

# Compare the Level of Stress Experienced during Labor between LSCS and Normal Vaginal Delivery among Primi postnatal Mothers in Selected Hospitals at Maharashtra

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**Abstract:** Labor, as a life event, is characterized by tremendous physiological and psychological changes that require major behavioral adjustments in a short period of time. This study was based on comparative descriptive approach. The method used for this study non experimental of comparative descriptive study. Based on this objectives & hypothesis the data were analyzed by using various statistical tests. The study concluded that there is higher stress experienced in LSCS primi postnatal mothers compared to normal vaginal delivery primi postnatal mothers.

**Keywords:** stress, labour, normal vaginal delivery, delivery, primi postnatal mothers, LSCS.

## 1. Introduction

Contractions of the uterus are caused by rising levels of the hormone oxytocin, which has multiple functions in childbirth. If a woman in labour feels anxiety, tension or fear, the 'stress hormones' (such as catecholamines, including adrenaline) rise and stop the release of oxytocin. It's natural to feel a bit anxious.<sup>1</sup> These stress hormones may reduce the flow of blood carrying oxygen to baby, suppress the release of oxytocin, slow down active first stage of labour.

Whenever the mother feel stressed and anxious, their muscles tense up. If that tension isn't released and goes on for too long, the mother will become tired more quickly. Staying relaxed means that muscles are loose, which also makes it easier for you to breathe more rhythmically. This allows the mother and baby to get more oxygen.<sup>2</sup>

Labor stress has been shown to trigger and enhance adaptive responses in both mother and fetus, which may contribute to preventing adverse labor outcomes such as fetal and/or maternal morbidity and mortality. Conversely, labor stress has been linked to detrimental outcomes including immunosuppression, fluid and electrolyte imbalance, delayed wound healing, diminished uterine contractions and prolonged labor in the mother (Alehagen et al., 2001). Furthermore, labor stress causes poor adaptation to extrauterine life and neonatal pathology including heart anomalies, respiratory distress, impaired immunity, hyperbilirubinemia, and necrotizing enterocolitis. Wijma et al. (1998) have also reported that labor stress can have deleterious effects on neonatal neural development and behavior including impaired motor ability, impaired balance reactions, shorter attention spans, impaired muscle coordination and tonic, greater infant irritability, and decreased coping ability.

Labor stress may also contribute to depression, concerns regarding children, concerns about parenting capacities,

negative interpretations of the pregnancy experience, and decreased confidence (Maclean, McDermott & May, 2000).<sup>3</sup>

## 2. Literature Survey

O'Donnel et al; collected placental samples from 56 women at the time of elective caesarean section (O' Donnell et al 2012). Symptoms of maternal anxiety and depression were assessed on the morning prior to the caesarean section using the spielberger state and trait anxiety scale. This scale has been validated in pregnancy (Gunning et al. 2010) and extensively used to assess mood. They found increased anxiety on both scales.<sup>2</sup>

Researchers have found that certain variables can influence labor stress. Variables such as nulliparity, low levels of formal education, absence of antenatal education and unaccepted pregnancy were linked to increased labor stress (Hofberg & Brockington, 2000; Rasch, Knudsen & Weilandt, 2001). Furthermore, a high level of labor stress has been associated with cesarean delivery, increased numbers of labor procedures and longer labors (McNiven, Williams, Hodnett, Kaufman & Hannah, 1998; Maclean et al. 2000; Sadler, Davison & McCowan, 2001).<sup>3</sup>

## 3. Problem Definition

A Study to Compare The Level Of Stress experienced During Labor Between LSCS And Normal Vaginal Delivery Among Primi Postnatal Mothers In Selected Hospitals At Maharashtra

### Objectives

- 1) To assess the level of stress experienced during labour among LSCS primi postnatal mothers.
- 2) To assess the stress experienced during labour among normal vaginal delivery primi postnatal mothers
- 3) To compare the level of stress experienced during labour among LSCS and normal vaginal delivery postnatal mothers.

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- 4) To find out the association between the level of stresses experienced during labour among LSCS and normal vaginal delivery primi postnatal mothers with their selected demographic variables.

#### 4. Methodology/ approach

In the present study a quantitative approach was selected, the research design non experimental of comparative descriptive design was selected. It was best suited for assess the level of stress experienced. The proposed study was undertaken in selected hospital at Maharashtra. The population and samples were primi postnatal mothers and fulfilling the inclusive and exclusive criteria. The sample consist of 30 LSCS primi postnatal mothers and 30 normal vaginal delivery primi postnatal mothers. The sampling technique used in this study was non probability convenient sampling. Tools used for data collection include two section namely demographic variables and self structure rating scale.

#### 5. Results

A self structured rating scale was used for data collection. The analysis was done with the help of descriptive and inferential statistics. Such as mean, SD, percentage and 't' test.

**The data was analyzed and is presented in the following sections:-**

**Section I:** description of demographic variables.

**Section II:** findings of stress experienced scores related to labour among normal vaginal delivery primi postnatal mothers.

**Section III:** findings of stress experienced scores related to labour among LSCS primi postnatal mothers.

**Section VI:** comparison of stress experienced scores between LSCS and normal vaginal delivery primi postnatal mothers related to labour.

**Section V:** findings related to association between the level of stress experienced with selected variables.

Type of delivery	Mean	SD	Mean	t-value	p-value
NVD	28.2	14.9	2.1	4.41	0.000
LSCS	42.4	17.3	2.4		

Significance -  $p < 0.05$

The p value is less than the level of significance that is 0.05. this indicates that the statistical significance difference between the stress experienced related to labour among normal vaginal delivery and LSCS primi postnatal mothers.

It proves the significance LSCS primi postnatal mothers were had more stress experienced than the normal vaginal delivery primi postnatal mothers. This may due to educational effects of might be the effects of mass media.

There is no significance association between age, marital status, employment, religion, family setup, type of marriage and family income.

#### 6. Discussion

The finding of the study was discussed with reference to the objectives and with the findings of the other studies in this section. The present study was undertaken to assess the stress experienced between LSCS and normal vaginal delivery primi postnatal mothers related to labour.

The unexpected change in the medical professional supervising the birth and in location of delivery due to the week- 37-rule may hence increase maternal distress in the middle and higher income groups. This may in turn counteract the potential gains from medical treatments: " [o]nce a woman is in labor, state-anxiety, due to loss of control and feelings of powerlessness, has been found to be positively related to 'abnormal' delivery, in particular prolonged labor " (Paarlberg et al., 2006 ). We examine effects on the presence of meconium in amniotic fluid, which is generally considered the most direct measure of fetal distress during labor and which can lead to severe complications if breathed in by the baby (meconium aspiration) <sup>5</sup>.

According to a study conducted in Australia, regarding Psychological adjustment and satisfaction between women delivering virginally and by Caesarean section it was found that women's satisfaction with the birth experience was distinguished from post partum psychological adjustment, and it was measured by depression, anxiety and confidence in mothering. A sample of 22 women were taken for study. The level of satisfaction was lesser for the mothers who had under gone caesarean than for mother with vaginal delivery<sup>6</sup>

Psychological adjustment may defer among women who gave birth by caesarean section and vaginal delivery .A Prospective case – control observational study was carried out in America, to examine the maternal and neonatal morbidity from elective caesarean section and compare it with vaginal delivery. The need for medication to treat stress/ depression/ anxiety in the 3 months of post partum was 10% versus 5.3% ( $p=0.002$ ). It revealed that Psychological morbidity was found in both groups but it was commoner following elective caesarean section<sup>7</sup>.

#### 7. Conclusion

Mothers experience stress during their labour and delivery hospitalization, identification of anxiety and stress, helps nurses to plan provide holistic care which helps mothers to have smooth hospitalization and minimizes anxiety and stress. Analysis of data shows that there was statistically significance deference level of experienced stress score between normal vaginal delivery and LSCS primi postnatal mothers.

## 8. Future Scope

The future scope of this study has implications for nursing administration, nursing education, nursing research and nursing practice.

### Nursing practice

The findings would help the nurse practitioner to develop insight into the importance of health education in their clinical practice in maintaining the health of society. The study expresses to the nurse clinician that there is an acute need for clinical research. The self structure rating stress scale can be used to assess the level of stress among antenatal mothers.

### Nursing education

The study that suggests that health teaching should be given prime importance in nursing training practice. The findings recommend the educationalist at various educational programme levels to plan develop and utilize various methods of health education and expose students very often to such settings.

### Nursing administration:

There is a need for clinical research for improving the nursing services. The findings shows that there is need for continued health education programmes for pregnant women for first baby at all health care delivery levels. The study suggests the importance of an in-service education for nursing staffs at various levels.

### Nursing research

The findings of the study show that majority of normal vaginal delivery and LSCS PRIMI postnatal mothers had stress about labour. Based on these findings, future researchers or student nurses can conduct further studies on awareness and stress of postnatal mothers during labour on a large sample. The study will motivate the researchers to conduct the same study with different variables on a large scale.

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