

Comfort Measures

Position

The laboring woman's perception of labor events and her response is a priority concern for healthcare professionals. Labor management to include the promotion of comfort measures must be available to all laboring women within an evidencebased practice. All practice that facilitates comfort measures as non-medical therapies should be deeply seeded in sound scientific knowledge. Risk factors for application or ingestion of chemicals or herbal products are unwelcome in an evidence-based practice setting. In keeping with a family centered maternity care philosophy, and in recognition of the client-centered bill of rights, healthcare organizations support the utilization of comfort measures in labor. It is recognized that they contribute to a holistic approach to care. Informed decision making is magnified as a focal point in childbirth education programs. Supplementing a woman's knowledge and understanding of the importance of comfort measures in labor is pivotal role for the Childbirth Educator (ICEA, 2013; Simkin, 2007).

Introduction

Comfort measures are those actions a laboring woman initiates or requests to facilitate positive reactions, responses, and or emotions during labor and delivery. Her sense of smell, touch, taste, and sound are supported by comfort measures in labor. Acupuncture aromatherapy, freedom of movement, hydration and sustenance, hydrotherapy, massage and therapeutic touch, music and song, and support are commonly used comfort measures. Comfort measures help laboring women maintain control of her labor progress. Contrast to medical interventions, comfort measures and complementary therapies are gaining recognition (Briggs, 2012; Roman, 2012; Wagner, 2012).

A supportive partner and empathetic healthcare team work in concert to energize the laboring woman. Their united efforts enhance her sense of wellbeing within a safe therapeutic milieu. The woman and her partner can be assisted during marked periods of stress by a Doula or Monitrice. Comfort measures are implemented based on the woman's expressed desires as she adjusts and adapts to her labor process.

The Childbirth Educator facilitates knowledge and understanding of comfort measures, their advantages, disadvantages, and potential for adverse effects. All information provided should be designed with focused attention on healthcare literacy skills. The role of the Educator advances the philosophy of ICEA in recognition of "...the pregnant woman's right to make informed choices based on knowledge of benefits, risks, and alternatives... (ICEA, 2013)."

Comfort Measures

Acupuncture

An ancient remedy for a long list of ailments and disease processes. Primarily used in Asian cultures, the practice is gaining world-wide acceptance and has been incorporated in maternity settings to alleviate some

discomforts of pregnancy. As reported by Wilson & Wilson, (2012), the use of acupuncture in labor and delivery has not been supported by a large number of large scale research studies. These authors report that although there is a limited amount of scientific evidence to support its practice it is "...a safe intervention in labor, and we need more options for pain management that do not increase risk for the mother or baby (Wilson & Wilson, 2012, p.50). The role of the Childbirth Educator is to "...provide accurate and factual information based on current research (ICEA, 2013)."

Aromatherapy

The sense of smell is one of the most affective mechanisms for those experiencing distress. Some women in labor who experience the fight or flight response to the stress of labor benefit from the pleasing aroma of an essential oil. The olfactory nerve transmits calming signals in response to scents such as lavender and sweet almond. Aromatherapy can initiate a sense of wellbeing by creating a calm and relaxing environment. Smith (2012) reports that additional research is needed to substantiate the efficacy of the use of aromatherapy in labor. This author's report provides a wellresearched and referenced article for Childbirth Educators to access in preparation for "...determining content and teaching strategies..." related to aromatherapy (Smith, 2012).

Freedom of Movement, Therapeutic Touch and Massage

When the laboring woman has freedom of movement her sense of balance and homeostasis is maintained. Muscle strength and stability is realized as she stretches in preparation for the delivery process (Adams, 2012). In their randomized trial, Silva Gallo, Santana, Jorge Ferreira, Marcolin, Polineto, Duarte, & Quintana, (2013) found that a 30 minute lumbar massage reduced pain in labor.

Effleurage, a light touch and massaging like movement over the pregnant abdomen is a comfort measure that is frequently practiced by many women without conscious effort. This movement sends signals to nerve endings on

the surface of the skin initiating a sensation of comfort and relief. Exteroceptors are close to the body surface and are specialized to detect sensory information from the external environment (such as visual, olfactory, gustatory, auditory, and tactile stimuli). Receptors in this class are sensitive to touch (light stimulation of the skin surface), pressure (stimulation of receptors in the deep layers of the skin, or deeper parts of the body), temperature, pain, and vibration. Nerve endings known as proprioception function within a neuroanatomical structure that conveys information from the muscular skeletal system to the central nervous system (Patestas, & Gartner, 2013).

Hydration and Sustenance

Labor and delivery requires an energy store to sustain the powers of labor and delivery. Assessment of thirst, adequate fluid intake, skin turgor, edema, and urination are indicators of hydration, vascularity, and circulation. Women who choose to drink fluids like water, juices, and herbal teas are acting in recognition of their knowledge gleaned from prepared childbirth education classes. Maintenance of her electrolyte balance is essential to uterine muscle contractility, blood pressure regulation, and maternal-fetal-placental circulation. Small light meals may be requested to provide the needed calories to fuel and sustain oxygenation and cellular metabolism (McCance, Huether, 2006; Tyree, Baker, & Weatherspoon, 2012).

In a national review of midwifery practices pertaining to the use of herbal preparations for labor augmentation, induction, and cervical ripening, the authors McFarlin, Gibson, O'Rear, and Harman reported that herbal remedies were preferred for their "natural" effects. Three questionnaires were excluded due to incomplete data or blank questionnaires. No significant differences were noted in relations to geographical region, midwifery education, or highest level of education between the CNM respondents who did and those who did not use alternative methods to stimulate labor. Of the CNMs who used herbal preparations to stimulate labor, 64% used blue cohosh, 45% used black cohosh, 63% used red raspberry leaf, 93% used castor oil, and 60% used evening primrose oil. CNMs who used herbal

preparations to stimulate labor were younger (43 versus 45 years, $P < .01$) and more likely to deliver at home or in an in-hospital or out-of-hospital birthing center ($P < .0006$), than CNMs who never used herbal preparations to stimulate labor (McFarlin, Gibson, O’Rear, and Harman, 1999, p. 205).

The Childbirth Educator informs about the risks associated with some herbal preparations as found in a variety of beverages marketed as homeopathic remedies. Risks can be associated with uterine overstimulation, rupture, or birth defects. An advantage to some herbal beverages is their mineral content needed for muscle fiber contractility and the immune response. Research and documentation to support safe decision making about the use of herbal remedies during labor is available on the National Institute of Health website (NIH, 2013).

“Herbs with the potential to cause uterine stimulation and miscarriage are blue and black cohosh, feverfew, aloe, ephedra, Epsom salts, and Chinese tea rose” (Harris, 2012, p. 95). “While homeopathic remedies are frequently confused with herbs, they are different in their legal status and side effects. Herbs are categorized by the U.S. FDA as a food product, while homeopathic remedies are categorized by the U.S. FDA under the Homeopathic Pharmacopoeia of the U.S. (HPUS)” (Zimmerman, 2012, p. 20).

Hydrotherapy

Immersion in a warm water bath during labor is reported by many women as an experience that releases the sensations of pain and pressure in the abdomen and pelvis. As reported by Cluett, Nikodem, McCandlish, & Burns, 2009 in the Cochrane review..., “Women who used water immersion during the first stage of labour reported statistically significantly less pain than those not labouring in water (40/59 versus 55/61) (OR 0.23, 95% CI 0.08 to 0.63, one trial).”

Music and Song

Most women in labor will incorporate one or two comfort measures at the same time. They will perform effleurage while moving about freely, slowly swaying back and forth to enhance gravity’s force upon fetal

descent. Music, song, and dance are three practices akin to cultural celebration, a time to welcome a change. A research study conducted in Western Iran reported the differences between laboring woman in regard to pain relief while exposed to either massage or music therapy. The researchers reported that of a population of 101 first time mothers who were randomly stratified into two groups a significant difference ($p=0.001$) was observed in terms of pain severity after the initiation of (music, $n=50$) or (massage, $n=51$) therapies. The women in the massage group reported the lowest pain levels. A small sample size and the only statistical reference is to a (p level) limit the generalizability of this study (Taghinejad, Delpisheh, Suhrabi, 2011).

Support from a Doula or Monitrice

The ICEA (2013) philosophy encourages all Educators to recognize that collaborative efforts within family-centered care are essential to promote the health and wellbeing of the laboring women. The practice setting for the Childbirth Educator is one that provides for the “...encouragement for the optional participation of labor support person(s) of the woman’s choice...” The authors of a Cochrane review on the significance of support of women in labor found that of 15,061 women who were enrolled in the study those who received continuous support among other things, were more likely to deliver vaginally (RR 1.08, 95% CI 1.04 to 1.12), shorter labors (mean difference -0.58 hours, 95% CI -0.86 to -0.30), and less medical intervention (Hodnett, Gates, Hofmeyr, Sakala, Weston, 2011).

Implications for Practice

Comfort measures are incorporated in childbirth education classes to emphasize the significance of support, healthcare provider assistance, and self-regulation of labor discomfort, anxiousness, and pain.

Comfort measures may be used in combination with medical interventions to enhance and facilitate rest and relaxation. They (comfort measures) are used to help laboring women to conserve energy and to decrease or eliminate anxiety, fear, and painful sensations.

As childbirth educators, it is important that class participants are informed about comfort measures from an evidence-based research practice that includes both risk and benefits associated with acupuncture, aromatherapy, hydration and sustenance, freedom of movement, therapeutic touch, and massage, music and song, and the support from a doula or Monitrice. ICEA childbirth educators teach to inform pregnant women and their partners; teach to inform and to increase knowledge and understanding of alternatives within the ICEA's philosophy of family-centered maternity care.

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