaceutical analgesics as well as caesarian sections can be lifesaving but they should be the exception as opposed to the norm, considering some of their side effects. In terms of assessing the pain that women were expecting to experience during labour, a study published by the Foundation for Informed Medical Decision Making stated that primiparous as well as multiparous women had difficulties concerning their pain management in advance of labour, including a lack of knowledge on the utilization of nonpharmacological methods of pain management such as relaxation and breathing (Lally et al., 2014).

**Assessment**

The topic at hand is very important because as stated earlier, there has been an increase of women interested in nonpharmacological methods of pain management in labour and child delivery due to the concerning side effects which can occur via the use of drugs as well as surgery in childbirth. A nursing assessment of pain involves analyzing different factors such as the onset of pain, precipitating/palliati...
just to name a few concerning findings (Kozier et al., 2014 pg. 752). In regards to a woman in labor, some nursing interventions that could be utilized involve rehearsing nonpharmacological methods before the commencement of labor and if the woman is unprepared, then they can be taught in early labor stages. These interventions include skin stimulation such as sacral pressure, thermal stimulation, effleurage, change of positioning, distraction techniques such as focal point, imagery, music as well as breathing methods. The managing of environmental disturbances such as bright lights and inadequate temperatures should be considered by the nurse (Leifer, 2015 pg. 164). The nurse must be attentive to notice that the female patient at hand may be experiencing pain and not be communicating it, thus a careful assessment as mentioned before is paramount to making sure that the right approach is taken in regards to the particular patient. Like anything in life, there are favorable and adverse aspects of the current subject at hand. Some of the favorable aspects concerning nonpharmacological pain management include no harm to the mother or fetus, no risk for allergy or adverse drug effects, no hindrance of labour provided that adequate pain management is involved as well as the incidence of increased risk and fear due to insufficiently relieved pain from pharmacological methods (Leifer, 2015 pg. 161).

**Conclusion**

This paper has aimed to explore the multi-faceted subject that is nonpharmacological and nonintrusive methods of pain management in labouring females. Relevant research data has been discussed, with the advantages concerning nonpharmacological and nonintrusive methods as well as the disadvantages concerning procedures such as opioid pain management and caesarean sections. There is much ground to cover in regards to this topic and it appears that the research involving nonpharmacological and nonintrusive methods of pain management and child
delivery will be greatly explored in the medical research of the future due to the increase of popularity in more holistic approaches to health.

References


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