



Postpartum Mothers' Perspectives of Comfort Measures used by Nurses and Midwives during Labor and Delivery in a Secondary Level Hospital Maternity in Cameroon

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Objective: The purpose of this study was to explore the various comfort measures which nurses and midwives provide during labour and delivery.

Methods: The study was a cross-sectional hospital based study, carried out in a secondary health facility. Non probability purposive sampling was used to recruit 90 post-partum women at the Buea regional hospital.

Results: A majority of the study participants were between the ages 21-30 years (61%) and most of them (68%) had normal vaginal delivery. The women reported use of a good number of comfort measures, which were physical and emotional support measures. The physical measures included providing for elimination needs and adequate fluid intake (100%), walking (65.6%) and patterned breathing exercises (52.2%) while the emotional support measure were predominantly empowering of the women (90%) and using good communication strategies like active listening (97.8%), allowing for questions and providing adequate responses (97.8%), providing information on labour progress

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(90%) and use of comforting words (50%). However, a substantial number of women reported that although they would have loved to have someone other than the nurse/midwife with them during labour (75.6%) and delivery (92.2%), they were not allowed. In addition, most women also reported a lack of continuous presence by nurses and midwives during labour (81.1%).

Conclusion: Generally, women in this study reported use of both physical, and emotional measures for comfort by nurses and midwives during labour and delivery. However, having a companion in the delivery room was a wish which was not granted for most women.

Keywords: Comfort; labor; delivery; nurses; Cameroon.

LIST OF ABBREVIATIONS

WHO : World Health Organization

SD : Standard Deviation

1. INTRODUCTION

Child birth is one of the most important events of a woman's life, thus it should be an experience in which every woman is supported and receives the most up to date, evidence based care [1,2]. To enable women sail through this process, continuous support during labor has been seen to provide clinically meaningful benefits to women and infants, with no known harm [3-5]. Some of these benefits include increased spontaneous vaginal delivery, shorter duration of labor and decreased cesarean births, [4] However, this is not the case as modern times have seen an increase in medicalization of the management of labor, with emphases being placed on safety, over the emotional aspect [1]. Maternal satisfaction during child birth is dependent on more than creating a painless labour, it is a multifaceted event which includes control and support of maternal preferences for labour and birth [6].

Common elements of the care for women during labor and delivery include emotional support like continuous presence, reassurance and praise, as well as giving information about labor progress and physical measures such as comforting touch, massage, warm baths/showers and adequate fluid intake and output [2,7]. The emotional and cognitive experience of childbirth can have impact on the postpartum physical and psychological state [2,8]. A positive experience can improve maternal wellbeing and facilitate mother-infant bonding, thereby leading to a smooth transition to motherhood [2,9,10]. A negative birth experience on the other hand, increases the risk of outcomes such as postpartum depression and post-traumatic stress symptoms [2,8,11,12]. Comfort measures during

labor and delivery can be provided by healthcare professionals (like midwives, nurses, physicians), family members and doulas (who are personnel trained to provide comfort support to women during labor and delivery) [1,3,13]. The WHO recommends respectful maternity care, effective communication between maternity care providers and women in labour and presence of a companion of choice throughout labour and childbirth, for effective maternal and child health care [14]. Maternal healthcare systems in high- and low- to middle-income countries throughout the world are thus advocating for supportive female companionship during labour [1,15,16].

In Cameroon however, there are barely any publications on labour support and comfort measures during labour and delivery. A majority of published works in the area of maternal and child health are geared towards maternal and child mortality. Haven understood the need to improve maternal and child healthcare, there is a need to explore the comfort measures used by nurses and midwives during labor and delivery in a hospital maternity in Fako, Cameroon. This will inform strategies to enhance maternal services in this country.

2. METHODS

The study was a descriptive, hospital based cross-sectional study, and data was collected within a 4 months period (from January to April 2019). A purposive sampling strategy was used to sample 90 women who had labored and delivered in this maternity because women in the immediate post-partum period were most suitable to achieve the objectives of the study.

The study was conducted in a secondary level hospital maternity in Fako, Cameroon. This maternity has a labour room with 4 beds, 2 delivery rooms with 1 bed each, 5 postnatal wards with 3 beds each and two semi-private wards with 2 beds each.

The study population consisted of postpartum women and included consenting women in the immediate post-partum period, who were admitted in the postpartum wards at the time of study.

A researcher designed structured questionnaire with closed ended questions was used. The questionnaire was made of two sections. Section A was focused on demographic information and Section B had 24 closed ended questions on the use of comfort measures during labour and delivery by attending midwives and nurses. Data was analyzed using descriptive statistics, with the aid of SPSS version 21.0.

3. RESULTS

The study participants had an age range from 17-38years, with a mean age of 26.6years (SD: 4.831years). A greater majority of the women were married (72%). Most of the women (91%) had had between 1 to 3 pregnancies, while 93% had had 1-3 deliveries. Sixty eight per cent of the women had a normal vaginal delivery, 31% had caesarian sections and 01% forcep delivery.

A range of strategies, including physical measures, emotional support measures, like good communication strategies and use of companionship were reported by the women as strategies used by the attending nurses and midwives to comfort them during labour and delivery.

With respect to the physical measures, all the respondents reported that the nurses and midwives made provision for their elimination needs and fluid intake. In addition, they reported use of walking around (65.6%), massage (53.3%), position changes during labour (53.3%), patterned breathing exercises (52.2%) and therapeutic touch (50%) (Table 1). With respect to the emotional support strategies, all the women said that the nurses and midwives understood them and a good number reported that the nurses and midwives were empowering (95.6%) and provided safe and timely care (92.2%). Nevertheless, only a small proportion of women said nurses and midwives used distraction and reassurance (20.0%) for comfort provision. On the other hand however, most women (81.1%) said that nurses and midwives were only sometime present during the period of labor (Table 2).

Looking at communication with the nurses and midwives, most of the women (97.8%) reported that the nurses and midwives did actively listen to them. A greater proportion (94.4%) of the women said they were allowed to ask questions and got adequate responses from their nurses and midwives. In addition, most (90.0%) of them reported that updates on labour progress were provided and some nurses and midwives equally used comforting words (50%) as a comfort strategy (Table 3).

With regards to the use of companionship, 97% of the respondents reported that someone had

Table 1. Physical comfort measures used during labour and delivery (n=90)

Indicators	Categories	Frequencies	Percentages
Use of Therapeutic touch	Yes	45	50.0
Use of Massage	Yes	42	46.7
Use of Patterned breathing exercises	Yes	47	52.2
Assisted with Walking around	Yes	59	65.6
Provision for elimination needs	Yes	90	100.0
Position changes during labour	Yes	48	53.3
Allowing for intake of fluid	Yes	90	100.0%

Table 2. Emotional comfort measures used n=90

Indicators	Categories	Frequencies	Percentages
Use of Distraction	Yes	18	20.0
Use of Reassurance	Yes	18	20.0
Use of Comforting words	Yes	45	50.0
Presence of nurse/midwife throughout labour	All the time	17	18.9
	Sometime	73	81.1
	Not at all	00	00.0

Table 3. Interaction between Parturient and Nurses/Midwives during labour and delivery (n=90)

Area	Indicators	Categories	Frequencies	Percentages
Interaction with nurse/midwives	Was understanding	Yes	90	100
	Was encouraging	Yes	88	97.8
	Was empowering	Yes	86	95.6
	Did listen to you	Yes	88	97.8
	Encouraged you to ask questions	Yes	85	94.4
	Answered your questions	Yes	88	97.8
	Provided safe and timely care during delivery	Yes	83	92.2
	Provided updates on fetal and maternal progress	Yes	81	90
	Education on physiological changes of Labour	Yes	77	85.6

Table 4. Companionship during labour and delivery (n=90)

Companionship during labour and delivery	Had a family member as a companion during Labour	Yes	22	24.4
	Had a family member as a companion during delivery	Yes	7	7.8
	Wanted a family member as a companion during labour	Yes	78	86.7
	Wanted a family member as a companion during delivery	Yes	73	81.1
	Companion of choice	Family members/Partner	71	78.9
	Nurses and/or Midwives only	19	21.1	

accompanied them to the health facility. In this light, a greater proportion of the women said they would have loved to have someone other than a nurse or a midwife to be with them in the room during labor (86.7%) and delivery (81.1%). However, only a small proportion of women said they were allowed a companion during labor (24.4%) and during delivery (7.8%) (Table 3).

4. DISCUSSION

This study explored the various comfort measures used by nurses/midwives as they assisted women during childbirth. Generally, it could be said that the nurses and midwives in the study hospital used a wide variety of measures to comfort women during labour and delivery. Comfort for women during labour and delivery included a range of physical measures, good communication strategies and emotional support strategies.

In line with recommendations by WHO [14], there was adequate provision of elimination needs and fluid intake as a comfort measure. There was also a fair use of walking, patterned breathing

exercises, position change and therapeutic touch. These measures have been shown to be beneficial as they are non-invasive, inexpensive, easy to use, safe and enhances comfort and bonding. The findings in this study is similar to that of Maputle [17] where there was limited use of physical comfort as companions were not encouraged and nurses were not present due to other roles. Also, report by Boateng et al. [18] showed that some barriers to the use of comfort measures by nurse/midwives was shortage of staff, lack of knowledge and disbelief in relief strength.

Generally, it could be said that emotional support measures were poorly employed. The fact that most of the women reported nurses and midwives being present only sometimes during labor and the poor use of reassurance, was short of adequate emotional support. Notwithstanding, it could be that the nurses and midwives could not provide for continuous presence as they have several roles to play and were caring for more than one parturient at the same time, as has been reported in previous studies [5,17]. The emotional well-being of a woman has a big role

to play in the overall birthing experience. Also, as suggested by a previous study, the final stage of the whole labor process is likely to weigh heavily on the quality of the woman's emotional experience [19]. This goes to prove that sufficient emotional reinforcement throughout labor will be required for a positive birth experience.

We found out that communication between the women and the nurses and midwives was effective as a majority of the respondents affirmed that the nurses and midwives were understanding, empowering and listened to them. In addition, we found out that safe and timely care was provided for 87% of the women. This is similar to the findings of Shimoda [20] who noted that midwives developed and maintained good relationships with women by having positive verbal interactions, offering emotional support, and providing timely care for safe deliveries. This has the potential to reduce anxiety and improve the cooperation of the parturient. This was however contrary to findings in similar settings where lack of provision of adequate information about labor processes and progression, poor communication and low involvement of mothers in their plans of care was reported by some of the women in their study [21,22]. This led to a deprivation of full situational control, increased anxiety, stress and other emotional tendencies [22].

Although companionship was a wish of all the women, their choice of a companion varied from a member of their family/partner to just the attending nurse/midwife. However, a good number of women would have loved to have a family member/partner as a companion in the ward with them, but only a lucky few were allowed to do so. This has also been reported in other settings and could be attributed to the challenges of having companions in labour wards in developing countries, which are often shared with other parturient, where there could be a breach of privacy for other parturient, thereby making others uncomfortable [1,18,22,23]. Also, there is sometimes mistrust of companions by health personnel [23]. In our setting, there is diversity in culture and people have gone through various experiences in life giving rise to various schools of thoughts. Thus, this might lead to practices which are not scientifically sound, with questionable outcomes as nurse/midwife will not be present at all times to monitor the interaction between the woman and companion. Some women however did not wish for a companion. In line with other studies, this wish is not strange,

as this goes to challenge the assumption that all women want birth companion [22-24]. This could be attributed to the fact that, some women have reported their presence emotionally stressful, of no help, embarrassing with regards to nakedness, gossip of birth process and abuse [4,23]. Also, the disparity with regards to presence of a companion during labor and delivery shows that, the preferences of women vary throughout the process. This was also the case with study by Afulani et al. [23], where they also stated that the presence of a companion was not guarantee that the woman will be supported or feel supported. This goes to support the notion that companionship during labor and delivery is dependent on the woman's preference. A woman's experience during childbirth, can vary considerably from how a caregiver or relative may experience the same event. There is a tendency for the companion to be more focused on tangible, observable aspects and underestimate psychological aspects [9]. Therefore, health professionals need to care for woman during labor and birth, taking into consideration their preferences given that every woman is unique and will have a unique birth experience [22]. This is to ensure a positive experience for the woman and her family, while maintaining their health, preventing complications and responding to emergencies [7]. Notwithstanding, some authors have suggested that where it is not feasible to allow for a companion in the delivery room, the presence of women's husbands or mothers in the waiting room or being allowed to make a short contact with them could give women comfort and reassurance and make them feel loved [23].

5. CONCLUSION

Comfort for women during labour and delivery in this study was through the use of both physical and psychosocial measures by nurses and midwives. There was also a fair use of therapeutic touch, massage, patterned breathing exercises, walking and intake of fluid during labour. Majority of the women had comfortable birth experience because of good communication with their Nurse/Midwives which involved using active listening and answering the questions of the woman and also providing updates on progress of labour. With regards to companionship, there was noted variation in companions desired by the women, which also varied across the different stages of labor. In this light despite global orientation towards the presence of a companion during childbirth, it is

worth noting that the woman's preference be taken into consideration, as each is unique.

6. LIMITATIONS

Recall bias as data was collected after the event. Also, the study did not explore deeply women's birth experience to bring out reasons for their choices or thoughts.

AVAILABILITY OF DATA AND MATERIALS

The datasets used during the current study are available from the corresponding author on reasonable request.

CONSENT

It is not applicable.

ETHICAL APPROVAL

Authorization for this study was gotten from the Regional Delegation of Public Health and the authorities of the health institution. Confidentiality, honesty and objectivity were maintained throughout the study.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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