Effectiveness of Lower Back Massage And Deep Breathing Exercise on Reduction of Pain Perception During First Stage of Labour Among Primi Gravida Mothers

Anitha M[1], Dr.J.Jayabharathi[2], Priyadharshini .A[3]
[1]Assistant Professor
[2]Vice Principal
[3]Associate professor
[1, 2, 3] Mother Theresa post graduate and research institute of health sciences
Karaikal branch ,Pondicherry university ,Puducherry

Abstract- *Pain in labor is nearly a universal experience. Pregnant women commonly worry about the pain they will experience during labor and child birth. During the first stage of labor uterine contractions cause cervical dilatation, effacement and uterine ischemia (decreased blood flow and therefore the local oxygen deficit) resulting from contraction of the arteries to the myometrium. During the first stage of labor, women usually perceive the visceral pain of diffuse abdominal cramping and uterine contractions. OBJECTIVES: To assess the pre-test level of pain perception among primigravida mothers in both Experimental group I and Experimental group -II ,To assess the effectiveness of lower back massage on pain perception among primi gravida mothers in Experimental group –I ,To assess the effectiveness of Deep Breathing Exercise on pain perception among primi gravida mothers in Experimental group –II ,To compare the effectiveness between Lower back massage and Deep breathing exercise among primi gravida mothers ,To find out the association between pretest score of pain perception among primi gravida mothers with selected demographic variables.MATERIALS &METHODS : Quantitative approach with Pre experimental design (two group pre- test and post-test) was adopted in this study. Sixty (60) primi gravida mothers who were in first stage of labor with 4-7cm cervical dilatation admitted at Government maternity hospital,Karaikal were selected as a sample for the study by Using non-probability purposive sampling technique. Sample size was 60 (30 in experimental group –I and 30 in experimental group –II).pre test was conducted by using Mc caffery numerical pain scale to assess the pain perception .The intervention for the study in experimental group-I lower back massage was given for 20 mints every one hour interval for three times and In experimental group –II Deep breathing exercise was given about 20 mints for every one hour interval for three times .Post test was conducted using the same tool as used in pre test. Descriptive statistical methods like percentage, mean, standard deviation inferential statistics like paired' test and un-paired 't' test was used to analyze the collected data.Results and conclusion : Study results shows that, in experimental group –I the calculated 't' value on pain perception was 29.427 which is highly significant at p<0.05 level and calculated 'and in experimental group –II 't' value on pain perception was 16.000 which is highly significant at p<0.05 level .The present study revealed that regarding effectiveness of lower back massage and deep breathing exercise on pain perception calculated 't' value is 5.616.Hence, this study concluded that both lower back massage and deep breathing exercise on pain perception was effective on reducing labor pain perception first stage of labor .But, deep breathing exercise was more effective than lower back massage based on the calculated "t' value.*

I. INTRODUCTION

"Birth is not only about making babies ,Birth is about making mothers strong, competent capable, mothers who trust themselves and know their inner strength"

Labor is an emotional experience and mainly involves both physiological and psychological mechanisms of a mother .The pain occur during labor is incredibly severe but despite this its memory diminishes with time. Labor pain during first stage of labor is mediated by T10 to L1 spinal segments, whereas that in the second stage is carried by T12 to L1, and S2 to S4 spinal segments.

Pain during labor is caused by uterine muscles contraction and by pressure on the cervix. This pain are going to be felt as strong cramping within the abdomen, groin, and back, furthermore as an achy feeling. Some women experience pain in their sides or thighs furthermore. Other causes of pain during labor include pressure on the bladder

and bowels by the baby's head and the stretching of the passageway and vagina.Anyway,the pain accompanies with the strain reactions and for resolving it, therapeutic and aggressive interventions are needed. Considering that the factors affecting pain experience include the age, prediction of the pain, gender and culture therefore the right therapeutic and psychosocial interventions should be in pass everybody supported her/his culture, psychosocial strengths and weaknesses and individual need.

During labor, every woman experiences a point of pain, but perception of pain is different from one individual to a different. Pain is that the unpleasant sensory and emotional experience and it begins with stimuli but influenced by physiological and psychological factors. During childbirth, as fear and anxiety heighten leads to increase muscle tension which inhibiting the effectiveness of contraction and increase discomfort..

Non-pharmacological methods like breathing techniques and massage are some self-help comfort measures women may initiate during labor to achieve an effective coping level for their labor experience without any maternal and fetal complications. Breathing exercises as labor support is a non-pharmacological measures which helps to focus on breathing and reduce the pain during delivery. It Non-pharmacological methods like breathing techniques and massage are some self-help comfort measures women may initiate during labor to achieve an effective coping level for their labor experience without any maternal and fetal complications. Breathing exercises as labor support is a non-pharmacological measures which helps to focus on breathing and reduce the pain during delivery. It makes contraction more manageable, so breathing exercise cannot be under estimated, since it is proved through experiments and experience of many mothers.

Many different types of massage can help manage pain during labor. Foot, hand, back, and shoulder rubs may all appeal to you. One study from 2010 found that a 15-minute massage each hour during labor helped alleviate pain and was even associated with shorter labor .Additionally, perineal massage can help protect and prepare the perineum for the stretching involved in birthing a baby.

During massage, large amounts of endorphins are released into the bloodstream. This explains the slightly groggy effect, lightheaded, sense of well-being. Famed Victorian physician Dr. Dowse remarked in 1887: "The mind, which before massage is in a perturbed, restless, vacillating, and even despondent state, becomes calm, quiet, peaceful, and subdued after massage. In fact, the wearied and worried mind has been converted into a mind restful, placid, and refreshed."

During labor, breathing exercise is the most important natural pain control mechanism. Slow paced breathing helps to release the endorphins into the body which are extremely useful in relieving overall physical pain and aches. Slow paced breathing is makes contraction more manageable performed at approximately one half of the women's normal breathing rate. It aids in relaxation and provides optional oxygenation. In the first stage of labor, such breathing techniques can promote relaxation of the abdominal muscles and thereby increases the size of the abdominal cavity. This approach lessens discomfort generated by friction between the uterus and abdominal wall during contractions. Among all the non pharmacological methods for labor pain acupressure and breathing exercise are the best methods because both interventions are safe, free from side effects, giving lasting cure, economical, and it is compatible with other forms of treatment.

Armando solarte et al (**2020)** conducted a systematic review on breathing technique in pain and cognitive function. breathing techniques are key components of yoga, meditation and relaxation practices that are well known for reducing anxiety and improving overall well-being. To evaluate the efficacy of breathing techniques in pain and cognitive function. When combining the different breathing techniques vs control in the included studies, we found a statistically significant difference in terms of the visual analog scale (difference of means, random effects; -1.21 [95% ci -1.75 to -0.68]; i2: 95%). Meditation-based breathing techniques would improve pain and cognitive function in patients with a painful entity or healthy volunteers.

Now a days ,many pharmacological managements are available to reduce pain but it has more side effects and complication .when non pharmacological measures like breathing exercise ,acupressure ,music therapy ,back massage ,birth ball technique ,yoga ,hydro therapy ,etc are used ,which can helps in reducing labor pain perception and also minimize the risk of side effects for the mother and ba0by and it will provide comfort to the mothers .by non pharmacological methods do not require special training and method of administration is also easy and inexpensive .so the researcher intended to do this study.

II. MATERIALS AND METHODS

Study area

The study was carried out in obstetrics and gynecological unit at Government maternity hospital, Karaikal. The hospital situated in Karaikal city which about 4kilometers meters away from Karaikal new bus stand and

about 5 kilometers away from mother Theresa post graduate and research institute of health sciences, college of Nursing , Karaikal. The population for the study was primi gravida mothers who will be in the first stage of labor.

Study design

In this study a Pre-Experimental Two group pre-test and post test design is selected to assess the effectiveness of lower back massage and deep breathing exercise on reduction of pain perception among Primi Gravida mother.

Group	Pre test	Intervention	Post test	Effectiveness
Experimental Group - I	O_1	X_1	O_2	E_1
Experimental Group -II	O_3	X_2	O_4	E_2

Statistical sample and sampling Technique

Sample size selected in this study is 60 (30 in Experimental Group -I and 30 in Experimental Group –II) .The sampling technique used in this study is the Non – probability purposive sampling technique.

Data collection technique

Section –A Demographic variables And obstetrical variables

It consists of demographic characteristic of primi gravida mothers such as age, educational status, occupations, religion, family income per month, type of marriage, type of family, supportive person, pregnancy pattern, locality and obstetrical data such as age at menarche, duration of married life, menstrual cycle, gestational weeks during first antenatal visit, no of antenatal visit.

SECTION –B Mc caffery numerical pain scale

It consist of Mc caffery numerical scale as allow to describe the intensity of discomfort in number of ranging from 0-10 greater depending on the scale numerical scale include words description of better label the symptoms from feeling of no pain . Some researcher believes this type of combination scale may be most sensitive to gender and ethnic difference in describing pain.

Mc caffery Numeric pain scale
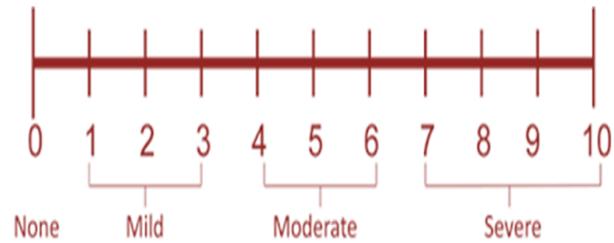
scoring the level of pain among primi gravida mothers

TABLE-1

Level of pain score	score	Percentage of score
No pain	0	0%
Mild pain	1-3	10-30%
Moderate	4-6	40-60%
severe	7-10	70-100%

Feasibility study

Content validity of the tool was established by sending the structured questionnaire, numerical scale, anxiety scale and content of lower back massage and deep breathing exercise to experts in the field of obstetrics and gynecology nursing .their opinion and suggestion was taken to modify the intervention.

Reliability:

Reliability of the tool was tested by implementing the tool on four parturient mothers other than sample. It was done in Government maternity hospital, karaikal. Test –Retest method where karl pearson's correlation formula was used to find out reliability of the standard Mc-caffery numerical pain scale .The reliability was found to be(r=0.9).

Plan for data analysis

The collected data will be planned to be organized based on the objectives of the study by using descriptive statistics that is percentage, mean , and mode standard deviation (SD) and inferential statistics ,such as chi- square and unpaired test was used .The unpaired test was used find out difference between deep breathing exercise and lower back massage .Chi-square was used to test the association between demographic variable with post test pain level .The data was planned to be presented in the form of table and figure .

III. STAGES OF DATA COLLECTION

EXPERIMENTAL GROUP –I

Pre test will be conducted among primi Gravida mothers in Government maternity Hospital, Karaikal,The procedure will be explained to them in detail with advantages,Informed consent will be obtained,Pre test will be conducted mother from 4-7cm dilatation By using the Mc caffery Numerical pain scale for pregnant women in labor.

INTERVENTION

Assess 4-7cm cervical dilatation **.**the level of labor pain perception by using the Mc caffery Numerical pain scale and anxiety assessment scale for pregnant women in labor (AASPWL),The lower back massage was administered when the cervical dilatation is from 4-7cm and then Mothers are positioned in their left lateral position and Lower back massage will be given for the duration of 20 mints at one hour interval for Three times. Lower back massage was applied in the lower portion of back from lower lumbar region to waist and buttocks with the use of Effleurage for 20 mints. After that the pain perception using the Mc caffery Numerical pain scale

POST –TEST

Post test will be conducted after three application of lower back massage from 4-7cm cervical dilatation.

EXPERIMENTAL GROUP –II

Pre test will be conducted among primi gravida mothers in Government maternity Hospital,Karaikal .The procedure will be explained to them in detail with advantages .Informed consent will be obtained.Pre test will be conducted from 4-7cm cervical dilatation By using Mc caffery Numerical pain scale for pregnant women in labor .

INTERVENTION

When mother has 4-7cm cervical dilatation, assess the level of labor pain perception using in Mc caffery Numerical pain Scale for pregnant women in labor. Mothers are positioned in their side lying when the contraction begins. Mother is instructed to take a deep breath when contraction begins. Instruct the mother to take a organizing breath, a big sigh as soon as the contraction begins and release all tension as mother breathe out and tell the mother slowly inhale through the nose and exhale through mouth at rate of 8-10 breathe per minute for 20 mints at 1 hour interval for three times in the Group-II .The therapy was administered when the cervical dilatation is from 4-7cm.

POST –TEST

Post test will be conducted after application of deep breathing exercise for three times from 4-7cm cervical dilatation after that the pain perception was assessed using Mc caffery Numerical pain Scale for pregnant women in labor.

IV. RESULT AND DISCUSSION

DISTRIBUTION OF PRIMI GRAVIDA MOTHERS BASED UPON THE DEMOGRAPHIC VARIABLES AND OBSTETRICAL VARIABLES

Distribution of primi gravid mothers according to Age :In Experimental group –I with regard to age, 20% of mother were in the age group of below 20 years, 36.7% of mother were in the age of 21-25years,40% of mother were in the age group of 26-30years and 3.3% of mother were in the age group of above 30 years .In experimental group –II with regard to age,16.7% of mother were in the age group of 20 years,30% of mother were in the age group of 21-25years,46.7% of mother were in the age group of 26-30years and 6.7% of mothers in the age group of above 30 years .

Distribution of primi gravida mothers based on the Education In Experimental group -I 26.7% of primi gravid mothers were completed primary education,33.3%of primi mothers were completed secondary education,40% of mothers were completed graduation, no mothers were in the category of non-formal education and In Experimental group -II were 30% of mothers completed primary education,36.7% of mother were completed secondary education ,33.3%of mother were completed graduation and no mothers were in the category of non-formal education .

Distribution of primi gravida mothers based on Occupational status In Experimental group –I based 46.7% primi gravid mothers were employed and 53.3% mothers were unemployed. In experimental group -II 50% of primi gravid mothers were employed and 50% of primi gravida mothers were unemployed.

Distribution of primi gravida mothers based on the Religion In experimental group -I 66.7% of primi gravida mothers belongs to the Hindu religion,16.7% belong to muslim religion,16.7% of primi gravid mothers belong to Christian.In experimental group –II 60% of primigravida mothers belongs to the Hindu religion ,16.7% belongs to the muslim religion ,23.3% of primi gravida mothers belongs to Christian .

Distribution of primi gravida mothers according to their Family income In Experimental group –I 66.7% of primi gravida mothers had the family income between Rs.5,001-

10,000, 33.3% of primi gravida mothers had the family income of above 10,000, no primi gravida mothers had the family income of less than 5000.In experimental group –II 66.7 of primi gravida mothers had the family income between Rs.5,001-10,000, 33.3% of primi gravida mothers had the family income of above 10,000, None of them had the family income of less than 5000.

Distribution of primi gravida mothers based on the Type of marriage ,In experimental group-I 33.3%of primi gravida mother had consanguineous marriage and were in 66.7% of primi gravid mothers had non-consanguineous marriage .The above figure -8 shows that ,in experimental group -II 40% of primi gravida mothers had consanguineous marriage and 60% of primi gravida mothers had Non-consanguineous marriage..

Distribution of primi gravida mothers based on the Type of family, In experimental group –I 43.3% of primigravida mothers were from nuclear family and about 56.7% of primi gravida mothers were from joint family.In experimental group-II 50% of primi gravida mothers were from Nuclear family and 50% of primi gravida mothers were from joint family.

Distribution of primi gravida mothers based on the supportive person In experimental group –I 46.7% of primi gravida mothers were supported by her husbands , 53.3% of primi gravida mothers were supported by her parents .In experimental group –II 53.3% of primi gravida mothers were supported by her husbands , 36.7% primi gravida mothers were supported by her parents and 10% primi gravida mothers were supported by her friends .

Distribution of primi gravida mothers based on the pregnancy pattern In experimental group –I 40% percentage of primi gravida mothers pregnancy pattern were planned one and 60% of primi gravida mothers pregnancy pattern were unplanned one,In experimental group –II 56.7% of primi gravida mothers pregnancy pattern were planned one, 43.3% primi gravida mothers pregnancy pattern were unplanned one.

Distribution of primi gravida mothers based locality, In Experimental group –I 46.7% of primi gravida mothers were residing at urban, and 53.3% primi gravida mothers were residing at rural area.In Experimental group –II 50% of primi gravida mothers were residing at urban from urban and 50% percentage of primi gravida mothers were residing at rural area

Distribution of primi gravida mother based on the age at menarche, In Experimental group –I about 50% of primi gravida mothers were attained menarche at the age between 10-12years, 50% primi gravida mothers attained menarche at

the age between 12-14 years, In experimental group –II 30% of primi gravida mothers attained menarche at the age between 10-12years, about 70% primi gravida mothers attained menarche between the age between 12-14years .

Distribution of primi gravida mothers according to the Duration of married life In experimental group -I about 33.3% primi gravida mothers duration of married life were 0-5 years, 66.7% of primi gravida mothers duration of married life were 5- 10 years,none of the primi gravida mothers duration of married life were more than 10 years.in experimental group –II 56.7% of primi gravida mothers duration of married life were 0-5 years ,about 43.3% primi gravida mothers duration of married life was 5- 10 years, about none of the primi gravida mothers duration of married life were more than 10 years.

Distribution of primi gravida mothers based on menstrual cycle, In Experimental group -I 60 % of primi gravida mothers had the history of regular menstrual cycle and 40% of primi gravida mothers had irregular menstrual cycle. In experimental group –II 80 % of primi gravida mothers have regular menstrual cycle and about 20% primi gravida mothers have irregular menstrual cycle.

Distribution of primi gravida mothers based on gestational weeks during first antenatal visit In Experimental group - I 80% of primi gravida mothers Gestational weeks during first antenatal visit were 12 weeks and 20% of primi gravida mothers Gestational weeks during first antenatal visit were in 12-14 weeks and 0% of primi gravida mothers Gestational weeks during first antenatal visit were more than 14 weeks . In experimental group - II 20% of primi gravida mothers Gestational weeks during first antenatal visit were 12 weeks and about 43.3% of primi gravida mothers Gestational weeks during first antenatal visit were 12-14 weeks and 36.7% of primi gravida mothers Gestational weeks during first antenatal visit were more than 14 weeks . .

Distribution of parturient mothers based on number of antenatal visit ,In experimental group -I 26.7% of primi gravida mothers were attended 1-5 antenatal visits 40% of primigravida mothers were attended 6-10 antenatal visit and 33.3% of primi gravid mothers were attended more than 10 antenatal visit. In experimental group -II about 50% of primi gravida mothers were attended 6-10 antenatal visit and 50% of primi gravid mothers were attended more than 10 antenatal visit. .

COMPARISON OF PRETEST AND POSTTEST LEVEL OF PAIN AMONG PRIMI GRAVIDAMOTHERS IN EXPERIMENTAL GROUP-I (N -30)

TABLE -1

Level of Pain	Pretest		Posttest	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Mild	-	-	12	40.0
Moderate	13	43.3	18	60.0
Severe	17	56.7	-	-

STable. 1 -shows that during pre test 43.3% of primi gravida mothers had moderate pain perception and 56.7% of primi gravida mothers had severe pain perception and 0 % none of them had mild mild pain.

After the intervention of lower back massage during post test 40% of primi gravida mothers had mild pain perception and 60 % of primi gravida mothers have moderate pain perception and none of them had severe pain perception.

COMPARISON OF PRETEST AND POSTTEST LEVEL OF PAIN AMONG PRIMI GRAVIDA MOTHERS IN EXPERIMENTAL GROUP-II
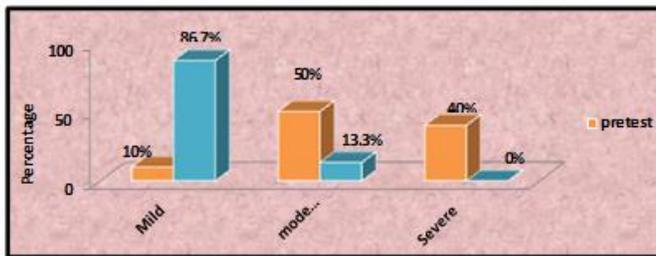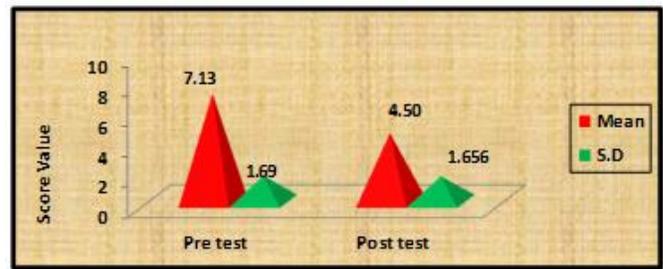
FIGURE -1

Figure: 1 Comparison of pretest and posttest level of Pain among Primi gravida Mothers in Experimental Group-II

Figure.1 shows that during pre-test 10% of primi gravida mothers had mild pain perception,50% of primi gravida mothers had moderate pain perception and 40% of primi gravida mothers had severe pain perception .After the intervention of deep breathing exercise during post-test 86.7% of primi gravida mothers had mild pain perception, 13.3% of primi gravida mothers had moderate pain perception, none of them had severe pain perception.

COMPARISON OF MEAN AND STANDARD DEVIATION OF PRETEST AND POSTTEST LEVEL OF PAIN AMONG PRIMIGRAVIDA MOTHERS IN EXPERIMENTAL GROUP-I
FIGURE –II   N=30

Figure –II Comparison of mean and standard deviation of pretest and posttest level of Pain among Primigravida Mothers in Experimental Group-I

,

Figure.II shows that, In experimental group –I during Pretest pain perception mean were 7.13,SD value were 1.697,and mean percentage were 71.3%.and post test mean were 4.50 ,SD value were 1.656 and ,mean percentage were 45%.The mean score reveals that, there is a significant difference after application of lower back massage on pain perception .

COMPARISON OF MEAN AND STANDARD DEVIATION OF PRETEST AND POSTTEST LEVEL OF PAIN AMONG PRIMIGRAVIDA MOTHERS IN EXPERIMENTAL GROUP-II

TABLE –II   N-30

S.No.	Level of Pain	Mean	SD	Mean Percentage
1.	Pretest	6.93	1.593	69.3%
2.	Posttest	2.37	0.711	23.7%

TABLE –II Shows in experimental group II in pre-test level of Pain perception mean score were 6.93, SD value were 1.593,mean percentage were 69.3% and post test mean score was 2.37,SD value were 0.711,mean percentage were 23.7%.The mean score reveals that there is a significant difference after application deep breathing exercise on pain perception .

ASSESSMENT OF EFFECTIVENESS OF LOWER BACK MASSAGE ON PAIN PERCEPTION AMONG PRIMI GRAVIDA MOTHERS

TABLE -3

Effectiveness of Lower Back Massage on Pain Perception	Mean	S.D	Std.Error Mean	t-value	d.f	P-value	Significance
Pretest	7.13	1.697	0.310				
				29.427	29	0.000*	SIGNIFICANT
Posttest	4.50	1.656	0.302				

*-Significant at 5% (p<0.05) level 00

Table-III shows that ,the calculated 't' vale is 29.427 and table value at df 29 is 2.05.hence calculated 't' value is greater than table value ,hence which is highly significant at p<0.05 level.

ASSESSMENT OF EFFECTIVENESS OF DEEP BREATHING EXERCISE ON PAIN PERCEPTION AMONG PRIMI GRAVIDA MOTHERS

TABLE –IV

Effectiveness of Deep Breathing Exercise on Pain Perception	Mean	S.D	Std.Error Mean	t-value	d.f	P-value	Significance
Pretest	6.93	1.596	0.291				
				16.00	29	0.000*	SIGNIFICANT
Posttest	2.67	0.711	0.130				

*-Significant at 5% (p<0.05) level

The tableIV -shows that ,the calculated t -value is 16 and table value at df 29 is 2.12,.hence calculated 't' value is greater than table value ,hence which is highly significant at p<0.05 level

Assessment of effectiveness of lower back massage and deep breathing exercise on   pain perception among primi gravida mothers

TABLE –V

Intervention	Mean	S.D	Std.Error Mean	d.f	"t" test value
Lower Back Massage	2.67	0.711	0.130		
				58	5.616*
Deep Breathing Exercise	4.53	1.676	0.306		

*-Significant at 5% (p<0.05) level

TABLE –V Reveals that In lower back massage on pain perception among primi gravida mothers mean was 2.67, standard deviation was 0.711,standard error mean was .130whereas,In Deep Breathing Exercise on pain perception among primi gravida mothers mean was 4.53, standard deviation was 1.676,standard error mean was.306.and Lower Back Massage ,Deep Breathing Exercise mean difference was 58,t-value 5.616.(df 58).Hence,which is highly significant at p<0.05 level.

Association between pretest score of pain perception among primi gravida mothers with selected demographic and clinical variables for Experimental group-I

Chi square was calculated to find out Association between pretest score of Pain perception among primi gravida mothers with selected demographic and clinical variables for Experimental Group-I.There is significant association between pre test score of pain with age, duration of married life and education. There is no other significant association between pre test score of pain and selected demographic variables and obstetrical variables such as type of family, Occupation, Religion, Income, Type of Marriage, Pregnancy Pattern, Locality, supportive person, Age at menarche, Duration of Married life, Menstrual Cycle ,Gestational weeks during first antenatal visit and number of antenatal visit**.**

Association between pretest score of pain perception among primi gravida mothers with selected demographic and clinical variables for Experimental group-II

Chi square was calculated to find out Association between pretest score of pain perception among primi gravida mothers with selected demographic and clinical variables for Experimental Group-II.There is significant association between pre test score of pain with Type of family and supportive person. There is no other significant association between pre test score of pain and selected demographic variables and obstetrical variables such as age, education, Occupation, Religion, Income, Type of Marriage, Pregnancy Pattern, Locality, Age at menarche, Duration of Married life, Menstrual Cycle ,Gestational weeks during first antenatal visit and number of antenatal visit.

In a parallel study conducted by **NAWRAS MONIM ALZURFI1, SHUKRIYIA SHADHAN AL-OGAILI 2021T**he aim of the study is identify the effect of non-pharmacological method technique (breathing) on severityof pain through comparing woman's pain score during labor.A quasi-experimental Design is used through the present study in order to achieve the study objectives. The period of the study is from 15th January to 4thJune 2020. A Non-Probability (Purposive Sample) of (60) women (30) of them are control group and (30)women are the study group, selected from those who are admitted to Al-Zahraa Maternity Teaching Hospital/Al-Forat Teaching Hospital, are included in the study sample. Labor pain was assessed using the scaleknown as: Face, Leg, Activity, Cry, And Consolability (FLACC). Breathing Technique was use as a no-npharmacological

method to reduce pain **.** The current study revealed that applying the non-pharmacological pain managing interventions (breathing) showed a remarkably significant reduction in pain according toin FLACC behavioral scale regarding the other stages (active phase (after intervention); transition phase;second Phase; third Phase) which. . It is concluded that breathing has reduced pain during active phase,transition phase, and second phase

ACKNOWLEDGEMENT

V. CONCLUSION

Lower back massage provided and   Deep breathing exercise which were taught to the mothers in the first stage of labour not only giving comfort ,but also convey caring ,sympathy ,encouragement ,acceptance and support .on the whole the study was enriching and provided new learning experience to the investigator in the field of research ..

REFERENCES

[1] Adele pilliteri (2003), Maternal and Child health nursing.Fourth edition.Phildephia: Loppincott and Williams publications

[2] Arulkumaran etal (2004), Essentials of obstetrics, First edition,New Delhi, Jaypee publications.

[3] Basavanthappa, B.T. (2009) Nursing Research. Fourth edition.New Delhi: Jaypee brothers.

[4] Benett, V. Ruth And Brown Linda,(1999) Myles Text Book for midwives, Thirteenth Edition, Philadelphia, Churchill Livingstone Publications.

[5] Brunchen, C.. Mary et.al. (1991) Pain Management during Childbirth, First Edtion, Philadelphia, J.B.Lippincott Company.

[6] Chalmus et al. (1986) Effective care in Pregnancy and childbirth, first Edition, New York, Oxford University Press Limited.

[7] Cunningham, Kenneth etal (1997), Williams Obstetrics, Twenty second edition, New York, McGraw Hill publications.

[8] . Sahar Mansour Lamadah, Ibtesam Nomani, The Effect of Aromatherapy Massage Using Lavender Oil on the Level of Pain and Anxiety During Labour Among Primigravida Women, American Journal of Nursing Science. Vol. 5, No. 2, 2016, pp. 37-44. Doi: 10.11648/j.ajns.20160502.11

[9] Tuschy, B., Berlit, S., Stützer, P., Lis, S., Schmahl, C., Baumgärtner, U., & Sütterlin, M. (2018). Evaluation Of Psychosocial And Biological Parameters In Women Seeking For A Caesarean Section And Women Who Are Aiming For Vaginal Delivery: A Cross-Sectional Study. Archives Of Gynecology And Obstetrics, 297(4), 897–905.

[10] Choudhary, Suman & Prakash, Kamli & Mahalingam, Gomathi & Mahala, Prakash. (2018). Effectiveness Of Labor Support Measures On The Pain Perception Of Mothers In Labor. International Journal Of Medical Science And Public Health. 1. 10.5455/Ijmsph.2018.0204519022018.

[11] Babu lal meena (2018) Study To Assess The Anxiety Related To The Onset Of Labor And Delivery Among Primigravida Mothers Admitted For Delivery At The Selected Hospital, Jaipur, Rajasthan, International Journal Of Nursing And Medical Investigation/ ISSN No: 2656-4656 DOI: 10.31690/Ijnmi/38.

[12] Sujita Devi, Ningthoujam & Shinde, Priyanka & Shaikh, Gulista & Khole, Shital. (2018). Level Of Anxiety Towards Childbirth Among Primigravida And Multigravida Mothers. 221-224.

[13] G, Raksha & T, Anjali & T, Kirna. (2017). An Exploratory Study To Assess The Factors Causing Anxiety Among Primigravida Planned For Normal Vaginal Delivery And Caesarean Section Admitted At Mata Kaushalya Hospital, Patiala, Punjab. Maternal And Pediatric Nutrition. 03. 10.4172/2472-1182.1000122.

[14] Witteveen, A.B., De Cock, P., Huizink, A.C. *Et Al.* Pregnancy Related Anxiety And General Anxious Or Depressed Mood And The Choice For Birth Setting: A Secondary Data-Analysis of the deliver Study. *BMC* Pregnancy Childbirth 16, 363 (2016).

[15] MS.Raji Et Al,(2016). A Descriptive Study To Assess The Maternal Anxiety During Pregnancy At A Selected Tertiary Care Hospital, Kelambakkam, Kanchipuram District, Tamil Nadu, India. International Journal Of Scientific Research/Volume 5/Issue 8.

[16] Madhavanprabhakaran, Girija & Kumar, K. & Shanthi, Ramasubramaniam & Akintola, Adenike. (2013). Effects Of Pregnancy Related Anxiety On Labour Outcomes: A Prospective Cohort Study. Journal Of Research In Nursing And Midwifery (JRNM) (ISSN: 2315- 568x).

[17] Ms. Anupriya Et Al (2018) a quasi experimental study to assess the effectiveness of paced breathing exercise in pain management during first stage of labor among primi gravida mothers admitted in labor unit, International

Journal For Research Trends And Innovation/ Volume 3, Issue 6 | ISSN: 2456-3315.

[18] Labour Pains Admitted In Labour Room Of A Selected Hospital, Ludhiana, Punjab, India. International Journal Of Reproduction, Contraception, Obstetrics And Gynecology/DOI:

[19] Mrs.Meena. Et Al(2019) To Evaluate The Effectivness Of Massage Therapy In Reducing Level Of Pain Perception Among Primigravida Mothers, International Journal Of Engineering Research And General Science Volume 7, Issue 5, ISSN 2091-2730.

[20] Chauhan, Kamini & Rani, Seema & Bansal, Priyanka. (2016). Effectiveness Of Olive Oil Back Massage On Reduction Of Labor Pain During First Stage Of Labor. INTERNATIONAL JOURNAL OF NURSING & MIDWIFERY RESEARCH. 3. 32-36.

[21] Baljon, K. J., Et Al (2020). Effectiveness Of Breathing Exercises, Foot Reflexology And Back Massage (BRM) On Labour Pain, Anxiety, Duration, Satisfaction, Stress Hormones And Newborn Outcomes Among Primigravidae During The First Stage OfLabour In Saudi Arabia: A Study Protocol For A Randomised Controlled Trial. *BMJ Open, 10(6), E033844.*

[22] Shilpa Katoch Et Al.2018, Effectiveness Of Acupressure And Breathing Exercise On Level Of Pain During Active Phase Of Labour Among Primigravida Parturient Women. Int J Recent Sci Res. 9(2), Pp. 24525- 24533.

[23] Uma, Ranga (2018) A Study To Assess The Effectiveness Of Lower Back Massage And Breathing Exercises On Reduction Of Anxiety And Pain Perception Among Primigravida Mothers During First Stage Of Labour At Deepam Hospitals Limited, Tambaram, Chennai. Masters Thesis, Padmasree College Of Nursing, Walajabad./

[24] Bharti Satish Weljale. (2021). Effectiveness Of Back Massage Vs Breathing Exercises On Labour Pain And Anxiety Among Primigravida Mothers During First Stage Of Labour In Pravara Rural Hospital, Loni (Bk). Indian Journal Of Public Health Research & Development, 12(2), 75- 79.

[25] Unalmis Erdogan, S., Yanikkerem, E., & Goker, A. (2017). Effects Of Low Back Massage On Perceived Birth Pain And Satisfaction. Complementary Therapies In Clinical Practice, 28, 169–175.

[26] MEMCHOUBI K 2016, Effectiveness Of Back Massage In The First Stage Of Labour Among Women Admitted In The Selected Hospital. International Journal Of Nursing Education And Research.Volume:4/Issue:3.

[27] Tyseer Marzouk Et Al (2019) Effectiveness Of Breathing Exercise On Reducing Pain Perception And State Anxiety Among Primi Parturients IOSR Journal Of Nursing And Health Science (IOSR-JNHS) E-ISSN: 2320–1959.P-ISSN: 2320–1940 Volume 8, Issue 2.

[28] Dengsangluri Et Al (2015) Effect Of Breathing Exercise In Reduction Of Pain During First Stage Of Labour Among Primigravidas, International Journal Of Health Sciences And Research Www.Ijhsr.Org ISSN: 2249-9571.

[29] Pallivalappila, A. , Stewart, D. , Shetty, A. , Pande, B. , & Mclay, J. (2013). Complementary And Alternative Medicines Use During Pregnancy: A Systematic Review Of Pregnant Women And Healthcare Professional Views And Experiences. Evidence-Based Complementary And Alternative Medicine, 2013 . Doi: 10.1155/2013/205639

[30] https://images.app.goo.gl/yhZM93wSDHW4u2sm9s

[31] https://www.keepinspiring.me/pregn. ancy-quotes/

[32] https://kidshealth.org/en/parents/childbirthpain.html#:~:text=Pain%20during%20labor%20is%20caused,well%20as%20an%20achy%20feeling

[33] https://www.pregnancybirthbaby.org.au/giving-birth-first-stage-of-labour