

■ PREGNANT WOMEN'S PARTICIPATION IN ANTENATAL CLASSES AND THE PROCESS OF LABOUR

UCZESTNICTWO KOBIET CIĘŻARNYCH W SZKOŁACH RODZENIA A PRZEBIEG PORODU

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ABSTRACT

Introduction. Antenatal classes are a form of training addressed to parents expecting a baby. Participation in activities expands knowledge about the proper preparation of a pregnant woman and her partner for delivery through teaching about delivery and changing the attitude about it, and prepares parents to care for the child after birth. The Program includes theoretical issues (such as mode and lifestyle in pregnancy and in the postpartum period, physiology of: labour, the postpartum period, infant period; psychiatric perinatal disorders; legal issues related to giving birth), practical activities (such as: learning effective pushing, breathing during the labour, relaxation in the intervals between the contractions) and introducing parents to their caring tasks (such as care of a newborn). Research confirms that women attending antenatal classes better cope with stress in the delivery room, and their labour is faster and easier.

Aim. To evaluate the impact of pregnant women's participation in antenatal classes on the labour.

Material and methods. The study included 35-year-old pregnant patient II., labour II., in the 40th week + 4 days of pregnancy, admitted to the delivery room. In this work a single case method was used, which was carried out with the help of an interview, conversation, observation and analysis of the medical documents. The study was conducted while a patient was in the delivery room.

Conclusion. The education before giving birth resulted in a positive attitude of women towards labour. Participation in antenatal classes had an influence on the woman's activity during her labour and birth took place more efficiently and easier. The presence and help of a partner increased the sense of woman's during her labour.

KEYWORDS: school of birth, pregnant woman, labour, clinical case.

STRESZCZENIE

Wstęp. Szkoła Rodzenia to forma kształcenia adresowana do rodziców spodziewających się dziecka. Uczestnictwo w zajęciach poszerza wiedzę na temat odpowiedniego przygotowania ciężarnej i jej partnera do porodu, poprzez pogłębienie wiedzy o porodzie i zmianę nastawienia do niego oraz przygotowanie rodziców do odpowiedniej opieki nad dzieckiem po porodzie. Program Szkół Rodzenia obejmuje zagadnienia teoretyczne (m.in. tryb i styl życia w ciąży i w połogu; fizjologię: porodu, połogu, okresu noworodkowego; zaburzenia psychiczne okołoporodowe; zagadnienia prawne związane z porodem), zajęcia praktyczne (m.in.: nauka efektywnego parcia, oddychania podczas porodu, relaksacji w przerwach między skurczami), oraz wprowadzenie rodziców do ich zadań opiekuńczych (m.in. pielęgnacja noworodka). Badania potwierdzają, że kobiety przygotowane w Szkole Rodzenia lepiej radzą sobie ze stresem na bloku porodowym, a poród przebiega sprawniej i łatwiej.

Cel pracy. Ocena wpływu uczestnictwa kobiet ciężarnych w zajęciach Szkoły Rodzenia na przebieg porodu.

Materiał i metody. Badaniem objęto pacjentkę lat 35, będącą w ciąży II, poród II, tydzień ciąży 40+4 dni, przyjętą na salę porodową. W pracy wykorzystano metodę indywidualnego przypadku, którą zrealizowano przy pomocy wywiadu, rozmowy, obserwacji i analizy dokumentów medycznych. Badanie przeprowadzono podczas pobytu pacjentki na sali porodowej.

Wnioski. Edukacja przed porodem spowodowała pozytywne nastawienie kobiety do porodu. Udział w Szkole Rodzenia miał wpływ na aktywność rodzącej podczas porodu, a poród przebiegał sprawniej i łatwiej. Obecność i pomoc partnera zwiększyła poczucie bezpieczeństwa kobiety w trakcie porodu.

SŁOWA KLUCZOWE: szkoła rodzenia, ciężarna, poród, przypadek kliniczny.

Introduction

Lamaze courses are a form of education for parents expecting their child [1]. Those are meetings for pregnant women and their partners that prepare future parents both physically and mentally for the childbirth, postpartum period, and later infant care. They also educate about the importance of the breastfeeding [2]. Participation in such course helps, through the education

about the childbirth and changing the attitude towards it, broaden knowledge about proper emotional preparation for the labor. The agenda of Lamaze courses includes group meetings (theory), physical exercises and introducing parents to their nurturing activities. Waiting for a child is a good time for parents to gather information about changes happening in mother's body, child's health and development.

Theoretical meetings cover following issues:

- Psychological aspects of pregnancy and the postpartum period;
- Mode and lifestyle in pregnancy and in the postpartum period;
- Physiology of a childbirth;
- Physiology of the postpartum period;
- Breastfeeding;
- Physiology of the infant period;
- Postnatal mental disorders;
- Fertility recovery after the childbirth;
- Legal issues.

During the practical classes attention is paid to physical exercises, muscles strengthening and overall exercises. The exercises are tailored, depending on health of the pregnant women and the stage of pregnancy [1]. It is important to discuss in details how to breathe during labor and effectively push and relax between contractions. Pregnant women prepared in such a way are able to cooperate with a midwife, doctor and the medical staff [3]. There is also a possibility to take part in some extra classes where the theory is explained and where the bond with an unborn child is developed. Moreover, it is also possible to participate in shows regarding breastfeeding, nurturing and bathing an infant [1].

The program implemented by Lamaze courses is subjected to constant changes. They are extremely important, as the idea of such courses is to adapt to the needs of women giving birth and prevailing principles of modern obstetrics [4].

Ways of preparing for the natural childbirth at Lamaze classes

- theoretical preparation

Knowing the basic events that make up the process of birth gives a woman the knowledge which is necessary for the fearless and conscious childbirth. Every woman prepared for this amazing event knows what her rights are, cooperates with a midwife and doctor during the birth and effectively goes through the act of the childbirth, without unnecessary stress and tension [2]. The woman giving birth, who knows modern labor techniques, may select a mode of delivery, optimal for her position and experience. Women who have gained the knowledge at Lamaze courses are familiar with the process of childbirth and the postpartum period, they know what to expect and are less likely to experience emotional disorders and depressive states [1].

It is equally important to prepare the father for the birth of his child. A partner familiar with the childbirth understands the mother and accompanying emotions. Prepared father-to-be is a huge support for a woman, gives her a sense of security and motivates her. The man is able to use knowledge acquired in the class-

room in the form of various relaxation and pain relieving methods [1]. Parents who on their Lamaze courses have found out about complications and unplanned treatments that can occur during the childbirth, and have been presented to the reasons, advantages and disadvantages of such actions, can easier and faster make difficult decisions, which allow for the immediate intervention [5].

- psychological preparation

Parents' psychological preparation for the childbirth aims to eliminate fear, reduce emotional tension, and familiarize parents with an active and conscious childbirth without fear [6]. Anxiety causes tissues tension which, in turn, through hypoxia leads to pain. Fear, on the other hand appears when you lack knowledge about the course of the childbirth. Women are afraid of the pain during the labor, scared of possible complications during their childbirth and they are worried about the health of the infant [7]. The short-lasting fear is helpful during labor, because the adrenalin is released to the body. In the second part of a labor a short lasting fear appears before contractions and helps in giving birth to a child. However, the long-lasting fear, so called tocophobia, which is the fear of pregnancy and childbirth, is not favorable during labor; it makes women suffer and feel disoriented. The women with tocophobia are convinced that something wrong is going to happen to them during labor. Such an emotional state leads to the increasing number of Caesarean sections [5]. Emotions can be positive during childbirth but it is important to control them through the whole pregnancy. When a woman has a positive attitude to her childbirth, she is more likely to adapt to the situation in the delivery room [6].

Aim

The purpose of the study is to present the impact of pregnant women's participation in Lamaze classes on the course of childbirth.

Material and methods

A 35 years-old patient, second time pregnant, 40+4 week of pregnancy, admitted to hospital, participated in the study. In this study a single case method was used. It was implemented by an interview, conversation, examination and analysis of the medical documentation. The study was conducted during patient's stay in hospital.

Case description

A 35 years-old patient, second time pregnant, 40+4 week of pregnancy, was admitted to hospital at 7:50 because of regular (every 3–5 min) uterus contractions. General and obstetric interviews were positive.

Course of pregnancy

The patient was under the gynecological care from the 8th week of her pregnancy. She was regularly attending the appointments planned by her doctor. All assigned examinations were completed, the results were good. The blood pressure during pregnancy was between 125/80 100/70. The GBS (-) result was negative. Pregnancy was without any complications. During the last ultrasonography the approximate weight of the fetus was 3800g.

Course of labor

The patient was admitted to hospital at 7:50 with the regular (3–5 min) uterus contractions. FHR at the admission was +/- 130 beats per minute. General parameters of patient's health were obtained:

- RR 120/80 mmHg,
- pulse 80 u/min,
- temperature 36.6°C.

The outer measurements of the uterus were also taken:

- Distantia spinarum 25 cm,
- Distantia cristarum 27 cm,
- Distantia trochanterica 30 cm,
- Conjugata externa 20 cm,
- Rhombus of Michaelis 10/10 cm.

Gynecological examination:

- occiput anterior fetal position,
- vaginal part almost disappeared,
- heavy pressure from the fetus head,
- dilation of the cervix 3–4 cm,
- fetal bladder intact.

The patient was wired to the KTG, in order to monitor and record the contractions of the uterus and heart-beat of the fetus.

The patient was predisposed to have natural labor. She had a positive attitude towards labor, was in a good mental and physical condition. Together with her husband she was attending Lamaze classes. The childbirth was active in vertical positions. The patient in the first stage of the labor was choosing active positions, she was cooperating with the midwife and listening to her advice. At the beginning she was suggested to be in a vertical position called “stork walk” and to perform rhythmical pelvis movement. The women knew the advantages of such position and knew how to walk. During contractions she instinctively was leaning against her partner, facing him with her hands crossed on his neck and lowering her body on bended knees. She was instructed to move her whole body weight on her arms, that is on her partner and to relax her buttocks and hips. At 8.40 am in the vertical position the fetal bladder burst, releasing bright amniotic fluid, contractions escalated. At 10.20 pm the patient was disconnected

from KTG. The midwife suggested taking shower for 20 minutes to reduce pain and to relax. The partner was helping during immersion, which brought some relieve and relaxation. After 20 minutes the patient was connected to KTG. The patient wanted to take position on the ball, because she knew that that position would help the head of the fetus to get to the birth canal. She was sitting with her legs open on the ball, circularly moving her hips and during contractions she was lightly jumping on the ball. The partner was behind the patient and was protecting her. He was giving his wife water to keep her hydrated. During contractions he was massaging her lower back, supporting her and controlling the way she was breathing. The patient was very well prepared to the labor, thanks to which she was focused on the actions, and her husband was supporting her mentally and physically.

At 12.50 the patient was examined:

- dilation of the cervix 5,5,
- vaginal part almost disappeared,
- very heavy pressure from the fetus head,
- very painful contractions every 2–3 min.

The doctor made the staff administer Dolcontral painkiller. It was administered at 1.00 pm by the midwife. The patient had to lie down in bed because of the possibility of dizziness and nausea after taking the drug.

The general condition of the patient:

- RR 130/80 mmHg,
- pulse 88 u/min,
- temperature 36.5°C.

The lying position only intensified the pain so after one hour from administering the drug, the patient got up from bed. She sat down on the birthing chair, which helped to bring the baby down to the right position and move in the birth canal (thanks to the gravity forces). When she changed her position, her mood also improved, she regained the control over the childbirth, she could actively take part in the process of labor again. The midwife suggested the squatting position-during this position there is the strongest pressure on the cervix. The patient got to that position and her partner was supporting her from behind and was helping her to get to the vertical position in the break between contractions. The woman started to feel the pushing contractions.

At 3.40 pm the complete dilatation was diagnosed, sagittal suture was straight. The second stage of the labor started. The patient started to feel pushing contractions, the head went down to the bottom of the uterus. She decided to give birth to her child sitting on the birthing bed. She was concentrated on pushing.

The patient was breathing after contractions, listened to advice and guidance of the midwife. The part-

ner assisted during pushing, pulling partner's head to the chest. After contraction he was reminding of breathing, and giving his wife emotional support. The partner was constantly close to his wife, giving her sense of security. At about 4.20 pm without episiotomy a male baby was born. Immediately after giving birth, the newborn was put on the mother's chest (contact skin-to-skin). After the pulsation of the umbilical cord stopped it was cut by father. The first stage of childbirth lasted 10 h and the second 40 min. After the childbirth an assessment of the reproductive tract continuity was performed and there were no cracks in the crotch. The patient was moved from the delivery to the postpartum room in good general condition:

- RR 110/80 mmHg,
- pulse 84 u/min,
- temperature 36.8°C,
- uterus was correctly constricting.

The infant

The infant was born in the natural labor, male weighing 4020 g and being 56 cm long. According to the Apgar scale, the newborn was rated 10 in 1st, 3rd, and 10th minute of life. Arterial cord blood: 7.15 (-6.3); 7.32 (-5.5). The newborn was dried, warmed up, was given to mother and placed against her breast.

Summary and conclusion

Active childbirth, to which women can be prepared during Lamaze courses, is natural childbirth-the best way of giving birth to a child. Research shows that women prepared by Lamaze courses better cope with stress in the delivery room, and childbirth is better and easier. However, for women who feel greater anxiety and have not been enrolled in classes, childbirth is often difficult and complicated [5]. Woman who actively participate in the process of childbirth, keenly use the vertical position and birthing amenities. Focused on task, are not disassociated and passive.

Based on the observation of childbirth of a woman who attended Lamaze classes along with her husband, it can be stated that such preparation was needed and had a beneficial effect on the course of childbirth. The woman had a positive attitude towards the act of birth. Her physical and mental preparation affected an active delivery in vertical positions. The patient was focused on the task. At the I and II stage of childbirth the woman used relaxation and proper breathing to relieve pain, and was effectively pushing. The woman knew the vertical position, their benefits and was aware how the childbirth can progress thanks to them. A woman, who knows new labor techniques, can choose the appropriate vertical position for herself, in which the sensation of pain would be the weakest. She effectively passed through the act of the childbirth.

Changing the position on the lying one badly affected the well-being of the patient as she lost control over the course of birth. The lying position is contrary to nature since the birth canal is upward. Immediate desire to change the position to the vertical one, in spite of the fatigue of the body, shows how well the patient was prepared for childbirth. She was supported by her husband who was familiar with the course of childbirth, knew how to help the partner, reminded about breathing and helped her to relax. He has giving the future mother the back massage and water which she was forgetting about because she was focused on delivery. He was with her constantly, giving a sense of security. The knowledge gained at the course, allowed him to effectively participate in the act of childbirth. The man did not feel useless in the delivery, on the contrary, he felt needed and helpful to his partner.

The materials included in this study show how important it is to prepare women for childbirth. Even basic knowledge gives the woman the sense of security, control leveling unnecessary anxiety and a sense of helplessness. A woman prepared for childbirth, effectively goes through this act. She is not taken away by unnecessary emotions, consciously cooperates with medical staff [1]. Proper breathing allows the patient to deal with pain, as well as relaxing in brakes between contractions [8]. The prepared woman is active in a delivery room, changes positions, uses birthing facilities so the labor goes faster and more efficiently, she does not passively wait for clues from the midwife [9]. Preparing father who wants to participate in the act of birth is as important as the woman's preparation. The man must have knowledge of what will happen step by step and how he can help. Only this way he does not feel useless in the delivery room. A close person gives the woman sense of security [9].

Lamaze courses emphasizes the importance of pain relief techniques and their effective usage during delivery. Research shows that knowledge of pain relief methods and their appropriate usage is much better among women attending Lamaze classes [4]. The participation of both parents in the course should lead to less fear and anxiety related to pregnancy and delivery [4]. The fact that more and more men want to participate in labor is very positive [10]. Research show that educated woman after 25 year of age, who want to be prepared for delivery and infant care, decide to take part in Lamaze course [11].

The best form of preparation for childbirth are Lamaze courses. Research confirm the need for pre labor education – 94,4% of women attending antenatal classes and 89,1% of women not attending them believe that it is a necessity [4]. Participation in classes affect the

pro-health behaviors in pregnancy, a better physical condition of women, reduces the pain sensation during childbirth and affects the positive attitude of the patient [7]. Those meetings prepare future parents both physically and mentally for the childbirth, postpartum period, and later infant care. They also educate about the importance of breastfeeding. Such classes teach relaxation techniques, breathing, coping with labor pain and other discomforts, as well as the contact with the unborn child. They actively prepare the father for participation in childbirth.

On this basis, one can make the following conclusions: education before giving birth resulted in women's positive attitude towards childbirth;

- participation in Lamaze courses had an influence on women's activity during childbirth, and the labor was easier and faster;
- the presence and help from a partner increased the sense of women's security during childbirth.

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