

## Introduction

Labor is a physiologic process during which the products of conception (i.e., the fetus, membranes, umbilical cord, and placenta) are expelled outside of the uterus. Labor is achieved with changes in the biochemical connective tissue and with gradual effacement and dilatation of the uterine cervix as a result of rhythmic uterine contractions of sufficient frequency, intensity, and duration (*Cheng, et al., 2009*).

Labor is the bridge between pregnancy and motherhood and for laboring women it is often the most intense experience of pregnancy. Most nulliparous women can readily visualize themselves as pregnant and their future role as mother, however, many women cannot visualize what labor is or can be (*Littleton & Engebretson, 2005*).

The expectant women undergo various physiological and psychological changes that gradually prepare her for child birth and for role of mother (*Olds, et al., 2004*). The child birth is one of the most meaningful, unique and exciting times for labor women, yet it also can be a time of stress and anxiety (*Littleton & Engebretson, 2005*).

The World Health Organization (WHO), was defined health as being a state of complete physical, mental, and social well-being and not merely the absence of disease (*Jadad, et al., 2009*). The health of mother and their infants is of critical importance, both as a reflection of the current health status of a large segment of our population and as a predictor of the health of the next generation. Health people (*PHHS, 2000*), addresses maternal health

in two objectives for reducing maternal death and for reducing maternal illness and complication (*Ricci, 2007*).

Women have complex needs during childbirth. Women's specific health needs are often neglected and ignored. They need individualized care based on their preferences (*Dona, 2008; I. C. R, 2009*). Effective support during labor may enhance normal labor processes, self esteem, and satisfaction and thus reduce rates of complication and obstetric interventions. Supportive care for the women during labor and birth involves emotional support, physical care, comfort measures, and offering information about normal labor, positioning for labor, procedures needed during labor as perineal care, vaginal examination, episiotomy care and breast care, non pharmacologic method of pain relief during labor, effective breathing and relaxation techniques, effective pushing techniques, general hygiene, nutrient and fluid intake, elimination, immediate baby care, breast feeding, care for preventing fetal and maternal injury, infection and supporting women through fatigue (*Lowdermilk & Perry, 2007; Pillitteri, 2007*). Maternal emotional status before and during labor strongly influences the progression of child birth (*Orshan, 2008*). So, the women during labor need for reducing anxiety, sense of control, support person, privacy, relaxing environment, early maternal newborn attachment. (*Klossner & Hatfield, 2006*).

Cultural, social differences and physiological factor may be influence the length of labor, the women's reaction of pain, the women's confidence in her own ability to cope with labor (*Henderson & Macdonald, 2004*). The woman's perception of her pervious labor and birth experience should be

explored because it may influence her attitude toward her current experience (*Lowder Milk & Perry, 2007*). The cultural assessment provides a starting point for plan that honors the values and beliefs of laboring women (*Callister, 2004*).

The women's ability to speak in coherent sentences can be impaired during the transitional phase this makes it difficult for the woman to communicate her needs to health care. But in the latent phase of first stage of labor, contractions are usually mild. The woman feels able to be coping with the discomfort. Although she may be anxious, she is able to recognize express those feelings of anxiety. The woman is often talkative and is eager to talk about herself and answer questions. The latent phase is an excellent time for the nurse to establish rapport with the client. It's also an opportunity to assess the woman learning needs and provide teaching (**old, et al., 2004; Littleton & Engebretson, 2005**). Essential components of nursing care include a comprehensive knowledge of the process of labor and delivery, competence in providing care that conforms with current standard, and providing support for the childbearing through this major event. Good interpersonal skills; including listening to the client's complement technical skills. Positive perception of the birthing experience and a feeling of empowerment are fostered by the nurse who gives sufficient information to the women in language they can understand, and who shows non judgmental support for their efforts (*Littleton & Engebretson, 2005*).

Nurses who provide supportive competent care during labor can positively influence the quality of child birth experience as well as the health and well being of mother and babies (*Orshan, 2008*). It is important to know

the women's age so that the plan of care can be tailored to the needs of her age group. The women's age place them at risk for different problem (*Lowder Milk & Perry, 2007*). The nurse monitoring the laboring client needs to be knowledgeable about which parameters is reassuring and which is non-reassuring and appropriate interventions which can be instituted (*Ricci, 2007*).

### ***Justification of the problem***

Labor is a normal physiological events, yet it may be a stressful experience due to unmet maternal needs during labor. So, this study was conducted to investigate maternal needs during labor.

In Kaluobeya governorate, maternal mortality due to labor was reported to be 59 maternal deaths per 100.000 live birth, while in Benha city, it's reported to be 19.4 maternal deaths per 100.000 live birth (*Benha Health Management, 2007*).