

## Introduction

Labor is considered a stressful time for every laboring mother. Women during labor are exposed to series of labor discomfort such as pain ,fatigue ,nausea ,hunger .In addition ,psychological variables such as fear and anxiety can influence the degree of pain experienced and also the woman s ability to cope with it (*May & Elton,2010*).

Labour is spontaneous in onset, low –risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth mother and infant are in good condition (*Simkin, 2010*).

Labour pain is probably the most painful event in the lives of women. Labour pain is not constant but intermittent. A woman may describe little discomfort with contractions during early labour. Even during late labour, a woman may be relatively comfortable during the short rest periods between contractions (*Gorrie, 2010*).

Pain and discomfort are accepted as common parts of the experience of labor and birth, the wide range of its expression is well known to experienced clinicians. This characteristic of pain, has its individuality, subjectivity, and intensely personal nature, that is why nurses who care for laboring women must learn to sensitivity understand, assess, and intervene for pain and discomfort according to the individual woman's needs and desires (*Lowe, 2010*).

The primiparous woman typically experiences longer painful labour than the multiparous woman does. For two reasons: First, the primiparous woman cervix requires greater stretching force because it has never been stretched. This may require contractions of greater intensity during first

stage of labour. Second, the primiparous woman may experience increased anxiety and doubt about her ability to tolerate labour pain. (*Hayes, 2011*).

There are several non-invasive, non-pharmacological methods of pain relief that can be used during labour. Many women find relief of pain by use of shower or a bath and applied of heat or cold water. Touch and massage by companions are often felt to be helpful. The same holds true for methods that help women cope with pain by attention – focusing techniques like patterned breathing, verbal coaching and relaxation, drawing a woman's attention away from her pain. These methods are sometimes applied in combination with other strategies, including a range of psychosomatic approaches to support a woman in labour such as hypnosis, music and biofeedback. The practices are experienced as useful by many women; they are harmless and can be recommended (*Simkin, 2010*).

One unique aspect of childbirth is the association of this physiologic process with pain and discomfort. However, the experience of pain during labor is not a simple reflection of the physiologic processes of parturition. Instead, labor pain is the result of a complex and subjective interaction of multiple physiologic and psychological factors on a woman's individual interpretation of labor stimuli. An understanding of labor pain in a multidimensional framework provides the basis for a woman centered approach to labor pain management that includes a broad range of pharmacologic and non pharmacologic intervention strategies (*Young, 2009*).

Relaxation has been of the cornerstones of prepared childbirth, which enhance comfort and decrease the number of pain impulses that are recognized by the brain (*Bobak, 2009*).

Nurses, midwives, or physicians with the potential benefits of improved labor progress, reduction in use of the harmful medications effects, patient satisfaction, and lower costs can initiate many simple, effective, low cost methods, to relieve labor pain. Diminishing the painful stimulus at the source, providing alternate stimuli to inhibit pain awareness and reducing the woman's negative reaction to the pain, so nursing intervention during labor is to provide suitable comfort measures, which help to relief the discomfort during labor (*CNM Kata group, 2011*).

The nurse who cares for women in labor and birth can offer non pharmacological and pharmacological pain management methods. Non pharmacological methods require no medical order. Education about non – pharmacological pain management is the foundation of prepared childbirth classes. Non– pharmacological methods have several advantages over pharmacological methods, if pain control is adequate. They do not slow labour and have no side effects or risk of allergy (*Gorrie, 2008*).

### **Significance of the Study**

From the clinical experience, the researcher observed that the majority of pregnant women who are admitted to Benha University Hospital for delivery were exposed to discomfort during labor as pain, fatigue and nausea. Almost all women were managed by pharmacological methods to relieve this discomfort. The non pharmacological methods, used in narrow scale, are more comfort. Simple, not expensive and safe to the mothers and fetus.

## **Aim of the Study**

To evaluate the effects of natural pain relieve measures on maternal, fetal and labor out comes.

The aim of the present study was to:

- 1- Assessment of pain degree.
- 2- Utilization of natural pain relieves measures during labor.
- 3- To investigate effects of natural pain

## **Hypothesis**

Natural pain relieves measures during labor minimized labor pain, leading to good labor outcome.