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Knowledge towards Lamaze Method during Labour: A MidwivesFeedback

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Abstract
Background:Non-pharmacological treatments (like as Lamaze techniques) are frequently used by midwives to help women feel more comfortable during labor. However, recommendations for using these measures are frequently insufficient or non-existent. The impact of medical education on knowledge is critical in addressing the consequences of how labor pain will be managed. Therefore, the study aimed to assess the midwives knowledge towards Lamaze method during labour.
Methods: A non-probability sampling strategy was used to choose a purposive sample of 60 midwives who work in delivery rooms for a descriptive cross-sectional study. The questionnaire's dependability was established through a pilot research, and it was subsequently presented to experts for validation. The data were collected using a designed questionnaire and a midwife's report, and then analyzed using descriptive and inferential statistical data analysis.
Results: The results of the study indicated that midwives aged 21-29 years at mean age 29 (±8.21), Midwifery secondary school (46.7%), with 5-10 years of experiences (86.7%) and no attended training. The overall midwives knowledge towards Lamaze method was within poor level (73.3%). The midwives knowledge were no significant associated with their age (*p=0.994*), education level (*p=0.553*), years of experience (*p=0.406*) and training courses (*p=0.608*).
Conclusions: Training the midwives staff by the implementation education program which indeed helps to develop their knowledge. Improve the curriculum for non-pharmacological pain treatment during labor by providing chances for health care providers to attend training programs on complementary and alternative therapies for pain management during childbirth.

Key-words:Knowledge,Lamaze Method, Midwives.

INTRODUCTION

For a mother, her infant, and her family, childbirth is a time of physical and emotional crisis. To offer care, the obstetric team, the pregnant woman, and her partner should collaborate. The goal of the care is to ensure the mother's and child's safe delivery as well as the family's emotional well-being. The lady and her family require information about the components of a healthy pregnancy, the labor and delivery process, and coping skills for dealing with the demands of motherhood. Before conception and during the postpartum period, family members should be educated [1].The postpartum kid usually experiences anxiety and panic during childbirth as a result of the terrible labor pains, which causes her to be overly stretched, intensifying the mother's agony, delaying labor, and increasing blood loss, all of which endangers the mother's and baby's health[2, 3]. Lamaze breathing is a popular technique for breathing training. Nurses frequently give nursing interventions during labor, such as posture nursing, birth ball, Doula nursing, massage, and psychotherapy. A number of clinical trials have looked into the effectiveness of Lamaze breathing training paired with nursing aid in relieving maternal pain and improving outcomes. Many academicians, on the other hand, were against him[4].Immobility has been exacerbated by the necessity of movement in facilitating labor progress;In addition, there is a dearth of awareness about this issue among nurses. These techniques, such as amniotomy, oxytocin induction, and epidural anesthesia, may interfere with movement and position change, resulting in immobility during labor, which can delay labor and cause difficulties. One of the most significant components of preserving reproductive health is attempting to improve nurses' knowledge, and aiming to improve nurses' knowledge is one of the most critical factors in sustaining reproductive health [5].Therefore, the present study aimed toassess midwives knowledge towards application of Lamaze method during labour.

METHODS

Study Design

A descriptive study entails questioning individuals of the study population with the sole purpose of describing the examined phenomena in terms of its nature and degree of presence, and because the goal of this study is to stop at the description limit of the study variables (knowledge), the appropriate approach is cross sectional designs, which are based on the study of the phenomenon and the description of its characteristics and size, as well as the collection and interpretation of data.

Study Instruments

The questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study objectives and significance by obtaining answers to the study's questions.Based on extensive review of related studies and available literatures, the study is consisting of the following parts:

Part I: This section composed of socio-demographic information which include: Midwives age, education level, years of experience and number of training related to non-pharmacological pain management (Lamaze).

Part II: This section deals with midwives knowledge constructed by the investigator through the related literatureand composed of 39-items measured on MCQ (multiple choice).

The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. To vague and complex answers. The type of questions was of the closed type, which required answering with reference to what was appropriate.

Study Sitting

In order to obtain valid and comprehensive data, the study is conducted at Obstetrics and Gynecology Teaching Hospital in Kerbala Province was the designated site for data collection.

Validity and Reliability

Validity was determined by a panel of 12 arbitrators who were asked to comment on each component of the study questionnaire in terms of language appropriateness, correlation with the dimension of study variables to which it was assigned, and suitability for the study population.

Data was obtained from midwives to assess the questionnaire's reliability, and the test was delivered to 10 people from the study population who were not part of the original sample. The Cronbach's alpha was found to be 0.87.

Method of Statistic

A SPSS-20.0 were used analyzed the information was evenly distributed. One-way analysis of variance was used to examine variations in variables based on socio-demographic characteristics. For continuous variables, descriptive data is reported as mean standard deviation, and for categorical variables, it is shown as number (percent). Statistical significance was defined as a p 0.05.

RESULTS

The in table (1) shows the participants socio-demographic information, half of study sample were aged (21-29) years old. Respected to the education, (46.7%) wereMidwifery secondary school. In regards with years of experiences, most of midwives had 5-10 years. Majority of respondent (83.3%) were no attended training courses related Lamaze method.

Table (1):Socio-Demographic Characteristics

SDVs	Classification	n	%
Age *(M± SD=29.7±8.21)*	21-29 years old	30	50.0
	30-39 years old	17	28.3
	40 and older	13	21.7
Education Level	Midwifery secondary school	32	46.7
	Diploma midwifery	28	43.3
Years of Experience	<5 years	4	6.7
	5-10 years	52	86.7
	>10 years	4	6.7
Training courses	No	50	83.3
	Yes	10	16.7

Findings demonstrated that the (73.3%) of midwives expressed a poor level of knowledge related to application of Lamaze method during labour as described by low mean and standard deviation 50.2 (±5.67).

Table (2): MidwivesKnowledge

Knowledge	Freq.	%	*M ± SD*
Poor (M=39-52)	44	73.3	*50.2±5.67*
Fair (M=52.1-65)	14	23.3	
Good (M=65.1-78)	2	3.3	
Total	60	100.0	

"M: Mean for total score, SD=Standard Deviation for total score"

Table (3): Statistical Differences in Midwives Knowledge with regards Socio-Demographic Characteristics

Knowledge	Source of variance	Sum of Squares	d.f	Mean Square	F	*p-value*
Age	Between Groups	.000	2	.000	.006	.994
	Within Groups	1.246	57	.022		
	Total	1.246	59			
Education level	Between Groups	.026	2	.013	.599	.553
	Within Groups	1.221	57	.021		
	Total	1.246	59			
Years of Experience	Between Groups	.039	2	.019	.915	.406
	Within Groups	1.208	57	.021		
	Total	1.246	59			
Training courses	Between Groups	.006	1	.006	.266	.608
	Within Groups	1.241	58	.021		
	Total	1.246	59			

Findings demonstrated that there were no significant differences in midwives knowledge with regards age, education level, years of experience and number of training courses ($p>0.05$).

DISCUSSION

Midwives, for example, play an important role in pain management. Non-pharmacological treatments (Lamaze techniques) are frequently used by midwives to help women feel more comfortable during labor. However, guidelines for their use are frequently inadequate or non-existent. In dealing with the ramifications of how a mother's labor pain is handled, the impact of medical education on knowledge is crucial. If the training is insufficient, there is a danger of inconsistency in the management of labor pain. Knowledge can have an impact on the quality of care delivered to a pregnant mother during labor, especially when pain is a concern.

A total of 39 multiple choice questions were used to assess respondents' knowledge of the Lamaze method, with a mean score of 65.1-78 indicating a higher level of knowledge, 52.1-65 indicating a moderate level of knowledge, and 39-52 indicating a lower level of knowledge. According to the findings of the current study, midwives have a low degree of understanding about the Lamaze method (table 2). The lack of knowledge about the Lamaze method among midwives could be due to a number of factors: midwives do not continuously develop and update their knowledge; most midwives who work in health institutions (delivery rooms) stop reading books, so they do not follow up and only engage in practices; as a result, they have become unable to recall some information. Also, lack of training related Lamaze and the absence of such subjects in the academic curricula that graduate midwives and nurses.

Healy et al., who indicated in their findings that midwives with limitation practices and attitude to alleviate pain during the second stage of labor [6], concur with current findings. The rise in caesarean sections in India, owing to a shortage of midwives trained to deal with all stages of labor [7]. Furthermore, the findings were congruent with those of a study conducted by Dnazigar, which demonstrated that due to a knowledge gap, nurses were found to deliver arbitrary and often incorrect reactions to birthing women, which may hinder their well-being [8].Our results, which are lower than those of Begley et al., concern how to keep the perineum intact during spontaneous birth. Because to their extensive training, midwives had an average capacity to preserve the perineum intact [9]. Due to a lack of understanding of the Lamaze method or non-pharmacological pain relief during labor. Winslow and Bhattacharjee's findings underlined the

importance of providing training programs to improve midwives' knowledge and practices in labor management [10]. Furthermore, there is a lack of understanding about Lamaze (non-pharmacological) pain management. According to Ramasamy and Zelick et al., aspects of training should focus more on healthcare providers regarding various complementary and alternative therapies for pain management during labor. Healthcare providers recognize the importance of lowering pain perception during childbirth and honing abilities in effective pain management during labor. Formalize standard assurance rules and methods in collaboration with management bodies. Finally, to improve a non-pharmacological approach to labor pain management[11, 12].

By providing safe and effective treatment, midwives play a vital role in raising labor pain awareness. This can be accomplished by encouraging midwives to recognize the importance of pain reduction and capacity development in delivering proper pain management during labor through continuing education and training. Encourage students to successfully employ research-based studies and inform them about several complementary and alternative medications for pain management during childbirth.

In light of the importance of the Lamaze method, nurse and midwife educators should devote more time to teaching the technique to student nurses at the graduate and postgraduate levels, according to our research. Along with other antenatal exercises, the Lamaze technique should be taught in the classroom. It is necessary to raise awareness among student nurses about the usefulness of the Lamaze technique in minimizing mother and fetal problems during labor. Short-term training programs or seminars on the Lamaze method should be organized by nurse educators for staff nurses working in prenatal wards and labor rooms.

In terms of quality and cost-effective service, research plays a critical and major role in nursing. The Lamaze method of childbirth preparation is regarded as one of the most efficient and cost-effective programs available. Publication of research findings on the Lamaze approach in professional journals, magazines, and books should be prioritized in order to promote research-based evidence for implementing the Lamaze technique.

Furthermore, antenatal ward and labor room staff nurses and midwives should be able to demonstrate their capacity to provide need-based care, including Lamaze techniques. The ability and knowledge of nursing staff determines the quality of care provided. Staff midwives must stay up to date on the newest developments and trends in their area in order to provide superior labor and delivery nursing care.

CONCLUSIONS

Training the midwives staff by the implementation education program which indeed helps to develop their knowledge. Improve the curriculum for non-pharmacological pain treatment during labor by providing chances for health care providers to attend training programs on complementary and alternative therapies for pain management during childbirth.

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