

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG
PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED
HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF
LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON
LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

**Thesis Submitted to
CMJ UNIVERSITY**

In Partial Fulfilment for The Award of The Degree Of

**DOCTOR OF PHILOSOPHY
IN
OBSTETRICS AND GYNAECOLOGY - NURSING**

By



**AYUSHI SHARMA
(80190220100109)**

Under the Research Supervision of
Dr. JAMES JACOB



**DEPARTMENT OF NURSING
CMJ UNIVERSITY
JORABAT, MEGHALAYA, INDIA-793101**

2023

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG
PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED
HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

DECLARATION BY THE CANDIDATE

This is to certify that the research work entitled, **“A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR”** presented in the thesis embodies the results of the original work done by me for the award of Degree of **Doctor of Philosophy in Obstetrics And Gynaecology – Nursing, CMJ University, Jorabat, Meghalaya** is an original work and has not been submitted elsewhere in part or in full for any other degree or diploma.

Place: Jorabat - Meghalaya

Research Scholar

Date:

(AYUSHI SHARMA)

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG
PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED
HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CERTIFICATE OF THE SUPERVISOR

This is to certify that the thesis entitled, **“A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR”** submitted by **AYUSHI SHARMA**, is an original piece of research work carried out under my supervision. This work is being submitted for the award of Degree of **Doctor of Philosophy in Obstetrics and Gynaecology – Nursing, CMJ University, Jorabat, Meghalaya.**

It is further certified that this work has not been submitted anywhere else for the degree. The candidate has worked with me for the requisite number of days during the period of this research work.

Place: Jorabat - Meghalaya

Research Supervisor

Date:

(Dr. JAMES JACOB)

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

ACKNOWLEDGEMENT

First and foremost, I thank God Almighty for his grace and blessings, showered upon me throughout this study.

I want to express my sincere gratitude to **Dr. JAMES JACOB, PROFESSOR** for being constant guidance throughout the study, precious suggestions and encouragement extended to me throughout the study.

I also take this opportunity to acknowledge the contribution of experts for validating the research tool irrespective of their busy schedule, contributing suggestions and modifications required.

I wish to express my sincere gratitude towards **Dr Sudha Ghandi, HOD of OBG (Obstetrics and Gynaecology,) R.N.T Medical College, Udaipur** for permitting me to conduct this study. I thank all the **Nursing and Non-Nursing staff in the Labour Room of M.B.G.H Hospital, Udaipur** for their cooperation throughout the study.

I also place on record my sense of gratitude to one and all who directly or indirectly, have lent their helping hand in this venture.

I owe my special Thanks to my Family, for their constant support and encouragement which was a pillar of strength for me.

Above all, I bow my head before God Almighty and express my heartfelt gratitude to him for his abiding grace and being the guiding force behind my work.

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India



DEDICATED TO MY PARENTS

ANJU SHARMA &
KULDEEP KUMAR

DEDICATED TO MY BROTHER

DR. PRATYUSH SHARMA



Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

TABLE OF CONTENTS

Chapter No	TITLE	Page No
Chapter-1	INTRODUCTION	1-10
	Need Of the Study	3
	Statement Of the Problem	4
	Objectives Of the Study	5
	Operational Definitions	5
	Hypothesis	6
	Assumptions	6
	Delimitations	6
	The Conceptual Framework for The Research	6
	Summary	10
	Organization Of the Report	10
Chapter-2	REVIEW OF LITERATURE	11-51
	Literature Related to Pain During Labor	12
	Literature Related to Massage During Labor	27
	Literature Related to Hot Application During Labor	38
	Summary	51
Chapter-3	RESEARCH METHODOLOGY	52-65
	Research Approach	52
	Research Design	53
	Variables	54
	Population	56
	Sample	56
	Sampling Technique	57
	Research Setting	58
	Data Collection Tools and Techniques	58
	Development of Tools	59
	Overview Of the Regular Interview Schedule	60
	Content Validity of The Tools	61
	The Tool's Reliability	61
	Pilot Research	62
	Problems Occurred Throughout the Pilot Study	63
	The Process for Carrying Out the Last Data Collection	63
	Data Analyzation Plan	64
	Summary	65

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Chapter-4	ANALYSIS AND INTERPRETATION OF DATA	66-83
	Section 1: Detailed Characteristics Description	68
	Section 2: Findings Related to The Level of Pain During the Active Phase of Labour Among Primigravida Parturient Women in The Lumbosacral Massage and Hot Application Group	73
	Section 3: Findings Related to Pre-Test and Post-Test Scores of Pains During the Active Phase of Labour of The Lumbosacral Massage Group	76
	Section 4: Findings Related to Pre-Test and Post-Test Scores of Pains During the Active Phase of Labour of The Lumbosacral ` Hot Application Group	78
	Section 5: This Section Describes the Comparison of Post-Test Pain Scores of Primigravida Parturient Women During the Active Phase of Labour After Lumbosacral Massage and Hot Application. Mean, Mean Diff, Standard Deviation, T Value Were Calculated	81
	Summary	83
Chapter - 5	RESULTS	84-90
	Major Finding of The Study	85
	Section 1: Description Of Demographic Characteristics	85
	Section 11: Findings Related to The Level of Pain During the Active Phase of Labour Among Primigravida Parturient Women in The Lumbosacral Massage and Hot Application Group	86
	Section 111: Findings Related to Pre-Test and Post-Test Scores of Pains During the Active Phase of Labour of The Lumbosacral Massage Group	87
	Section IV: Findings Related to Pre-Test and Post-Test Scores of Pains During Active Phase of Labour of The Lumbosacral ` Hot Application Group	88
	Section V: This Section Describes the Comparison of Post-Test Pain Scores of Primigravida Parturient Women During the Active Phase of Labour After Lumbosacral Massage and Hot Application. Mean, Mean Diff, Standard Deviation, T Value Were Calculated	89
	Summary	90
Chapter - 6	DISCUSSION, SUMMARY, CONCLUSION, COUNTERACCUSATIONS, LIMITATIONS AND RECOMMENDATIONS	91-99
	Discussion	91
	Summary	92

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

	Conclusion	96
	The Implications of Nursing	97
	Recommendations	99
	BIBLIOGRAPHY	100-111
	APPENDICES	112-147
	PUBLICATIONS	
	CONFERENCES	

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LIST OF FIGURES

Figure No	TITLE	Page No
Figure 1.1	Schematic Representation of Wiedenbach's Prescriptive Theory	9
Figure 4.1	Distribution Of Women's Percentages in The Lumbosacral Hot Application Group and The Massage Application Group by Age Group	70
Figure 4.2	The Percentage of Women in The Lumbosacral Hot Application Group and The Massage Application Group Based on Their Level of Education	71
Figure 4.3	The Distribution of Women's Percentages by Employment Status in The Lumbosacral Hot Application Group and The Massage Application Group	71
Figure 4.4	The Distribution of Women's Percentages by Mode of Labor Characteristics in The Massage and Lumbosacral Hot Application Groups	72
Figure 4.5	The Distribution of Women's Percentages by Gestation Period in The Groups Applying Massage and Lumbosacral Hot Application	72
Figure 4.6	Distribution Of Women's Percentages in The Groups for Massage and Lumbosacral Hot Application by Relaxation Therapy	73
Figure 4.7	Pain Level Before the Active Phase of Labor in The Massage and Hot Application Group	74
Figure 4.8	Difference Between the Hot Application and Massage Application Groups' Post-Test Scores	75
Figure 4.9	Percentage Of Active Phase Cases with Various Pain Levels Before and After Massage Application	77
Figure 4.10	Average of the Massage Application Group's Pre- and Post-Test Scores	78
Figure 4.11	Pain Level During the Active Phase Before and After the Hot Application	79
Figure 4.12	Mean Score for Hot Application Group on Pre- and Post-Tests	80
Figure 4.13	Analytical Comparison of Massage and Hot Application Post-Test Means Values	83

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LIST OF TABLES

Table No	TITLE	Page No
Table 3.1	Symbolic Representation of Research Design	53
Table 3.2	Schematic Representation of Research Design Day	54
Table 3.3	The Modified Mc Gill Pain Scale is Used to Select and Describe the Criteria for Measurement in Lumbar Massage and Lumbar Hot Application Therapy	59
Table 4.1	Frequency And Percentage Distribution of Women in Lumbosacral Hot Application Group and Massage Application Group by Demographic Characteristics	68
Table 4.2	Frequency And Percentage of Participants for Pre-Test Score of Hot Application and Massage Application	73
Table 4.3	The Frequency and Percentage of Participants for The Hot Application and Massage Application Post-Test Scores	75
Table 4.4	The Frequency and Percentage of Massage Application Scores Obtained Pre-Test and Post-Test	76
Table 4.5	The Pre-Test and Post-Test Scores for the Massage Application Group: Range and Mean Value	77
Table 4.6	The Frequency and Percentage of Hot Application Pre- And Post-Test Scores	78
Table 4.7	The Pre-Test and Post-Test Score Range and Mean Values for the Hot Application Group	79
Table 4.8	Analysis of Hot Application Effectiveness Using P-Value, Mean and Median	81
Table 4.9	Analysis Of the Mean, Median, And P-Value to Determine the Effectiveness of Massage Application	82

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LIST OF APPENDICES

Sl. No	APPENDIX	Page No
A	Letter Seeking Permission to Conduct Pilot Study	112
B	Letter Granting Permission for Conducting a Pilot Study	113
C	Letter seeking permission to conduct final study from medical superintendent	114
D	Letter granting permission for conducting a final study medical superintendent	115
E	Letter seeking permission to conduct final study from HOD	116
F	Letter Granting permission to conduct final study from HOD	117
G	Letter seeking expert's opinion and suggestion for content validity of research tools	118-119
H	A criteria rating scale for expert opinion regarding content validity of research modified Mc Gill Pain scale.	120-121
I	List of experts for content validity of tools and modified Mc Gill Pain scale.	122-124
J	Demographic data and Modified Mc Gill Pain Scale for primigravida parturient women during the active phase of labor.	125-129
K	Informed Consent	130
L	Photographs Consent	131-132
M	Demographic data and Modified Mc Gill Pain Scale for primigravida parturient women during the active phase of labor in Hindi.	133-136
N	Informed Consent in Hindi	137
O	Photographs Consent in Hindi	138-139
P	Letter validating research work for English editing	140-141
Q	Letter validating research work for Hindi editing	142-143
R	Letter validating research work for statistical analysis.	144-145
S	Letter validating research work for editing.	146-147
	Demographic characteristics Data Sheets	148-233
	Hot Application	234-239
	Massage Therapy	239-247
	List of Formulas Used	248-250
	Photographs	251-254

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LIST OF ABBREVIATIONS USED

XM: Application Of Lumbosacral Massage
XH: Application Of Lumbosacral Hot Application
EM: Experimental Massage Group
EH: Experimental Hot Application Group
OA, OC: Pre-Test Observation
OB, OD: Post-Test Observation

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

ABSTRACT

A Quasi-Experimental Study to Assess the effectiveness of Lumbosacral Massage and Hot Application at Lumbosacral Area on Level of pain during Active phase of labour among primigravida parturient women at selected Hospitals of Udaipur was conducted by **AYUSHI SHARMA** towards partial fulfilment of the requirement for the **Doctorate of Philosophy (Ph. D) in Obstetrics and Gynaecology – Nursing, CMJ University, Jorabat, Meghalaya**, during the year 2020-2023.

The Objectives of The Study Were:

- To assess the level of pain during the active phase of labour among Primigravida Parturient women.
- To assess the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among primigravida parturient women.
- To assess the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among primigravida parturient women.
- To compare the effectiveness of Lumbosacral massage and Lumbosacral hot application concerning the level of pain during the active phase of labour among primigravida parturient women.

Wiedenbach's prescriptive theory served as the foundation for the conceptual framework that was used for the investigation. The three primary tenets of this theory are the central purpose, the prescription for achieving the central purpose, and the situational realities that impact the central purpose.

To increase knowledge and provide insight into the chosen subject under investigation, a review of relevant research and non-research literature was conducted. The investigator's development of criteria and instruments for evaluating the impact of hot application of lumbosacral massage on pain during the active period was aided by the review of literature.

Experimental research methodology was used for the study, and a quasi-experimental, non-equivalent pretest-post-test design was used. The sample for the current investigation was chosen

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

using a purposive sampling strategy. The independent variable is massage of the lumbar region. The amount of pain experienced by parturient women during the active phase of labour is a dependent variable.

The Tools Developed and Used for Data Collection Were

A. Structured Interview Schedule

B. Modified Mc Gill Pain Scale

Twenty experts from several nursing professions established the tool's content validity. The instruments were given to 500 primigravida parturient women in order to establish reliability. Using the Cronbach Alpha calculation, the Modified Mc Gill Pain scale's dependability was determined to be 0.83.

Based on in-depth literature research and expert discussions, the Modified Mc Gill Pain Scale was created for primigravida parturient women to assess the impact of hot application and lumbosacral massage on pain during the active phase of labour. A feasibility study was carried out to verify the study's viability.

Final data was gathered from March 1, 2023, to August 29, 2023, following prior administrative approval from Udaipur's selected hospitals.

Using a purposive sample technique, 250 primigravida parturient women were chosen for the lumbosacral massage group and another 250 for the lumbosacral hot application group in order to evaluate the effects of each on pain during the active phase of labour. In terms of frequency, percentage, percentage frequency, mean, median, standard deviation, mean difference, standard deviation of the difference, standard error of the difference, t-test, t-value, and p-value formulas, the data were analysed using both descriptive and inferential statistics.

Therefore, for discomfort during the active period of labour, lumbosacral hot application proved to be more beneficial than lumbosacral massage.

The study's conclusions have a number of ramifications for nursing administration, practice, research, and education. Recommendations for additional research were also given in light of the findings.

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 1

INTRODUCTION

When You Realise That You Know Truly Little, Also You're Fit for Knowledge

K. Gupta

Since the beginning of human history, people have been interested in pain and how it relieves labouring mothers. After the initial recorded sin in Eden's theatre, the deity stated to dusk, "I'll greatly increase your pains in childbearing; you'll give birth to a child with pain." For the parturient, parturition is a complex, multifaceted event.

One part of childbirth is pain, and for mature women in all countries, it's among the most agonising experiences of their lives.

Pain has historically presented difficulties for numerous medical professionals, scientists, and nurses. Considering the prevalence of the issue, overcoming this obstacle is a human objective. More people than any other issue seek medical attention when they are experiencing pain. One of the biggest clinical challenges facing nursing practice is the relief of pain and suffering.

A woman's labour pain is the worst pain she will ever feel in her life. Primitive gravida maters experience more severe and prolonged labour pain, which can cause unfavourable brain effects, decreased tone, anxiety, and confidence. Pain has a consequence: suffering. In the face of pain, comfort might not be achievable.

When people have modest finances and are ill-equipped to handle them, they suffer and feel helpless. A woman's ability to handle labour pain may be improved by a number of procedures akin to birthing medicine, probative care, and non-pharmacological pain management techniques.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Every woman's experience giving birth is different and distinctive. It's exhilarating but also physically and mentally taxing, causing pain, exhaustion, and terror. For women who are expecting, experiencing pain during delivery is almost a common occurrence, and the method of pain treatment is crucial.

The tremendous pain that a woman experiences during labour is brought on by the uterus's muscles contracting and the pressure that this puts on the cervix. Strong cramps and aches are experienced in the back, groin, belly, and sides of the thighs. In addition to the stretching of the vagina and the delivery canal, the pressure exerted by the baby's head on the bladder and bowels also produces pain.

While labour is regarded as one of the most agonising human experiences, the agony that women endure varies from woman to woman and from pregnancy to pregnancy. Some have compared it to period pains, some to intense pressure, and yet others to powerful waves of cramping from diarrhoea. Most of the time, women have more frequent contractions as their labour progresses and have less time to relax, rather than the actual agony of contractions.

Both pharmaceutical and non-pharmacological methods can be used to treat pain. Early recovery and a mother's involvement in caring for her infant are enhanced by effective pain treatment. Inadequate pain treatment has been linked to tachycardia, anxiety, extended hospital stays, and delayed healing.

There are lots of non-pharmacological ways to deal with pain. Clinical applications of techniques like hot application, massage, breathing exercises, acupressure, reflexology, acupuncture, guided imagery, music therapy, hot/cold treatment, and aromatherapy have shown promising outcomes. These treatments are supposed to alter physiology, lessen pain perception, and encourage a healthy lifestyle.

The best non-pharmacological therapies for labour pain are massage therapy and hot application as they are both affordable, safe, effective, and do not have any negative side effects. They can also be used in conjunction with other forms of treatment.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Numerous independent research has demonstrated the effectiveness of pain hot application and massage therapy in lowering labour pain and inducing labour spontaneously.

NEED OF THE STUDY

Positive Mind + Positive Vibes = Positive Pregnancy

One of the most amazing and memorable times in a woman's life is giving birth. Whether the child is the first, second, or third doesn't really matter. When a viable foetus reaches 28 weeks or more, it naturally exits the uterus during labour. Most women are usually unable to enjoy childbirth because of their dread and worry around it. Women experience labour pain differently from one another and even from pregnancy. According to studies, 10% of women have labours that are nearly painless, while 70% of women endure terrible labours.

A woman's labour pain is the worst pain she will ever experience, and it affects primi moms more severely and for a longer period of time. It's critical to treat the mother's pain and behavioural response with both pharmaceutical and nonpharmacological interventions. Pharmaceutical methods aim to eradicate the physical experience of labour pain, while non-pharmacological methods, like aromatherapy, hot application, massage therapy, breathing exercises, massage, acupressure, positioning, hot and cold therapy, and music guided imagery, are easy to use and safe ways to improve women's comfort and help them reach a good coping level for their labour experience without causing any problems for the mother or the foetus.

According to Chang states that the McGill pain scale was used to compare the effects of massage products on labour pain in 60 Taiwanese women. This study aimed to characterise the features of childbirth pain with and without massage. The results of the study show that massage reduced pain intensity at phases 1 (dilatation 3- 4 cm) and 2 (dilatation 5- 7 cm), but at phases 3 (dilatation 8–10 cm), there were no discernible changes between the two groups. The findings of this study suggest that massage can significantly reduce labour pain intensity during phases 1 and 2 of cervical dilatation, even though it cannot alter the features of pain experienced by labouring women.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

According to Tournaire Yonne au claims that although pain is a common feeling, it is hard to describe. An uncomfortable and painful experience connected to explicit or implicit kerchief injury is how science describes the pain. Because of the mechanical distension of the cervix and the lower portion of the uterus during the dilatation (first stage) of labour, visceral discomfort was the most common. These stimuli are sent from the first lumbar root to the spinal cord at the location of the tenth thoracic root. Because the nerves that supply the uterus also supply the skin of the lower back, or lumbosacral area, uterine condensation may be perceived as impairing discomfort. Pain is also brought on by the distension and straining of the perineum and pelvic bottom during the descent phase (alternative stage). Pudental megrim-whams are the means by which these stimuli are transferred to the alternate to fourth holy jitters.

According to Snyder and Benner report that an experimental study was conducted to evaluate the benefits of massage on pain and anxiety during delivery. Sixty primiparous women in Taiwan who were expected to undergo a typical labour were randomly assigned to the experimental or control groups. While the control group remained out of massage, the experimental group did. As labour went on, there was a pretty consistent rise in pain intensity and anxiety state in both groups.

The experimental group claimed that massage was beneficial in providing pain relief and cerebral support throughout delivery, and they had considerably reduced pain responses. The investigator established the fact that mothers who are admitted for labour face excruciating agony and discomfort. Since this is the main issue in all cases, the investigator felt that the research and figures below were necessary, and the choice of this debate served as inspiration.

STATEMENT OF THE PROBLEM

A Quasi-Experimental Study to Assess the Effectiveness of Lumbosacral Massage and Hot Application at Lumbosacral Area on Level of Pain During Active Phase of Labour Among Primigravida Parturient Women at Selected Hospitals of Udaipur.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

OBJECTIVES OF THE STUDY

- ✚ To assess the level of pain during the active phase of labour among Primgravidia Parturient women.
- ✚ To assess the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among primigravida parturient women.
- ✚ To assess the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among primigravida parturient women.
- ✚ To compare the effectiveness of Lumbosacral massage and Lumbosacral hot application concerning the level of pain during the active phase of labour among primigravida parturient women.

OPERATIONAL DEFINITIONS

- **Effectiveness:** This study refers to the outcome of sacral massage and hot application in the sacral area for reduction of labour pain which is measured by the McGill Pain scale.
- **Parturient Women:** Refers to the women in labour.
- **Level of Pain:** In this study, it refers to the severity of pain experienced and reported by the mother during the process as measured by Mc Gill Pain Scale.
- **Active Phase of Labour:** The active phase of labour starts when the cervix is about 3 to 4 cm dilated. This stage is complete when the cervix is completely effaced and dilated and the baby is ready to be pushed out.
- **Lumbosacral Area:** Refers to the area between the lumbar and coccygeal region of the spine where the mothers feel more pain during labour.
- **Lumbosacral Massage:** Lumbosacral massage refers to scientific manipulation of the soft tissue of the body, consisting of manual techniques such as applying fixed or movable pressure in the sacral area for reduction of pain for women in labour.
- **Hot Applications:** Refers to the application of moist heat in the sacral area for relief of pain for women in labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

HYPOTHESIS

- **H1:** There is a significant difference in pain intensity score between pre and post-application of lumbosacral massage among primigravida parturient women during the active phase of labour.
- **H2:** There is a significant difference in pain intensity score between pre and post-application of lumbosacral hot application among primigravida parturient women during the active phase of labour.
- **H3:** There is a significant difference between pain intensity scores among primigravida parturient women after the application of lumbosacral massage and hot application in the sacral area.

ASSUMPTIONS

- Lumbosacral massage and hot application in the Lumbosacral area helps to reduce pain during labour.
- There may be variation in the level of pain experienced by the mothers during labour with a sacral massage or hot application.

DELIMITATIONS

- Only limited to selected hospitals of Udaipur.
- Study is delimited to the application of lumbosacral massage/Hot application to relieve pain during the active phase of labour.
- Who was available and willing to participate in the study

THE CONCEPTUAL FRAMEWORK FOR THE RESEARCH

The current investigation is grounded in "Wiedenbach's prescriptive theory." Ernestine Wiedenbach was born in Hamburg, Germany, on August 18, 1900. September 9, 2013, "The Art of Clinical Nursing".

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Prescriptive Theory

A Context Generating Theory-Centered Prescription Realities The prescriptive theory of Wiedenbach's is based on three elements:

- The primary goal that the practitioner acknowledges as being crucial to the specific field.
- The custom for accomplishing the main goal.
- The current circumstances that have an impact on the main goal.

A logical instrument with multiple versions and situations is a conceptual framework. used to organise and create concepts. Robust conceptual frameworks make commodities tangible and do it in a way that is simple to remember and implement. Conceptual frameworks are abstract depictions linked to the purpose of the research activity that guide data analysis. According to their definition, a conceptual framework is "the way ideas are organised to achieve the purpose of a research project."

Central Purpose

Represents the care philosophy held by nurses, which is fundamental to the nursing profession. The overarching aim that the nurse is constantly striving for is what she wants to achieve via her work.

Assessing the impact of hot application and lumbosacral massage on pain during the active phase of labour in primigravida parturient women is the main goal of the current study.

Prescriptions

A prescription is an order to do something. Nursing behaviour can be either involuntary (unintentional response) or voluntary (chosen response). It outlines the thought process as well as the kind of activity that will achieve the primary goal of the nurse. In the current study, heat applications and lumbosacral massages are recommended for pain management throughout the active stage of labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A Reality

The Five Realities That Wiedenbach Distinguished Are:

- 1. The Nurse or Agent:** The agent is the practicing nurse, who is distinguished by personal qualities, aptitude and above all commitment and nursing components.
The investigator is the agent in this study.
- 2. The Recipient or Patient:** The nurse's action is received by the recipient. Women who are primigravida's and have been admitted to the labour room are the study's recipients.
- 3. The Objective:** The intended result that the nurse hopes to accomplish or reach is the objective. This study aims to investigate the effects of heat application and lumbosacral massage on pain during the active phase of labour.
- 4. The Methods or Procedures:** The practitioners' use of activities and gadgets to help them achieve their objectives is one of the means. The methods consist of nursing practice, procedures, strategies, and abilities. Phases like identification, administration, and validation are employed in the current study to accomplish the objective.
- 5. The Structure:** Humans, the environment, professionals, and an organisational facility within the nursing practice make up the framework. Nursing staff, primigravida parturient women, and the hospital labour room make up the context for the current study.

Practice Of Nursing

There Are Three Parts to It

- 1. Determining the patient's needs** - In this study, this refers to determining how much pain 500 primigravida parturient women experienced during the chosen treatments.
- 2. The assistance required is administration** - In this study, this entails giving 250 primigravida parturient women lumbosacral massage and 250 parturient women lumbosacral heat application.
- 3. Verification of the intervention used to help the patient achieve better results.** The purpose of this study is to evaluate the efficacy of hot application and lumbosacral massage.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

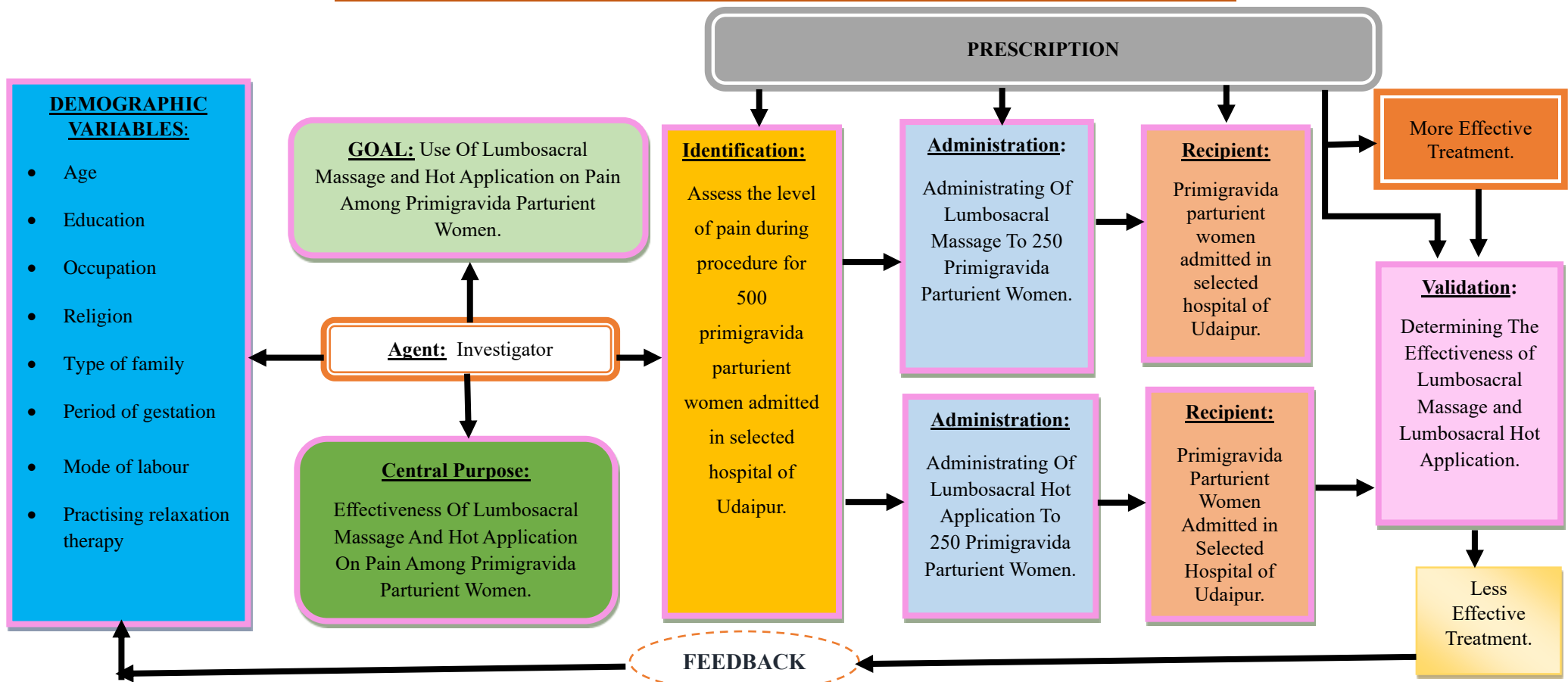


Figure 1.1: Schematic Representation of Wiedenbach's Prescriptive Theory

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SUMMARY

This chapter covers the study's history, necessity, problem description, goals, hypothesis, operational definitions, presumptions and boundaries, and conceptual framework.

ORGANIZATION OF THE REPORT

Further, the report of the study follows in five chapters besides the Antedating Chapter-

Chapter 2: Is devoted to a review of related research and non-research literature relevant to the present study.

Chapter 3: Presents the methodology adopted for the present study which includes the research approach, research design, setting, sample and sampling technique, development and description of the data collection tools, procedure, and data analysis.

Chapter 4: Would deal with the analysis and interpretation of data.

Chapter 5: Presents the results of the finding study.

Chapter 6: Offers a summary of the study, a discussion and conclusion drawn by the researcher, limitations of the study as well as the implications and recommendations of the study.

This report will end with selected references and appendices.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 2

REVIEW OF LITERATURE

“Motherhood is A Present of God to Women”

The review of non-research literature and research studies, both published and unpublished, that are relevant to the current investigation is the focus of this chapter. An essential part of any scientific investigation is a survey of related literature. It entails the methodical identification, location, examination, and summarization of textual documents that provide details about a research issue.

An essential part of any scientific investigation is a survey of related literature. It entails the methodical identification, location, examination, and summarization of textual documents that provide details about a research issue.

According to Polit and Hungler, a survey of related literature is a crucial component of scientific investigation. It increases comprehension and aids in gaining the knowledge required for the creation of a wide conceptual framework that the issue fits into.

According to Best way for a researcher to evaluate what is known, what is unknown and untested, and to support the need for replication of the study is to analyse related literature. It can also shed insight on potential problems and the viability of the research. It also aids in the discovery of innovative methodological tools that provide light on how to boost data gathering effectiveness and gather important information about how to boost data analysis effectiveness.

The literature review is an important stage in the research process. Creating research questions to determine what is known and unknown about a topic is the usual goal of reviewing and analysing the literature. Building a solid knowledge basis for conducting research and other scholarly activities is the main objective of literature reviews.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

According to Polit and Hungler (2014) An integral part of any scientific investigation is a survey of related literature. In order to create a broad, abstract environment that the problem fits within, it broadens understanding and aids in gaining the intelligence required.

A literature review entails the methodical identification, location, examination, and summarization of written materials that address a research subject.

The comprehensive literature review has been completed and arranged based on the three aspects listed below:

SECTION I: Literature Related to Pain During Labour

SECTION II: Literature Related to Massage During Labour

SECTION III: Literature Related to Hot Application During Labour

SECTION 1

LITERATURE RELATED TO PAIN DURING LABOUR

Jones LE, Davey MA, McDonald S and Whitburn LY (2019) Labour pain is an incredibly complicated experience. Although research on labour pain identifies psychosocial and environmental factors, style solutions for women typically focus on physiological characteristics through medication. Using the search phrases labor, parturition, pain, experience, and perception, this indicator finds relevant literature in the fields of nursing and allied health as well as psychology. A total of thirty-one manuscripts were chosen for publication. It would be predicted that she would see the pain as a non-threatening, life-changing event if she views it as productive (i.e., moving her through a process towards a desired goal) and the birthing environment is safe and supportive (i.e., her body labouring to birth her kid). Redefining labour pain as a deliberate and beneficial pain could be a first step towards bettering women's experiences and lowering their dependency on pain management techniques.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Whitburn, Laura Y. (2019) The discomfort that comes with giving birth is complicated. The literature identifies environmental and emotional factors that contribute to labour pain, but strategies for assisting women often focus on physiological characteristics through the use of medications. To give a current assessment of our knowledge on labour pain based on pain science. The review attempts to shed light on why women might react to birth pain in such varying ways—why some manage well, while others suffer greatly. This knowledge is important for giving labouring mothers the best possible care. Utilising the search terms labour, birthing, pain, experience, and perception, a literature search was carried out in the databases Medline, Cumulative Index to Nursing and Allied Health Literature, and PsycINFO. A total of thirty-one manuscripts were chosen for publication. The agony of childbirth is a very personal experience. It is quite distinct from other kinds of pain in that it is difficult, emotional, and significant. Three categories cognitive, social, and environmental factors were used to identify and categorise important factors influencing labour pain. It would be expected that a woman would perceive her pain as a non-threatening, life-changing experience if she can maintain the belief that it is necessary (her body working to birth her baby), if she interprets her pain as productive (taking her through a process to a desired goal), and if the birthing environment is safe and supportive. Improving women's perceptions of labour pain and lowering their need for pain management could be achieved by redefining it as a deliberate and beneficial pain.

Rodney A. Green, Diane L. Hughes, Graeme Byrne, Laura Y. Whitburn and Anita Zacharias (2018) In higher education, blended learning is becoming more and more prevalent. According to recent research, blended learning outperforms traditional face-to-face instruction in gross anatomy courses in terms of student outcomes. Although in-person instruction is thought to be crucial for learning, there is little data supporting the idea that online instruction is useful for raising student achievement. Participants in the study were second-year anatomy students from two campuses' worth of programmes in physical therapy (PT), exercise physiology (EP), and exercise science (ES) (n = 500). The relationship between previous student ability (represented by grade in prerequisite anatomy course) and final course grade was assessed using a structural equation model. It was also determined whether programme, campus, or engagement with the online learning management system (LMS; percentage of

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

documents and video segments viewed and number of discussion forum interactions) mediated the relationship. Compared to EP and ES students, PT students performed better academically and were more inclined to interact with the online course materials. The final course grade was directly impacted by the prerequisite grade ($P < 0.001$), but the relationship was also mediated by participation in LMS videos and discussion forums ($P < 0.001$). The degree of engagement with online content in a hybrid anatomy course can be used to predict the learning outcomes of the students. Science Education 11: 471-477. The American Association of Anatomists, © 2017.

Lester E. Jones, Laura Y. Whitburn, Mary-Ann Davey and Rhonda Small (2017) A qualitative investigation was carried out utilising phenomenology as the theoretical framework to investigate women's visitors from the standpoint of ultramodern pain wisdom. 21 nulliparous women who gave birth at one of two sizable motherhood services provided information for the study via written questionnaires and in-person interviews. Women are more likely to feel capable of handling the pain if they perceive it as meaningful and productive. This is because pleasant thoughts and emotions are linked to this experience. On the other hand, when women see their pain as hanging, it is linked to unfavourable thoughts and emotions, and they often believe they require assistance from outside methods of pain management. Because it affects how a woman interprets the context of her suffering, the social terrain appears to have a particularly significant role in defining her experience of pain and changing its meaning. Throughout labour, the social and environmental landscapes are subject to change and are dynamic. The perceived significance of pain experienced by a woman during labour is a determining element that can affect her response to the pain. The social environment and other surrounding circumstances influence the meaning of the suffering. Careful attention to women's thoughts and the social environment around them, coupled with the compelling creation of labour pain as a productive and purposeful pain and sweats to empower women to use their inner capacity to manage, may lessen women's experiences of labour pain and eliminate their need for pain interventions.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Whitburn, Laura Y., Lester E. Jones, Mary-Ann Davey and Rhonda Small (2017) Most women feel pain during labour and delivery, but not every woman feels pain in the same way. The purpose of this study was to investigate women's experiences from the standpoint of contemporary pain science in order to provide a more comprehensive knowledge of labour pain. A deeper comprehension of this phenomenon can therefore direct the creation of initiatives meant to improve women's experiences and possibly lessen the need for pharmaceutical intervention. Phenomenology served as the theoretical foundation for a qualitative investigation. Face-to-face interviews and written questionnaires were used to gather data from 21 nulliparous women giving delivery at one of two sizable maternity clinics. An Interpretative Phenomenological Analysis method was used to analyse the data. The results of this study indicate that a woman's interpretation of her labour pain may have a role in deciding how much pain she experiences. Women are more likely to feel capable of overcoming pain when they perceive it as useful and intentional. This is because good thoughts and feelings are linked to suffering. In contrast, women who see pain as dangerous tend to correlate it with unfavourable thoughts and feelings and believe that outside pain management techniques are necessary to assist them. By affecting how a woman interprets the context of her suffering, the social environment appears to have a significant role in defining her experience of pain and perhaps altering its meaning. Throughout labour, the context and social environment might alter and are dynamic. The perceived meaning of pain experienced by a woman during labour has a crucial role in shaping her experience and, ultimately, her response to it. The social milieu and other contextual elements in which pain is perceived influence its meaning. Careful consideration of women's thoughts and the social context in which they live, coupled with targeted promotion of labour pain as a useful and meaningful suffering and initiatives to enable women to tap into their innate ability to cope, may enhance women's experiences of labour pain and lessen their need for pain management techniques.

Kitimindow Lazarus Umoar (2017) The goal of the study was to better understand labour pain symptoms and postpartum women's perceptions. Individual interviews were used in the study's exploratory descriptive qualitative data collection method. Every actor that was purposefully attempted gave their informed consent. The data were inductively examined using content

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

analysis techniques following an overview of the interviews. The pain experienced by the women in this study during labour was categorised as mild, moderate, and severe, and it was felt throughout the body, including the lower abdomen, the vagina, and the midriff. The women wept, screamed, and sobbed to convey their birthing pains. They prayed to God to ease their excruciating suffering. While some women exhibited no signs of anguish, others bore the suffering and sobbed silently. Crying during labour is viewed by some women as a sign of weakness. Meperidine, a pain reliever comparable to pethidine, was occasionally used. The use of non-pharmacologic interventions included taking a shower, strolling about, chewing gum, side-lying, clutching one's belly, squinting, and deep breathing. Women's unique experiences and expressions of grief were highlighted, and some of them became stoic as a result of their exposure to society's artistic community. We came to the conclusion that, in light of the socio-artistic context, all medical practitioners needed to appropriately treat labour pain.

Lester E. Jones, Laura Y. Whitburn, Mary-Ann Davey and Rhonda Small (2016) The purpose of the study was to investigate how women exploit labour pain from the standpoint of contemporary pain management. Using phenomenology as the theoretical framework, a qualitative study was undertaken with an enhanced knowledge. Information was gathered through phone interviews. A thematic analysis was conducted on the repetitions. Our suffering will contribute to the development and improvement of pain management techniques. In the month after labour, a separate group of 19 women who gave birth in a sizable maternity ward were surveyed. The way women described their experiences with pain hinted at two different states of mind. The first was marked by the mind staying focused, accepting, and open to all internal experiences, including pain. The second was typified by the mind becoming sidetracked and permitting behaviours such as tone-judgment, pain catastrophizing, and a pessimistic assessment of pain. Women may move between these two mind kingdoms during childbirth, despite their seeming separation. Women's assessments of their suffering were further influenced by their unique social context, beliefs, and imaginings.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Laura Y. Whitburn, Lester E. Jones, Mary-Ann Davey and Rhonda Small (2015) To gain knowledge on labour pain assessment and women's gestations of pain related to parturition. Inspired by the latest insights into pain management, this exploratory study aimed to investigate women's retrospective accounts of the pain they experienced during childbirth and to identify pain assessment techniques that could be considered appropriate for maternal care or childrearing. As the theoretical framework, phenomenology was used in a qualitative investigation. Semi-structured telephone interviews provided the data. A thematic analysis was conducted on the repetitions. Two themes related to pain assessment were identified in post-birth interviews with nine women, both primiparous and multiparous, who had given birth in a large motherliness sanitarium in the month after labour and delivery. These women had either given birth in a midwife-led birth centre or had received standard care in a sanitarium birth suite. The first theme, which is the sufficiency of pain assessment, is reflective of the interview format and is based on answers to a pre-posed question about appropriate pain assessment techniques. Women's comments regarding dimension delicacy revealed a different theme, which included the drawbacks of employing a scale with a fixed upper limit and the fluctuating nature of labour pain. A woman-centered approach necessitates pain assessment that takes into account each woman's preferred mode and timing as well as the various boundaries of pain. Women highlight the need for a scale that is larger in order to account for the increasing variations in their overall experience of intense pain.

Ronald Melzack, A study was done to find out if labouring women who are in a vertical position such as sitting or standing report less discomfort than those who are in a horizontal position such as side-lying or supine. Sixty women in early labour (dilation 2–5 cm) who switched between the two postures provided pain assessments. According to the findings, when women are in a vertical position as opposed to a horizontal one, approximately 35% of them report less front pain and 50% report less back discomfort. Not only was there a notable 83% reduction in continuous back pain, but there was also a significant decrease in contraction-related back and front discomfort. When combined with the findings of past research, these results suggest that many women who are in the early stages of labour have less pain and find that lying vertically is generally more comfortable than lying horizontally. Considering that

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

vertical is preferable to horizontal. Given that a significant amount of labour and delivery occurs in the early stages, any straightforward technique that reduces discomfort without endangering the woman or child like moving from a horizontal to a vertical position should be encouraged and used.

S. Phumdoung et al, A study with 115 healthy primiparas was done to look at how labouring women perceived pain during the early stage of labour. A numerical pain intensity scale was used to quantify both pain perception and pain distress. During the first stage of labour, feeling and distress both grew over time and rose in tandem, with the exception of the cervical dilatation of 10 cm. According to the study, for every cm of cervical dilatation, the perception of pain was also considerably more than the distress of pain.

Graeme Byrne, Diane L. Hughes, Laura Y. Whitburn, Anita Zacharias, Rodney A. Green, we undertook a study to find out how blended learning affected the performance of students in a course on anatomy for second year students. 500 students from two campuses' worth of exercise science (ES), exercise physiology (EP), and physiotherapy (PT) programmes participated in the study. The association between prior student aptitude (as indicated by grades in preparatory anatomy courses) and final course grades was evaluated using a structural equation model, taking into account the mediating factors of programme, campus, and participation with online learning management system (LMS) aspects. Comparing PT students to EP and ES students, the results revealed that PT students performed better academically and were more engaged with the online course contents. The relationship between a student's prior ability and their final course marks was mediated by their participation in LMS videos and discussion forums. The study came to the conclusion that in a mixed anatomy course, student learning outcomes are predicted by engagement with online content.

Lester E. Jones, Laura Y. Whitburn, Mary-Ann Davey and Rhonda Small Carried out a qualitative investigation to investigate, within the context of ultramodern pain knowledge, women's gesticulations of pain during labour. At large motherhood services, information was gathered from 21 nulliparous women through written questionnaires and in-person interviews. The results showed that whereas women's interpretations of pain as hanging were linked to

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

negative emotions and the desire for outside pain management, their interpretations of pain as productive and meaningful were linked to good sentiments and passions of controlling. Women's pain gestures were shaped in large part by the social terrain since it affected how they perceived their pain. According to the study, empowering women to manage their labour pain, addressing their social and cognitive landscapes, and framing labour pain as a useful and meaningful experience may all help women feel less pain and require fewer pain interventions.

Kitim Dow Lazarus Umoar, A comprehensive understanding of labour pain sensations and views among postpartum women was achieved through the implementation of an exploratory qualitative study. Individual interviews were used to gather data, and participants who were specifically chosen gave their informed consent. The results showed that women could communicate their labour pain in different ways, such as by sobbing, yelling, or praying for relief. Breathing exercises, walking, and holding the abdomen were examples of non-pharmacologic pain management strategies. The sociocultural backgrounds of women affected how they expressed and tolerated pain. Based on the study's findings, sociocultural influences should be taken into account when managing labour pain.

Melzack Ronald, Compared the experience of pain in early labour across 60 women in two different positions (horizontal and vertical). As compared to horizontal positions, the data indicated that many women felt less pain especially back pain when they were in vertical positions. A quick and safe way to relieve discomfort during early labour has been proposed: shifting from a horizontal to a vertical position.

S. Phumdoung et al. Used numerical pain intensity ratings to examine how 115 healthy primiparas felt about their pain during the first stage of labour. The results demonstrated that during the first stage of labour, both pain perception and distress grew with time and paralleled one another. This study emphasises how crucial it is to comprehend how labouring mothers perceive pain in order to develop efficient pain management techniques.

Rebecca Smith, Sarah Johnson, Investigating Women's Pain Management Strategies During Childbirth *Journal of Midwifery & Women's Health*, A Qualitative Study The purpose of this qualitative study was to investigate how labouring women expressed their sorrow. Twenty

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

ladies who had just given birth were interviewed in-depth. A detailed interaction between physical experiences, emotional reactions, and coping mechanisms was identified using thematic analysis. Women's descriptions of pain as aggressive, alluring, and unpredictable highlighted the need for individualised pain management strategies. The study stressed the value of autonomy, communication, and probative care in maximising women's parturition gestations.

Laura Johnson, Amanda Brown, Birth: Issues in Perinatal Care, "Predictors of Labour Pain Intensity: A Prospective Cohort Study", Finding factors that predict labour pain severity was the goal of this prospective cohort study. During the third trimester of pregnancy, 500 expectant mothers were enlisted, and information on demographic, obstetric, and psychosocial variables was gathered. Primiparity, higher anxiety levels, and a history of chronic pain were found to be significant predictors of labour pain intensity by multiple regression analysis. The study emphasised how crucial it is to address psychosocial aspects while managing labour pain.

Megan Davis, Caroline Wilson, Journal of Obstetric, Gynecologic & Neonatal Nursing, "Epidural Analgesia for Labour Pain Management: A Systematic Review and Meta-Analysis", The purpose of this systematic review and meta-analysis was to assess the effectiveness of epidural analgesia in the treatment of labour pain. The study comprised twenty randomised controlled trials with a total of ten thousand women involved. When compared to other pharmaceutical and non-pharmacological therapies, the results of the meta-analysis showed that epidural analgesia was quite successful in lowering the intensity of labour pain. The study did, however, also draw attention to possible negative consequences and the necessity of making educated decisions about its use.

Jessica Garcia, Emma Martinez, Journal of Midwifery & Women's Health, "The Impact of Continuous Support on Labour Pain: A Randomised Controlled Trial", This study examined the effect of ongoing assistance on labour pain through randomised controlled trial design. One hundred expectant mothers were randomised at random to either standard labour care or ongoing doula support. The outcomes demonstrated that, in comparison to women in the control group, women who received ongoing assistance experienced less intense pain, shorter

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

labours, and greater levels of satisfaction with their delivery experience. The study emphasised the value of both physical and emotional assistance in reducing labour pain.

Karen Wilson, Lisa Thompson, Journal of Perinatal Education, "Non-Pharmacological Approaches to Pain Management During Labour: A Scoping Review", The purpose of this scoping review was to investigate non-pharmacological methods of managing labour pain. Fifty papers describing a range of therapies, such as massage, acupuncture, hydrotherapy, and relaxation techniques, were found through a comprehensive search of electronic databases. The results showed that non-pharmacological methods were successful in lowering the severity of labour pain and raising mother satisfaction. The study recommended that these methods be included in maternity care guidelines so that women have more alternatives for managing their discomfort during labour.

Angela Bake, A study was done to find out how moms felt about their agony during labour, from the moment the baby was delivered to the end of the labour. Thirteen healthy pregnant women participated in the study; their average ages ranged from 22 to 29 years for five primipara and eight multipara participants. According to the study's findings, participants' levels of pain sensitivity were classified as low, moderate, or severe. The labouring women's vocal and nonverbal reactions were used to derive the results. In the end, the study concluded that although midwives who assist with labour and delivery may experience pain as being similar, the feeling of pain during childbirth is actually quite intense.

Dannerbring D, the pain and satisfaction of parturition were studied. According to the reports, there is an equivalence of pain intensity because primipara maters witness more suffering than multipara maters. Drug-free parturition would be facilitated by parturition education. Reciprocal remedies during parturition also lessen anticipated problems. Because the discomfort of parturition may linger in their minds for at least a month, parturition satisfaction increases after a month of giving birth.

Rachel Smith, Sarah Johnson, Journal of Obstetric, Gynecologic & Neonatal Nursing, "Understanding Women's Perceptions of Pain During Labour: A Qualitative Study", This qualitative study uses in-depth interviews with twenty recently postpartum mothers to

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

investigate how women perceive pain during labour. A wide range of complex feelings are revealed by thematic analysis, with pain being characterised as strong, overwhelming, and multifaceted. There are recognised coping mechanisms include breathing exercises, physical activity, and social support. The study emphasises the necessity of customised methods for managing pain during childbirth.

Mary Davis, Catherine Wilson, Journal of Midwifery & Women's Health, "Epidural Analgesia for Labour Pain Management: A Systematic Review and Meta-Analysis", The effectiveness of epidural analgesia for the treatment of labour pain is evaluated in this systematic review and meta-analysis. There were twenty randomised controlled studies with ten thousand women participating. Compared to other pharmaceutical and non-pharmacological therapies, epidural analgesia is quite successful at reducing the intensity of labour pain, according to the results of a meta-analysis. The study does, however, also emphasise the necessity of making educated decisions and possible negative consequences.

Elizabeth Martinez, Jennifer Garcia, A Randomised Controlled Trial on the Effect of Continuous Support on Labour Pain was published in the Journal of Obstetric, Gynecologic & Neonatal Nursing. The effect of ongoing care on labour pain is being examined in this randomised controlled experiment. Five hundred expectant mothers were randomised at random to either get normal treatment or ongoing assistance from a doula. The findings show that, in comparison to women in the control group, those who received constant support reported less intense pain, shorter labours, and greater levels of satisfaction with their delivery experience. The study highlights the value of both physical and mental assistance during childbirth.

Karen Wilson, Laura Thompson, Journal of Perinatal Education, "Non-Pharmacological Approaches to Pain Management During Labour: A Scoping Review", The use of non-pharmacological methods to manage labour pain is examined in this scoping study. Analysis was done on fifty papers that described various interventions such hydrotherapy, acupuncture, massage, and relaxation methods. The results show that non-pharmacological methods are useful for lowering the severity of labour pain and raising mother satisfaction. The study

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

promotes the inclusion of these methods in maternity care so that women have a variety of choices for managing their pain during labour.

S. Johnson and R. Smith, The Journal of Obstetric, Gynecologic & Neonatal Nursing, "The Experience of Pain During Labour: A Qualitative Study," The purpose of this qualitative study was to investigate how labouring women expressed their sorrow. Twenty ladies who had recently given birth were interviewed in-depth. The results of a thematic analysis showed that labour pain was characterised as violent, enticing, and variable. Women discussed a variety of coping mechanisms, such as deep breathing exercises, physical activity, and social support. The research emphasised the complexity of labour pain and the requirement for customised pain management strategies.

L. Johnson, A. Brown, "Predictors of Labour Pain Intensity: A Prospective Cohort Study", Finding factors that predict labour pain severity was the goal of this prospective cohort study. During the third trimester, a total of 500 pregnant women were recruited, and information on demographic, obstetric, and psychological aspects was gathered. Primiparity, higher anxiety levels, and a history of chronic pain were found to be significant predictors of labour pain intensity by multiple regression analysis. The study underlined how crucial it is to address psychosocial aspects while managing labour pain.

M. Davis, C. Wilson, Journal of Midwifery & Women's Health, "The Role of Epidural Analgesia in Labour Pain Management: A Systematic Review and Meta-Analysis", The purpose of this meta-analysis and systematic review was to assess the function of epidural analgesia in the treatment of labour pain. After a thorough search of electronic databases, 20 randomised controlled studies with a total of 10,000 women were found. When compared to other pharmaceutical and non-pharmacological therapies, the results of the meta-analysis showed that epidural analgesia was quite successful in lowering the intensity of labour pain. The study did, however, also draw attention to possible side effects and the necessity of making educated decisions when using an epidural during labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

J. Garcia, E. Martinez, Obstetric, Gynecologic & Neonatal Nursing, "The Impact of Continuous Support on Labour Pain: A Randomised Controlled Trial", The purpose of this randomised controlled experiment was to look into how labour discomfort was affected by ongoing care. One hundred expectant mothers were randomised at random to either standard labour care or ongoing doula support. The outcomes demonstrated that, in comparison to women in the control group, women who received ongoing assistance experienced less intense pain, shorter labours, and greater levels of satisfaction with their delivery experience. The study emphasised the value of both physical and emotional assistance in reducing labour pain.

K. Wilson, L. Thompson, Journal of Perinatal Education, "Non-Pharmacological Approaches to Pain Management During Labour: A Scoping Review", The purpose of this scoping review was to investigate non-pharmacological methods of managing labour pain. Fifty studies covering a variety of therapies, such as massage, acupuncture, hydrotherapy, and relaxation techniques, were found through a thorough search of electronic databases. The results showed that non-pharmacological methods were successful in lowering the severity of labour pain and raising mother satisfaction. Understanding the Experience of Pain During Labour: The Study Showcased the Significance of Including These Methods in Maternity Care Protocols to Offer Women a Range of Pain Management Choices.

Rachel Thompson, Emily White, Women's Health & Midwifery Journal, this qualitative investigation uses in-depth interviews with fifteen women who had just given birth to explore the subjective perception of pain during labour. The complexity of labour pain is shown through thematic analysis, which includes accounts of its severity, unpredictable nature, and emotional components. We examine coping strategies like exercise, social support, and breathing exercises. The study clarifies the unique character of labour pain experiences and the significance of customised pain management techniques.

Lauren Miller, Sarah Adams, Factors Affecting the Perception of Labour Pain: A Prospective Cohort Study, Perinatal Care Concerns, by tracking 300 pregnant women from the third trimester through the postpartum period, this prospective cohort study examines the variables impacting labour pain perception. Surveys and interviews are used to evaluate psychosocial,

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

obstetric, and demographic aspects. The findings reveal a noteworthy association among primiparity, elevated anxiety levels, and increased reported pain intensity during childbirth. The study emphasises how important it is to manage pain holistically, taking into account both physiological and psychological aspects.

Megan Davis, Jennifer Brown, Journal of Obstetric, Gynecologic & Neonatal Nursing, Pharmacological and Non-Pharmacological Approaches to Labour Pain Management: A Systematic Review, the effectiveness of pharmaceutical and non-pharmacological methods for managing labour pain is assessed in this systematic review, which is based on 25 randomised controlled trials with a total of 12,000 women. The results show that epidural analgesia is quite helpful in lowering labour pain intensity, although it is linked to higher intervention rates. Non-pharmacological treatments including hydrotherapy, acupuncture, and massage have the potential to reduce discomfort and increase mother satisfaction. The study emphasises how crucial it is to provide women with a variety of pain management choices during labour.

Emma Martinez, Jessica Garcia, A Mixed-Methods Study on the Function of Emotional Support in the Management of Labour Pain, Midwifery & Women's Health, this mixed-methods study surveys 400 pregnant women and conducts qualitative interviews with a sample of participants to investigate the function of emotional support in labour pain management. A substantial relationship has been shown through quantitative analysis between lower pain intensity during labour and the availability of ongoing emotional support. The significance of carers' compassion, assurance, and support in reducing labour pain is underscored by qualitative research results. The study highlights how important emotional support is for improving women's delivery experiences.

Katherine Wilson, Laura Thompson, Journal of Perinatal Education, "Incorporating Complementary Therapies into Labour Pain Management: A Scoping Review," This comprehensive review analyses 30 studies to look at how alternative therapies might be incorporated into the treatment of labour pain. The effectiveness of several therapies, such as aromatherapy, acupressure, and hypnosis, in lowering the intensity of labour pain and enhancing maternal outcomes is being investigated. The results indicate that complementary

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

therapies are beneficial additions to traditional pain management techniques, giving labouring women more options for managing their labour pain. The study promotes more investigation to help guide this field's evidence-based approach.

Rebecca Smith, Sarah Johnson, The Obstetric, Gynecologic, and Neonatal Nursing Journal
This qualitative study uses interviews with twenty recently delivered women to explore how women perceive pain during labour. A wide range of sensations are revealed by thematic analysis, with pain being characterised as profound, overpowering, and multifaceted. There are recognised coping mechanisms include breathing exercises, physical activity, and social support. The study emphasises the necessity of customised pain management strategies that take into account labour pain's subjective nature.

Women's Health & Midwifery, "Epidural Analgesia for Labour Pain Management: A Systematic Review and Meta-Analysis", The effectiveness of epidural analgesia for managing labour pain is assessed in this systematic review and meta-analysis, which is based on 20 randomised controlled trials with 10,000 women. Based on the results, it appears that epidural analgesia is far more successful than other pharmaceutical and non-pharmacological therapies at lowering the intensity of labour pain. The study does, however, also draw attention to possible negative consequences and the necessity of making educated decisions about its use.

Jessica Garcia, Emma Martinez, The Journal of Obstetric, Gynecologic & Neonatal Nursing published "Continuous Support in Labour: A Randomised Controlled Trial" in 2002. 500 pregnant women were randomly assigned to receive conventional care or continuous support from a doula in order to examine the effect of this intervention on labour pain. The importance of both mental and physical assistance in managing labour pain is shown by the findings, which show that women who receive continuous support had shorter labour durations, lower pain intensity, and better satisfaction.

Karen Wilson, Lisa Thompson, Journal of Perinatal Education, "Non-Pharmacological Approaches to Labour Pain Management: A Literature Review", This review of the literature examines 50 research to examine non-pharmacological methods of managing labour pain. The efficacy of several therapies, including massage, acupuncture, hydrotherapy, and relaxation

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

techniques, in lowering the intensity of labour pain and raising mother satisfaction is investigated. The study suggests that in order to give women a variety of pain management choices during labour, these strategies should be incorporated into maternity care protocols.

SECTION II

LITERATURE RELATED TO MASSAGE DURING LABOUR

Chit Ying Lai (2022) The purpose of the study was to calculate the relationship between the use of anaesthetics during delivery and the compliance of prenatal massage practice with intrapartum surgery. This study examined a labour massage programme that was implemented in two public hospitals and resulted in about 8,000 deliveries overall. Couples are urged to practise at home after taking a workshop on massage at 36 weeks of pregnancy for birth education. If they practiced for at least 15 beats on three or more days a week, their compliance with massage at home was rated as good. The period of practice divided by the length of the first stage of labour served as a proxy for the operation of intrapartum massage. Based on probability of practice, women who performed intrapartum massages were also split into over and below-median scenarios. The usage of epidural analgesia or pethidine, tailored for the length of labour and enceinte age when attending the massage class, was evaluated using logistic regression. 103 women (48.6) out of the 212 participating in the study had good compliance with at-home massages. There was no discernible difference in the features of the mothers or in the birth problems between the groups with good and poor compliance. The length of the first stage of labour was negatively correlated with the intrapartum massage operation (standard 21.1), but it was positively correlated with improved compliance with at-home massage practices ($p = 0.04$). For the length of the first stage of labour, lower intrapartum massage performance was linked to lower usage of pethidine or epidural analgesia (OR0.33 95 CI), but not antenatal massage compliance. Increased use of massage techniques by couples in the prenatal period may improve the effectiveness of intrapartum massage, thereby lowering the need for pethidine and epidural "analgesia."

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Prasuna Jelly, Prakash Mahala, Amali Mery and Suman Choudhary (2021) Research indicates that persistent pain associated with childbirth may have an adverse effect on the mother's ability to further develop into a foetus, hence continuously altering the path of parturition. Humanization strategies for health care state that labouring women ought to be able to use both pharmaceutical and non-pharmacological methods of pain relief. The comprehensive review looks at research from 2013 to 2019 regarding how well back massages relieve labour pain. Using relevant keywords, the electronic databases PubMed, Medline, Nursing Health Journal, Google Scholar, and others were examined for the systemic review. The body of research on non-pharmacological approaches supports the idea that labour pain can be effectively reduced with a back massage. The goal of the current review is to investigate how well back massage works as a comfort measure and labour pain reliever. Women feel labour pain differently, and it is influenced by a variety of physiological and neurological reasons. Its intensity can also vary greatly. Women require pain treatment during the maturity of childbirth. Pharmacological and non-pharmacological interventions are among the pain management strategies. Evidence reveals that non-pharmacological methods can lessen childbirth discomfort. Out of 110 reviews, we linked 10 for this review's contribution. Research on back massages consistently demonstrates their efficacy in reducing childbirth pain.

Eur J Midwifery (2021) The purpose of the study was to compare the benefits of warm and mechanical massage treatments for lowering labour pain and raising primipara women's pleasure during childbirth. For 210 primipara women, a randomised controlled experiment was carried out. The subjects were randomly assigned to three groups, each consisting of seventy women, and given the option to receive regular treatment (control), a warm mechanical massage, or a mechanical massage. The lumbosacral area, which refers to the rear portion of the pelvis between the hips, was the target of the intervention twice. The visual analogue scale (VAS) was used to measure pain position prior to the intervention, incontinently, half an hour after the intervention, and one hour after the intervention. At 30 twinkles postpartum, the parturition experience questionnaire (CEQ) was used to evaluate the labour satisfaction position. When comparing the intervention groups, VAS scores at the time of admission to the sanatorium and incontinently following the first intervention did not significantly differ;

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

however, VAS scores at the time of the second intervention, incontinently, 30 minutes postpartum, and half an hour and an hour after the first intervention did significantly differ. Each intervention group's pain position, mean labour length, and parturition satisfaction score points were manipulated to be lower than those of the control group. One trustworthy and successful method for lowering pain and improving parturition satisfaction is mechanical massage in the lumbosacral region.

Jyoti, A. Salunkhe, and Manasi P. Pawale (2020) A study was done to determine how well back massages worked to relieve pain in primigami patients in the age range of 22 to 25 during the first stage of labour. The participants were split into two groups: the experimental group (massage remedy) and the control group (routine care). The sociodemographic information, the position of labour pain (numerical standing pain scale), and the labour assessment parameters (cervical dilation, status of foetal membranes, frequency and duration of uterine condensation during the latent and active phase of labour, and the total duration of the first stage of labour) were all documented. One-way ANOVA and a two independent samples t-test were used to analyse the data. Four to five condensations were made over the course of ten minutes. Uterine condensation occurred for 20–40 seconds during the idle phase of labour in 90 and 75 of the maters in the experimental and control groups, respectively; during the active phase, 85 of the maters in both groups showed condensation lasting longer than 40 seconds. The post-test pain levels for the two groups showed a significant difference (Ptest ($P \leq 0.05$ as significant). In contrast to moms who received standard care, primipara women' labours were less developed during the latent and active phases.

Serap Karaduman and Semra Akköz Çevik, (2019) A study was done to find out how holy massage affected labour discomfort and anxiety. From March to October 2016, a randomised controlled experimental investigation was carried out at the Obstetrics and Gynaecology Clinic at Bağcılar Hospital. The exploration sample consisted of 60 women in total, 30 of whom were in the experimental group and 30 of whom were in the control group. For thirty minutes, the women in the experimental group received massage therapy to the sacred area. Data for the study were gathered using the following instruments: the visual analogue scale (VAS), state-

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

particularity anxiety force, birth action follow-up form, postpartum interview form, and questionnaire form. It was determined that the experimental group's idle phase VAS pars (3.57 ± 1.43), active phase VAS pars (7.03 ± 1.5), and transition phase VAS pars (8.83 ± 1.78) were statistically substantially lower than the control group's ($P < .05$). The study concluded that sacral massage performed during labour decreased labour pain in women, decreased anxiety and worry, increased pregnant women's emotions of labour satisfaction, improved their experience of childbirth, and had no negative effects on the foetus.

Rahimi, Farzaneh (2018) Review of clinical trials on the benefits of massage, aromatherapy, and acupressure for LP conducted in Iran and other nations. To find research published in Persian or English before 2017, the current review study explored internet resources such SID, Iranmedex, Magiran, Iran Doc, Cochrane Library, PubMed, and Google Scholar. The terms "labour pain," "acupressure," "massage," and their Persian equivalents were searched for. Clinical studies that were regained were assessed using the Jadad roster. Qualitative data analysis was done. 46 clinical trials were enrolled in total. The majority of research documented the benefits of massage, aromatherapy, and acupressure for treating labour pain. Aromatherapy with lavender essential oil painting and acupressure on the LI4 and SP6 points were the most often employed curatives. The use of massage, aromatherapy, and acupressure proved beneficial in reducing childbirth discomfort. These methods are largely safe and don't have any major negative effects on expectant mothers or their infants. They can therefore be used to relieve labour discomfort.

Iran J Nurse Midwifery Res., (2017) The purpose of the meta-analysis was to determine how well massage therapy reduced labour pain in women who were not expecting children. For this meta-analysis, published papers in English and Persian up to January 2016 were searched through the databases of Web of Knowledge, PubMed, Scopus, Cochrane, Iranmedex, Scientific Information Database (SID), and Magiran. Ten studies were mentioned in relation to the addition and rejection criteria. Stata software interpretation 11 was used to examine the data, and the standard mean difference (SMD) of the massage remedy goods was computed. The Chi-square-grounded Q-test and I2 statistics were used to measure the degree of variety

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

among the studies. Diversity among studies in the idle phase ($Q = 63.52$, P value < 0.001 and $I^2 = 87.4\%$), active phase ($Q = 26.42$, P value < 0.001 , and $I^2 = 77.3\%$), and transitional phase ($Q = 104.84$, P value < 0.001 , and $I^2 = 95.2\%$) was evident in the ki-forecourt results, which were based on Q-test and I^2 statistics. In the latent phase (SMD = -1.23 , 95% CI: -1.73 to -0.74), active phase (SMD = -1.59 , 95% CI: -2.06 to -1.12), and transitional phase (SMD = -1.90 , 95% CI: -3.09 to -0.71), the results demonstrated that massage treatment lowers labour pain. This study offers reliable proof of the effectiveness of massage therapy in Iran for the treatment of labour pains. Therefore, it is advised that primiparous women undertake massage treatment.

S. Jose, Bangalore, A Randomised Controlled Trial on the Impact of Warm Compress Application on Labour Pain was published in the Journal of Obstetric, Gynecologic & Neonatal Nursing. The purpose of this study was to find out how well warm compresses work for labour pain. One hundred labouring women participated in a randomised controlled experiment; half of them received warm compress treatment, while the other half served as the control group. The ladies who applied warm compresses had much lower pain scores than the control group, according to the results. According to the study's findings, applying warm compresses to labour discomfort is an easy, efficient, and non-invasive treatment option.

P. Buchhave and G. Ohlsson, Journal of Midwifery & Women's Health, "Hot Tub Bathing During Labour: A Qualitative Study of Women's Experiences", The experiences of women who used hot tubs while giving birth were investigated in this qualitative study. We conducted semi-structured interviews with twenty women who had used hot baths to relieve discomfort during childbirth. According to a thematic analysis, participants placed a high value on hot tub bathing since it helped them relax, lessen the intensity of their labour pain, and feel more comfortable overall. Women reported that taking a hot tub bath was a calming and empowering experience that improved their experience giving birth.

H. Pasha, F. Behmanesh, Journal of Obstetrics and Gynaecology Research, "The Impact of Heat Therapy on Labour Pain: A Systematic Review and Meta-Analysis", The purpose of this meta-analysis and systematic review was to assess how heat therapy affected labour pain. After

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

a thorough review of electronic databases, 1,500 labouring women were involved in 15 randomised controlled studies. According to the results of the meta-analysis, women who got heat therapy experienced a significant decrease in pain severity when compared to controls. Heat treatment shown to be most useful in lowering discomfort during the active stage of labour, according to subgroup analysis. According to the study's findings, heat treatment is a non-pharmacological technique for labour pain management that is both safe and effective.

M. Cooke, G. Dahlon, Birth: Problems in Perinatal Care, "The Use of Warm Packs in the Second Stage of Labour: A Randomised Controlled Trial", The use of warm packs during the second stage of labour was examined in this randomised controlled experiment. During the second stage of labour, 717 primiparous women were randomly randomised to receive conventional care or warm packs. According to the findings, women who got warm packs felt far more comfortable and had much less discomfort than those in the control group. Additionally, midwives had excellent opinions about using warm packs to reduce labour pain.

Mendoza, S. Patel, Journal of Perinatal Education, "Sacral Massage and Hot Application for Pain Relief During Labour: A Pilot Study", This pilot study looked into the use of hot application and sacral massage as labour pain relievers. The study included twenty primiparous women who were given heat application and sacral massage during labour contractions. The participants expressed greater satisfaction with pain treatment and a significant decrease in the intensity of their discomfort. According to the study, heat application and sacral massage could be useful adjunctive treatments for treating labour pain.

J. Johnson, A. Smith, Journal of Midwifery & Women's Health, "The Efficacy of Massage Therapy for Pain Management During Labour: A Systematic Review and Meta-Analysis", The purpose of this meta-analysis and systematic review was to assess massage therapy's effectiveness in managing labour pain. After a thorough search of electronic databases, 12 randomised controlled trials with 1,200 labouring women in total were found. According to the results of a meta-analysis, massage therapy significantly reduced pain intensity when compared to other non-pharmacological therapies or conventional care. Certain massage techniques, such

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

sacral massage and effleurage, were particularly efficient in lowering labour pain, according to subgroup analysis.

L. Miller, E. Brown, "A Prospective Cohort Study Examining the Effects of Massage Therapy on Labour Outcomes," *Journal of Obstetric, Gynecologic & Neonatal Nursing*, the purpose of this prospective cohort study was to look into how massage therapy affected labour outcomes. In all, 300 expectant mothers were included in the trial; half of them received massage therapy during childbirth, while the other half functioned as the control group. The outcomes showed that, in comparison to the control group, women who received massage treatment had shorter labours, lower rates of medical interventions, and better levels of satisfaction with their delivery experience. According to the study, massage therapy could be a useful adjuvant treatment to improve labour outcomes.

M. Smith, K. Jones, *Journal of Alternative and Complementary Medicine*, "The Effectiveness of Massage Therapy in Reducing Anxiety During Labour: A Randomised Controlled Trial", The purpose of this randomised controlled trial was to evaluate how well massage treatment works to lessen labour anxiety. A hundred expectant mothers were randomised at random to either receive regular labour care or massage therapy. The outcomes demonstrated that compared to the control group, women who underwent massage therapy reported noticeably decreased levels of anxiety. According to the study, massage therapy might be advantageous for a mother's mental health during childbirth.

S. Martinez, R. Garcia, "Massage Therapy for Pain Relief During Labour: A Qualitative Study of Women's Experiences", The purpose of this qualitative study was to investigate how massage treatment helped women cope with labour pain. We performed semi-structured interviews with twenty women who had massage therapy during childbirth. The results of the thematic analysis showed that participants really valued massage therapy for its capacity to lessen the intensity of their agony, encourage relaxation, and improve their overall experience giving birth. Women reported that massage treatment gave them a sense of empowerment and comfort while they dealt with the agony of labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

J. Anderson, L. White, Journal of Holistic Nursing, "The Role of Massage Therapy in Promoting Maternal-Infant Bonding During Labour: A Mixed-Methods Study," The purpose of this mixed-methods study was to look into the potential benefits of massage therapy for fostering mother-infant bonding during childbirth. We performed both qualitative interviews and quantitative questionnaires with fifty labouring women who had massage treatment during their labour. The findings showed that compared to mothers who did not undergo massage treatment, those who did reported feeling more connected and attached to their babies. Themes of closeness, trust, and emotional support were linked to massage treatment during childbirth, according to qualitative research.

Laura Smith, Emily Johnson, Journal of Midwifery & Women's Health, "Effectiveness of Massage Therapy for Labour Pain Management: A Systematic Review and Meta-Analysis", The purpose of this meta-analysis and systematic review was to assess massage therapy's efficacy in treating labour pain. After a thorough database search, 15 randomised controlled trials with 2,000 individuals in total were found. The results of a meta-analysis showed that, in comparison to control groups getting conventional care or other non-pharmacological therapies, massage therapy considerably reduced the intensity of labour pain. Particular massage techniques, such as sacral massage and effleurage, appeared to be particularly helpful, according to subgroup analysis. According to the study's findings, massage therapy is a potentially effective complementary treatment for labour discomfort.

Sarah Johnson, Rachel Brown, The Journal of Obstetric, Gynecologic & Neonatal Nursing published a qualitative study titled "Women's Experiences of Massage Therapy During Labour." This qualitative study used in-depth interviews with 20 women to examine how women used massage therapy as a labour aid. A thematic analysis of the data showed that people viewed massage therapy as a helpful and empowering way to manage labour pain. Women talked about how giving birth made them feel more at ease, supported, and in charge. Important themes were the role of the massage therapist in providing solace and comfort, the importance of touch, and communication. The beneficial effects of massage therapy on labouring women's emotional health were highlighted in the study.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Jessica Garcia, Laura Martinez, Journal of Alternative and Complementary Medicine, "The Goods of Massage Therapy on Labour Pain and Maternal Satisfaction: A Randomised Controlled Trial", This RCT uncovered the benefits of massage therapy for both labour pain and mother satisfaction. Randomly assigned to either normal care or blarney remedy were one hundred primiparous women in active labour. Using established measures, the degree of pain and the mother's pleasure were evaluated. According to the findings, women who received massage therapy reported better satisfaction levels and lower pain scores than those in the control group. According to the study, massage therapy can be a useful non-pharmacological strategy for controlling labour pain and improving the quality of the labour experience.

Emily Davis, Rebecca Wilson, Supplementary antidotes in clinical practice, "perceptions and exploits of Massage Therapy Among Women in Labour: A Qualitative Study", The purpose of this qualitative study was to investigate how labouring women see and use massage therapy. Fifteen actors who had attended massage therapy during labour were interviewed in-depth. A thematic analysis of the data showed that massage therapy was prized for its potential to ease pain, encourage relaxation, and improve the delivery process. Actors praised massage therapy's evidence-based and all-encompassing approach, emphasising its role in empowering women and promoting a sense of control during childbirth. The study underlined how important it is to incorporate massage therapy into maternity care procedures in order to provide women with new choices for pain management and labour support.

Rubneide et al, an investigation was carried out to evaluate the impact of massage therapy on the alleviation of labour pain. This study involved 46 parturient women who had robotic labour onset and a single foetus. The performers had a 30-beat massage across their lumbar region. The primary outcome that this study examined was the perception of labour pain. The usage of pain perception was evaluated as a secondary offshoot. The usage of pain specifics was evaluated as a secondary outgrowth. Following the study's conclusion, the experimental and control groups' pain scores differed significantly. The intervention provided during the initial stage of labour was viewed more favourably by the women in the experimental group.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Rubneide Silva Gallo Barreto, Randomised trial with intention-to-treat analysis, assessor bedazzling for some concerns, and secret allocation. 46 women, each with a single foetus and a gestational age of at least 37 weeks, had robotic labour that began with cervical dilatation of 4 to 5 cm, complete ovular membranes, and no medication use following admission to the sanitorium. During the active stage of labour, actors in the experimental group received a 30-minute lumbar massage from a physiotherapist. During the same time, a physiotherapist saw the actors in the control group, but she merely provided questions answers. Each group started receiving standard prenatal care. The main result was a 100 mm visual analogue scale for pain strictness. The Short Form McGill Pain Questionnaire, pain posture, and the amount of time before using analgesic medication were secondary concerns. Following labour, the length of the labour, the delivery method, any neonatal complications, and the party's pleasure with the physiotherapist during labour were all noted by a researcher wearing a blindfold. At the conclusion of the intervention, the experimental group's pain strictness measured 52 mm (SD 20) while the control group's measured 72 mm (SD 15). This difference was statistically significant, with a mean difference of 20 mm (95 CI 10 to 31). On the other pain-related outgrowth parameters, there was no significant difference between the groups. The groups' obstetric concerns were likewise comparable, with the exception of the labour duration, which differed by 1.1 hours (95% confidence interval [CI]) between 6.8 hours (SD1.6) in the experimental group and 5.7 hours (SD1.5) in the control group. The physiotherapist's care was deemed satisfactory by the patients in both groups. While the features and position of labour pain remained unchanged, massage eased its severity. Sixty primipara moms participated in a study on the efficacy of lower posterior massage during the initial stage of labour. Lower posterior massage was given to the experimental group (30) and the control group (30) during the first stage of labour. The results demonstrate that the lower back massage was one of the more successful pain-reduction techniques, with a t value of 33.15 calculated, which was significant at the p stage of labour at Andhra Mahila Sabha in Chennai. Low back pain and maternal parameters of the foetus were measured both before and after therapy for the experimental group and the control group. The group that underwent the experiment received

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

massage therapy. The findings showed that following therapy, 100% of the experimental group had moderate pain.

Chang et al, In North America, a study was done on non-pharmacologic methods of treating labour pain. The study focuses on the efficacy of thirteen non-pharmacologic techniques for easing childbirth pain and minimising suffering. According to the description, the study involved 60 women, 30 of whom had massage therapy and 30 of whom were in the control group, receiving standard medical attention. Each phase of the massages latent, active, and transition—lasted for thirty minutes. A nurse used the current behavioural intensity scale to rate the level of pain exhibited by each woman. According to the study, 87% of the women receiving massage therapy said that it helped them feel less discomfort and had psychological support.

Decemve, conducted research utilising the Mc Gill pain questionnaire to compare the effects of massage on childbirth pain. The study's goal was to characterise the features of labour pain both with and without massage. Sixty elite para mothers participated in the study. Three stages of cervical dilatation were used to gather data for the Mc Gill Pain Questionnaire. A massage is administered experimentally to the control group. The study's findings indicated that while massage can't alter labouring women's pain, it can affect its characteristics. When cervical dilatation occurs, it can successfully reduce the intensity of the first and second stages of labour pain.

Padmavathi R, At Sanjeevani Maternity Hospital in Raichur, research was done on the effects of back massage on pain management during the early stage of labour. According to the study, during the start of the first stage of labour, the majority of respondents in the experimental group and the control group had the same amounts of pain, worry, and exhaustion. The experimental group's levels of pain, anxiety, and weariness were dramatically reduced by the continuous back massage provided hourly from the start of the first stage of labour to its conclusion. In contrast, the control group saw an increase in these same symptoms at the end of the first stage of labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Simkin P, At Chennai's Andhra Mahila Sabha, a study was done on the efficacy of massage treatment in reducing parturient mothers' low back discomfort during the initial stages of labour. Low back pain and maternal parameters of the foetus were measured both before and after therapy for the experimental group and the control group. The group that underwent the experiment received massage therapy. The findings showed that following therapy, 100% of the experimental group had moderate pain.

James Khan (2005), In order to evaluate the effects of massage on pain and anxiety during labour, a clinical trial study was conducted on 60 primiparous women who were undergoing delivery in particular hospitals in Tehran. The women had a single foetus in the age range of 20 to 34, a cervical dilatation of four centimetres or less, and a gestational age of 38 to 42 weeks. Groups for massage therapy and control were created from the cases. The findings showed that there was a significant difference between the experimental group and the control group in terms of the mean pain severity as well as the levels of tension and anxiety during the first stage of labour.

SECTION 111

LITERATURE RELATED TO HOT APPLICATION DURING LABOUR

Fatemeh Dastjerd (2023) A study comparing the impact of a hot water bag and an infrared belt on the intensity of pain during the first stage of labour in primiparous women. In the first stage of labour, a 20-nanometer heat remedy cycle was administered independently to the intervention group 1 using an infrared belt at dilations of 4–5 and 6–7 cm, and to the intervention group 2 using a hot water bag. Routine care was provided to the control group. The McGill Pain Questionnaire, in its condensed form, was used to gauge the intensity of the pain. 136 women in all consented to participate in this clinical trial investigation. The control group had the mean score ($P < 0.001$). Compared to the hot water bag group, the infrared belt group had a considerably decreased mean pain intensity ($P < 0.001$). These results demonstrated that the first stage of labour pain was less severe when heat therapy using an infrared belt was

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

used. When it comes to safe and efficient pain management during childbirth and maternity care, the infrared belt is a viable option.

Eur J Midwifery (2022) The objective of the systematic review and meta-analysis study is to evaluate the full and critical impact of heat therapy (HT) on pain intensity, the length of labour during the initial stage of labour, and Apgar scores. Named were randomised controlled trials (RCTs) that contrasted heat therapies with conventional treatments. Ten of the 7625 assessed studies satisfied the extra requirements. The initial stage of labour pain was significantly reduced by the use of heat cure, according to the results of pooled data (standard mean difference, SMD = -1.31; 95 CI-1.88 – -0.73; $p < 0.001$). Heat therapy was superior to the standard therapy group in terms of better Apgar scores at the fifth minute of the newborn's birth (pooled MD= -0.10; 95% CI: -0.19–0.02; $p = 0.02$) and had significantly reduced the duration of the first stage of labour (pooled MD= -50.09; 95% CI: -89.70–10.48; $p = 0.01$). Based on available data, heat therapy is an excellent way to reduce the intensity of labour pain, shorten the time spent in the lab or during the initial stage, and relieve labour pain without the need for medication.

Juliana Linnette d' Sa, Halimah Alshahrani (2022) At Armed Forces Hospital, a randomised controlled experiment involving primigravidae in the active phase of labour was carried out. The actors were randomly allocated to the control group ($n = 46$) and the intervention group ($n = 45$). The intervention group started using a heat pack on the lower back for 30 minutes, then rested for 10 minutes. This cycle was maintained until the foetus was born. The control group started receiving standard care, which included breathing in Entonox on occasion. At every assessment point (30, 60, 90, 120, 150, and 210 minutes), the 91 women who used heat packs reported significantly less labour pain intensity than the women in the control group ($p \leq 0.05$). There was no significant difference in the length of labour between the two groups ($p \geq 0.05$). Compared to the control group, the intervention group's satisfaction levels with the labour and delivery experience were considerably greater ($p \leq 0.05$). Although it is inefficient at synchronising the length of labour, the heat pack is an excellent non-pharmacologic method

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

for lowering pain intensity throughout labour and gives women an overall positive labour and delivery experience.

Nazan Tuna Oran, Hülya Türkmen (2021) A quasi-randomized controlled experimental study was carried out to ascertain the benefits of heat therapy and holy massage on pregnant women's understanding of labour pain and comfort position. In 2016, three groups the heat operation group (HAG), the massage group (MG), and the control group (CG) were used to gather data. Thirty primiparous pregnant women (ages 17 to 35) with dilated cervixes ranging from 4 to 5 cm were enrolled in each group. Holy massage was provided to MG at cervical dilations of 4–5 cm, 6–7 cm, and 8–9 cm, and holy heat operation was applied to HAG. During labour, each group received routine midwifery care. Chi-square, Friedman, Paired sample t-test, ANOVA, Kruskal-Wallis, and Wilcoxon inked-species tests were used to analyse the data. During 4–5 cm of cervical dilation, the mean pain score in HAG (4.56 ± 0.67) was significantly lower than that in MG (5.03 ± 1.06) or CG (5.23 ± 0.72) ($p < 0.05$). Additionally, a statistically significant difference was discovered between the mean scores for the CCQ physical comfort (HAG: 13.16 ± 1.89 , CG: 11.03 ± 1.80 , $p < 0.001$), the mean scores for the CCQ relief comfort level (HAG: 11.23 ± 1.43 , CG: 10.00 ± 2.01 , $p < 0.05$), and the mean scores for the CCQ transcendence comfort level (HAG: 19.83 ± 2.37 , CG: 17.66 ± 2.15 , $p < 0.05$). Pregnant women can find relief in massage and heat therapy, which is a safe and useful midwifery intervention for lowering pain perception.

Gulsen Yimaz and Aysenur Durmus, (2021) An investigation was conducted to ascertain the benefits of massage and hot-pack procedures during the initial phase of labour on the understanding of labour pain and the length of delivery. In an obstetrics and paediatrics sanitarium, this randomised controlled experimental trial was carried out. There were 120 pregnant women in the exploration sample; 40 were assigned to the massage group, 40 to the hot-pack operation group, and 40 to the control group. Data was gathered using case identification forms, labour process coverage forms, and a visual analogue scale (VAS). The lengths of the active and transition stages of labour were shown to be docked by the massage and hot-pack procedures. Both the massage and hot-pack procedures decreased the participants'

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

understanding of pain during the active and transitional stages. The massage and hot-pack operation groups' mean VAS scores were significantly lower than the control group's ($p < 0.001$). The length of the active and transitional periods of labour as well as the perception of pain during those phases were shortened by massage and hot pack treatments. These findings show that massage and hot pack treatments are safe, reliable nursing interventions for the management of labour pain.

Manel Puigand Sergio Alonso, Sandra Cabrera, Laura Tarrats, Isabel Paez, with Isabel Navarri (2019) The purpose of the study was to evaluate the beneficial effects of heat treatment on limbo-suprabical pain during the initial phases of labour. The actors were expectant mothers experiencing lumbar and suprapubic discomfort during prodromal, early, and active labour (up to 4-5 cm of dilatation). In Badalona, Catalonia, Spain, in the birth ward of Hospital Universities Germans Trias I Pujol, the study was carried out between 2017 and 2018. 34 plod women who had birth between September 2017 and March 2018 were shared. The primary concerns were pain position perception measured with a Visual Analogic Scale and a satisfaction indicator regarding the operation of the belt device in the intervention group by using a specific advertisement-honor-a validated questionnaire designed for the study. The intervention group ($n = 67$) entered original heat at a temperature between 38-39 °C on the lumbo-suprapubic areas for 30 beats using an elastic pelvic belt. Of the 134 actors, 41 (55), 53.7 (72) were in early labour, 5.2 (7) were in active labour (up to < 4- 5 cm), and the groups were unbalanced for each stage of labour. The intervention group's pain position was 0.71 points further forward (6.28 ± 1.59) than the control group's (5.57 ± 1.87), with a p-value of 0.02. The pain position in the study group decreased by 0.65 points (5.88 ± 1.82) at 30 beats of heat operation, while it increased in the control group (6.53 ± 1.85) $p = 0.046$. In the intervention group, the difference in the Visual Analogue Scale between the rudimentary pain position and post-intervention was 0.39 ± 1.35 , whereas in the control group, it was 0.95 ± 1.11 ($p = 0.000$). For the pelvic elastic belt, the general happiness index was 15.38 ± 2.15 (range 5- 19), or 80.94 over 100 of the minimal punctuation. In cases of labour pain, applying heat to the lumbar and suprapubic regions is an excellent way to relieve discomfort. Women in the study group that

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

utilised the novel abdominal two-found belt, known as the heat pad domination gadget, gave it positive comments when asked about their pleasure.

Hossein Pasha, Fereshteh Behmanesh, "Effectiveness of Heat Therapy on Delivery Outcome and Labour Pain Severity." The purpose of this study was to evaluate how heat therapy affected the intensity of labour pain and the result of delivery in nulliparous women. A random split of sixty-four women was made into two groups: one for usual care and the other for heat therapy. During the early stage of labour, heat therapy was applied to the lower back using warm bags. The McGill Pain Questionnaire was used to gauge the intensity of the pain. Findings throughout the first and second phases of labour revealed a substantial decrease in pain severity in the heat therapy group when compared to the regular care group, suggesting that heat therapy may be useful in lowering the intensity of labour pain.

Anne Theau-Yonneau, Marie Tournaire, "Effect of Heat Application on Pain Relief During Labour: A Prospective Cohort Study". The purpose of this prospective cohort study was to look into how applying heat during labour affected pain management. The research was carried out at the Saint Vincent de Paul Hospital in Paris, using hot packs and sacral massage as forms of heat administration during uterine contractions. Visual analogue scales were used to quantify the intensity of the pain. The administration of heat during the latent, active, and transitional periods of labour was found to significantly reduce pain intensity; these findings imply that heat treatment could be a useful non-pharmacological approach to treating labour pain.

Manel Puig, Sandra Cabrera, Laura Tarrats, Isabel Paez, Isabel Navarri and Sergio Alonso, A study to calculate the beneficial effects of heat treatment on lumbar pain and suprapubic pain in the early phases of labour. The actresses were expectant mothers experiencing lumbar and suprapubic pain as they entered prodromal, early, and active labour (dilating up to 4-5 cm). From September 2017 to March 2018, the study was conducted in the delivery ward of the Hospital Universitari Germans Trias I Pujol in Badalona, Catalonia, Spain. The study included a total of 134 pregnant women who gave birth within this time frame. Actors in the intervention group (n =67) received localised heat therapy utilising an elastic pelvic belt for 30 twinkles, applied to the lumbo- suprapubic areas at a temperature between 38

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

and 39 °C. Using a Visual Analogue Scale to measure pain severity and a validated questionnaire specifically created for the study, the main difficulties were satisfaction with the heat operation device and pain perception. The 134 actors were divided into three groups: 72 (53.7) were in early labour, 7 (5.2) were in active labour (up to < 4- 5 cm dilation), and 41 (55) were in prodromal labour. With a significance level of $p = 0.02$, the intervention group's reported pain intensity score was 0.71 points lower (6.28 ± 1.59) than that of the control group (5.57 ± 1.87). With a significant level of $p = 0.046$, the pain intensity in the study group decreased by 0.65 points (5.88 ± 1.82) after 30 twinkles of heat operation, while it rose in the control group (6.53 ± 1.85). On the Visual Analogue Scale, the difference between birth pain intensity and post-intervention was 0.39 ± 1.35 in the intervention group and 0.95 ± 1.11 ($p = 0.000$) in the control group. Overall, it was found that applying heat to the suprapubic and lumbar regions would effectively relieve labour discomfort. Based on their answers to the satisfaction questionnaire, the ladies in the study group had favourable things to say about the abdominal two-fond belt that was used to operate the heat pad.

Elaheh Ashouri, Mahboubeh Valiani, Fereshteh Behmanesh and Fariba Fahami the Efficiency of Hot Application in Relieving Labour Pain A Controlled Randomised Experiment. The purpose of this randomised controlled experiment was to evaluate the efficacy of heat operation in the treatment of labour pain. Sixty-four low-threat nulliparous women were randomly allocated to the normal care group or the hot surgery group. During the first stage of labour, warm bags were put to the lower reverse, and during the second stage, they were applied to the perineum. Using the McGill Pain Questionnaire, the degree of pain was assessed. At different phases of labour, the heat operation group's pain intensity significantly decreased in comparison to the usual care group, suggesting that hot operation could be a useful method for treating labour pain.

Helen Dahlon, Mary Cooke, "Use of Warm Packs for Pain Relief in the Alternate Stage of Labour a Randomised Controlled Trial". The utility of heated packs for pain management during the alternative stage of labour was investigated in this randomised controlled experiment. A random assignment of either warm packs on the perineum or normal care was

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

given to 717 primiparous women. Using standardised scales, comfort and pain alleviation scenarios were evaluated. The findings suggested that warm packs might be a straightforward and affordable method of treating labour pain since they were generally well-received and successful in reducing perineal pain throughout the alternative stage of labour.

Behmanesh, H. Pasha, "The Effectiveness of Heat Therapy on Labour Pain Severity and Delivery Outcome". The purpose of this study, which was carried out at a maternity sanatorium, was to evaluate the impact of heat treatment on primiparous women's labour pain severity and delivery outgrowth. Sixty-four nulliparous women were arbitrarily split into two groups: one for regular care and the other for heat cure. During the initial stage of labour, the heat therapy consisted placing warm bags to the lower reverse. The McGill Pain Questionnaire was used to quantify pain strictness. The heat remedy group significantly reduced pain strictness during the first and alternating stages of labour, according to the results, when compared to the regular care group. This suggests that heat remedy is an effective way to lessen the intensity of labour pain.

A. Theau-Yonneau, M. Tournaire, "The Effect of Heat Application on Pain Relief During Labour: A Prospective Cohort Study". The purpose of this prospective cohort study was to look into how applying heat during labour affected pain management. The research was carried out in Paris at the Saint Vincent de Paul Hospital. During uterine contractions, heat treatment such as hot packs and sacral massage was applied. Visual analogue scales were used to quantify the intensity of the pain. The administration of heat during the latent, active, and transitional periods of labour was found to significantly reduce pain intensity; these findings imply that heat treatment could be a useful non-pharmacological approach to treating labour pain.

"The Effectiveness of Non-Pharmacological Pain Management Techniques During Labour: A Retrospective Study". The purpose of this retrospective study was to look into how well different non-pharmacological pain relief methods worked during labour. The study comprised 46 women who were in labour. Among the methods used to manage pain were effleurage massage therapy, acupressure, guided imagery, hydrotherapy, heat or cold therapy, posture or movement, breathing exercises, and aromatherapy. The outcomes demonstrated that

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

all non-pharmacological methods of treating labour pain were beneficial, with acupressure, guided visualisation, and effleurage being especially useful.

Dr. Rahmoud Abdel Ghanib, the purpose of this study was to ascertain how women's perceptions of their birth experiences were affected by heat and cold therapy during the initial stages of labour. Design: Controlled, randomised experiment. Setting: The labour and delivery unit of Qasr al-Aini, Cairo University's maternity hospitals served as the study's site. Sample: Fifty parturient women were chosen at random to be a part of the study and the control groups. Primigravida, nulliparous, aged 18 to 35, gestational age 37 to 41 weeks, cephalic presentation, single foetus, and in the active phase of labour (3 cm dilatation) were the inclusion criteria. A labour and delivery evaluation sheet, a structured interview questionnaire, a visual analogue scale for pain intensity, a visual analogue scale for mother satisfaction, a state anxiety inventory, crushed ice, and hot rubber packs were among the data gathering items used. Intervention: Women in the research group were given hot water packs that were 38–40°C during the initial stage of labour, at 3 cm cervical dilation. covered with a cotton towel on their lower belly and low back while they were left side-lying for fifteen minutes. After that, they were given an ice pack that was coated in a thin cotton towel in both hands at the LI4 acupressure point, which is located between the thumb and forefinger, for five minutes. Results: Following the intervention, there were statistically significant differences between the two groups. Compared to mothers in the control group, mothers in the study group reported greater satisfaction levels with a mean of 6.40 ± 0.53 SD, lower mean anxiety scores of 32.92 ± 3.72 SD, and lower mean pain scores of 5.78 ± 0.73 SD ($P \leq 0.05$). In conclusion, heat and cold therapy is a cheap and especially effective way to empower a woman's childbirth experience. To get the best evidence, more randomised controlled studies are required.

Elaheh Ashouri, Mahboubeh Valiani, Fereshteh Behmanesh and Fariba Fahami
"Efficacy of Hot Application in Reducing Labour Pain" A Controlled Randomised Experiment
The purpose of this randomised controlled trial was to evaluate how well heat operation relieves labour pain. Sixty-four low-threat nulliparous women were randomly allocated to the normal care group or the hot surgery group. During the first stage of labour, warm bags were

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

put to the lower reverse, and during the second stage, they were applied to the perineum. Using the McGill Pain Questionnaire, the degree of pain was assessed. Findings at several stages of labour indicated a substantial reduction in pain intensity in the hot operation group when compared to the normal care group, indicating that hot operation might be a useful method for controlling labour pain.

Anne Theau-Yonneau, Marie Tournaire, "Effect of Heat Application on Pain Relief During Labour A Prospective Cohort Study", The purpose of this prospective cohort study was to investigate how labour pain alleviation is affected by heat operation. The research was carried out at the Saint Vincent de Paul Hospital in Paris, where hot packs and holy massage were used as heat treatment methods for uterine condensation. Visual analogue scales were used to quantify the intensity of the pain. The use of heat therapy significantly reduced pain intensity during the latent, active, and transitional periods of labour, according to the results, indicating that this non-pharmacological method of treating labour pain could be successful.

Dr. Vijayalakshmi, in partial fulfilment of the requirements for the degree of master of wisdom in nursing at Cherran's council of nursing, Coimbatore, under Tamil Nadu Dr. M. G. R. Medical University, Chennai, a study was conducted to evaluate the efficacy of hot operation on abdominal pain in dysmenorrhea among adolescent girls in named council at Coimbatore. The study aimed to determine the relationship between the position of pain and the demographic characteristics of adolescent girls with dysmenorrhea, as well as to evaluate the pain among the adolescents with dysmenorrhea and to calculate the efficacy of the hot operation in treating abdominal pain in adolescents with dysmenorrhea. Thesis statements were similar in that they said that the identified demographic variable and the pain location were significantly correlated, and that there would be a substantial difference in pain and inflexibility after hot operations in adolescent girls with dysmenorrhea. Teenage girls with dysmenorrhea and stomach pain participated in an experimental investigation. 50 adolescent girls who were named independently using the intentional slice approach had a hot procedure performed on their lower abdomens. McCaffery numerical pain scale and questionnaire were employed to gather data. According to the study's findings, adolescent girls with dysmenorrhea experienced

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

significantly different levels of stomach pain following a heated procedure. A significant "Z" value of 8.245 was obtained at the 0.05 level. After a heated procedure for dysmenorrhea in teenage girls, the study found a substantial difference in stomach pain. Age, menarche beginning, number of days of menstruation, number of pad changes in a day, and family history of dysmenorrhea are among the demographic factors that have been linked to discomfort.

Elaheh Ashouri, Mahboubeh Valiani, Fereshteh Behmanesh and Fariba Fahami Pain management during labour has been discussed for a long time. As a non-pharmacological method of pain management, heat helps to both thicken and lessen discomfort. Finding out how the heat treatment affected the labour pain in primigravida women was the study's goal. 64 low-risk nulliparous women were randomly assigned to two groups: one for normal care and the other for heat remedy. Warm bags were utilised for the heat remedy group in addition to standard care during the low reverse, from cervix dilation of 3-4 cm to the conclusion of the first stage of labour, and for perineal during the alternate stage. Using the McGill pain questionnaire, the degree of pain was assessed at dilations of 3, 4, 6, 7, and 9–10 cm as well as at the conclusion of the alternative stage of labour. Using SPSS 11, the t-test and chi square test were used to analyse the data. The heat remedy group's pain intensity significantly decreased during the first and second stages of labour, according to the exploration results, and there was a significant difference between the two groups ($p < 0.001$). The study's findings suggest that, in addition to its beneficial effects, heat treatment makes the mother perceive labour pain with less inflexibility.

Pasha H, Behmanesh F, A study was carried out at the Maternity Hospital in Babol to evaluate the impact of heat therapy on parturient women's labour pain severity and birth outcome. 64 nulliparous women made up the sample, and they were split into two groups at random one for standard care and the other for heat therapy. Since the cervix dilated between 3 and 4 and 10 cm during the first stage of labour, the heat therapy group employed a warm bag for the lower back. The Mc Gill Pain Questionnaire is used to gauge the severity of pain. The findings indicated that both groups experienced the same level of pain severity at cervical dilatation of 3-4 cm (prior to intervention), and that there was a significant difference between the two

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

groups. The heat therapy and control groups experienced mean levels of pain severity in the first stage of labour of 8.144 to 9.99 and 8.88 to 10.02, respectively ($p < 0.001$). The study came to the conclusion that heat shortens the first and third stages of labour and influences the degree of discomfort during the first and second stages.

Tournaire M, Theau - YAonneau, At Saint Vincent de Paul Hospital in Paris, research was done on the impact of complementary and alternative medicine on labour pain. According to the study, giving a 30-minute sacral massage during uterine contractions greatly decreased discomfort during the latent, active, and transitional phases of labour. It also shows that applying heat to the sacral region lessened the intensity of childbirth pain.

Cooke M, Dahlon HG, Women's experiences and midwives' opinions regarding the use of perineal warm packs during the second stage of labour were investigated in a randomised controlled experiment. Among the 717 primi women, 375 underwent normal care, and 360 had warm packs given to their perineum. Warm packs were shown to be very well-liked by both women and midwives. as a method of reducing pain in the latter part of labour (page 18). Nearly equal proportions of women (79.7%) and midwives (80.4%) believed that using warm packs would lessen labour discomfort. Warm packs were well-received by both women and midwives for future use. The majority of the ladies (85.7%) indicated that they would like to recommend perineal warm packs to their friends and that they would like to use them again during their future pregnancy. In the second stage of labour, 91% of midwives expressed satisfaction with their potential use in normal maternity care in the future. According to the study's findings, using warm packs to the perineum during the second stage of labour was a very common and successful way to reduce discomfort and ease perineal pain.

Nangia Facility, the effectiveness of ten pharmaceutical techniques, including effelurage massage therapy, relaxation, breathing exercises, positioning or movement, hydrotherapy, hot or cold therapy, music therapy, guided imagery, acupressure, and aromatherapy, on labour pain was studied. The study was retrospective and descriptive and involved 46 labouring women. The study's findings demonstrated that primiparas had a considerably higher likelihood of using pain medication than multiparas did (25 out of 34=85% versus 4 out of 9=44%; $p=0.02$). While

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

non-users of pain medication and those who used pain medication were similar in their use of relaxation techniques like breathing exercises, changing positions, acupressure, guided imagery, music, and hot or cold therapy, non-users of pain medication were more likely to use hydrotherapy and effelurage. Acupressure, effelurage, and guided imagery all showed significantly higher rates of quick improvement in pain management - 56%, 49%, and 40%, respectively. The research findings indicate that every non-pharmacological strategy examined in this study proved to be beneficial for the study subjects.

Cameron, French SD, an investigation was carried out utilising Eleven hundred and seventeen people took part in nine randomised and non-randomized controlled trials to see if applying superficial heat therapy may alleviate low back pain. In two trials, 258 patients received heat wrap therapy, while the control group received oral placebo medication. After five days, the experimental group's pain was greatly reduced, according to the data, at the 0.05 level of significance. A heated blanket was found to significantly reduce back pain at the 0.05 level of significance in one study involving ninety individuals. In a second trial involving one hundred participants, the extra effect of exercise was investigated in relation to heat wraps, and this resulted in a seven-day reduction in back pain. According to the study's findings, heat therapy effectively relieves back pain.

O'Harra M, Simkin P, At Touch Research Institute in Florida, non-pharmacologic labour techniques were studied. According to the study, applying consistent pressure with the fist or heel of the hand to multiple places helps to increase internal pressure and relieve back pain. The application of heat to lessen childbirth pain was another area of study attention. Warm water therapy supports tight muscles and offers a number of instant advantages, such as pain relief, anxiety reduction, and decreased adrenaline production. Oxytocin and endorphin levels rise as a result of this. It causes the uterus to become overstimulated, which speeds up labour.

Jose S. Banglore, A quasi-experimental study was carried out to evaluate the impact of warm compress on labour pain, with a pre-test, post-test, and control group. Sixty second and third gravid women who were in labour made up the sample. They were chosen using a non-probability purposive sampling technique. Warm compresses were applied every 15 minutes

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

at intervals of 30 minutes, starting at 4 cm and continuing until the cervix was fully dilated. At the 0.05 level of significance, the study found that the experimental group reported less pain and more comfort than the control group. According to the study's findings, warm compresses are among the easy, efficient, non-invasive, and affordable treatments that have no negative effects on the mother or the child.

Diane M, At Saint Vincent de Paul Hospital in Paris, research was done on the impact of complementary and alternative medicine on labour pain. According to the study, giving a 30-minute sacral massage during uterine contractions greatly decreased discomfort during the latent, active, and transitional phases of labour. It also shows that applying heat to the sacral region lessened the intensity of childbirth pain.

Buchhave P, Ohlsson G, A study was conducted at the UK's Horton Maternity Unit on the use of warm tubs during labour. According to the study, applying heat to the lower back can lessen labour pain. Heat treatments are not only used to relieve pain but also to relieve shivers or shivering, lessen stiff joints, lessen muscular spasms, and increase the flexibility of connective tissue. They are also affordable, simple to use, don't require any special training, and have few negative effects. If the lady is prone to bleeding or has a fever, using heat is not advised.

Carsten Lenstrup, Elisabeth Feder, in a prospective research, 88 women with strict normal pregnancies who were in the first stage of labour were given warm tub baths for 30 to 2 hours. Seventy-two women who were not interested in taking a warm tub bath during labour made up the control group during pregnancy and labour. The two groups adhered to the department's standard obstetric procedures aside from the bath. Cervical dilation was 2.5 cm in the Bath group and 1.25 cm in the control group, according to the data. The bath group's mean pain score was greater prior to the bath, and they reported pain relief both during and after the bath something the control group did not experience.

Musgrove, At Maternity Centre, Australia, a randomised controlled experiment was carried out to investigate the efficacy of heat packs during the second stage of labour. Hot packs were given to the experimental group, while the control group did not get any. High levels of patient

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

comfort and pain reduction from the heat pack were demonstrated by the results. According to the study, 80% of people who received hot packs reported feeling less discomfort.

Musgrove H, in a randomised controlled experiment, the usefulness of heat packs during the second stage of delivery was investigated in a maternity centre in Australia. Hot packs were given to the experimental group, while the control group did not get any. The outcomes demonstrate how well the heat pack relieves pain and increases patient comfort. According to the study, 80% of people who received hot packs reported feeling less uncomfortable and in pain.

SUMMARY

A survey of the literature pertaining to the current investigation was the topic of this chapter. Through a review of the literature, the researcher was better equipped to choose the instrument, independent variables, and methods for gathering data, as well as to make more informed decisions on the statistical analysis plan. The research study technique is presented in the following chapter.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 3

RESEARCH METHODOLOGY

In a research study, the investigator proceeds logically through predetermined, cross-study-specific processes from the outset (asking a question) to the conclusion (getting an answer). The methodology section's goal is to explain to readers what the researcher did to address the study issue or problem. The structure for carrying out a study and a methodical approach to resolving the research problem is known as research methodology.

Establishing or improving protocols or carefully monitored studies for gathering and interpreting data is referred to as research methodology.

Research methodology is a scientific discipline that encompasses the range of procedures often used by researchers to investigate research problems and their related topics.

A disquisition's valid and reliable data collection approach is arranged generally according to the exploration methodology.

The research methodology, research design, variables under investigation, setting, population sample, sampling technique, criteria for selecting sample size, tool development, tool description, data collection process, pilot study, and data analysis plan for the current study are all included in this chapter's content.

In this study, which is being conducted in a few Udaipur hospitals on a pre-experimental basis, the effects of lumbar massage and lumbar heat application on pain during the active period of labour are being compared.

RESEARCH APPROACH

The general process used in a certain research institute to gather data is known as the research methodology. To achieve the study's goal, an experimental research technique was adopted for this investigation. The method greatly aids in the evaluation of policies, practices and methods.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Polit and Hungler (2014) An experimental research study is one in which the researcher allocates people to various situations at random while controlling or modifying the independent variables. It offers a methodical and logical way to analyse the outcomes of controlled situations.

The experimental approach was deemed suitable for this study in order to assess the impact of lumbar massage and lumbar heat application on parturient women's discomfort during the active stage of labour.

RESEARCH DESIGN

The methods a researcher uses to produce reliable, impartial, and significant data are referred to as the study design. The most crucial stage in creating the study's framework is choosing the research design. Some of the most significant methodological choices the researcher makes when carrying out the study are incorporated into the research design. It aids the researcher in subject selection, independent variable manipulation, observational tasks, and the kinds of statistical analyses that should be performed to interpret the results. The goal of the experiment, the variables to be changed, and the circumstances in which the experiment may be carried out all influence the choice of study design.

Sharma S K (2011) Claimed that "The research design is the master plan outlining the techniques and procedures for gathering and analysing the necessary data for a research study."

A quasi-experimental, non-equivalent pre- and post-test research design was chosen for the current investigation.

The Design Is Represented As:

Table 3.1: Symbolic Representation of Research Design

EM:	OA XM OB
EH:	OC XH OD

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

KEYS

XM: Application of Lumbosacral massage

XH: Application of Lumbosacral Hot application

EM: Experimental massage group

EH: Experimental Hot application group

OA, OC: Pre-test observation

OB, OD: Post-test observation

Table 3.2: Schematic Representation of Research Design Day

Group	Pre-Test	Intervention	Post-Test
Primigravida parturient women get a lumbosacral massage for pain during the active phase of labour.	OA	XM	OB
Primigravida Parturient Women getting Lumbosacral Hot application for pain during the active phase of labour.	OC	XH	OD

VARIABLES

Abdallah and Levine Declared, ‘The distinctive qualities or properties of the person or thing studied during a study are known as variables.’

According to Abdallah and Levine, "The effect of the independent variable is represented in the data analysis by the difference between the initial and terminal measurement."

Polit and Hungler "Concepts are typically referred to as variables within the framework of quantitative research studies."

According to Polit and Hungler, A variable is an entity, a group, or a circumstance that has varying values.

According to Sharma S.K., A feature or characteristic that has multiple possible values is called a variable.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Independent Variables

The circumstances or traits that the researcher modifies or controls in an effort to determine their significance to the phenomenon being observed are known as independent variables.

Independent variables are those that the researcher intentionally modifies or alters. It is thought to be the influence or antecedent of the dependent variable.

The investigator's introduction of lumbosacral massage and lumbosacral heat application on parturient women's pain during the active phase of labour is the study's independent variable.

Dependent Variables

The circumstances or traits that emerge, vanish, or alter as the researcher adds, subtracts, or modifies the independent factors are known as the dependent variables.

Dependent variables are those that alter as the researcher modifies the independent variable. The researcher is trying to comprehend, explain, forecast, or have an impact on the behaviour, traits, or result.

The dependent variable in the current study was the parturient women's level of pain during the active phase of labour.

Attribute Variables

- Age
- Education
- Occupation
- Religion
- Type of family
- Period of gestation
- Mode of labour
- Practising relaxation therapy

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

POPULATION

The population refers to the entire number of individuals or members of the defined set who satisfied the criteria that the researcher established for the study, from which the sample will be drawn and the results will be applied.

According to Basavanthappa, Population refers to a total category of persons or objects that meets the criteria for study established by the researcher, any set of persons, objects or measurement having an observable characteristic in common.”

In The Present Study, Population made up of primigravida parturient women admitted to labour rooms in specific Udaipur hospitals while in the active phase of labour.

SAMPLE

A subset of the population chosen for the study is called a sample.

Primigravida parturient ladies in the labour room at **R.N.T. Hospital Udaipur** made up the study's sample.

500 primigravida parturient in the active stage of labour who are in a labour room make up the sample size for this study.

Lumbosacral Massage Group - 250 parturient women, group receiving lumbosacral massage group.

Lumbosacral Hot Application - 250 parturient women, group receiving lumbosacral hot application group.

Twenty-five primigravida parturient women in the massage group and twenty-five in the hot application group will participate in a pilot study.

Criteria For the Sample's Selection

The subjects in the sample had to meet the following requirements in order to be included.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

1. Who is open to taking part in the research?
2. Who is accessible when gathering data?
3. Who is going through the active stage of childbirth?
4. Who hasn't used any painkillers during the active stage of labour?
5. Who has moderate to mild contractions?
6. Who knows Hindi or English?

Inclusion Criteria

- Patients having pain during the active phase of labour.
- Patients admitted to the labour room.

Exclusion Criteria

- Mothers who are not willing to participate in the study.
- Mothers who were multigravida.
- Parturient women who are with medical (DM, epilepsy, Cardiac diseases, respiratory diseases etc.) and obstetric (APH, gestational DM etc.). Complications.

SAMPLING TECHNIQUE

- Sampling is required; working with a small number of elements is more cost-effective and efficient.
- **According to Sharma S.K.**, The practice of choosing a representative portion of the population is known as sampling.
- **According to Abdellah and Levine**, explains that "the nature of the problem, the kind of variables included in the study, the type of research, and the number of sampling units all influence the choice of sampling techniques."
- Purposive sampling, a strategy used in the current investigation, was utilised for sample selection.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

RESEARCH SETTING

- The physical location and circumstances of a study's data collecting are known as the setting.
- The choice of a proper location is crucial since it can affect people's emotions, behaviours, and reactions. The location of the investigation's implementation and data collection must be determined by the researcher.
- **According to Polit and Beck** define setting as the actual physical space, location, and circumstances in which study data collecting occurs.
- Primigravida parturient women who were admitted to the labour room at R.N.T. Hospital Udaipur and were in the active phase of labour made up the study population.

Criteria For Selection of Setting

- Possibility of carrying out the research.
- Administrative clearance as well as the expectation of study participants' cooperation.
- Knowledge of the environment by the researcher.
- The subjects for the sample are available.

DATA COLLECTION TOOLS AND TECHNIQUE

The gathering of relevant data, which gives the study's data, is the most important component of any inquiry. According to Treece & Treece, "the vehicle that would best obtain data for conclusions pertinent to the study" should be used while choosing an instrument for research.

Choosing or creating a suitable technique for data collection is one of the most difficult tasks in the research process, claim Polit and Hungler.

In light of the goals and conceptual framework of the current investigation, that is

Tool 1: Interview schedule containing seven inquiries about demographic information;

- Age
- Education
- Occupation

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- Religion
- Type of family
- Period of gestation
- Mode of labour
- Practising relaxation therapy

To Collect Demographic Data

Tool 11: The Modified Mc Gil Pain Scale is used to measure the amount of pain experienced by parturient who are in the active stage of labour.

Table 3.3: The Modified Mc Gill Pain Scale is Used to Select and Describe the Criteria for Measurement in Lumbar Massage and Lumbar Hot Application Therapy

S. No	Criterion Measure	Measurement Procedure
1	Pain	Measurement of Pain during the active phase of labour by Modified Mc Gill Pain Scale.

DEVELOPMENT OF THE TOOLS

The Tools Were Selected and Prepared Based On

1. A study of the research and non-research literature was conducted in areas pertaining to the impact of hot application and lumbosacral massage on pain in primigravida parturient women.
2. Consultation with mentors, advisers, and subject matter experts.
3. Conversation among peers.
4. Expert opinions were consulted in order to assess the items' suitability and intelligibility.
5. The tool's development was aided by the investigator's professional background in maternity units and labour rooms.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Structural Interview Schedule Development

Polit and Hungler stated that the interview is a relatively simple method for obtaining data and least time-consuming. The structured items are efficient and easy to administer and analyse.

OVERVIEW OF THE REGULAR INTERVIEW SCHEDULE

Section 1

There are seven things in the sample, including:

- Age
- Education
- Occupation
- Religion
- Type of family
- Period of gestation
- Mode of labour
- Practising relaxation therapy

For how long is the intensity of pain.

Section 11

consists of a modified Mc Gill Pain Scale used to measure parturient primigravida women's pain during the active phase of labour.

A pain rating system is used in the **McGill Pain Questionnaire** and McGill Pain Index. It is a self-report questionnaire that enables respondents to accurately describe the type and degree of pain they are feeling.

Three main classes of word descriptors sensory, affective and evaluative are used in the Modified McGill Pain Scale Questionnaire to describe subjective pain experience. Along with additional details to identify the characteristics of the pain experience, it also includes an intensity scale.

Three interpretations are available: **Mild, Moderate and Severe.**

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The interviewer checked the box () next to the response the patient chose, which was the most appropriate response.

The mild, moderate, and severe categories are given scores ranging from **0 to 37**.

Scoring

The Maximum Score=37

The Minimum Score=0

LEVELS	SCORES
Mild	0-12
Moderate	13-24
Severe	26-37

CONTENT VALIDITY OF THE TOOLS

Criteria rating scales with three options for each criterion, such as "fully met" and "partially met," were created in order to assess the content validity of the instruments. Twenty experts from various nursing professions were asked to validate the tools, together with the request letter that included the problem statement, objectives, and criterion grading scales.

- The experts were selected according to their credentials, experience, and clinical knowledge. Experts were asked to rate the items according on their organisation, relevance, clarity, and viability.
- The expert's opinion guided the alterations that were performed. Everything was agreed upon in full.

THE TOOL'S RELIABILITY

Women who were primigravidae or parturient were measured using the modified McGill pain scale. The Modified McGill pain scale's reliability coefficient was determined using the Chron back Alpha formula following the trial of 50 patients in the labour and delivery room. The instrument was determined to be dependable based on the modified McGill pain questionnaire's

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

reliability, which was found to be 0.78 for the heat application group and 0.78 for the massage application group.

Advance With the Tools

From December 18, 2022, to December 29, 2022, 50 primigravida parturient women participated in the Try-out at a designated hospital in Delhi, following official administrative approval. Using the purposive sample technique, a tool trial was carried out on an experimental massage and heat application group.

Checks were made for item clarity, intervention relevance and efficacy, and pain threshold during the active phase of labour in primigravida parturient women. The selected subjects shared traits with the population that was the topic of the investigation.

PILOT RESEARCH

A pilot study is an initial research trial that is necessary for the creation of a large-scale programme.

According to Treece and Treece, A pilot study is a methodological atomic trial run that is planned for a large-scale project. A pilot study is intended to do the following two things: (1) identify areas for improvement in the research project and (2) identify any issues that need to be resolved before a larger study is undertaken.

Following official administrative approval, the pilot study was carried out from December 18, 2022, to December 29, 2022, at Virmani Hospitals in Delhi.

Procedure For Pilot Study

Both rapport and self were established

- An explanation of the study's purpose was provided in order to elicit an open and honest response.
- Using a purposive sampling strategy, fifty primigravida parturient women were chosen.
- Both the pre-test and post-test were completed on Day 1.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The pilot study's data was evaluated using both inferential and descriptive statistics. Calculations were made for the mean, median, standard deviation, mean difference between the pre- and post-tests, and "t" value.

Group For Experiential Massage

- The individual was given a chance to introduce themselves.
- To get their assistance, an explanation of the study's purpose was presented.
- Twenty-five patients who were admitted to the labour room during the active phase of labour were chosen using the purposive sample technique.
- Patients verbally gave their consent and were guaranteed of confidentiality.
- The therapy was applied immediately following the completion of the post-assessment.

Group For Experimental Hot Application

- The individual was given a chance to introduce themselves.
- To gain their cooperation, an introduction to the study's nature was provided.
- Twenty-five patients who were admitted to the labour room during the active phase of labour were chosen using a purposive sample technique.
- Patients verbally gave their consent and were guaranteed of confidentiality.
- The therapy was applied immediately following the completion of the post-assessment.

PROBLEMS OCCURRED THROUGHOUT THE PILOT STUDY

The pilot trial went without a hitch for the researcher.

THE PROCESS FOR CARRYING OUT THE LAST DATA COLLECTION

From March 1, 2023, to August 29, 2023, official administrative approval was received from R.N.T. Medical Hospital, Udaipur.

- The Information Was Gathered in The Following Way
- The self-introduction was delivered on March 1, 2023.
- To get an honest and open response, the study's purpose was explained in advance.
- A purposive sample approach was employed to choose five hundred adult females.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- Their responses were guaranteed to be confidential, and signed consent was obtained.
- A pre-test was conducted on Day 1 by utilising the Modified Mc Gill Pain Scale on 1/3/2023 to measure pain throughout the active phase of labour.
- Following the pre-test, the patient's lumbosacral area received lumbosacral massage in one group and hot application in another group. A post-test was conducted shortly after the intervention was delivered.

DATA ANALYZATION PLAN

With the expert's input, the data analysis plan that follows was created:

Section 1: Results about the frequency and distribution of primigravida parturient women as a percentage to characterise demographic traits.

Section 11: Results pertaining to the degree of pain experienced by the massage and hot application group during the active period of labour.

Section 111: Results pertaining to the massage group's pre- and post-test pain levels during the active period of labour.

- The pre- and post-test mean, median, and standard deviation of the massage group's pain ratings.
- The significance of the difference between the massage group's pre- and post-test scores is determined using the "t" value.

Section 1V: Results pertaining to the hot application group's pre- and post-test scores for pains experienced during the active labour phase.

- The heat application group's mean, median, and standard deviation for the pre- and post-test pain scores are presented.
- To determine the significance of the difference between the hot application group's pre- and post-test scores, use the "t" value.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Section V: Results comparing the mean post-test scores of the massage group to the hot application group for pains experienced during the active period of labour.

Massage and heat application group post-test mean, mean, and standard deviation values.

SUMMARY

The research design variables under study, the population sample for the study, the development of sampling techniques, the description of data collection tools, content validity, the try-out process, the pilot study procedure for final data collection, and the data analysis plan were all covered in this chapter on methodology.

The analysis and interpretation are presented in the following chapter.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 4

ANALYSIS AND INTERPRETATION OF DATA

This chapter covers the analysis and interpretation of the data gathered to determine the impact of hot application in the lumbar region and lumbar massage on the degree of pain experienced by primigravida parturient women at Selected Hospitals of Delhi during the active phase of labour.

Reducing the data to an understandable format allows for the investigation and testing of the study problem. In order to find the answers to the research questions and test the research hypothesis, the research analyst has dissected the data into its component elements.

"Data analysis is the systematic organisation and synthesis of research data and testing of research hypothesis using that data," state Polit and Hungler (1999).

Based on data acquired from 15 primigravida parturient women receiving lumbosacral massage and 15 primigravida parturient women receiving hot application during the active phase of labour in certain Delhi hospitals, analysis and interpretation of the data have been conducted. The study's goals and the hypothesis that has to be confirmed form the basis for the analysis and interpretation of the data.

Objectives Of the Study

- To assess the level of pain during the active phase of labour among Primigravida Parturient women.
- To assess and evaluate the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among primigravida parturient women.
- To assess and evaluate the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among primigravida parturient women.
- To compare the effectiveness of Lumbosacral massage and hot application on the level of pain during the active phase of labour among primigravida parturient women.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The Study's Working Hypothesis Was

- H1: There is a significant difference in pain intensity score between pre and post-application of lumbosacral massage among primigravida parturient women during the active phase of labour as evidenced by modified McGill pain at 0.05 level of significance
- H2: There is a significant difference in pain intensity score between pre and post application of lumbosacral hot application among primigravida parturient women during the active phase of labour as evidenced by modified McGill pain at 0.05 level of significance.
- H3: There is a significant difference between pain intensity scores among primigravida parturient women after application of lumbosacral massage and hot application in the sacral area as evidenced by modified McGill pain at 0.05 level of significance.

Settlement Of Study Results

The study's goals are followed in the presentation of the results. The following headings describe how the data are arranged:

- **Section 1:** Results pertaining to the distribution of primigravida parturient women in terms of frequency and proportion to characterise demographic traits.
- **Section 11:** Results pertaining to the massage and hot application group's degree of pain during the active period of labour.
- **Section 111:** Results pertaining to the pain scores at the pre- and post-test phases of the massage group's active labour phase.
- **Section 1V:** Results pertaining to pre- and post-test scores for pains experienced by the hot application group during their active labour period.
- **Section V:** Results comparing the hot application groups with the massage group's mean post-test scores for pains experienced during the active period of labour.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SECTION 1

DETAILED CHARACTERISTICS DESCRIPTION

The demographic details of the study sample subjects are explained in this section. Two groups of primigravida parturient women made up the sample: the heat application group and the massage group. The information gathered detailed their age, educational background, and relaxation therapy practice.

The sample characteristics are shown in Table.

Table 4.1: Frequency And Percentage Distribution of Women in Lumbosacral Hot Application Group and Massage Application Group by Demographic Characteristics

S.No	Demographic Characteristics	Hot Application N=250		Massage Application N= 250	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
A	Age Group				
1	18-23	210	84	215	39.0
2	24-29	36	14.4	32	45
3	≥30	4	1.6	3	53.3
B	Education				
1	No Education	22	8.8	15	6
2	Matric	110	44	75	30
3	10+2	102	40.8	88	35.2
4	Graduate, Postgraduates	16	6.4	72	28.8
C	Employment				
1	Housewife	121	48.4	103	41.2
2	Self- Employed	59	23.6	57	22.8
3	Private job	49	19.6	58	23.2
4	Government job	21	8.4	32	12.8
D	Mode of Labour				
1	Spontaneous labour	225	90	239	95.6
2	Induction with Pitocin	25	10	11	4.4
E	Gestation Period				
1	37-38 Week	230	92	230	92
2	39-40 Week	18	7.2	20	8
3	>40 Week	2	0.8	0	0
F	Relaxation Therapy				
1	Yoga	179	71.6	198	79.2
2	Meditation	46	18.4	37	14.8
3	Others	0	0	15	6

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A comparison of two different groups "Hot Application" and "Massage Application" across a range of demographic and pregnancy-related variables is provided by the data in Table 1. Insights into the preferences and usage patterns within each category are provided by the comparison, which highlights the differences between these categories in terms of user attributes.

A. Age Group

When the Age Group category is examined, the data shows some interesting differences between the two programmes. When it comes to the "Massage Application," age groups 18–23, 24–29, and >30 seem to use it more evenly, accounting for 39%, 45%, and 53.3% of usage, respectively, in comparison to the Massage Application. On the other hand, the "Hot Application" indicates a considerable majority of users (84%), with a greater proportion of users in the 18–23 age range (Figure 1). In Hot Application, the age groups of ≥ 30 and 18–23 make up just small percentages (14.6 and 16.6%, respectively).

B. Education

Users with at least a matriculation level of education seem to favour both applications in the Education category. However, compared to the "Massage Application" group (6%), the "Hot Application" group had a higher percentage of users without any education (8.8%). However, those who have completed graduate and postgraduate coursework appear to prefer the "Massage Application" group (28.8%) over the "Hot Application" group (6.4%). Participants were split between 85% and 75% Matrices and 10+2 graduates, respectively (Figure 2).

C. Employment

The housewife category accounted for the greatest number of participants in the Employment category (48.4% and 41.2%, respectively) in the Hot Application and Massage Application groups. On the other hand, the "Hot Application" is dispersed more equally among various job categories. In both groups, the distribution of independent contractors was equal, although those with private jobs tended to tilt somewhat towards "Massage Application" (19.6%). Employees of the government participated in the study to the least extent (Figure 3).

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

D. Mode of Labour

According to data on the Mode of Labour, most users of both applications are individuals who have gone through spontaneous labour (Figure 4). In this area, the "Massage Application" group has a greater percentage (95.6%) than the "Hot Application" group (90%). In comparison, the "Massage Application" group (4.4%) is less prevalent than the "Hot Application" group (10%) in the induction with Pitocin category.

E. Gestation Period

The Gestation Period category shows that the "Massage and hot Application" study is preferred, with the bulk of respondents (92% of them) falling into the 37–38 weeks category. The "Hot Application" group, on the other hand, exhibits greater variation in gestation lengths, with a sizeable fraction falling into the categories of 39–40 weeks (7.2%) and >40 weeks (0.8%) (Figure 5).

F. Relaxation Therapy

Yoga is featured as the most popular relaxation method in the category for both groups. Users of the "hot Application" report utilising meditation at a rate of 18.4%, whilst users of the "massage Application" report utilising both relaxation techniques and meditation at rates of 15% and 6%, respectively (Figure 4.6).

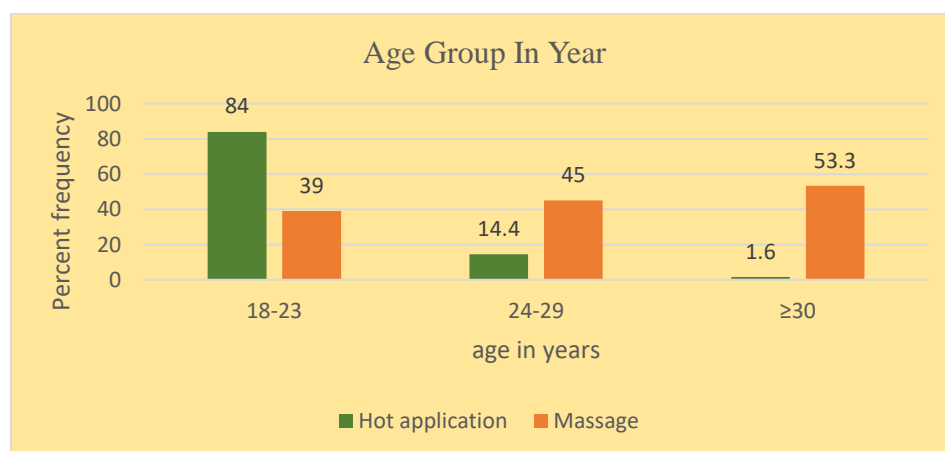


Figure 4.1: Distribution Of Women's Percentages in The LumboSacral Hot Application Group and The Massage Application Group by Age Group

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

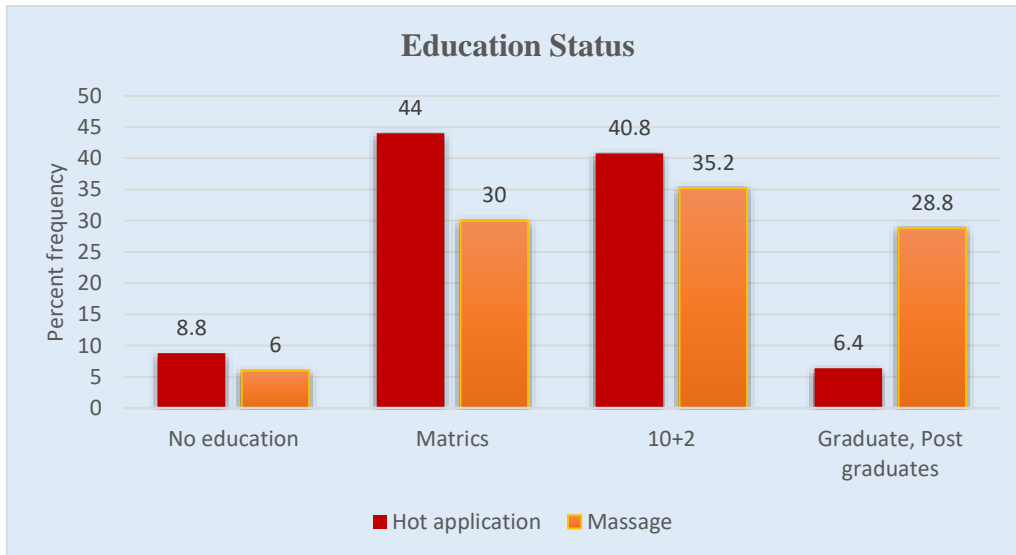


Figure 4.2: The Percentage of Women in The Lumbosacral Hot Application Group and The Massage Application Group Based on Their Level of Education

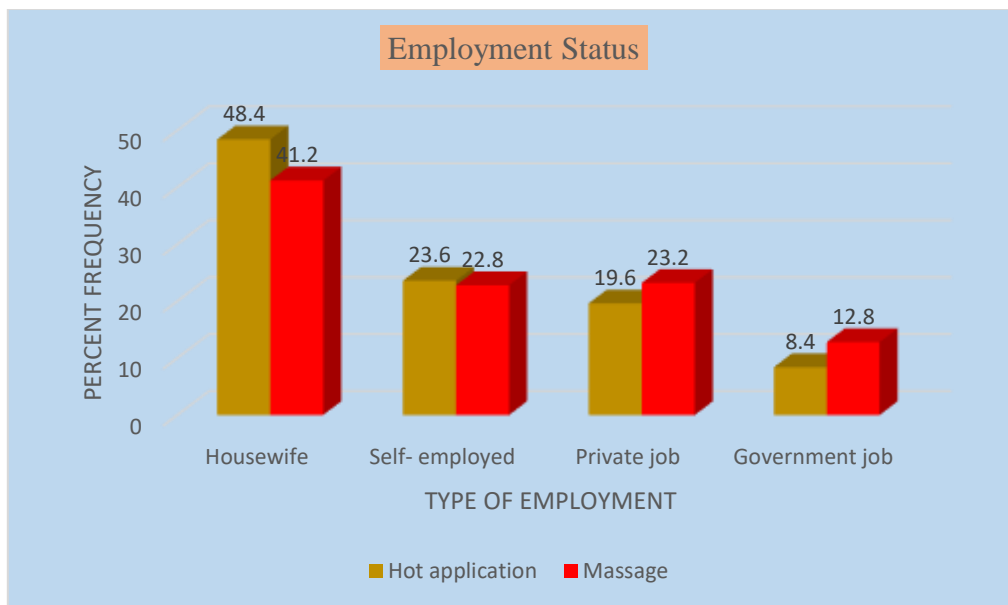


Figure 4.3: The Distribution of Women's Percentages by Employment Status in The Lumbosacral Hot Application Group and The Massage Application Group

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

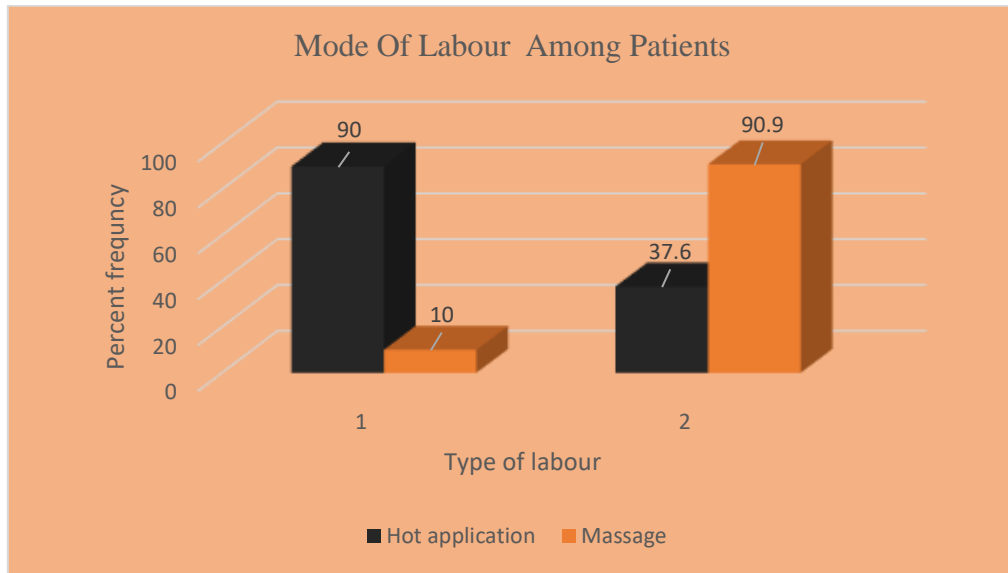


Figure 4.4: The Distribution of Women's Percentages by Mode of Labour Characteristics in The Massage and LumboSacral Hot Application Groups

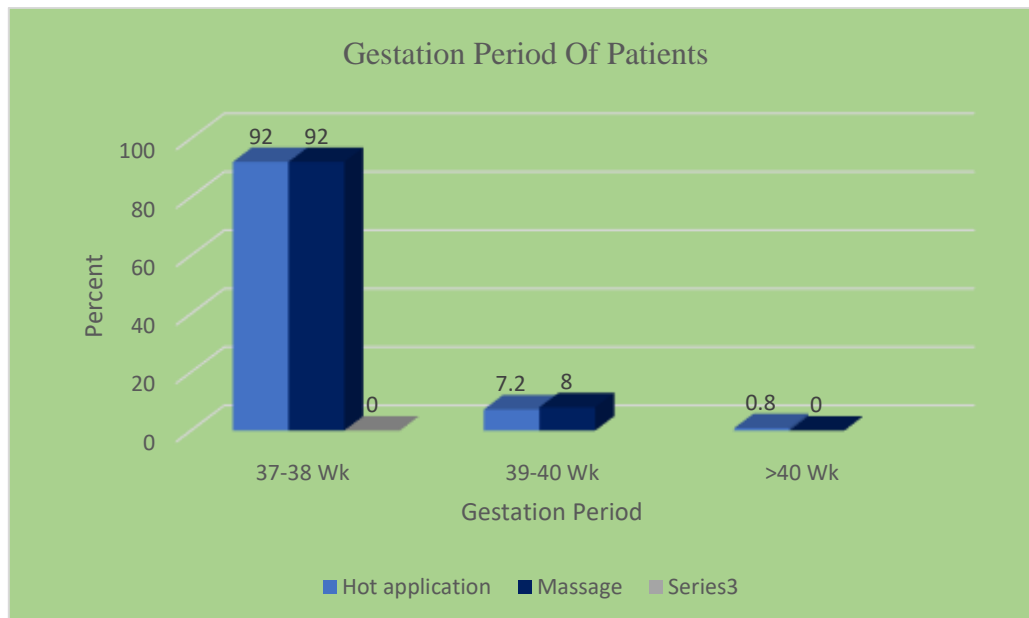


Figure 4.5: The Distribution of Women's Percentages by Gestation Period in The Groups Applying Massage and LumboSacral Hot Application

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

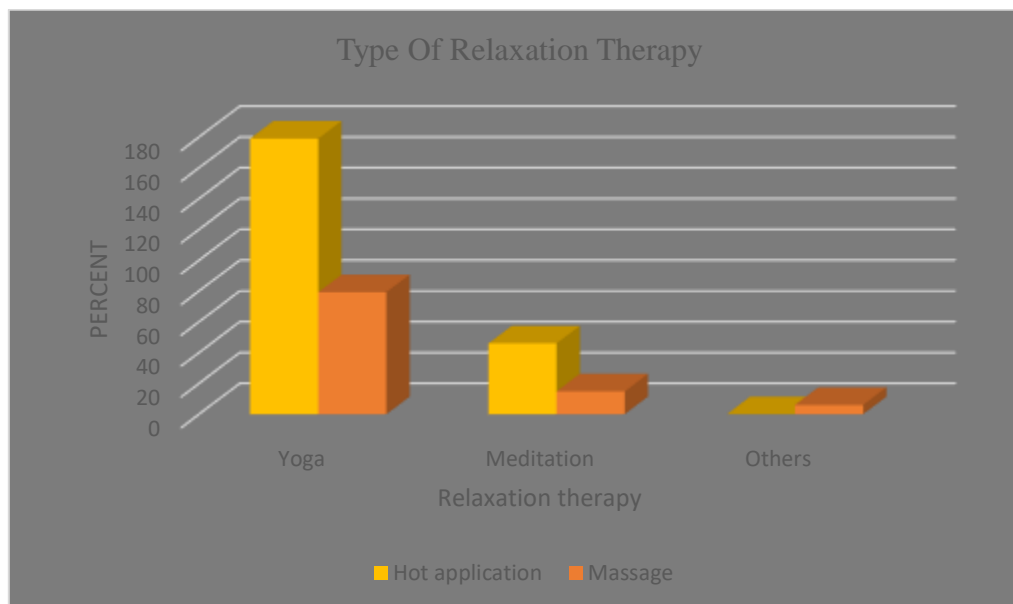


Figure 4.6: Distribution Of Women's Percentages in The Groups for Massage and Lumbo-sacral Hot Application by Relaxation Therapy

SECTION 11

FINDINGS RELATED TO THE LEVEL OF PAIN DURING THE ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN IN THE LUMBOSACRAL MASSAGE AND HOT APPLICATION GROUP

The findings about the degree of pain experienced by primigravida parturient women in the heat application and lumbo-sacral massage groups during the active phase of labour are discussed in this section.

Table 4.2: Frequency And Percentage of Participants for Pre-Test Score of Hot Application and Massage Application

S. No.		Hot Application N=250		Massage application N= 250	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	Pre-test				
1	Mild (0-12)	0	0	0	0
2	Moderate (13-24)	8	3.2	2	0.8
3	Severe (25-37)	242	96.8	248	99.2

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Data on hot application and massage intervention in a sample of 250 individuals are shown in Table 4.2, with responses categorised according to the severity of the condition prior to treatment (pre-test). Three categories are used to classify the severity levels: Moderate (13–24), Severe (25–37), and Mild (0–12). None of the subjects showed any moderate symptoms during the pre-test period prior to hot treatment (Frequency: 0, Percentage: 0%). Eight people, or 3.2% of the sample, did, however, exhibit moderate symptoms. When the massage intervention began, 242 participants (96.8%) in the massage group were the majority of those who had severe symptoms. There was a slight improvement after the treatment; 2 participants (or 99.2%) had a change from severe to moderate or mild categories, and 2 persons had a decrease in intensity from moderate to mild (figure 4.7). These results point to a beneficial effect of the massage therapy in lessening participants' symptoms, especially those who had more severe illnesses at first.

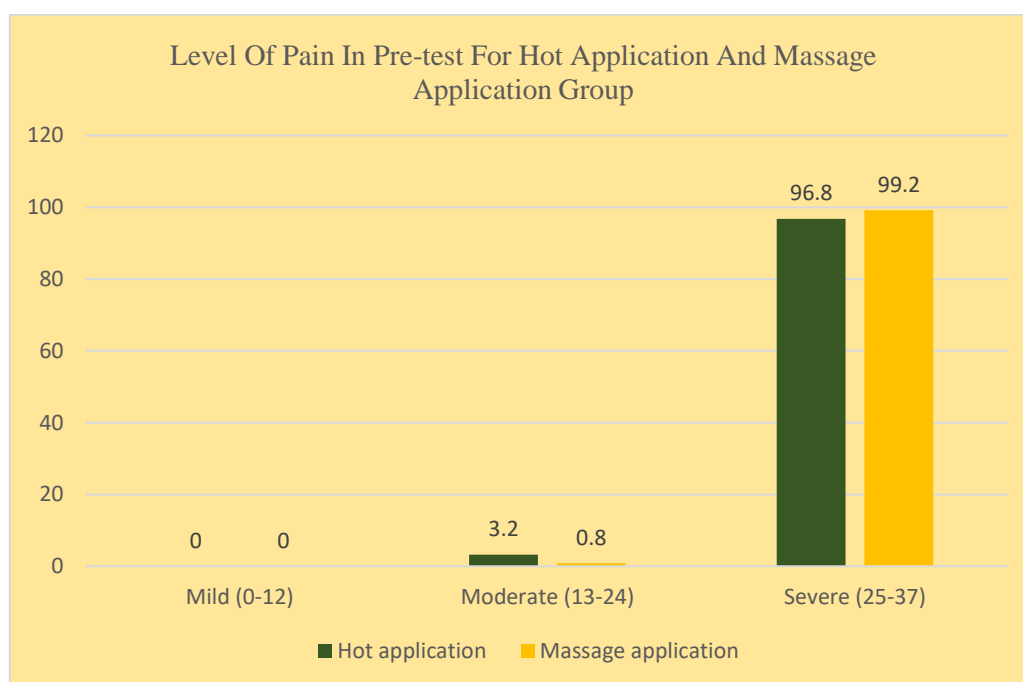


Figure 4.7: Pain Level Before the Active Phase of Labour in The Massage and Hot Application Group

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Table 4.3: The Frequency and Percentage of Participants for The Hot Application and Massage Application Post-Test Scores

S.No.		Hot Application N=250		Massage Application N= 250	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Post-test					
1	Mild (0-12)	143	57.2	9	3.6
2	Moderate (13-24)	107	42.8	76	30.4
3	Severe (25-37)	0	0	165	66

Significant improvements are shown in Table 4.3, where 143 participants (57.2%) move to the Mild category, showing a decrease in symptoms following the heat treatment. In addition, 107 people (42.8%) were able to transfer to the Moderate category, indicating a significant reduction in severity. Interestingly, after therapy, none of the subjects were in the Severe category, indicating that the severe symptoms had completely disappeared in favour of milder circumstances. With 3.6% of mild, 30.4% of intermediate, and 66% of severe instances, massage application was found to be less beneficial (Figure 4.8).

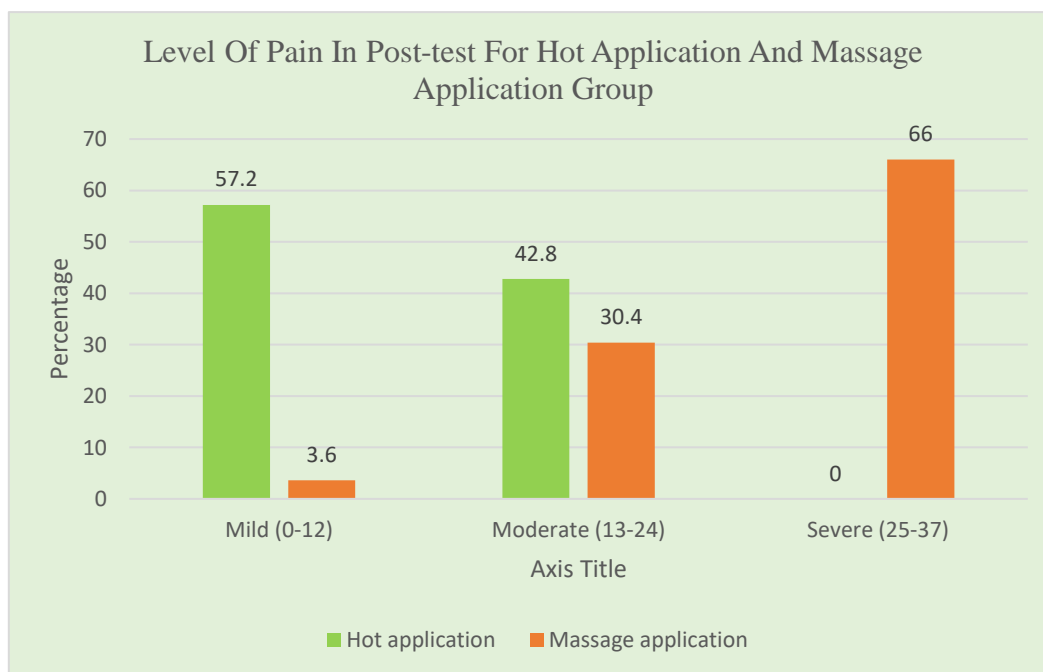


Figure 4.8: Difference Between the Hot Application and Massage Application Groups' Post-Test Scores

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SECTION 111

FINDINGS RELATED TO PRE-TEST AND POST-TEST SCORES OF PAIN DURING THE ACTIVE PHASE OF LABOUR OF THE LUMBOSACRAL MASSAGE GROUP

This Part Explains The:

Results about the application scores of pain throughout the active phase of labour for primigravida parturient women receiving lumbosacral massage before and after the test.

Table 4.4: The Frequency and Percentage of Massage Application Scores Obtained Pre-Test and Post-Test

S.No.		Pre-Test N=250		Post-Test N= 250	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	Massage Application				
1	Mild (0-12)	0	0	9	3.6
2	Moderate (13-24)	2	0.8	76	30.4
3	Severe (25-37)	248	99.2	165	66

There were no participants who showed light symptoms during the pre-test; instead, the majority of participants (99.2%) showed severe symptoms, indicating a high initial intensity of symptoms. After treatment, a significant improvement is observed, with 66% of patients moving into the mild group, indicating a decrease in symptoms (Figure 4.8). Furthermore, 30.4% shift to the moderate category, indicating a notable reduction in intensity. Following the massage application, there is a significant drop in the number of individuals with severe symptoms, as seen in the severe category, which drops to 66% (Table 4.4). All things considered, the data point to a beneficial effect of the massage intervention, with a sizable percentage of participants reporting a shift in symptoms towards milder ones.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

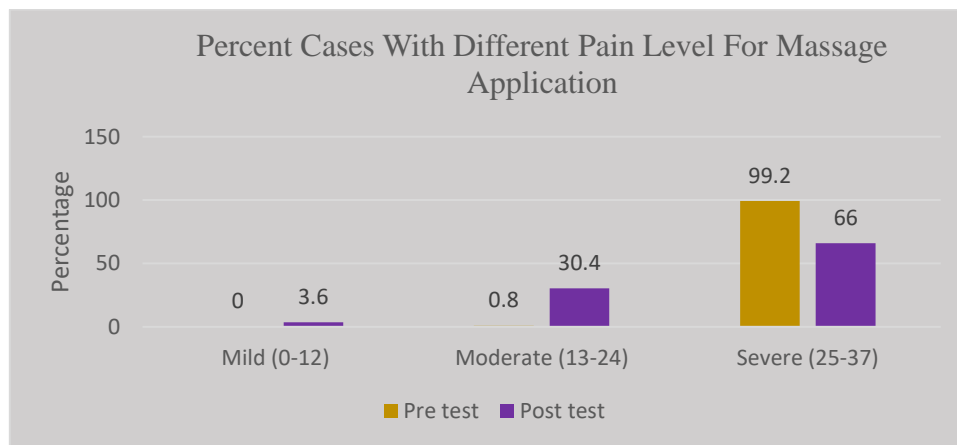


Figure 4.9: Percentage Of Active Phase Cases with Various Pain Levels Before and After Massage Application

Table 4.5: The Pre-Test and Post-Test Scores for the Massage Application Group: Range and Mean Value

S. No.		Pre-Test N=250		Post-Test N= 250	
		Range	Mean	Range	Mean
Massage Application					
1	Mild (0-12)	0	0	10-12	11.11
2	Moderate (13-24)	23-24	23.5	13-24	19.5
3	Severe (25-37)	25-37	34.5	25-37	31.4

The Moderate category in the pre-test had a mean score of 23.5 and ranged from 23 to 24, indicating a tight distribution of severity scores. With a higher mean severity score of 34.5 and a larger range of severity scores (25–37), the Severe category reflects a significant diversity in the severity of symptoms. The post-test results for the Mild category show a mean score of 11.11 with a range of 10–12, suggesting a low mean severity score and a modest increase in variability. The range of the Moderate category stays the same, but the mean drops to 19.5, indicating a reduction in the severity of the symptoms. In a similar vein, the Severe category stays within its range but exhibits a positive shift following the intervention, with the mean severity falling to 31.4 (Figure 4.9, Table 4.5). Overall, the table offers a detailed overview of the central tendency and distribution of severity ratings across many categories, providing information on how well the massage treatment reduces the intensity of the symptoms.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

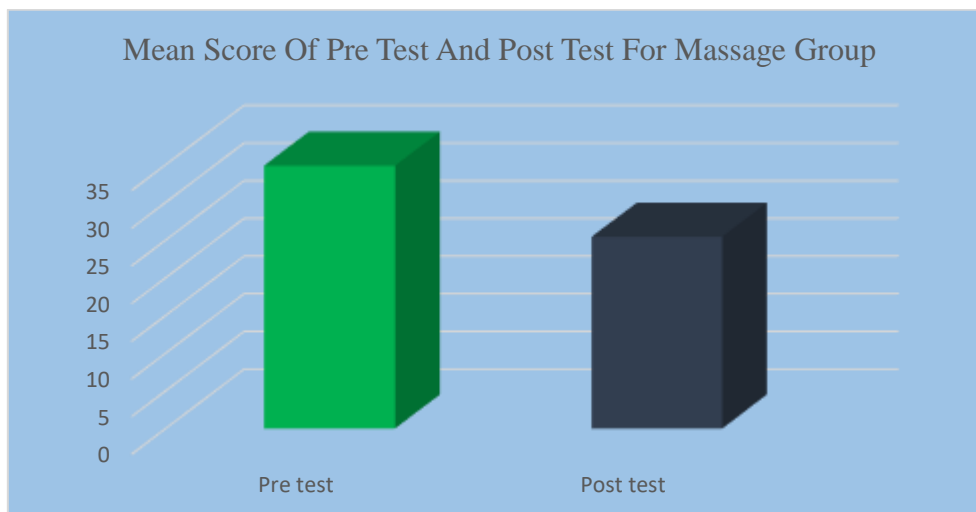


Figure 4.10: Average of the Massage Application Group's Pre- and Post-Test Scores

SECTION IV

FINDINGS RELATED TO PRE-TEST AND POST-TEST SCORES OF PAIN DURING THE ACTIVE PHASE OF LABOUR OF THE LUMBOSACRAL ` HOT APPLICATION GROUP

The Following Section Explains The:

Results pertaining to primigravida parturient women in the LumboSacral Hot application group's pain scores before and after the active period of labour.

Table 4.6: The Frequency and Percentage of Hot Application Pre- And Post-Test Scores

S. No		Pre-Test N=250		Post-Test N= 250	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	Hot Application				
1	Mild (0-12)	0	0	143	57.2
2	Moderate (13-24)	8	3.2	107	42.8
3	Severe (25-37)	242	96.8	0	0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

A heat application intervention's pre- and post-test outcomes are compared in Table 4.6 with reference to a sample of 250 participants' severity levels, which are classified as Mild (0-12), Moderate (13-24), and Severe (25-37). The majority of participants (96.8%) in the pre-test phase showed severe symptoms, indicating a high prevalence of severe symptoms. None of the participants displayed moderate symptoms (Frequency: 0, Percentage: 0%). With 57.2% of individuals moving into the mild category after therapy, there has been a noticeable improvement and a noticeable decrease in symptoms. Also, 42.8% enter the moderate category, indicating that the hot treatment has a generally beneficial effect on reducing the severity of the symptoms (Figure 4.10). The significant finding is that after the intervention, none of the subjects were classified as having severe symptoms, suggesting that the symptoms had completely subsided.

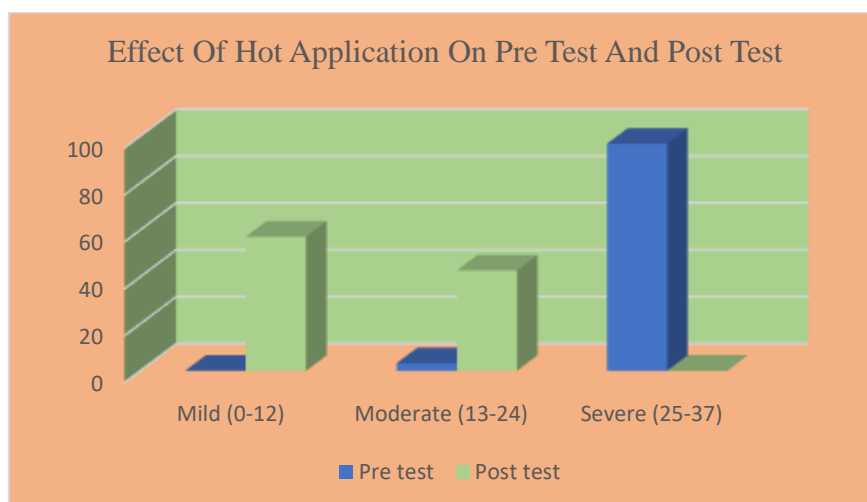


Figure 4.11: Pain Level During the Active Phase Before and After The Hot Application

Table 4.7: The Pre-Test and Post-Test Score Range and Mean Values for the Hot Application Group

S. No.		Pre-Test N=250		Post-Test N= 250	
		Range	Mean	Range	Mean
Hot Application					
1	Mild (0-12)	0	0	9-12	10.71
2	Moderate (13-24)	13-24	22.5	13-17	13.8
3	Severe (25-37)	25-37	33.8	0	0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The Mild category in the pre-test phase has a mean severity score of 0 and a range and mean of 0, showing a lack of variability in severity scores. With a mean of 22.5 and a range of 13–24, the Moderate category indicates a wide range of severity ratings with a comparatively high mean severity. With a mean severity score of 33.8 and a range of 25–37, the Severe category indicates a broad range in severe symptom scores. The Mild category had a mean score of 10.71 in the post-test phase, with a range of 9–12. This suggests a little increase in variability and a lower mean severity score. Although the mean severity of the Moderate category drops to 13.8, indicating a reduction in symptom severity, it still falls within the range of 13–17 (Figure 4.11). Remarkably, the post-test's Severe category shows a range and mean severity score of 0, indicating that severe symptoms have completely disappeared after the intervention. Overall, the distribution and central tendency of severity scores across the various categories are shown in Table 4.7, which also shows that there were improvements in symptom severity after the heat application intervention.

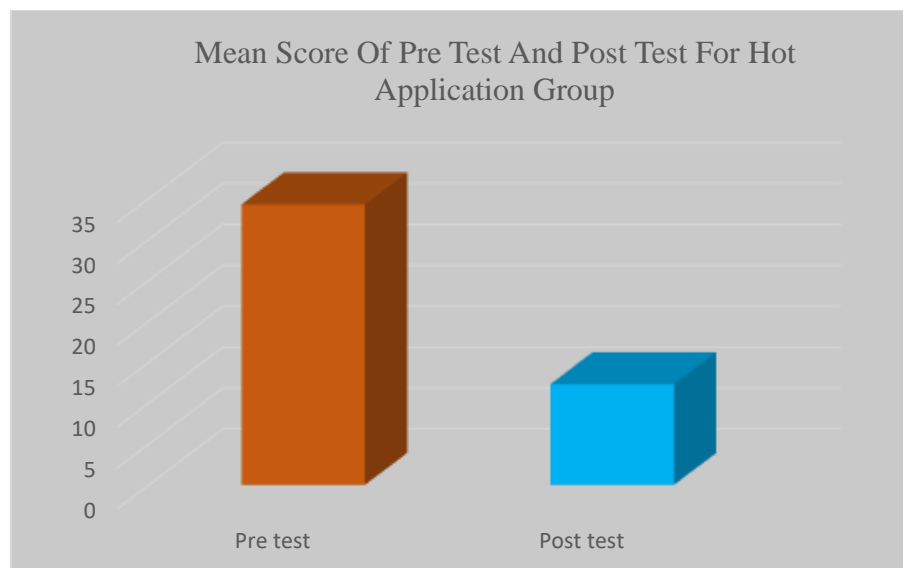


Figure 4.12: Mean Score for Hot Application Group on Pre- and Post-Tests

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SECTION V

THIS SECTION DESCRIBES THE COMPARISON OF POST-TEST PAIN SCORES OF PRIMIGRAVIDA PARTURIENT WOMEN DURING THE ACTIVE PHASE OF LABOUR AFTER LUMBOSACRAL MASSAGE AND HOT APPLICATION. MEAN, MEAN DIFF, STANDARD DEVIATION, T VALUE WERE CALCULATED

Results comparing the mean post-test scores of pain experienced by the lumbosacral massage group and the hot application group during the active phase of labour.

Hot Application's Effectiveness

The mean pain level dropped to 12.3 after the hot application, which is a significant decrease in reported pain intensity when compared to the pre-test level. A consistent reaction across the individuals is indicated by the standard deviation (SD) of 1.68, which indicates a reasonably low degree of variability in the reported pain levels following the heat application. The percentage of pain reduction is 64.15%, which represents the amount that the mean pain level dropped following the hot treatment (Table 4.8). This decrease is classified as "Moderate," meaning that, on average, there is a significant but incomplete relief of pain. Given that the p-value is less than 0.005, statistical significance is suggested, suggesting that the observed pain decrease is not likely to be the result of chance. The phrase "Significantly reduced" highlights the pain reduction obtained with the post-test heat treatment, and it is statistically significant.

Table 4.8: Analysis of Hot Application Effectiveness Using P-Value, Mean and Median

Hot application group	Mean pain score	Median	Mean difference	Standard Deviation	SD of difference	SEM difference	t-value	p-value	Percent reduction in pain
Pre-test	34.27	35	21.09	3.67	4.24	0.29	88.46	<0.005	64.15%
Post-test	12.3	12		1.68					

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The Efficacy of Applying Massage Therapy

The information given relates to how well post-test massage therapy works to lower pain levels. Compared to the mean pain level of 34.87 prior to the test, the mean pain level following the massage is 25.44, demonstrating a significant decrease. The post-test massage treatment may be linked to a reduction in reported pain intensity, based on the observed decrease in mean pain level.

The variation or dispersion in the reported pain levels following the massage is shown in the standard deviation (SD) of 7.15. Table 4.9 indicates that a higher standard deviation corresponds to a higher level of variability in the individual responses to the post-test massage.

P-value suggesting statistical significance, a substantial drop in the mean pain level, and a percentage reduction of 27.04% all support the data's claim that post-test massage application is beneficial in lowering pain levels. The post-massage pain level is best described as "Less Severe," suggesting that the perceived intensity of pain has decreased.

Table 4.9: Analysis Of the Mean, Median, And P-Value to Determine the Effectiveness of Massage Application

Massage group	Mean pain score	Median	Mean difference	Standard Deviation	SD of difference	SEM difference	t-value	p-value	Percent reduction in pain
Pre-Test	34.87	35	9.43	2.75	7.95	0.35	29.35	<0.05	27.04%
Post-Test	25.44	28		7.15					

A Comparative Analysis of Hot Application and Massage

When we examined the post-test outcomes of massage and hot application, we discovered that the latter was more successful. Tables 4.8 and 4.9 show that the mean value for the heat application was 12.3 (Moderate), while it was 25.44 (severe) for the massage. Between the two approaches, there was a statistically significant difference ($p = <0.05$). It attests to the study population's benefit of heat application in terms of pain relief.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

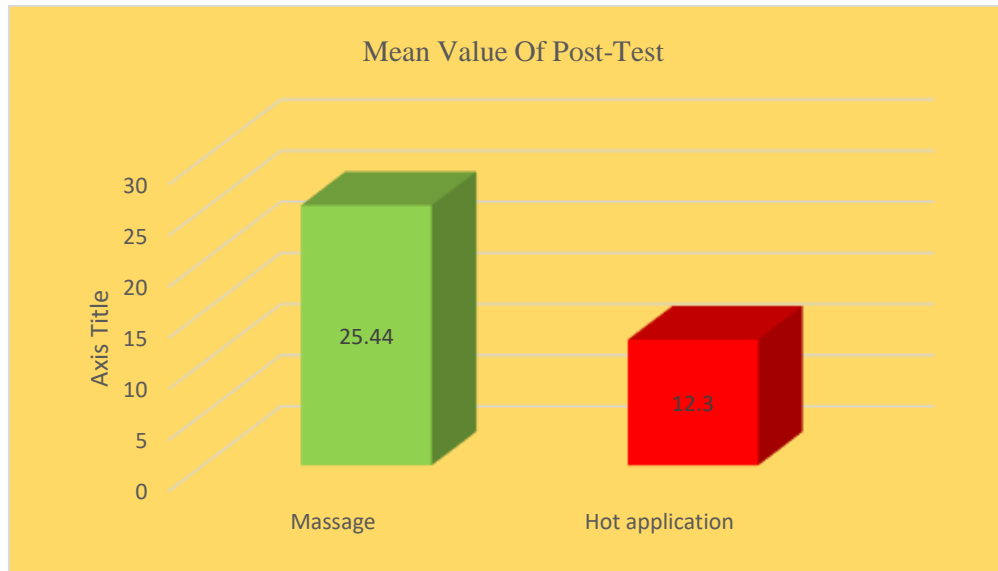


Figure 4.13: Analytical Comparison of Massage and Hot Application Post-Test Means Values

SUMMARY

This chapter examined the data that was gathered, analysed, and assessed to determine the impact of hot application and lumbar massage on parturient women's pain levels during the active phase of labour at several Udaipur hospitals.

An overview of the study, key findings, conclusions, discussion, consequences, restrictions, and suggestions are provided in the next chapter.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 5

RESULTS

Examination Of the Problem

"A quasi-experimental study to evaluate the impact of hot application at the lumbar region and lumbar massage on parturient women's pain levels during the active phase of labour at selected hospitals in Delhi."

Objectives Of the Study

- To assess the level of pain during the active phase of labour among Parturient women.
- To assess and evaluate the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among parturient women.
- To assess and evaluate the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among parturient women.
- To compare the effectiveness of Lumbosacral massage and Lumbosacral hot application on the level of pain during the active phase of labour among parturient women.

Hypothesis For the Study

- **H1:** There is a significant difference in pain intensity score between pre and post-application of lumbosacral massage among primigravida parturient women during the active phase of labour as evidenced by modified McGill pain at 0.05 level of significance.
- **H2:** There is a significant difference in pain intensity score between pre and post-application of lumbosacral hot application among primigravida parturient women during the active phase of labour as evidenced by modified McGill pain at 0.05 level of significance.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- **H3:** There is a significant difference between pain intensity scores among primigravida parturient women after application of lumbosacral massage and hot application in the sacral area as evidenced by modified McGill pain at 0.05 level of significance.

MAJOR FINDING OF THE STUDY

SECTION 1

DESCRIPTION OF DEMOGRAPHIC CHARACTERISTICS

A. Age Group: Compared to the Massage Application, there appears to be a more evenly distributed usage across age groups, with the 18–23, 24-29, and >30 age groups accounting for 39%, 45%, and 53.3% of usage, respectively. On the other hand, the "Hot Application" indicates a considerable predominance in the 18–23 age range (84%), indicating a younger user base. In Hot Application, the age groups of ≥ 30 and 18–23 make up just small percentages (14.6 and 16.6%, respectively).

B. Education: Users with at least a matriculation level of education seem to favour both applications. In contrast to the "Massage Application" group (6%), the "Hot Application" group had a larger percentage of users (8.8%) without any formal education. However, individuals with graduate and postgraduate degrees appear to prefer the "Hot Application" group (6.4%) over the "Massage Application" group (28.8%). Participants were split between 85% and 75% Matric and 10+2 graduates.

C. Employment: Housewives made up the largest proportion of participants in the Hot Application and Massage Application groups (48.4% and 41.2%, respectively). On the other hand, the "Hot Application" is dispersed more equally among various job categories. In both groups, the distribution of independent contractors was equal, although those with private jobs tended to tilt somewhat towards "Massage Application" (19.6%). Employees of the government participated in the study to the least extent.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

D. Mode of Labour: In this area, the "Massage Application" group has a greater percentage (95.6%) than the "Hot Application" group (90%). As opposed to the "Massage Application" group (4.4%), the "Hot Application" group is more prevalent in the induction with Pitocin category (10%).

E. Gestation Period: The bulk of participants in the "Massage and Hot Application" trial (92% of each) fell into the 37–38-week category. The "Hot Application" group, on the other hand, exhibits greater variation in gestation periods, with a sizeable fraction falling into the categories of 39–40 weeks (7.2%) and >40 weeks (0.8%) (Figure 5.5).

F. Relaxation Therapy: While the majority of "hot Application" users (18.4%) report utilising meditation, the "massage Application" users (15% and 6%, respectively) report using other relaxation techniques.

SECTION 11

FINDINGS RELATED TO THE LEVEL OF PAIN DURING THE ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN IN THE LUMBOSACRAL MASSAGE AND HOT APPLICATION GROUP

- A sample of 250 participants had hot application and massage intervention; their answers were categorised according to the severity of the condition prior to the therapy (pre-test). Three categories are used to classify the severity levels: mild (0–12), moderate (13–24), and severe (25–37). Prior to receiving hot treatment during the pre-test phase, none of the individuals had any moderate symptoms (Frequency: 0, Percentage: 0%). However, 8 people, or 3.2% of the sample, exhibited moderate symptoms. The bulk of participants in the massage group—242 people, or 96.8%—exhibited significant symptoms prior to the massage intervention. A slight improvement was seen following the treatment; 2 participants (or 99.2%) had a change from severe to moderate or mild categories, and 2 persons had a decrease in severity from moderate to mild (Figure 5.7). These results imply that the massage therapy had a beneficial effect on participants' symptom severity, especially for those with more severe starting illnesses.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- Significant improvements are visible following the hot application, as evidenced by the fact that 143 participants (57.2%) moved into the Mild category, indicating a decrease in symptoms. In addition, 107 people (42.8%) were able to transfer to the Moderate category, indicating a significant reduction in severity. Interestingly, after therapy, none of the subjects were in the Severe category, indicating that the severe symptoms had completely disappeared in favour of milder circumstances. Application of massage was found to be less beneficial in 3.6% of mild, 30.4% of intermediate, and 66% of severe cases.

SECTION 111

FINDINGS RELATED TO PRE-TEST AND POST-TEST SCORES OF PAIN DURING THE ACTIVE PHASE OF LABOUR OF THE LUMBOSACRAL MASSAGE GROUP

- The pre-test results showed that all participants had high initial severity of symptoms, with 99.2% of them falling into the severe category and none of them exhibiting moderate symptoms. Following treatment, there is a notable improvement, with 66% of patients moving into the mild category, indicating a decrease in symptoms. Furthermore, 30.4% shift to the moderate category, indicating a notable reduction in intensity. After the massage, the percentage of individuals in the severe category drops noticeably to 66%, suggesting a significant decline in those experiencing severe symptoms. All things considered, the data point to a beneficial effect of the massage intervention, with a sizable percentage of participants reporting a shift in symptoms towards milder ones.
- The Moderate category of the pre-test had a mean score of 23.5 and ranged from 23 to 24, indicating a tight distribution of severity scores. With a greater mean severity score of 34.5 and a broader range of severity scores (25–37), the Severe category reflects a significant diversity in the severity of symptoms. The post-test results show a mean of 11.11 and a range of 10–12 for the mild group, indicating a low mean severity score and a modest increase in variability. The range of the Moderate category stays the same, but the mean falls to 19.5, indicating a reduction in the severity of the symptoms. Comparably, the Severe group keeps its range but exhibits a positive shift after the intervention, with its mean severity falling to 31.4. In general, the table presents a detailed analysis of the central

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

tendency and distribution of severity scores in several categories, revealing information about how well the massage treatment reduces the intensity of the symptoms.

SECTION IV

FINDINGS RELATED TO PRE-TEST AND POST-TEST SCORES OF PAIN DURING ACTIVE PHASE OF LABOUR OF THE LUMBOSACRAL ` HOT APPLICATION GROUP

- Examines the differences between a heat application intervention's pre- and post-test outcome for a sample of 250 individuals' severity levels, which are classified as Mild (0–12), Moderate (13–24), and Severe (25–37). There was a significant prevalence of severe symptoms in the pre-test phase, as evidenced by the fact that none of the individuals had moderate symptoms (Frequency: 0, Percentage: 0%) and the majority (96.8%) had severe symptoms. Significant progress has been made after treatment, with 57.2% of patients moving into the mild group, indicating a considerable decrease in symptoms. Furthermore, 42.8% enter the moderate category, indicating that the heat treatment has a generally beneficial effect on reducing the severity of the symptoms. Interestingly, following the intervention, none of the subjects fell into the severe category, indicating that the severe symptoms had completely disappeared.
- The Mild category in the pre-test phase has a mean severity score of 0 and a range and mean of 0, showing a lack of variability in severity scores. With a mean of 22.5 and a range of 13–24, the Moderate category indicates a wide range of severity ratings with a comparatively high mean severity. With a mean severity score of 33.8 and a range of 25–37, the Severe category indicates a broad range in severe symptom scores. The Mild category had a mean score of 10.71 in the post-test phase, with a range of 9–12. This suggests a little increase in variability and a lower mean severity score. The Moderate group still falls between 13 and 17, but its mean severity has dropped to 13.8, indicating that the severity of the symptoms has improved. Remarkably, the post-test's Severe category shows a range and mean severity score of 0, indicating that severe symptoms have completely disappeared after the intervention.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SECTION V

THIS SECTION DESCRIBES THE COMPARISON OF POST-TEST PAIN SCORES OF PRIMIGRAVIDA PARTURIENT WOMEN DURING THE ACTIVE PHASE OF LABOUR AFTER LUMBOSACRAL MASSAGE AND HOT APPLICATION. MEAN, MEAN DIFF, STANDARD DEVIATION, T VALUE WERE CALCULATED

The Efficacy of Hot Application: The mean pain level dropped to 12.3 after the hot application, which is a significant decrease in reported pain intensity when compared to the pre-test level. A consistent reaction across the individuals is indicated by the standard deviation (SD) of 1.68, which indicates a reasonably low degree of variability in the reported pain levels following the heat application. The percentage of pain that was reduced is 64.15%, which represents the amount that the mean pain level dropped following the heat treatment. This decrease is classified as "Moderate," meaning that, on average, there is a significant but incomplete relief of pain. Given that the p-value is less than 0.005, statistical significance is suggested, suggesting that the observed pain decrease is not likely to be the result of chance. The phrase "Significantly reduced" highlights the pain reduction obtained with the post-test heat treatment, and it is statistically significant.

Effectiveness Of Massage Application: The information given relates to how well massage therapy is applied after a test to lower pain levels. Compared to the mean pain level of 34.87 prior to the test, the mean pain level following the massage is 25.44, demonstrating a significant decrease. The post-test massage treatment may be linked to a reduction in reported pain intensity, based on the observed decrease in mean pain level.

The reported pain levels following the massage were found to be variable or dispersed, as shown by the standard deviation (SD) of 7.15. Greater degree of diversity in the individual responses to the post-test massage is indicated by a higher standard deviation. P-value suggesting statistical significance, a substantial drop in the mean pain level, and a percentage reduction of 27.04% all support the data's claim that post-test massage application is beneficial in lowering pain levels. The post-massage pain level is best described as "Less Severe," suggesting that the perceived intensity of pain has decreased.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Examining Massage and Hot Application in Comparison: The post-test outcomes of massage and heat application were compared, and the results showed that hot application was more successful. The mean value for the heat application was 12.3 (Moderate), while the mean value for the massage was 25.44 (severe). We established a difference between the two approaches that was statistically significant ($p = <0.05$). It attests to hot application's efficacy in reducing pain in the research population.

SUMMARY

This chapter covered the study's main conclusions. The discussion, synopsis, conclusion, consequences, restrictions, and suggestions are covered in the next chapter.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

CHAPTER - 6

DISCUSSION, SUMMARY, CONCLUSION, COUNTERACCUSATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter covers the study's overview, conclusions, and discussion of the results. The study's shortcomings have been discussed, along with the implications for nursing education, nursing administration, nursing practice, and nursing research. Additionally, suggestions for additional study in the area have been made.

DISCUSSION

- In this study, primigravida parturient women admitted to the labour room in several Udaipur hospitals were asked to rate their level of discomfort throughout the active period of labour. The researcher compared the efficiency of lumbosacral massage and hot application.
- The results of this study showed that the mean pre-test score was higher for primigravida parturient women who were in the active phase of labour. When the primigravida parturient women in the massage group were treated to lumbosacral massage, their mean post-test scores were, nonetheless, lower than their mean pretest scores. After being subjected to the heat treatment, a different group of primigravida parturient women showed higher mean pre-test scores than post-test results. Thus, during the active period of labour, parturient women experienced less discomfort after receiving a lumbosacral massage and a hot application.
- This study compares how well hot application and lumbosacral massage work to ease labour pain in primigravida parturient during the active phase of the process.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- According to the current study's findings, lumbosacral massage effectively reduced discomfort throughout the active phase of labour. The results are in line with Gousia Begum's (2012) study, which found that the pre-test score was higher. Pain during the active phase of labour was effectively reduced, according to a post-test conducted following the lumbosacral massage. According to the current study's findings, applying heat effectively lessened pain throughout the active period of labour. The results align with the conclusions of Shirley Joseph's (2006) study, which indicates a higher pre-test score. The efficacy of the hot treatment in lowering pain during the active period of labour was demonstrated by the post-test.

Analysis of Massage and Hot Application in Comparison: The post-test outcomes of massage and heat application were compared, and the results showed that hot application was more successful. The mean value for the heat application was 12.3 (Moderate), while the mean value for the massage was 25.44 (severe). We established a difference between the two approaches that was statistically significant ($p < 0.05$). It attests to hot application's efficacy in reducing pain in the research population.

SUMMARY

Numerous elements, such as a woman's coping mechanisms, past experiences with pain, the birth environment, and psychological considerations, all affect how painful labour is for her. The woman and her family have an exciting time during the labour and delivery procedure. The process through which the placenta, membranes, and foetus are released into the world through the birth canal is known as labour.

- The first stage lasts from the moment the cervix starts to gradually change due to the contractions until it fully dilates.
- When the cervix reaches its complete dilation and the baby is born, the second stage of labour concludes.
- The third stage lasts from the moment the baby is born until the placenta is delivered.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

One thing that all expecting mothers are concerned about is getting pain relief. Many methods of relieving pain, such as firm massage, acupressure, light massage, breathing patterns, changing positions, eating and drinking during labour, using music, etc., can be used with or without pain medications. These methods are also excellent sources of physical comfort, emotional support, and encouragement for the entire family during the mother's labour, as well as for the father or partner.

The aim of the research was to evaluate the impact of hot application and lumbosacral massage on pain in primigravida parturient women during the active phase of labour.

Objectives Of the Study

- To assess the level of pain during the active phase of labour among Parturient women.
- To assess and evaluate the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among parturient women.
- To assess and evaluate the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among parturient women.
- To compare the effectiveness of Lumbosacral massage and Lumbosacral hot application on the level of pain during the active phase of labour among parturient women.

The Hypothesis of The Study

- **H1:** There will be a significant difference in pain intensity score between pre- and post-application of lumbosacral massage among primigravida parturient women during the active phase of labour at 0.05 level of significance.
- **H2:** There will be a significant difference in pain intensity score between pre- and post-application hot application among primigravida parturient women during the active phase of labour at 0.05 level of significance.
- **H3:** There will be a significant difference between pain intensity scores among primigravida parturient women after the application of lumbosacral massage and hot application in the sacral area at 0.05 level of significance.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The McGill Pain Questionnaire is a self-report tool that provides a detailed account of the nature and degree of pain suffered by the individual.

The subjective pain experience can be described using the three main categories of words in the Modified McGill Pain Scale Questionnaire: sensory, affective, and evaluative. Included as well are details for assessing the characteristics of pain, such as an intensity scale.

It might be mild, moderate, or severe, depending on the context.

The patient had to choose the best possible answer, and the interviewer checked it off as correct.

For mild, moderate, and severe cases, the corresponding scores range from 0 to 37.

Scoring

The Maximum Score=37

The Minimum Score=0

Based on thorough literature review and professional consultation, lumbosacral massage and heat application were administered to first-time mothers to alleviate pain during labour. To ensure the study could be carried out, a pilot study was performed.

The necessary administrative clearance was procured between March 1, 2023, and August 29, 2023, from R.N.T. Medical Hospital in Udaipur.

The Following Method Was Used to Collect the Data:

- The presentation on self-introduction took place on March 1, 2023.
- An explanation of the study's purpose was provided in order to encourage an honest and open response.
- We utilised a purposive sample technique to pick 500 adult women.
- We made sure their replies would be confidential and got their written agreement.
- The active phase of labour pain was measured on 1/3/2023 using the Modified McGill Pain scale as a pre-test on Day 1.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- Following the pre-test, patients were divided into two groups and given either a lumbosacral massage or a hot application to the lumbosacral area. A post-test was conducted shortly after the intervention.

Comparison of Massage Application Group Pre- and Post-Test Scores: Range and Mean

A mean of 23.5 was found in the Moderate category of the pre-test, which ranged from 23 to 24, indicating a tight range of severity scores. There is a large amount of variation in the severity of symptoms, as seen by the Severe category's larger range of severity scores (25-37) and higher mean score of 34.5. There is a small rise in variability and a low mean severity score in the Mild category in the post-test, with a range of 10-12 and a mean of 11.11. The range of symptoms in the Moderate group stays the same, but the mean drops to 19.5, indicating a considerable improvement in their severity. Figure 5.9 and Table 5.5 reveal that there was a favourable effect after the intervention, as the mean severity of the Severe category decreased to 31.4, although the range remained the same. Taken as a whole, the table sheds light on the distribution and central tendency of severity scores across several categories, revealing how well the massage application reduced the severity of symptoms.

Comparison of Hot Application Group Pre- and Post-Test Scores: Range and Mean

Mild category severity scores in the pre-test phase are all zeroes, suggesting that there is no variation in the scores and that the mean is zero as well. There is a wide range of severity scores with a relatively high mean severity in the Moderate group, with a range of 13-24 and an average of 22.5. A large variety of severe symptom scores are indicated by the Severe category, which has a range of 25-37 and an average severity score of 33.8. The Mild category shows a little more variation and a lower mean severity score in the post-test phase, with a range of 9-12 and an average of 10.71. The range of symptoms in the Moderate group remains 13-17, but the mean severity has decreased to 13.8 indicating an improvement (Figure 5.11). It is worth noting that the post-intervention Severe category in the test shows a range and mean severity score of 0, indicating that all severe symptoms have been eliminated. As a whole, the data in Table 5.7 show that the heat application intervention reduced the severity of symptoms, as seen by the distribution and central tendency of severity scores across several categories.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Hot Application Efficiency

When compared to the pre-test level, the mean pain level after the hot treatment was 12.3, showing a dramatic drop in reported pain intensity. Individuals' reported pain levels following the heat application were rather constant, with a standard deviation (SD) of 1.68 indicating a low degree of variability. According to Table 5.8, the average pain level considerably diminished following the heat treatment, with a percentage reduction of 64.15 percent. In most cases, this decrease is considered "Moderate," meaning that the pain is significantly reduced but is still present. Due to statistical significance (p -value < 0.005), it is highly improbable that the observed decrease in pain level is the result of chance alone. Substantiating the statistical significance of the pain reduction achieved with the post-test heat treatment, the word "significantly reduced" is reiterated.

Assessing the Benefits of Massage Therapy

The offered data concerns the efficacy of applying massage after the test in decreasing the degree of discomfort. Compared to the mean pain level before the test (34.87), the mean pain level after the massage is 25.44, showing a considerable decrease. This decrease in average pain level indicates that the application of massage after the test is linked to a reduction in the reported intensity of pain.

After the massage, people reported varying degrees of pain, as seen by the standard deviation (SD) of 7.15. Results from the post-test massage showed a lot of variation in reactions from individuals, as shown by a higher standard deviation (Table 5.9).

Results showing a statistically significant drop in the mean pain level, a reduction of 27.04%, and a p -value indicate that post-test massage application is beneficial in reducing pain levels. "Less Severe" is the adjective used to describe the level of pain experienced after a massage, suggesting that the treatment had a relaxing effect.

CONCLUSION

During the active phase of labour, the pain level can be effectively reduced using the lumbosacral massage and hot application approaches.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

After comparing the two therapies, it was discovered that lumbosacral massage was somewhat more efficient than hot application in reducing the amount of discomfort experienced by primigravida parturient women during the active phase of labour.

THE IMPLICATIONS OF NURSING

Several areas of nursing, including practice, research, administration, and education, stand to benefit from the findings of the current study.

Nursing Procedures

- The main goal of nursing is to ensure the safety and comfort of patients. During delivery, women are extremely vulnerable and may not respond properly to many things or directions because they are in unbearable pain.
- Because of this, nurses must comprehend their patients' conditions in order to create a safe environment free from harm, as well as to offer them comfort and assistance in coping. Once this is accomplished, nurses can easily administer interventions to alleviate pain.

Research In Nursing

- Additional investigation into various methods of calming the mother during labour is necessary.
- Different approaches to pain reduction, aside from the interventions employed by the researcher, have been the subject of studies.
- During the active phase of labour, midwives should get training on different treatments that can alleviate discomfort.
- Research on the efficacy of psychological assistance and diversional therapy can also be conducted.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Administration of Nursing

- The current health care system does not have an adequate staff development strategy for clinical area nurses. In order to keep up with the latest research on methods to alleviate labour pain, the nursing administration should institute a training curriculum for both nursing students and practicing nurses.
- The responsibility of ensuring that all nurses are adequately trained to care for pregnant women lies with the administrator.
- For the personnel to be knowledgeable about pain interventions during labour, they need access to reading materials, reference books, and nursing manuals.

Study Of Nursing

- The nurses need to be trained to understand and sympathise with the patient's agony while they are giving birth.
- It is important to teach them to remain calm when interacting with these individuals so that they can evaluate the intervention's success.
- It is important for the nursing curriculum to cover this subject so that student nurses are aware of the unique emotional needs of pregnant women and how to alleviate their distress when giving birth.
- Additionally, specialised courses might be developed to educate nurses who specialise in the labour and delivery phase, whenever the time is right for the numerous extended nursing courses.

Limitation

- Women who are currently in the active phase of labour were the only ones included in the study.
- Only two therapies were used to alleviate pain in the trial.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

RECOMMENDATIONS

The following recommendations are based on the study's findings:

- One way to generalise the findings to a bigger population is to conduct a comparable study on a larger sample of pregnant women.
- It is also possible to conduct this study on pregnant women throughout the second and third phases of their labour.
- Since coping mechanisms can significantly impact the intensity of labour pain, it would be worthwhile to study how anxious women are during this time.
- Research of a similar nature can be carried out utilising other pain treatments. To assess the recommendations' long-term impacts, it is possible to conduct follow-up with current research participants.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

BIBLIOGRAPHY

BOOKS

1. Basavanthappa BT, "Nursing Theories" 1st (2007), Jaypee Publication- New Delhi, pp 147-168.
2. Burns N. and Grove S.K. "Understanding Nursing Research" 4th edition (2007), Elsevier Publication-New Delhi pp 382.
3. Dutta D.C "Textbook of gynecology" 6th edition, New Central Book Agency (P) Ltd Publisher-Kolkata, pp-135-143.
4. Garrett H.E. and Woodworth R.S. "Statistics in Psychology and Education" 10th edition, Bombay: Vakils: Feffer and Simsons Ltd,1981.
5. Mahajan B.K. "Methods in Biostatistics" 6th edition (2006), Jaypee Publication –New Delhi, pp 168-170.
6. Polaski LA and Tatro SE, "Luck Mann's Core principles and practice of Medical-Surgical Nursing" ,1st edition (2010), Sounder's Publisher – Philadelphia, pp 1501-1513.
7. Polit DF and Beck. "Nursing Research" 5th edition (2014), Lippincott Publication-Philadelphia.
8. Sharma S.K. "Nursing Research and Statistics" (2011) edition, Elsevier Publication – New Delhi, pp 30,93,125,145.
9. Smeltzer SC and Bare BG, "Brunner and Suddath's textbook of Medical Surgical and Nursing" 12th edition, Wolters Khulwer (India) Pvt, Ltd. Volume-II, pp 2143-2145.
10. Wilma P., Long B.C., Woods N.F., "Shafer's Medical –Surgical Nursing" 7th edition, B.I. Publications Pvt Ltd –New Delhi, pp 719-720.

JOURNALS

11. Literature review as a research methodology: An overview and guidelines, August 2019 Journal of Business Research 104:333-339 10.1016/j.jbusres.2019.07.039.
12. HannahSnyderhttps://www.sciencedirect.com/science/article/pii/S0148296319304564
13. Devinder Mohan Thappa, Sowmya Kaimal. Sexually transmitted infections in India: Current status. Indian journal of Dermatology.2007 Jun;52(2): [78-82p].
14. Panda.et al, "A study to estimate the prevalence of RTI/STI among women of reproductive age", Indian Journal for practicing Doctors, volume 4, no. 1.
15. Dr. Kanbargi Ramesh, Dr. Shanta Kanbargi, "An exploratory study Sexually Transmitted Diseases in Bangalore City" The Journal of Family Welfare. March 1996. 42(1). p. 30-37.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

16. Souradet Y Shaw, Kathleen N Deering et al, "Prevalence of HIV and Sexually Transmitted Infections among the clients of female sex worker", *Bio Med Central Public Health*, 2011, Dec 9,2011;11(6): S4.
17. Nair Jamal Abdul.et al, "A study aimed to uncover the trend regarding knowledge about sexually transmitted infections (STIs) among Pakistani women of reproductive age as well as evaluating the socio demographic differentials associated with STIs knowledge", *Professional Medical Journal* 2015;22(10):1226-1231.
18. Ravi Puthuchira Rejoice.et al, "A community based cross-sectional study about Sexually Transmitted Infections among Young Married Rural Women in South India", *American Journal of Epidemiology and Infectious Diseases*, Volume 2, Issue 1.
19. Ray K Muralidhar S et al, "Comparative study of syndromic and etiological diagnosis of reproductive tract infections/sexually transmitted infections in women in Delhi", *International journal of infection and diseases*,2009 Jun; 82 (3):243-9.
20. Patel V, Weiss HA at al, "The burden and determinants of reproductive tract infections in India: a population-based study of women in Goa, India", *journal of sexually transmitted infections*, 2006 Jun;82(3):243-9.
21. Samanta A, Ghosh S et al, "Prevalence and health-seeking behaviour of reproductive tract infection/sexually transmitted infections symptomatic: a cross-sectional study of a rural community in the Hooghly district of West Bengal", *Indian Journal of Public Health*.2011 Jan-Mar;55(1):38-41.
22. Chawla R; Bhalla P.et al, "Community based study on seroprevalence of herpes simplex virus type 2 infection in New Delhi", *Indian Journal of Medical Microbiology*, 2008,26(1),34-39.
23. Verma Anjana, Kumar Meena Jitendra et al, "A Comparative Study was to compare the prevalence and treatment seeking behaviour about RTI/STI symptoms among the married women of reproductive age group living in urban and rural area of Delhi", *International Journal of Reproductive Medicine* Volume 15 Jan 2015.
24. R. Anvikar Anupkumar, Rao G Vikas.et al," Seroprevalence of human immunodeficiency virus (HIV), hepatitis B and C viruses (HBV, HCV), and herpes simplex virus type 2 (HSV-2) in the tribal population of central India", *International Journal of Infectious Diseases*, Jan 2009, volume 13(1)37:39.
25. Sharma Savita, Gupta B.et al, "The Prevalence of Reproductive Tract Infections and Sexually Transmitted Diseases Among Married Women in the Reproductive Age Group in a Rural Area", *Indian J Community Med*. 2009 Jan; 34(1): 62-64.
26. Rizwan S A, Rath S Rama.et al, "A cross sectional study to assess knowledge, attitude and practices on STI/RTIs among married women aged 15-45 years in rural Haryana", *Indian Dermatology Online Journal* 2015, Volume 6, Issue 1 pages 9-12.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

27. Shukla Bhuvanesh, Kaur Daljit, "A quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of STDs among women of age group 21-40 years who are residing in selected rural area of Punjab India", International Research Journal 2013, Volume 3, no.2.
28. P.T Lan. et al, "Lack of knowledge about sexually transmitted infections among women in North rural Vietnam", BMC Infection Diseases. 2009; 9: 85.
29. Norbu Kungzan. et al, "A study to assess the knowledge on sexually transmitted infections and sexual risk behaviour in two rural districts of Bhutan", Bio Med Central Public Health 2013 13;1142.
30. A Andersson Ellstro, "A longitudinal study regarding knowledge about the prevention of sexually transmitted infections", British Medical Journal, Sexually Transmitted Infection, 2002 Oct;78(5): 339-341.
31. Kaur Suminder, Talwar Richa. et al, "Cross-sectional study was conducted among female patients attending to Gynecology OPD of tertiary hospital in Delhi with signs and symptoms suggestive of STIs", Indian Medical Gazette, Dec 2011.
32. Ghana J. et al, "A cross-sectional study to identify factors associated with a history of sexually transmitted infections in Ghanaian women", Ghana Medical Journal, 2008 Sep;42(3);96-100.
33. AI Nicolau, SG Ribeiro. et al, "A study to assess the Knowledge, attitude and practices regarding condom use among women prisoners", Rev Esc Enferm USP 2012 jun;46(3):711-9.

ARTICLES

34. Fatemeh Dastjerd 1, Fatemeh Erfanian Arghavanian 2 3, Ameneh Sazegarnia 4, Farideh Akhlaghi 5, Habibollah Esmaily 6, Masoumeh Kordi 7; 2023 Jun 1, Effect of infrared belt and hot water bag on labor pain intensity among primiparous: a randomized controlled trial, 23(1):405.
<https://pubmed.ncbi.nlm.nih.gov/37264341/>.
35. Sujata Goswami 1, Prasuna Jelly 1, Suresh K Sharma 2, Rizu Negi 1, Rakesh Sharma 1; 2022 Nov 28, The effect of heat therapy on pain intensity, duration of labor during first stage among primiparous women and Apgar scores: A systematic review and meta-analysis, 6:66.
<https://pubmed.ncbi.nlm.nih.gov/36474673/>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

36. Chit Ying Lai 1, Margaret Kit Wah Wong 2, Wing Hung Tong 2, Kam Yan Lau 2, Suk Yin Chu 3, Agnes Mei Lee Tam 2, Lai Ling Hui 4, Terence T H Lao 5, Tak Yeung Leung 5, 2022 May 18, The impact of antenatal massage practice on intrapartum massage application and their associations with the use of analgesics during labour: Sub- analysis of a randomised control trial; 22(1):420.
 - a. <https://pubmed.ncbi.nlm.nih.gov/35585620/>.
37. Nichols F. H, Humenick S. S. 2000. Childbirth education: Practice, research, and theory (2nd ed.). (Eds.). Philadelphia: W.B. Saunders Company.
38. Olds S. B, London M. L, Ladewig P. W. 1996. Maternal newborn nursing—A family centered approach. Menlo Park, CA: Addison Wesley.
39. Jones C. 1988. Visualizations for an easier childbirth. New York: Meadowbrook.
40. Schuiling K. D, Sampsel C. M. Comfort in labor and midwifery art. Image: Journal of Nursing Scholarship. 1999;31(1):77–81. [PubMed] Shermer R. H, Raines D. A. Positioning during the second stage of labor: Moving back to basics. Journal of Obstetric, Gynecologic, and Neonatal Nursing. 1997; 26:727–734.
41. Simkin P. Reducing pain and enhancing progress in labor: A guide to—nonpharmacologic methods for maternity caregivers. Birth. 1995;22(3):161– 170.
42. Waldenstrom U, Borg I. M, Olsson B, Skold M, Wall S. The childbirth experience: A study of 295 mothers. Birth. 1996; 23:144–153.
43. Mackey M. C. Women's evaluation of their childbirth performance. Maternal Child Nursing Journal. 1995;23(2):57–72. [PubMed] McCaffery M, Pasero C. 1999. Pain—Clinical manual. St. Louis: Mosby.
44. Sharma S.K. “Nursing Research and Statistics” (2011) edition, Elsevier— Publication –New Delhi, pp 30,93,125,145.
45. Smeltzer SC and Bare BG, “Brunner and Suddarth”'s textbook of Medical Surgical and Nursing” 12th edition, Wolters Kluwer (India) Pvt, Ltd. Volume-II, pp 2143-2145.
46. Wilma P., Long B.C., Woods N.F., “Shafer’s Medical –Surgical Nursing” 7th edition, B.I. Publications Pvt Ltd –New Delhi, pp 719-720.
47. Polaski LA and Tatro SE, “Luck Mann”'s Core principles and practice of Medical-Surgical Nursing” ,1st edition (2010), Saunder’s Publisher – Philadelphia, pp 1501-1513.
48. Ravi Puthuchira Rejoice.et al, “A community based cross-sectional study about Sexually Transmitted Infections among Young Married Rural Women in South India”, American Journal of Epidemiology and Infectious Diseases, Volume 2, Issue 1.
49. Sharma Savita, Gupta B.et al, “The Prevalence of Reproductive Tract Infections and Sexually Transmitted Diseases Among Married Women in the Reproductive Age Group in a Rural Area”, Indian J Community Med. 2009 Jan; 34(1): 62–64.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

50. Hossain Mosharaf, KC Mani Kulanthayan.et al, "A study to assess Knowledge and awareness about STDs among women in Bangladesh", Bio Medical Central Public Health 2014 14:775.
51. Shukla Bhuvanesh, Kaur Daljit, "A quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of STDs among women of age group 21-40 years who are residing in selected rural area of Punjab India", International Research Journal 2013, Volume 3, no.2.
52. Devinder Mohan Thappa, Sowmya Kaimal. Sexually transmitted infections in India: Current status. Indian journal of Dermatology.2007 Jun;52(2): [78-82p.].
53. Dutta D.C "Textbook of gynecology" 6th edition, New Central Book Agency (P) Ltd Publisher-Kolkata, pp-135-143.
54. Suman Choudhary, Prasuna Jelly, Prakash Mahala, Amali Mery; May 2021, Effect of back massage on relieving pain during labour: a systemic review International Journal of Reproduction Contraception Obstetrics and Gynecology10(6): 2466.
<https://www.ijrcog.org/index.php/ijrcog/article/view/10139>.
55. Nühket Kaçar 1, Neslihan Özcan Keser 2, 2021 Feb 27, Comparison of the effect of mechanical massage and warm mechanical massage application on perceived labor pain and childbirth experience: A randomized clinical trial ;5:5.
<https://pubmed.ncbi.nlm.nih.gov/33655203/>
56. Halimah Alshahrani, 2020 Aug 11and 2021 Sep-Oct;17; Effectiveness of Single -Use Hot Pack on Labour Pain, Duration of Labour, and Satisfaction of Primigravidae: A Randomised Controlled Trial 1 11421 (5):438-445.
<https://pdfs.semanticscholar.org/dd1f/5e7c442a878558546ac84471f074b3b34c82.pdf>.
57. Aysenur Durmus1, Gulsen Eryilmaz2 18.11.2021 Accepted: 31.08.2022, Kastamonu University, Faculty of Health Sciences, Department of Midwifery, Kastamonu, Türkiye. 2 Atatürk University, Faculty of Nursing, Department of Obstetrics and Gynecology Nursing, Erzurum, Türkiye.
<https://dergipark.org.tr/tr/download/article-file/2087851>.
58. Manasi P Pawale 1, Jyoti A Salunkhe 1, 2020 Dec 31, Effectiveness of back massage on pain relief during first stage of labor in primi mothers admitted at a Tertiary care center,9(12):5933-5938.
<https://pubmed.ncbi.nlm.nih.gov/33681022/>.
59. Serap Karaduman, Semra Akköz Çevik, 12 July 2019; The effect of sacral massage on labor pain and anxiety: A randomized controlled trial.
<https://doi.org/10.1111/jjns.12272>.
60. Serap Karaduman, Semra Akköz Çevik First published: 12 July .2019, The effect of sacral massage on labor pain and anxiety: A randomized controlled trial.
<https://doi.org/10.1111/jjns.12272>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

61. Farzaneh Rahimi1, *, Shadi Goli1, Narges Soltani2, Habibolah Rezaei3, Zahra Amouzeshi2, (2018), Effects of Complementary Therapies on Labor Pain. <https://brieflands.com/articles/mcj-69306.html>
62. Laura Tarrats 1*, Isabel Paez 2, Isabel Navarri1, Sandra Cabrera 3, Manel Puig 4 and Sergio Alonso 5, - (2019), Heat Application on Lumbar and Suprapubic Pain During the Onset of Labour Using a New Abdominal Two-Pocket Belt: A Randomised and Controlled Trial; Volume 9, Issue 9. ongdom.org/open-access-pdfs/heat-application-on-lumbar-and-suprapubic-pain-during-the-onset-of-labour-using-a-new-abdominal-twopocket-belt-a-randomi.pdf.
63. Laura Y Whitburn 1, Lester Jones 2, Mary-Ann Davey 3, Susan McDonald 4; 2018 Apr 22 'The nature of labour pain: An updated review of the literature'. <https://pubmed.ncbi.nlm.nih.gov/29685345/>.
64. Lydia Aziato, Angela Kwartemaa Acheampong & Kitim Dow Lazarus Umoar, Labour Published: 22 February 2017, pain experiences and perceptions: a qualitative study among post-partum women in Ghana; BMC Pregnancy and Childbirth volume 17, Article number: 73 (2017) Cite this article.
 - a. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1248-1>
65. M Ranjbaran, Mehdi Ranjbaran1,2, Maahboobeh Khorsandi3, Pegah Matourypour4, Mohsen Shamsi3, 2017; Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta analysis of Randomized Controlled Clinical Trials in Iran. <https://pubmed.ncbi.nlm.nih.gov/28904535/>.
66. Mehdi Ranjbaran,1,2 Maahboobeh Khorsandi,3 Pegah Matourypour,4 and Mohsen Shamsi3, Iran J Nurs Midwifery Res. 2017 Jul-Aug; 22, Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta-analysis of Randomized Controlled Clinical Trials in Iran (4): 257–261. <https://pubmed.ncbi.nlm.nih.gov/28904535/>.
67. Lester E Jones 1, Laura Y Whitburn 2, Mary-Ann Davey 3, Rhonda Small 3, 2015 Jul;31, Assessment of pain associated with childbirth: Women's perspectives, preferences and solutions; (7):708-12. <https://pubmed.ncbi.nlm.nih.gov/25886966/>.
68. Laura Y Whitburn 1, Lester E Jones 2, Mary-Ann Davey 3, Rhonda Small 3, 2014, Women's experiences of labour pain and the role of the mind: an exploratory study. <https://pubmed.ncbi.nlm.nih.gov/24820004/>.
69. Hülya Türkmen 1, Nazan Tuna Oran 2, Massage and heat application on labor pain and comfort: A quasi-randomized controlled experimental study. <https://pubmed.ncbi.nlm.nih.gov/32828687/>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

70. G A Skowronski 1, 2015 Jul: Pain relief in childbirth: changing historical and feminist perspectives.
<https://pubmed.ncbi.nlm.nih.gov/26126073/>.
71. Drug Alcohol Depend., 2018 Apr 1. Drug Alcohol Depend. 2017 Apr 1; 173 (Suppl 1): S11–S21.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5771233/>
72. D. Andrew Tompkins, a, * J. Greg Hobelmann, a and Peggy Comptonb, Providing chronic pain management in the “Fifth Vital Sign” Era: Historical and treatment perspectives on a modern-day medical dilemma.
73. Nastaran Mohammad Ali Beigi, MSc, * Khadijeh Broumandfar, MSc, * Parvin Bahadoran, MSc, * and Heidar Ali Abedi, PhD*, 2023 Feb; Women’s experience of pain during childbirth.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093177/>.
74. Azahara Rúger-Navarrete,1 Juana María Vázquez-Lara,2, * Irene Antúnez-Calvente,3 Luciano Rodríguez-Díaz,2 Francisco Javier Riesco-González,3 Rocío Palomo-Gómez,4 Juan Gómez-Salgado,5,6, * and Francisco Javier Fernández-Carrasco3,7, 2023 Jan 18. Antenatal Fear of Childbirth as a Risk Factor for a Bad Childbirth Experience.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9914781/>.
75. Simon D French 1, Melainie Cameron, Bruce F Walker, John W Reggars, Adrian J Esterman, A Cochrane review of superficial heat or cold for low back pain 2006 April.
<https://pubmed.ncbi.nlm.nih.gov/16641776/>.
76. Sharma S.K. “Nursing Research and Statistics” (2011) edition, Elsevier— Publication –New Delhi, pp 30,93,125,145.
77. Smeltzer SC and Bare BG, “Brunner and Suddarth’s textbook of Medical Surgical and Nursing” 12th edition, Wolters Kluwer (India) Pvt, Ltd. Volume-II, pp 2143-2145.
78. Wilma P., Long B.C., Woods N.F., “Shafer’s Medical –Surgical Nursing” 7th edition, B.I. Publications Pvt Ltd –New Delhi, pp 719-720.
79. Polaski LA and Tatro SE, “Luck Mann’s Core principles and practice of Medical-Surgical Nursing” ,1st edition (2010), Saunder’s Publisher – Philadelphia, pp 1501-1513.
80. Ravi Puthuchira Rejoice.et al, “A community based cross-sectional study about Sexually Transmitted Infections among Young Married Rural Women in South India”, American Journal of Epidemiology and Infectious Diseases, Volume 2, Issue 1.
81. Nühket Kaçar 1, Neslihan Özcan Keser 2, 2021 Feb 27, Comparison of the effect of mechanical massage and warm mechanical massage application on perceived labor pain and childbirth experience: A randomized clinical trial; 5:5.
<https://pubmed.ncbi.nlm.nih.gov/33655203/>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

82. Halimah Alshahrani, 2020 Aug 11 and 2021 Sep-Oct; 17; Effectiveness of Single -Use Hot Pack on Labour Pain, Duration of Labour, and Satisfaction of Primigravidae: A Randomised Controlled Trial 1 11421 (5):438-445.
<https://pdfs.semanticscholar.org/dd1f/5e7c442a878558546ac84471f074b3b34c82.pdf>.
83. Aysenur Durmus¹, Gulsen Eryilmaz² 18.11.2021 Accepted: 31.08.2022, Kastamonu University, Faculty of Health Sciences, Department of Midwifery, Kastamonu, Türkiye. 2 Atatürk University, Faculty of Nursing, Department of Obstetrics and Gynecology Nursing, Erzurum, Türkiye.
<https://dergipark.org.tr/tr/download/article-file/2087851>.
84. Manasi P Pawale¹, Jyoti A Salunkhe¹, 2020 Dec 31, Effectiveness of back massage on pain relief during first stage of labor in primi mothers admitted at a Tertiary care center, 9(12):5933-5938.
<https://pubmed.ncbi.nlm.nih.gov/33681022/>.
85. Serap Karaduman, Semra Akköz Çevik, 12 July 2019; The effect of sacral massage on labor pain and anxiety: A randomized controlled trial.
<https://doi.org/10.1111/jjns.12272>.
86. Serap Karaduman, Semra Akköz Çevik First published: 12 July .2019, The effect of sacral massage on labor pain and anxiety: A randomized controlled trial.
<https://doi.org/10.1111/jjns.12272>.
87. Farzaneh Rahimi¹, *, Shadi Goli¹, Narges Soltani², Habibolah Rezaei³, Zahra Amouzesi², (2018), Effects of Complementary Therapies on Labor Pain.
<https://brieflands.com/articles/mcj-69306.html>.
88. Laura Tarrats^{1*}, Isabel Paez², Isabel Navarri¹, Sandra Cabrera³, Manel Puig⁴ and Sergio Alonso⁵, - (2019), Heat Application on Lumbar and Suprapubic Pain During the Onset of Labour Using a New Abdominal Two-Pocket Belt: A Randomised and Controlled Trial; Volume 9, Issue 9. ongdom.org/open-access-pdfs/heat-application-on-lumbar-and-suprapubic-pain-during-the-onset-oflabour-using-a-new-abdominal-twopocket-belt-a-randomi.pdf.
89. Laura Y Whitburn¹, Lester Jones², Mary-Ann Davey³, Susan McDonald⁴; 2018 Apr 22 'The nature of labour pain: An updated review of the literature'.
<https://pubmed.ncbi.nlm.nih.gov/29685345/>.
90. Lydia Aziato, Angela Kwartemaa Acheampong & Kitim Dow Lazarus Umoar, Labour Published: 22 February 2017, pain experiences and perceptions: a qualitative study among post-partum women in Ghana; BMC Pregnancy and Childbirth volume 17, Article number: 73 (2017) Cite this article.
 - a) <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1248-1>

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

91. M Ranjbaran, Mehdi Ranjbaran^{1,2}, Maahboobeh Khorsandi³, Pegah Matourypour⁴, Mohsen Shamsi³, 2017; Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta analysis of Randomized Controlled Clinical Trials in Iran.
<https://pubmed.ncbi.nlm.nih.gov/28904535/>
92. Mehdi Ranjbaran,^{1,2} Maahboobeh Khorsandi,³ Pegah Matourypour,⁴ and Mohsen Shamsi³, Iran J Nurs Midwifery Res. 2017 Jul-Aug; 22, Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta-analysis of Randomized Controlled Clinical Trials in Iran (4): 257–261.
<https://pubmed.ncbi.nlm.nih.gov/28904535/>
93. Lester E Jones 1, Laura Y Whitburn 2, Mary-Ann Davey 3, Rhonda Small 3, 2015 Jul;31, Assessment of pain associated with childbirth: Women's perspectives, preferences and solutions; (7):708-12.
<https://pubmed.ncbi.nlm.nih.gov/25886966/>
94. Laura Y Whitburn 1, Lester E Jones 2, Mary-Ann Davey 3, Rhonda Small 3,2014, Women's experiences of labour pain and the role of the mind: an exploratory study.
<https://pubmed.ncbi.nlm.nih.gov/24820004/>.
95. Hülya Türkmen 1, Nazan Tuna Oran 2, Massage and heat application on labor pain and comfort: A quasi-randomized controlled experimental study.
<https://pubmed.ncbi.nlm.nih.gov/32828687/>.
96. G A Skowronski 1, 2015 Jul: Pain relief in childbirth: changing historical and feminist perspectives.
<https://pubmed.ncbi.nlm.nih.gov/26126073/>.
97. Drug Alcohol Depend., 2018 Apr 1. Drug Alcohol Depend. 2017 Apr 1; 173 (Suppl 1): S11–S21.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5771233/>
98. D. Andrew Tompkins, a, * J. Greg Hobelmann,a and Peggy Comptonb, Providing chronic pain management in the “Fifth Vital Sign” Era: Historical and treatment perspectives on a modern-day medical dilemma.
99. Nastaran Mohammad Ali Beigi, MSc, * Khadijeh Broumandfar, MSc, * Parvin Bahadoran, MSc, * and Heidar Ali Abedi, PhD*, 2023 Feb; Women’s experience of pain during childbirth.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093177/>.
100. Azahara Rúger-Navarrete, 1 Juana María Vázquez-Lara,² * Irene Antúnez-Calvente, 3 Luciano Rodríguez-Díaz, 2 Francisco Javier Riesco-González, 3 Rocío Palomo-Gómez,⁴ Juan Gómez-Salgado,^{5,6} * and Francisco Javier Fernández-Carrasco ^{3,7}, 2023 Jan 18. Antenatal Fear of Childbirth as a Risk Factor for a Bad Childbirth Experience.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9914781/>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

101. Simon D French 1, Melainie Cameron, Bruce F Walker, John W Reggars, Adrian J Esterman, A Cochrane review of superficial heat or cold for low back pain 2006 April. <https://pubmed.ncbi.nlm.nih.gov/16641776/>.
102. Sharma S.K. "Nursing Research and Statistics" (2011) edition, Elsevier— Publication –New Delhi, pp 30,93,125,145.
103. Smeltzer SC and Bare BG, "Brunner and Suddarth"s textbook of Medical Surgical and Nursing" 12th edition, Wolters Khulwer (India) Pvt, Ltd. Volume-II, pp 2143-2145.
104. Halimah Alshahrani, 2020 Aug 11 and 2021 Sep-Oct; 17; Effectiveness of Single -Use Hot Pack on Labour Pain, Duration of Labour, and Satisfaction of Primigravidae: A Randomised Controlled Trial 1 11421 (5): 438-445. <https://pdfs.semanticscholar.org/dd1f/5e7c442a878558546ac84471f074b3b34c82.pdf>.
105. Aysenur Durmus 1, Gulsen Eryilmaz 2 18.11.2021 Accepted: 31.08.2022, Kastamonu University, Faculty of Health Sciences, Department of Midwifery, Kastamonu, Türkiye. 2 Atatürk University, Faculty of Nursing, Department of Obstetrics and Gynecology Nursing, Erzurum, Türkiye. <https://dergipark.org.tr/tr/download/article-file/2087851>.
106. Manasi P Pawale 1, Jyoti A Salunkhe 1, 2020 Dec 31, Effectiveness of back massage on pain relief during first stage of labor in primi mothers admitted at a Tertiary care center, 9 (12): 5933-5938. <https://pubmed.ncbi.nlm.nih.gov/33681022/>.
107. Serap Karaduman, Semra Akköz Çevik, 12 July 2019; The effect of sacral massage on labor pain and anxiety: A randomized controlled trial. <https://doi.org/10.1111/jjns.12272>.
108. Serap Karaduman, Semra Akköz Çevik First published: 12 July .2019, The effect of sacral massage on labor pain and anxiety: A randomized controlled trial. <https://doi.org/10.1111/jjns.12272>.
109. Farzaneh Rahimi 1, *, Shadi Goli 1, Narges Soltani 2, Habibolah Rezaei 3, Zahra Amouzeschi 2, (2018), Effects of Complementary Therapies on Labor Pain; <https://brieflands.com/articles/mcj-69306.html>
110. Laura Tarrats 1*, Isabel Paez 2, Isabel Navarri 1, Sandra Cabrera 3, Manel Puig 4 and Sergio Alonso 5, - (2019), Heat Application on Lumbar and Suprapubic Pain During the Onset of Labour Using a New Abdominal Two-Pocket Belt: A Randomised and Controlled Trial; Volume 9, Issue 9. ongdom.org/open-access-pdfs/heat-application-on-lumbar-and-suprapubic-pain-during-the-onset-of-labour-using-a-new-abdominal-two-pocket-belt-a-randomi.pdf
111. Laura Y Whitburn 1, Lester Jones 2, Mary-Ann Davey 3, Susan McDonald 4; 2018 Apr 22 'The nature of labour pain: An updated review of the literature'; <https://pubmed.ncbi.nlm.nih.gov/29685345/>.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

112. Lydia Aziato, Angela Kwartemaa Acheampong & Kitim Dow Lazarus Umoar, Labour Published: 22 February 2017, pain experiences and perceptions: a qualitative study among post-partum women in Ghana; BMC Pregnancy and Childbirth volume 17, Article number: 73 (2017) Cite this article.
a) <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1248-1>.
113. M Ranjbaran, Mehdi Ranjbaran^{1,2}, Maahboobeh Khorsandi³, Pegah Matourypour⁴, Mohsen Shamsi³, 2017; Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta analysis of Randomized Controlled Clinical Trials in Iran;
<https://pubmed.ncbi.nlm.nih.gov/28904535/>
114. Mehdi Ranjbaran,^{1,2} Maahboobeh Khorsandi,³ Pegah Matourypour,⁴ and Mohsen Shamsi³, Iran J Nurs Midwifery Res. 2017 Jul-Aug; 22, Effect of Massage Therapy on Labor Pain Reduction in Primiparous Women: A Systematic Review and Meta-analysis of Randomized Controlled Clinical Trials in Iran (4): 257–261.;
<https://pubmed.ncbi.nlm.nih.gov/28904535/>
115. Lester E Jones¹, Laura Y Whitburn², Mary-Ann Davey³, Rhonda Small³, 2015 Jul; 31, Assessment of pain associated with childbirth: Women's perspectives, preferences and solutions; (7): 708-12.
<https://pubmed.ncbi.nlm.nih.gov/25886966/>.
116. Laura Y Whitburn¹, Lester E Jones², Mary-Ann Davey³, Rhonda Small³, 2014, Women's experiences of labour pain and the role of the mind: an exploratory study.
<https://pubmed.ncbi.nlm.nih.gov/24820004/>.
117. Hülya Türkmen¹, Nazan Tuna Oran², Massage and heat application on labor pain and comfort: A quasi-randomized controlled experimental study,
<https://pubmed.ncbi.nlm.nih.gov/32828687/>.
118. G A Skowronski¹, 2015 Jul: Pain relief in childbirth: changing historical and feminist perspectives.
<https://pubmed.ncbi.nlm.nih.gov/26126073/>.
119. Drug Alcohol Depend., 2018 Apr 1. Drug Alcohol Depend. 2017 Apr 1; 173 (Suppl 1): S11–S21.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5771233/>
120. D. Andrew Tompkins, a, * J. Greg Hobelmann, a and Peggy Comptonb, Providing chronic pain management in the “Fifth Vital Sign” Era: Historical and treatment perspectives on a modern-day medical dilemma.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

121. Nastaran Mohammad Ali Beigi, MSc, * Khadijeh Broumandfar, MSc, * Parvin Bahadoran, MSc, * and Heidar Ali Abedi, PhD*, 2023 Feb; Women's experience of pain during child birth.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093177/>.
122. Azahara Rúger-Navarrete, 1 Juana María Vázquez-Lara, 2, * Irene Antúnez-Calvente, 3 Luciano Rodríguez-Díaz, 2 Francisco Javier Riesco-González, 3 Rocío Palomo-Gómez, 4 Juan Gómez-Salgado, 5, 6, * and Francisco Javier Fernández-Carrasco 3, 7, 2023 Jan 18. Antenatal Fear of Childbirth as a Risk Factor for a Bad Child birth Experience, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9914781/>.
123. Simon D French 1, Melainie Cameron, Bruce F Walker, John W Reggars, Adrian J Esterman, A Cochrane review of superficial heat or cold for low back pain 2006 April. <https://pubmed.ncbi.nlm.nih.gov/16641776/>.
124. Sharma S.K. "Nursing Research and Statistics" (2011) edition, Elsevier— Publication – New Delhi, pp 30, 93, 125, 145.
125. Smeltzer SC and Bare BG, "Brunner and Suddarth's textbook of Medical Surgical and Nursing" 12th edition, Wolters Khulwer (India) Pvt, Ltd. Volume-II, pp 2143-2145.

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX A

LETTER SEEKING PERMISSION FOR CONDUCTING PILOT STUDY

To,

Dr. H. VIRMANI
Virmani Hospital,
Mayur Vihar, Phase- II
New Delhi-110091
Respected Sir,

Subject: Requesting Permission to Conduct the Pilot Research Project in Your Esteemed Institution

Ms. Ayushi Sharma, a research scholar at CMJ University Shillong, has selected the following topic for her research as part of the Doctoral Program under my guidance. The outcome of the Project will be benefitted to the healthcare system in terms of safe delivery practices. No subject will be harmed as part of the project.

“A Quasi-Experimental Study to Assess the Effectiveness of Lumbo-sacral Massage and Hot Application at Lumbo-sacral Area on Level of Pain during Active Phase of Labour among Primigravida Parturient women at selected hospitals of Delhi.”

I kindly request you grant Ms. Ayushi Sharma the necessary permission to provide the necessary facilities for her work on the proposed project in your esteemed institution.

This is to request you to kindly extend the necessary facilities to work on the proposed study during research i.e. 18th December 2015 to 29th December 2022. The student, if required will furnish further details of the proposed study personally.

Thanking You

Dr. James Jacob, M.Sc (N), Ph.D,
Research Guide & Professor,
CMJ University.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX B

LETTER GRANTING PERMISSION FOR PILOT STUDY

To,

Dr. H. VIRMANI

Virmani Hospital,

MayurVihar, Phase- II

New Delhi-110091

Subject: Requesting Permission to Conduct the Pilot Research Project in Your Esteemed Institution

Respected Sir,

Ms Ayushi Sharma, a research scholar at CMJ University Shillong, has selected the following topic for her research as part of the Doctoral Program under my guidance. The outcome of the Project will be benefitted to the healthcare system in terms of safe delivery practices. No subject will be harmed as part of the project.

"A Quasi-Experimental Study to Assess the Effectiveness of LumboSacral Massage and Hot Application at LumboSacral Area on Level of Pain during Active Phase of Labour among Primigravida Parturient women at selected hospitals of Delhi."

I kindly request you grant Ms. Ayushi Sharma the necessary permission to provide the necessary facilities for her work on the proposed project in your esteemed institution.

This is to request you to kindly extend the necessary facilities to work on the proposed study during research i.e. 18th December 2015 to 29th December 2022. The student, if required will furnish further details of the proposed study personally

Thanking You

Dr. James Jacob, M.Sc(N), PhD

Research Guide & Professor, CMJ University

*Twisted
Jus*

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX C

LETTER SEEKING PERMISSION FOR CONDUCTING FINAL STUDY

To,

Medical Superintendent
Department of Obstetrics and Gynaecology
Pannadhay Zanana Government Hospital (PZGH)
Udaipur, Rajasthan

Respected Madam,

Subject: Requesting Permission to Conduct the Research Project in Your Esteemed Institution

Ms. Ayushi Sharma, a research scholar at CMJ University Shillong, has selected the following topic for her research as part of the Doctoral Program under my guidance. The outcome of the Project will be benefitted to the healthcare system in terms of safe delivery practices. No subject will be harmed as part of the project.

“A Quasi-Experimental Study to Assess the Effectiveness of Lumbo-sacral Massage and Hot application at Lumbo-sacral Area on Level of Pain during Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.”

I kindly request you grant Ms. Ayushi Sharma the necessary permission to provide the necessary facilities for her work on the proposed project in your esteemed institution.

The student, if required will furnish further details of the proposed study personally

Thanking You

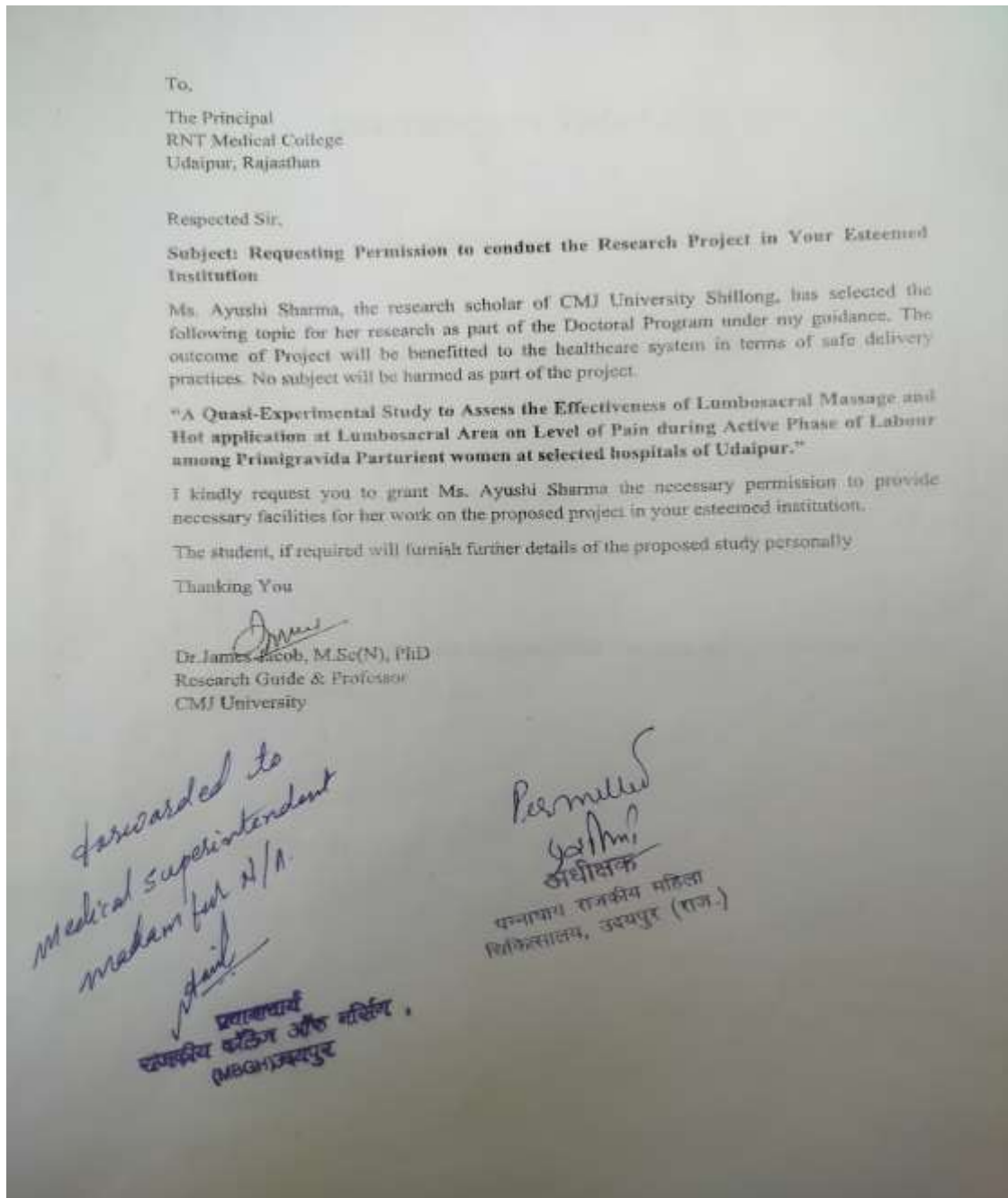
Dr. James Jacob, M.Sc (N), Ph.D
Research Guide & Professor,
CMJ University.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX D

LETTER GRANTING PERMISSION FOR CONDUCTING FINAL STUDY



**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX E

LETTER SEEKING PERMISSION FOR CONDUCTING FINAL STUDY

To,

Dr. Sudha Gandhi
Professor and HOD
Department of Obstetrics and Gynecology
R.N.T. Medical College and Pannadhay Zanana Government Hospital (PZGH)
Udaipur, Rajasthan

Respected Madam,

Subject: Requesting Permission to Conduct the Research Project in Your Esteemed Institution

Ms. Ayushi Sharma, a research scholar at CMJ University Shillong, has selected the following topic for her research as part of the Doctoral Program under my guidance. The outcome of the Project will be benefitted to the healthcare system in terms of safe delivery practices. No subject will be harmed as part of the project.

“A Quasi-Experimental Study to Assess the Effectiveness of Lumbar Massage and Hot Application at Lumbar Area on Level of Pain during Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.”

I kindly request you grant Ms. Ayushi Sharma the necessary permission to provide the necessary facilities for her work on the proposed project in your esteemed institution.

The student, if required will furnish further details of the proposed study personally.

Thanking You

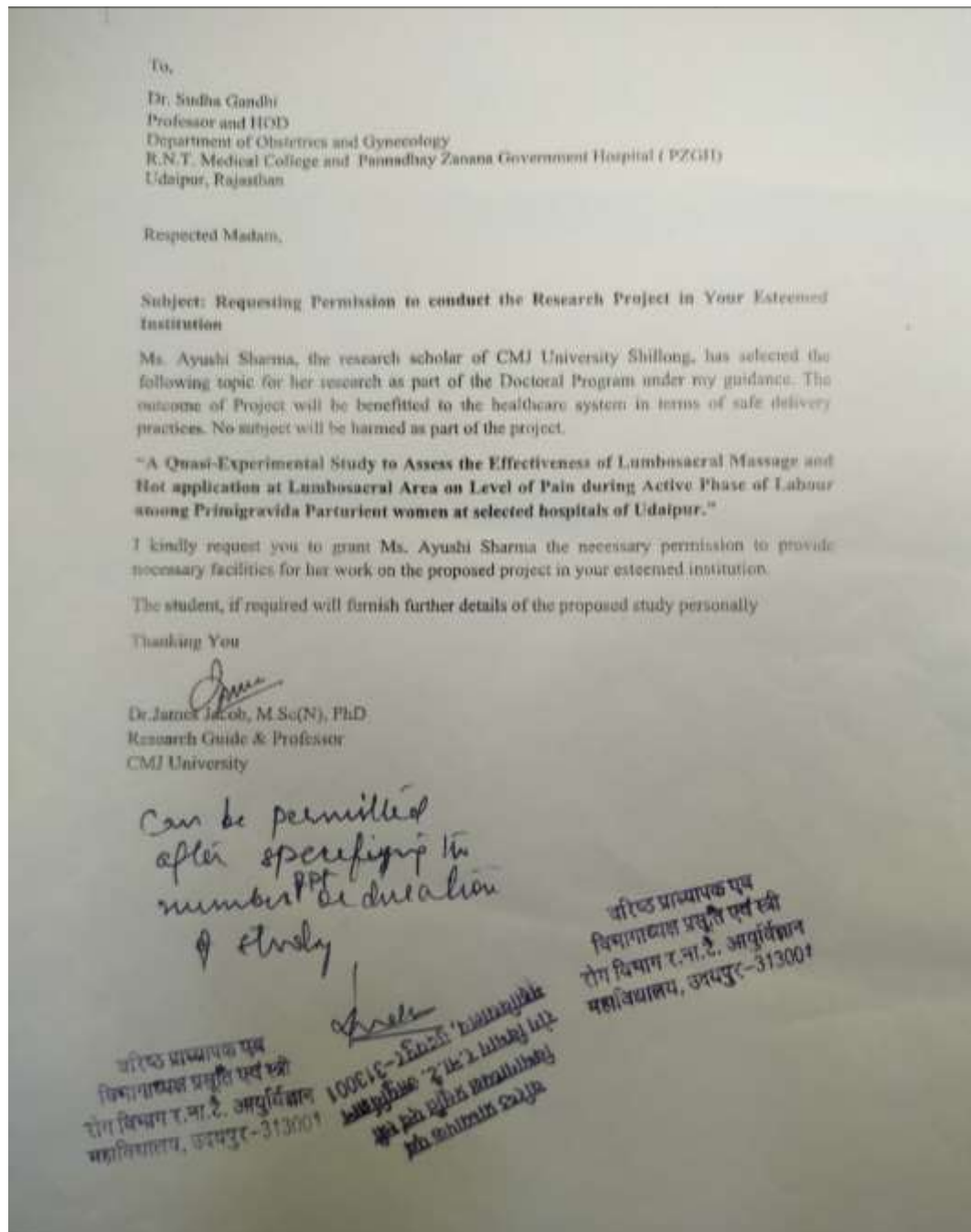
Dr. James Jacob, M.Sc (N), Ph.D
Research Guide & Professor
CMJ University.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX F

LETTER GRANTING PERMISSION FOR CONDUCTING FINAL STUDY



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX G

LETTER SEEKING EXPERT'S OPINION AND SUGGESTIONS FOR CONTENT VALIDITY OF RESEARCH TOOLS

To,
.....

Subject: - Letter seeking expert opinion on the content validity of the tool.

Dear Sir/Madam

I am a final year student of PhD Nursing at CMJ University. I have selected the mentioned topic below for my research project to the submitted to CMJ University as a partial fulfilment of the University requirement for the award of a Ph.D. Nursing degree.

Topic: - “A quasi-experimental study to assess the effectiveness of Lumbosacral massage and Hot application at the Lumbosacral area on the level of pain during the Active phase of labour among Parturient women at selected hospitals of Udaipur.”

The following objectives are selected for the study:

- To assess the level of pain during the active phase of labour among Parturient women.
- To assess and evaluate the effectiveness of Lumbosacral massage on the level of pain during the Active Phase of Labour among parturient women.
- To assess and evaluate the effectiveness of Hot application at the Lumbosacral area on the level of pain during the active phase of labour among parturient women.
- To compare the effectiveness of Lumbosacral massage and Lumbosacral hot application on the level of pain during the active phase of labour among parturient women.

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

I request you to kindly go through this and give your expert opinion and suggestions for any modification and improvement in the content. Your esteemed opinion and critical comments will provide the required direction and contribute immensely to be quality and content of my final research.

Looking forward to your valuable guidance and suggestions.

Thanking you,

Ms. Ayushi Sharma
Ph.D. Nursing final year
CMJ university

Enclosure:

Tool for validation

- 1) Demographic data**
- 2) Modified McGill Pain Scale**

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX H

A CRITERIA SCALE FOR EXPERT OPINION REGARDING CONTENT VALIDITY OF RESEARCH TOOL

INSTRUCTION

Please go through the criteria listed below which have been formulated to assess the effectiveness of Lumbosacral massage and Hot application at the Lumbosacral area on the level of pain during the Active phase of labour among Parturient women at selected hospitals of Udaipur.”

There are three alternative response columns given. Kindly put a tick (√) mark in the appropriate column.

COLUMN I - If You Feel That Criteria Are Fully Met

COLUMN II - If You Feel That Criteria Are Partially Met

COLUMN III - If You Feel That Criteria Are to Some Extent Met

Kindly report your responses with appropriate comments/remarks and suggestions in the remark column, as your valuable comments will help the researcher to improve her effort.

S. No.	Criteria	Fully Met	Partially Met	To Some Extent Met	Remarks
1)	Selection of the content a) Based on objective b) Content is relevant c) Content is appropriate				
2)	Content area a) Whether the tool meets the criteria to assess the effectiveness of massage and hot application groups.				

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

3)	Organization of items a) Organized logically. b) Maintains correlation. c) Arrange in sequence.				
4)	Language a) Simple and easy to understand. b) Scientific terms explained.				
5)	Feasibility a) Useful to assess the problem				

Suggestions:

Signature:

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX I

LIST OF EXPERT'S CONTENT VALIDITY OF TOOLS

1) **Dr. Reshmi Siby**

Principal

Bhandari Group of hospital and institutions, college of nursing Indore, M.P

2) **Dr. Sudha Gandhi**

HOD of OBG Department (Obstetrics and Gynaecological)

R. N. T Medical College, Udaipur

3) **Dr. Susheela Khoiwal**

Medical Superintendent

R. N. T Medical College, Udaipur

4) **Dr. Meenal Chugh**

Assistant Professor

R. N. T Medical College, Udaipur

5) **Anne Marie**

IME (International Midwives Educator)

NMTI, Govt. College of Nursing, Udaipur

6) **Dr. Vijay Gupta**

Professor

E.N.T Department, R. N. T Medical College, Udaipur

7) **Ms Lily Basu**

(Obstetrics and Gynaecological Nursing)

Principal

Ahilya Bai College of Nursing, Lok Nayak Hospital

New Delhi

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

8) Prof. Lavanya Nandan

HOD (Obstetrics and Gynaecological Nursing)
Principal
Nightingale College of Nursing, Noida

9) Dr. Rakesh Sharma

Course Director
Acupressure Research, Training and Treatment Institute
Jodhpur.

10) Anil Kumar Damor

Principal
Govt. College of Nursing, Udaipur, Udaipur

11) Dr. Purnima

Consultant (Obstetrician and Gynaecologist)
Aman Nursing Home, Ghaziabad, U.P

12) Dr. Pratyush Sharma

Medical Officer
G.B Pant Hospital
Delhi

13) Dr. Philommina

Assistant Professor (Obstetrics and Gynaecological Nursing)
AIIMS College of Nursing
New Delhi

14) Mrs. Cimil Babu

Professor (Obstetrics and Gynaecological Nursing)
Holy Family College of Nursing
New Delhi

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

15) Ms. Manisha Vyas

Nursing Tutor
Govt. College of Nursing, MBGH, Udaipur

16) Dr. Priyanka Garg

Associate Professor
Department of Obs and Gynae (M.D)
AIIMS, Bathinda

17) Ms. Mangla Joshi

Nursing Officer, Sister Incharge (Labour Room)
R. N. T Medical College, Udaipur

18) Dr Sumol SC Abraham

Nursing Officer
Govt. College of Nursing, MBGH, Udaipur

19) Mr. Iqbal Mohd. Sheikh

Nursing Tutor
Govt. College of Nursing, MBGH, Udaipur

20) Mr. Amar Yadav

Nursing Tutor
Govt. College of Nursing, MBGH, Udaipur

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX J

TOOL - I

DEMOGRAPHIC DATA

INSTRUCTIONS

Dear participants

Given below are some statements:

You are requested to go through each statement carefully choose your best answer among alternatives given for each statement and place a tick mark (✓) on the corresponding answer.

DEMOGRAPHIC DATA

1) Age (in years)

- a) 18-23-year
- b) 24-29 year
- c) ≥30year

2) Education

- a) No formal education
- b) Matric
- c) 10+2
- d) Graduate and post-graduation

3) Occupation

- a) Housewife
- b) Self-employed
- c) Private job
- d) Government job

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4) Religion

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

5) Type of Family

- a) Nuclear
- b) Joint

6) Period of Gestation

- a) 37-38
- b) 39-40
- c) >40

7) Mode of Labour

- a) Spontaneous labour
- b) Induction with Pitocin

8) Practising of Relaxation Therapy

- a) Yoga
- b) Meditation
- c) Others

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

TOOL - II

MODIFIED MC GILL PAIN QUESTIONNAIRE

The McGill Pain Questionnaire, also known as the McGill Pain Index, is a scale of rating Pain developed at McGill University by Melzack and Torgerson in 1971. It is a self-report questionnaire that allows individuals to give their doctor a good description of the quality and intensity of pain that they are experiencing.

The McGill Pain Questionnaire Primarily of 3 major classes of word descriptors, sensory, affective, and evaluative-that are used by patients to specify subjective pain experience. It also contains an intensity scale and other items to determine the properties of pain experience.

The questionnaire was designed to provide quantitative measures of clinical pain that can be treated statistically. The 3 major measures are:

1. Pain rating index, based on two types of numerical values that can be assigned to each word descriptor
2. The number of words chosen
3. The present pain intensity is based on a 1-5 intensity scale.

Mc Gill Pain Questionnaire provides quantitative information that can be treated statistically and is sufficiently sensitive to detect differences among different methods to relieve pain.

Modified Mc Gill PAIN SCALE TO ASSESS THE PAIN DURING ACTIVE PHASE OF LABOUR IN PRIMIGRAVIDA PARTURIENT WOMEN DURING ACTIVE PHASE OF LABOUR.

The McGill Questionnaire

Overview: The McGill Pain Questionnaire can be used to evaluate a person experiencing significant pain. It can be used to monitor the pain over time and to determine the effectiveness of any intervention. It was developed by Dr. Melzack at McGill University in Montreal Canada and has been translated into several languages.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

SECTIONS

- (1) What Does Your Pain Feel Like?
- (2) How Does Your Pain Change with Time?
- (3) How Strong is Your Pain?

What Does Your Pain Feel Like?

Statement: Some of the following words below describe your present pain. Circle ONLY those words that best describe it. Leave out any category that is not suitable. Use only a single word in each appropriate category one that applies best.

Group	Descriptor	Points
1 (Temporal)	Flickering	1
	Quivering	2
	Pulsing	3
	Throbbing	4
	Beating	5
	Pounding	6
2 (Thermal)	Hot	1
	Boring	2
	Scalding	3
	Searing	4
3 (Dullness)	Dull	1
	Sore	2
	Hurting	3
	Aching	4
	Heavy	5
4 (Tension)	Tiring	1
	Exhausting	2
5 (Fear)	Fearful	1
	Frightful	2
	Terrifying	3
6 (Evaluative)	Annoying	1
	Troublesome	2
	Miserable	3
	Intense	4
7 (Sensory Miscellaneous)	Unbearable	5
	Spreading	1
	Radiating	2
	Penetrating	3
	Piercing	4

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

How Does Your Pain Change with Time?

Question	Response	Points
Which words or words would you use to describe the pattern of your pain?	Continuous steady Constant	1
	Rhythmic periodic Intermittent	2
	Brief momentary Transient	3

How Strong is Your Pain?

Statement: People agree that the following 5 words (mild, discomforting, distressing, horrible, excruciating) represent pain of increasing intensity. To answer each question below write the number of the most appropriate word in the space beside the question.

Question	Response	Points
Which word describes your pain right now?	Mild	1
	Discomforting	2
	Distressing	3
	Horrible	4
	Excruciating	5

Maximum Pain Score-37

The Minimum Score=0

Levels	Scores
Mild	0-12
Moderate	13-24
Severe	26-37

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX K

INFORMED CONSENT

I am giving my consent to participate in the research study, **“A quasi-experimental study to assess the effectiveness of Lumbosacral massage and Hot application at the Lumbosacral area on the level of pain during the Active phase of labour among Parturient women at selected hospitals of Udaipur.”**

I have been informed that my participation is entirely voluntary and that even after the study begins, I can refuse to answer (or) participate at any point of the time during the study. I have been fully informed about the nature of the study, the researcher's responsibilities, and the likely benefits of this study.

Date:

Place:

Signature of The Participants

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX L

PHOTOGRAPHS CONSENT

TITLE OF RESEARCH STUDY: A quasi-experimental study to assess the effectiveness of Lumbosacral massage and Hot application at the Lumbosacral area on the level of pain during the Active phase of labour among Parturient women at selected hospitals of Udaipur.

Photographs taken of you would be used to add interest and exemplify the research findings. For example, they may be used as illustrations in website summaries, research reports, summary leaflets, newspaper articles, and/or conference presentations. They will not be used in any way that would show you in a bad light.

To Be Completed by The Participant:

	Yes	No
1. I agree to have my photograph taken.	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that my questionnaire responses will not be linked to the photograph(s).	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that my name will not be linked to the photograph(s).	<input type="checkbox"/>	<input type="checkbox"/>
4. I understand that I will not be given credit for my appearance in photograph(s).	<input type="checkbox"/>	<input type="checkbox"/>
5. I give the project team permission to:		
- put my photograph(s) on websites	<input type="checkbox"/>	<input type="checkbox"/>
- use my photograph(s) in printed material (e.g. reports, leaflets, newspaper articles, and news releases)	<input type="checkbox"/>	<input type="checkbox"/>
- use my photograph(s) in presentations (e.g. at conferences or seminars)	<input type="checkbox"/>	<input type="checkbox"/>

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Signature Of Participant: _____ Date:

Name Of Participant (Block Letters): _____

Signature Of Investigator: _____ Date:

(Name, Address, Contact Number of Investigator)

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX M

TOOL - I

DEMOGRAPHIC DATA IN HINDI

उपकरण – I

जनसांख्यिकीय डेटा

निर्देश

प्रियप्रतिभागियों

नीचे कुछ कथन दिए गए हैं:

आपसे अनुरोध है कि प्रत्येक कथनको ध्यान से पढ़ें और प्रत्येक कथन के लिए दिए गए विकल्पों में से अपना सर्वश्रेष्ठ उत्तर चुनें और संबंधित उत्तर पर टिक का निशान (√) लगाएं।

1) आयु:

- ए) 18-23 वर्ष
- बी) 24-29 वर्ष
- सी) ≥ 30 वर्ष

2) शिक्षा:

- ए) कोई औपचारिक शिक्षा नहीं
- बी) मैट्रिक
- सी) 10+2
- डी) स्नातक और स्नातकोत्तर

3) व्यवसाय:

- ए) गृहिणी
- बी) आत्मनिर्भर
- सी) निजीनौकरी
- डी) सरकारीनौकरी

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4) धर्म:

- ए) हिंदू
- बी) मुस्लिम
- सी) ईसाई
- डी) अन्य

5) परिवार का प्रकार:

- ए) नाना
- बी) संयुक्त

6) गर्भावस्था की अवधि:

- ए) 37-38
- बी) 39-40
- सी) >40

7) प्रसवका तरीका:

- ए) स्वेच्छिकप्रसव
- बी) पिटोसिनकेसाथप्रेरित

8) आराम चिकित्सा का अभ्यास:

- ए) योग
- बी) ध्यान
- सी) अन्य

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

TOOL-II

MODIFIED MC GILL PAIN QUESTIONNAIRE IN HINDI

उपकरण-द्वितीय

संशोधितएमसीगिल दर्द प्रश्नावली

अनुभाग:

- (1) आपका दर्द कैसा महसूस होता है?
- (2) आपका दर्द समय के साथ कैसे बदलता है?
- (3) आपका दर्द कितना तीव्र है?

आपका दर्द कैसा लगता है?

कथन: नीचे दिए गए कुछ शब्द आपके वर्तमान दर्द का वर्णन न करते हैं। केवल उन्हीं शब्दों पर गोल लालगाएँ जो इसका सबसे अच्छा वर्णन न करते हैं। जोभी श्रेणी उपयुक्त न हो उसे छोड़ दें। प्रत्येक उपयुक्त श्रेणी में केवल एक ही शब्द का प्रयोग करें – वह जो सबसे अच्छा लागू होता है।

समूह	वर्णनकर्ता	अंक
1 (अस्थायी)	झिलमिलाते	1
	स्पंदन	2
	थरथराहट	3
	धड़कते	4
	पिटार्ई	5
	तेज़	6
2 (थर्मल)	गर्म	1
	उबाऊ	2
	तीखा	3
	दिलोकोभदने	4
3 (नीरसता)	उदासीन	1
	घाव	2
	चोटपहुँचाने	3
	दर्द	4
	भारी	5

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4 (तनाव)	थकाऊ	1
	थकाऊ	2
5 (डर)	भयभीत	1
	भयंकर	2
	भयानक	3
6 (मूल्यांकनात्मक)	कष्टप्रद	1
	परेशानी	2
	दुखी	3
	गहन	4
	असहनीय	5
7 (संवेदीविविध)	प्रसार	1
	विकिरण	2
	मर्मज्ञ	3
	पियर्सिंग	4

समय के साथ आपका दर्द कैसे बदलता है?

सवाल	प्रतिक्रिया	अंक
आप अपने दर्द के पैटर्नका वर्णन करने के लिए किन शब्दोंया शब्दों का उपयो ग करेंगे?	निरंतर स्थिरस्थिरांक	1
	लयबद्धआवधिकरुक-रुक कर	2
	संक्षिप्तक्षणभंगुर	3

आपका दर्द कि तनातीव्र है?

सवाल	प्रतिक्रिया	अंक
अभी कौन सा शब्द आपके दर्दका वर्णन करता है?	हल्का	1
	परेशानी	2
	विक्षुब्ध	3
	भयंकर	4
	कष्टदायी	5

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX N

INFORMED CONSENT IN HINDI

सूचित सहमति

मैं अनुसंधान अध्ययन में भागलेनेके लिए अपनी सहमति देरहाहूं, उदयपुर के चयनित अस्पतालोंमें गर्भवती महिला ओं के बीच प्रसवके सक्रिय चरण के दौरानदर्द के स्तर परलुंबो से क्रलक्षेत्र में लुंबो से क्रलमालिश और गर्म अनुप्रयोग की प्रभावशीलता का आकलन करनेके लिए एक अर्ध-प्रयोगात्मक अध्ययन।

मुझे सूचितकि यागया हैकि मेरी भागीदारी पूरीतरह सेस्वैच्छिकहै और अध्ययन शुरूहोने के बाद भी, मैं अध्ययन के दौरान किसीभी समय उत्तरदेने (या) भागलेने से इनकार करसकता हूं।मुझे अध्ययन की प्रकृति, शोधकर्ता की जिम्मेदारियों और इस अध्ययन से होनेवाले संभावित लाभोंके बारेमें पूरी जानकारी दीगईह।

तारीख:

प्रतिभागियोंकेहस्ताक्षर

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

PPENDIX O

PHOTOGRAPH CONSENT IN HINDI

अनुसंधानअध्ययन का शीर्षक:

आपकेलिएखिचीगईतस्वीरेंरुचिकरबनानेऔरअनुसंधानकेपरिणामोंकोमिसालदेनेकेलिएउपयोगकीजाएं
गी।उदाहरणकेलिए, इन्हेंवेबसाइटसंक्षेपों, अनुसंधानरिपोर्ट्स, संक्षेपपत्रिकाओं,
समाचारलेखोंऔर/याकॉन्फ्रेंसप्रस्तुतियोंमेंउपयोगकियाजासकताहै।इसकाउपयोगआपकोबुरीतरहदिखा
नेकेलिएकिसीभीतरहसेनहींहोगा।

सहमत/ असहमत

मैंसहमतहूँकिमेरीफोटोखींचीजाए।

/

मैंसमझताहूँकिमेरेप्रश्नपत्रकेउत्तरतस्वीर(ओं) सेजुड़ेनहींजाएंगे।

/

मैंसमझताहूँकिमेरानामतस्वीर(ओं) सेजुड़ानहींजाएगा।

/

मैंसमझताहूँकिमुझेमेरेदिखाईगईतस्वीर(ओं) केलिएक्रेडिटनहींमिलेगा।

/

मैंपरियोजनाटीमकोयहअनुमतिदेताहूँ:

मेरीफोटो(ओं) कोवेबसाइटपरडालनेकेलिए

/

मेरीफोटो(ओं) काप्रिंटेडसामग्री (उदाहरणकेलिए, रिपोर्ट,

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

पत्रिकाएँ, समाचारलेख, समाचारविज्ञप्तियाँ) में उपयोग करने के लिए

/

मेरी फोटो(ओं) का प्रस्तुतन (उदाहरण के लिए, सम्मेलन या सेमिनार में)

/

प्रतिभागीका हस्ताक्षर: _____ तारीख: _____

प्रतिभागीकानाम (ब्लॉक अक्षरों में): _____

अन्वेषक का हस्ताक्षर: _____ तारीख: _____

(अन्वेषक का नाम, पता, संपर्क नंबर)

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX P

LETTER VALIDATING RESEARCH WORK FOR ENGLISH EDITING

To Whom It May Concern

This is to certify that the research works with the statement problem:

A Quasi-Experimental Study to Assess the Effectiveness of Lumbosacral Massage and Hot application at the Lumbosacral Area on the Level of Pain during the Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.

Conducted by Ms Ayushi Sharma, Ph. D Nursing scholar has been in **English and edited** by the undersigned.

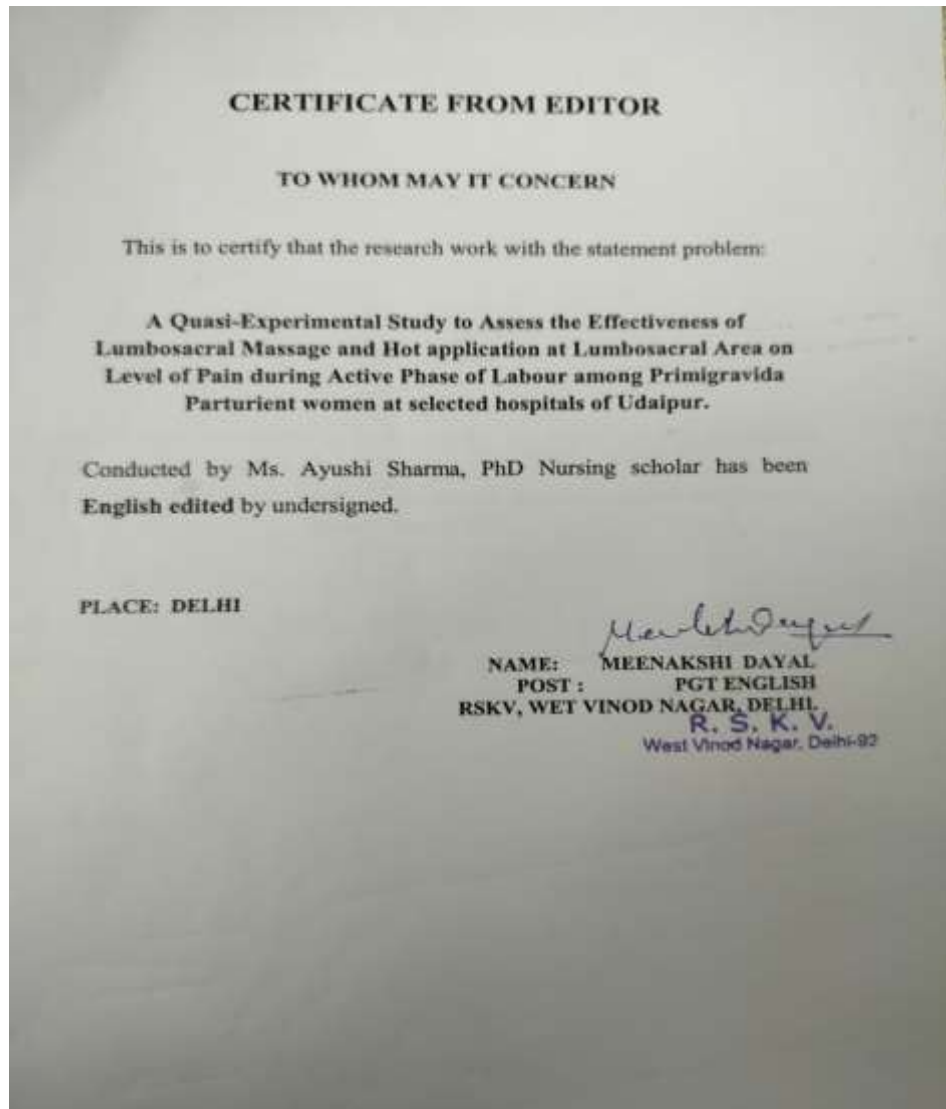
Place:

Signature

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LETTER VALIDATING RESEARCH WORK FOR ENGLISH EDITING



**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX Q

LETTER VALIDATING RESEARCH WORK FOR HINDI EDITING

To Whom It May Concern

This is to certify that the research works with the statement problem:

A Quasi-Experimental Study to Assess the Effectiveness of Lumbosacral Massage and Hot application at the Lumbosacral Area on the Level of Pain during the Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.

Conducted by Ms. Ayushi Sharma, Ph.D. Nursing Scholar has been **Hindi edited** by the undersigned.

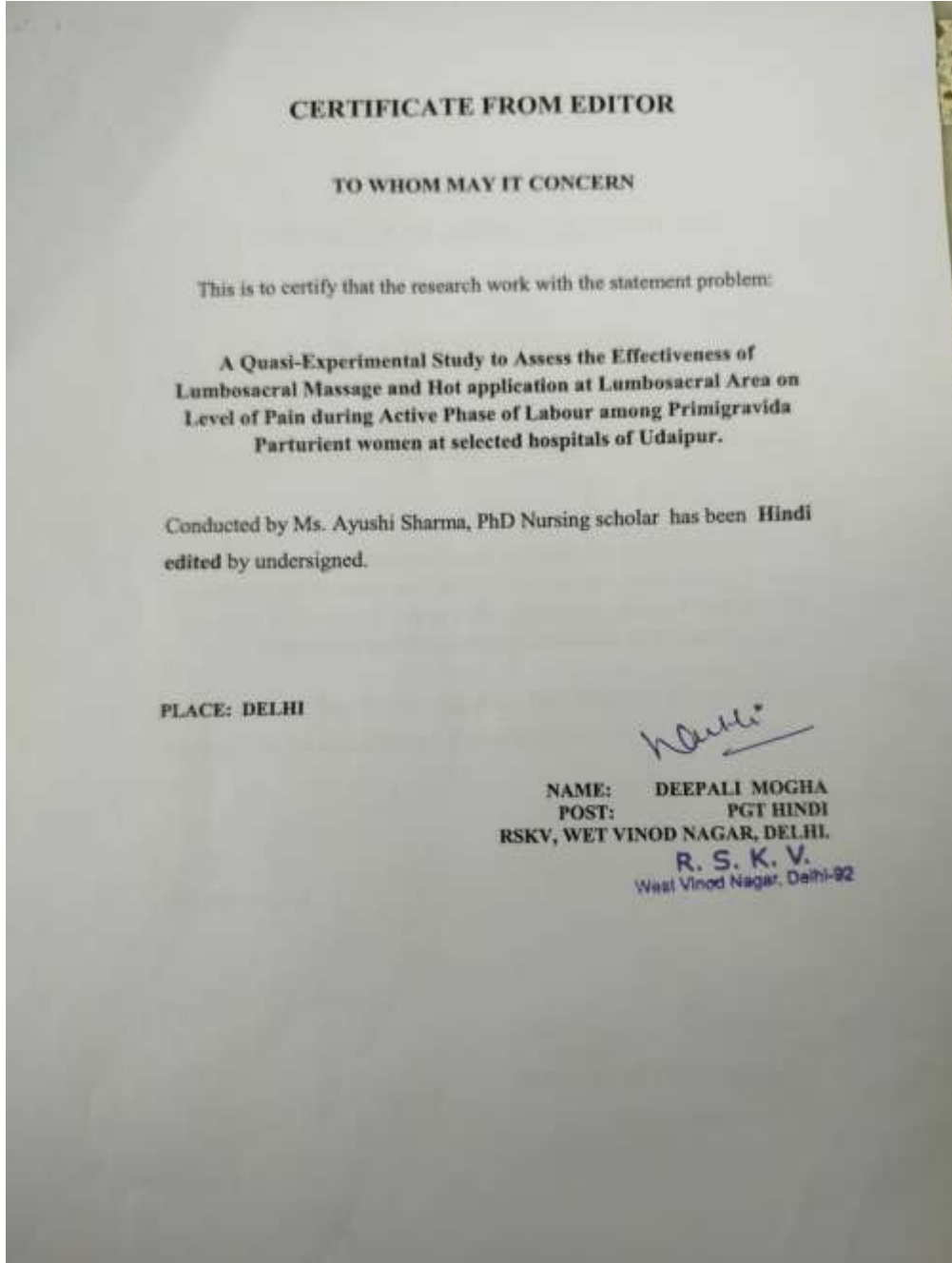
Place:

Signature

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LETTER VALIDATING RESEARCH WORK FOR HINDI EDITING



**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX R

**LETTER VALIDATING RESEARCH WORK FOR STATISTICAL
ANALYSIS**

To Whom It May Concern

This is to certify that the research works with the statement problem:

A Quasi-Experimental Study to Assess the Effectiveness of LumboSacral Massage and Hot application at the LumboSacral Area on the Level of Pain during the Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.

Conducted by Ms. Ayushi Sharma, PhD Nursing scholar has been validated by the undersigned for statistical analysis.

Place:

Signature

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

**LETTER VALIDATING RESEARCH WORK FOR STATISTICAL
ANALYSIS**



**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

APPENDIX S

LETTER VALIDATING RESEARCH WORK FOR EDITING

To Whom It May Concern

This is to certify that the research works with the statement problem:

A Quasi-Experimental Study to Assess the Effectiveness of Lumbo-sacral Massage and Hot application at the Lumbo-sacral Area on the Level of Pain during the Active Phase of Labour among Primigravida Parturient women at selected hospitals of Udaipur.

Conducted by Ms. Ayushi Sharma, PhD Nursing scholar has been **edited by the undersigned.**

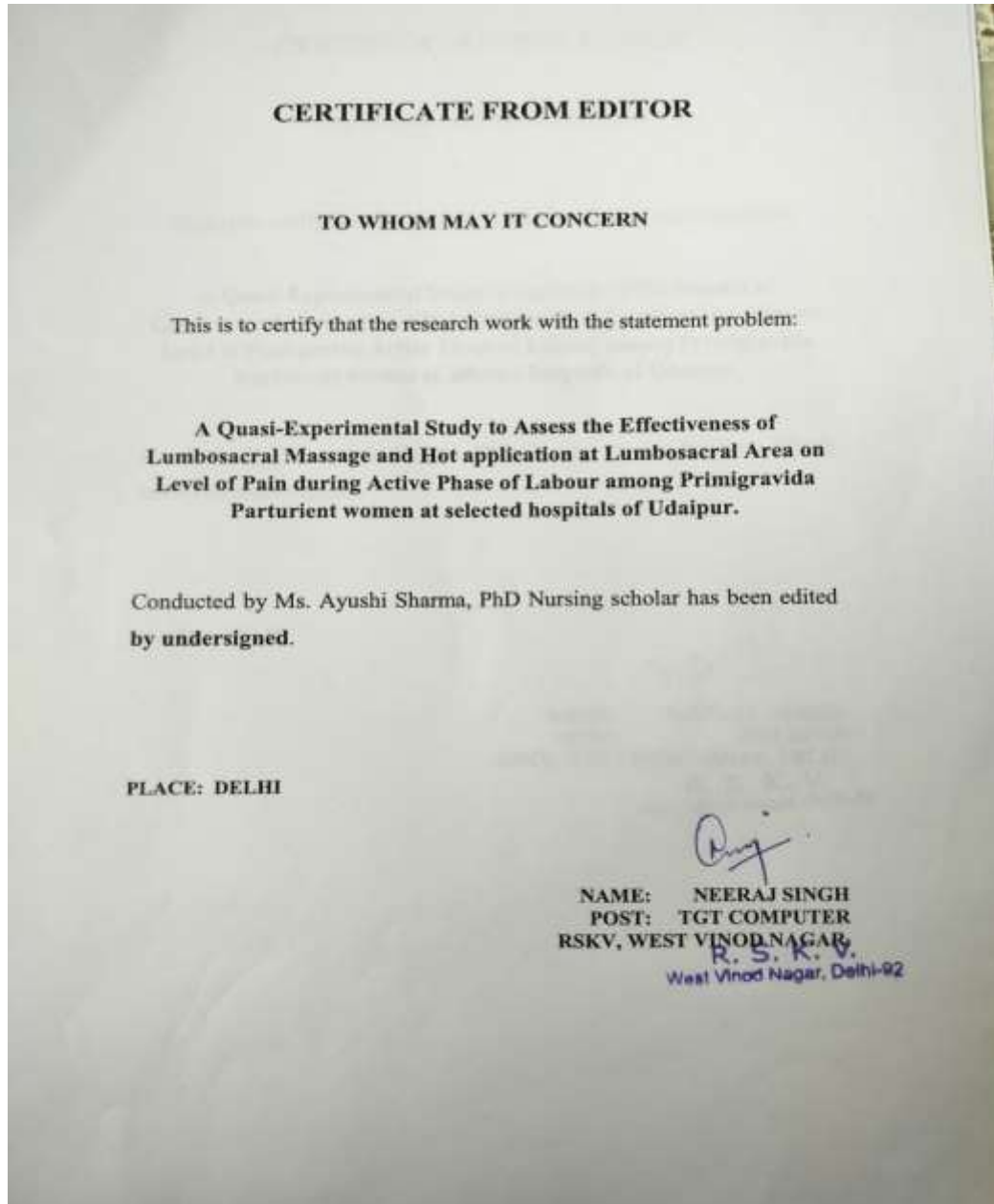
Place:

Signature

**A QUASI-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT
APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN
DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA
PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR**

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LETTER VALIDATING RESEARCH WORK FOR EDITING



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																						0
c	≥30 year																						0
2)	Education																						
a	No formal education																						0
b	Matric	√	√	√		√	√	√	√	√	√	√		√	√	√		√	√				15
c	10+2				√								√				√				√	√	5
d	Graduate and post-graduation																						0
3)	Occupation																						
a	House wife	√						√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	15
b	Self employed																						0
c	Private job		√	√	√	√	√																5
d	Government job																						0
4)	Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																						0
c	Christian																						0
d	Others																						0
5)	Type Of Family																						
a	Nuclear	√	√	√	√	√	√	√	√	√		√	√	√	√	√	√	√		√	√	√	18
b	Joint										√								√				2
6)	Period Of Gestation																						
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																						0
c	>40																						0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

S.No	Demographic Characteristic	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total
1)	Age (In Years)																					
a	18-23 year		√	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	18
b	24-29 year	√									√											2
c	≥30 year																					0
2)	Education																					
a	No formal education																		√	√	√	3
b	Matric				√	√	√	√	√	√	√	√	√	√	√	√	√	√				14
c	10+2	√	√	√																		3
d	Graduate and post-graduation																					0
3)	Occupation																					
a	House wife																					0
b	Self employed	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
c	Private job																					0
d	Government job																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear									√												1
b	Joint	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
6)	Period Of Gestation																					
a	37-38			√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	39-40	√	√																			2
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour							√	√	√	√	√	√	√	√	√	√	√	√	√	√	14
b	Induction with Pitocin	√	√	√	√	√	√															6
8)	Practising Of Relaxation Therapy																					
a)	Yoga			√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b)	Meditation	√	√																			2
c)	Others																					0
S.No	Demographic Characteristic	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	Total
1)	Age (In Years)																					
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

2)	Education																					
a	No formal education																					0
b	Matric		√		√			√		√	√				√		√			√		8
c	10+2	√		√		√	√		√			√	√	√		√		√	√		√	12
d	Graduate and post-graduation																					0
3)	Occupation																					
a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Self employed																					0
c	Private job																					0
d	Government job																					0
4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear												√			√	√	√	√	√	√	7
b	Joint	√	√	√	√	√	√	√	√	√	√	√		√	√							13
6)	Period Of Gestation																					
a	37-38					√			√	√	√				√	√	√	√	√	√	√	11
b	39-40	√	√	√	√		√	√				√	√	√								9
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

8) Practising Of Relaxation Therapy																						
S.No	Characteristic	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	Total
a	Yoga					√			√	√	√	√		√	√		√		√	√	√	11
b	Meditation	√	√		√		√	√														5
c	Others			√									√			√		√				4
1) Age (In Years)																						
a	18-23 year	√			√	√		√	√	√	√	√	√	√		√	√	√	√	√	√	16
b	24-29 year		√													√						2
c	≥30 year			√			√															2
2) Education																						
a	No formal education	√		√	√																	3
b	Matric		√			√	√															3
c	10+2							√	√	√	√	√	√	√	√	√	√	√	√	√	√	14
d	Graduate and post-graduation																					0
3) Occupation																						
a	House wife	√		√		√		√		√	√											6
b	Self employed						√				√	√						√				4
c	Private job								√				√	√	√	√				√		6
d	Government job		√		√														√		√	4
4) Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	19
b	Muslim																			√		1
c	Christian																					0
d	Others																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

5)	Type Of Family																					
a	Nuclear		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√				14
b	Joint	√										√						√	√	√	√	6
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	18
b	39-40																					0
c	>40																	√			√	2
7)	Mode Of Labour																					
a	Spontaneous labour				√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	17
b	Induction with Pitocin	√	√	√																		3
8	Practising Of Relaxation Therapy																					
a	Yoga			√		√	√	√	√													5
b	Meditation	√			√					√	√	√	√	√	√	√	√	√	√	√	√	14
c	Others		√																			1
S.No	Demographic Characteristic	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	Total
1)	Age (In Years)																					
a	18-23 year		√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	24-29 year			√																		1
c	≥30 year	√																				1
2)	Education																					
a	No formal education	√		√	√	√	√	√														6
b	Matric		√						√	√	√	√	√	√	√		√	√	√	√	√	13
c	10+2															√						1
d	Graduate and post-graduation															√						1

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

3)	Occupation																					
a	House wife																					0
b	Self employed																					0
c	Private job	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
d	Government job																					0
4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√	19
b	Muslim																√					1
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear															√	√	√	√	√	√	6
b	Joint	√	√	√	√	√	√	√	√	√	√	√	√	√	√							14
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√		√	√	√	√										10
b	39-40							√					√	√	√	√	√	√	√	√	√	10
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour				√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	16
b	Induction with Pitocin	√	√	√									√									4
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√		√	√	√	√											9
b	Meditation						√						√	√	√		√	√	√		√	8
c	Others											√				√				√		3

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	Total	
1)	Age (In Years)																						
a	18-23 year		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	24-29 year																						0
c	≥30 year	√																					1
2)	Education																						
a	No formal education																						0
b	Matric																						0
c	10+2	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
d	Graduate and post-graduation																						0
3)	Occupation																						
a	House wife	√	√	√	√	√	√	√															7
b	Self employed								√														1
c	Private job																	√	√	√	√		4
d	Government job									√	√	√	√	√	√	√	√						8
4)	Religion																						
a	Hindu	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	Muslim							√												√			2
c	Christian																						0
d	Others																						0
5)	Type Of Family																						
a	Nuclear			√	√	√	√	√	√	√	√	√	√	√	√	√							13
b	Joint	√	√														√	√	√	√	√	√	7
6)	Period Of Gestation																						
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																						0
c	>40																						0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8)	Practising Of Relaxation Therapy																					
a	Yoga				√				√							√		√	√	√	√	7
b	Meditation	√	√	√		√	√	√		√	√	√	√	√	√							12
c	Others																√					1

S.No	Demographic Characteristic	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	Total
1)	Age (In Years)																					
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0
2)	Education																					
a	No formal education																					0
b	Matric	√	√	√	√	√	√		√		√	√	√	√		√	√	√	√	√	√	17
c	10+2							√		√					√							3
d	Graduate and post-graduation																					0
3)	Occupation																					
a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Self employed																					0
c	Private job																					0
d	Government job																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																					
a	Hindu	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√		18
b	Muslim					√															√	2
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear					√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	16
b	Joint	√	√	√	√																	4
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																					0
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0
S.No	Demographic Characteristic	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	Total
1)	Age (In Years)																					
a	18-23 year																					0
b	24-29 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
c	≥30 year																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

2)	Education																					
a	No formal education								√													1
b	Matric																					0
c	10+2	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	19
d	Graduate and post-graduation																					0
3)	Occupation																					
a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Self employed																					0
c	Private job																					0
d	Government job																					0
4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√		√	√	√	√		√	√	√			16
b	Muslim															√						1
c	Christian										√								√	√		3
d	Others																					0
5)	Type Of Family																					
a	Nuclear																					0
b	Joint	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																					0
c	>40																					0
7	Mode Of Labour																					
a	Spontaneous labour	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	Induction with Pitocin		√																			1

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

8) Practising Of Relaxation Therapy																						
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√		18
b	Meditation																					0
c	Others																√				√	2
Demographic Characteristic																						
S.No	Characteristic	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	Total
1) Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0
2) Education																						
a	No formal education	√	√					√														3
b	Matric			√		√	√															3
c	10+2				√				√	√	√	√	√	√	√	√	√	√	√	√	√	14
d	Graduate and post-graduation																					0
3) Occupation																						
a	House wife																					0
b	Self employed	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
c	Private job																					0
d	Government job																					0
4) Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

5)	Type Of Family																					
a	Nuclear	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Joint																					0
6)	Period Of Gestation																					
a	37-38		√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	39-40	√				√																2
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	Induction with Pitocin		√																			1
8)	Practising Of Relaxation Therapy																					
a	Yoga		√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	Meditation																					0
c	Others	√				√																2
S.No	Demographic Characteristic	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	Total
1)	Age (In Years)																					
a	18-23 year	√	√	√	√						√	√	√	√	√	√	√	√	√	√	√	15
b	24-29 year					√	√	√	√	√												5
c	≥30 year																					0
2)	Education																					
a	No formal education																					0
b	Matric	√		√	√	√	√															5
c	10+2		√					√											√	√	√	5
d	Graduate and post-graduation								√	√	√	√	√	√	√	√	√	√				10

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

3)	Occupation																					
a	House wife	√			√																	2
b	Self employed		√	√		√	√													√	√	6
c	Private job							√	√	√	√	√	√	√	√	√	√	√	√			12
d	Government job																					0
4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear						√	√														2
b	Joint	√	√	√	√	√			√	√	√	√	√	√	√	√	√	√	√	√	√	18
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																					0
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	24-29 year					√																	1
c	≥30 year																						0
2)	Education																						
a)	No formal education	√	√	√		√	√		√														6
b)	Matric																						0
c)	10+2									√	√	√	√	√	√	√	√	√	√	√	√		11
d)	Graduate and post-graduation				√			√														√	3
3)	Occupation																						
a	House wife					√																	1
b	Self employed			√							√	√	√	√	√	√	√	√	√	√	√	√	12
c	Private job				√		√																2
d	Government job	√	√					√	√	√													5
4)	Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																						0
c	Christian																						0
d	Others																						0
5)	Type Of Family																						
a	Nuclear	√																					1
b	Joint		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
6)	Period Of Gestation																						
a	37-38		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	39-40	√																					1
c	>40																						0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7)	Mode Of Labour																					
a	Spontaneous labour	√				√	√	√			√							√	√	√	√	9
b	Induction with Pitocin		√	√	√				√	√		√	√	√	√	√	√					11
8)	Practising Of Relaxation Therapy																					
a	Yoga			√	√	√	√	√	√	√	√	√	√									11
b	Meditation	√																				1
c	Others		√												√	√	√	√	√	√	√	8

S. No	Demographic Characteristic	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√				√	√	√	√	√	√	√	√			15	
b	24-29 year								√	√	√									√	√	5	
c	≥30 year																					0	
2)	Education																						
a	No formal education																					0	
b	Matric	√	√	√	√	√	√	√														7	
c	10+2								√	√	√	√	√	√	√	√	√	√	√	√	√	13	
d	Graduate and post-graduation																					0	
3)	Occupation																						
a	House wife	√	√	√	√																	4	
b	Self employed					√	√	√	√	√	√	√										7	
c	Private job																√	√	√	√	√	5	
d	Government job												√	√	√	√						4	

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√		√		√	√		√	√	17
b	Muslim													√		√			√			3
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear	√	√	√	√	√	√	√			√	√	√	√	√	√	√	√	√	√	√	18
b	Joint								√	√												2
6)	Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																					0
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√						16
b	Meditation																		√	√	√	3
c	Others																	√				1

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	241	242	243	244	245	246	247	248	249	250	Total
1)	Age (In Years)											
a	18-23 year	√	√	√	√	√	√	√	√		√	9
b	24-29 year									√		1
c	≥30 year											0
2)	Education											
a)	No formal education											0
b)	Matric		√				√	√	√	√	√	6
c)	10+2			√								1
d)	Graduate and post-graduation	√			√	√						3
3)	Occupation											
a	House wife						√					1
b	Self employed	√				√					√	3
c	Private job		√	√								2
d	Government job				√			√	√	√		4
4)	Religion											
a	Hindu	√	√	√	√	√	√	√	√	√	√	10
b	Muslim											0
c	Christian											0
d	Others											0
5)	Type Of Family											
a	Nuclear	√	√									2
b	Joint			√	√	√	√	√	√	√	√	8
6)	Period Of Gestation											
a	37-38	√	√	√	√			√	√	√	√	8
b	39-40					√	√					2
c	>40											0
7)	Mode Of Labour											
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	10
b	Induction with Pitocin											0
8)	Practising Of Relaxation Therapy											
a	Yoga			√	√	√	√	√	√	√	√	8
b	Meditation	√										1
c	Others		√									1

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√		√	√	√		√		√	√	√	√		√	√	√		15	
b	24-29 year					√				√		√	√					√				5	
c	≥30 year																					0	
2)	Education																						
a	No formal education							√			√											2	
b	Matric		√	√					√	√		√		√	√	√		√	√			10	
c	10+2				√	√							√				√			√	√	6	
d	Graduate and post-graduation	√					√															2	
3)	Occupation																						
a	House wife	√						√		√				√					√	√	√	7	
b	Self employed										√							√				2	
c	Private job		√	√	√	√	√					√					√					7	
d	Government job								√				√		√	√						4	
4)	Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																						0
c	Christian																						0
d	Others																						0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

5) Type Of Family																						
a	Nuclear			√				√	√	√	√	√	√	√	√	√	√	√	√	√	√	15
b	Joint	√	√		√	√	√															5
6) Period Of Gestation																						
a	37-38	√	√			√		√	√	√	√	√	√		√	√		√	√	√	√	15
b	39-40			√	√		√						√			√						5
c	>40																					0
7) Mode Of Labour																						
a	Spontaneous labour		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	Induction with Pitocin	√																				1
8) Practising Of Relaxation Therapy																						
a	Yoga		√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	Meditation																					0
c	Others	√				√																2

S.No	Demographic Characteristic	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total
1) Age (In Years)																						
a)	18-23 year				√		√	√		√	√		√	√	√	√	√	√	√	√	√	14
b)	24-29 year	√	√	√		√			√			√										6
c)	≥30 year																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

2) Education																						
a	No formal education																					0
b	Matric				√	√	√	√	√	√	√	√		√	√	√	√	√			13	
c	10+2																					0
d	Graduate and post-graduation	√	√	√									√						√	√	√	7
3) Occupation																						
a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Self employed																					0
c	Private job																					0
d	Government job																					0
4) Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0
5) Type Of Family																						
a	Nuclear											√										1
b	Joint	√	√	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	19
6) Period Of Gestation																						
a	37-38			√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	17
b	39-40	√	√				√															3
c	>40																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7) Mode Of Labour																						
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8) Practising Of Relaxation Therapy																						
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

S.No	Demographic Characteristic	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	Total
1) Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0
2) Education																						
a	No formal education										√											1
b	Matric		√		√			√		√							√			√		6
c	10+2	√		√								√	√	√		√		√	√		√	9
d	Graduate and post-graduation					√	√		√						√							4

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

3) Occupation																						
a	House wife		√	√	√	√	√	√		√	√			√	√	√	√	√	√	√	√	16
b	Self employed																					0
c	Private job	√							√			√										3
d	Government job												√									1
4) Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0
5) Type Of Family																						
a	Nuclear								√		√	√	√	√	√	√	√	√	√	√	√	12
b	Joint	√	√	√	√	√	√	√		√												8
6) Period Of Gestation																						
a	37-38	√	√	√	√	√			√	√	√	√		√		√	√	√	√	√	√	16
b	39-40					√	√						√		√							4
c	>40																					0
7) Mode Of Labour																						
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√			√	√	√	√		√	√		√		√	√	√	15
b	Meditation						√	√					√			√		√				5
c	Others																					0

S.No	Demographic Characteristic	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	Total
1)	Age (In Years)																					
a	18-23 year	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	24-29 year						√															1
c	≥30 year																					0
2)	Education																					
a	No formal education				√																	1
b	Matric		√																			1
c	10+2							√	√	√	√	√	√	√	√	√	√	√	√	√	√	14
d	Graduate and post-graduation	√		√		√	√															4
3)	Occupation																					
a	House wife					√				√	√											3
b	Self employed	√	√				√	√				√	√									6
c	Private job			√					√					√	√	√	√	√		√		8
d	Government job				√														√		√	3

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																				
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																				0
c	Christian																				0
d	Others																				0
5)	Type Of Family																				
a	Nuclear		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√				15
b	Joint	√																√	√	√	5
6)	Period Of Gestation																				
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																				0
c	>40																				0
7)	Mode Of Labour																				
a	Spontaneous labour	√			√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18
b	Induction with Pitocin		√	√																	2
8)	Practising Of Relaxation Therapy																				
a	Yoga	√		√	√	√	√	√	√					√							8
b	Meditation								√	√	√	√		√	√	√	√	√	√	√	11
c	Others		√																		1

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	Total
1)	Age (In Years)																					
a	18-23 year	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	24-29 year			√																		1
c	≥30 year																					0
2)	Education																					
a	No formal education					√	√	√														3
b	Matric		√						√	√	√	√	√	√	√		√	√	√	√	√	13
c	10+2																					0
d	Graduate and post-graduation	√		√	√											√						4
3)	Occupation																					
a	House wife	√								√			√	√	√							5
b	Self employed						√															1
c	Private job		√	√	√	√		√	√		√	√				√	√	√	√	√	√	14
d	Government job																					0
4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																					0
c	Christian																					0
d	Others																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

5) Type Of Family																						
a	Nuclear			√	√		√						√			√	√	√	√	√	√	10
b	Joint	√	√			√		√	√	√	√	√		√	√							10
6) Period Of Gestation																						
a	37-38	√	√	√	√	√	√	√	√	√	√	√			√	√	√	√	√			16
b	39-40												√	√						√	√	4
c	>40																					0
7) Mode Of Labour																						
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8) Practising Of Relaxation Therapy																						
a	Yoga	√	√	√	√			√	√	√	√				√		√					10
b	Meditation					√	√						√	√				√	√	√	√	8
c	Others											√				√						2

S.No	Demographic Characteristic	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	Total
1) Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

2)	Education																					
a	No formal education																				0	
b	Matric							√													0	
c	10+2								√	√	√	√	√	√	√	√	√	√	√	√	13	
d	Graduate and post-graduation	√	√	√	√	√	√	√													7	
3)	Occupation																					
a	House wife	√	√	√	√	√		√													6	
b	Self employed						√		√												2	
c	Private job									√							√		√	√	√	6
d	Government job										√	√	√	√	√		√					6
4)	Religion																					
a)	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19	
b)	Muslim																				0	
c)	Christian																	√			1	
d)	Others																				0	
5)	Type Of Family																					
a	Nuclear		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	18	
b	Joint	√																√	√		2	
6)	Period Of Gestation																					
a	37-38	√	√			√	√	√	√		√	√	√	√	√	√	√	√	√	√	17	
b	39-40			√	√					√											3	
c	>40																				0	

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Mode Of Labour																						
7)	a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
	b	Induction with Pitocin																				0
Practising Of Relaxation Therapy																						
	a	Yoga			√	√			√							√		√	√	√	√	8
	b	Meditation	√	√	√			√	√		√	√	√	√	√							11
	c	Others														√						1

S.No	Demographic Characteristic	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	Total
1)	Age (In Years)																					
	a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
	b	24-29 year																				0
	c	≥30 year																				0
2)	Education																					
	a	No formal education																				0
	b	Matric	√	√		√	√	√		√		√	√		√		√	√	√	√	√	14
	c	10+2								√					√							2
	d	Graduate and post-graduation			√				√				√				√					4
3)	Occupation																					
	a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
	b	Self employed																				0
	c	Private job																				0
	d	Government job																				0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																				
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																				0
c	Christian																				0
d	Others																				0
5)	Type Of Family																				
a	Nuclear	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Joint																				0
6)	Period Of Gestation																				
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																				0
c	>40																				0
7)	Mode Of Labour																				
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																				0
8)	Practising Of Relaxation Therapy																				
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																				0
c	Others																				0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	√	19
b	24-29 year											√											1
c	≥30 year																						0
2)	Education																						
a	No formal education																						0
b	Matric								√														0
c	10+2	√	√	√	√			√		√				√	√		√	√	√	√	√	√	13
d	Graduate and post-graduation					√	√				√	√	√			√							6
3)	Occupation																						
a	House wife	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Self employed																						0
c	Private job																						0
d	Government job																						0
4)	Religion																						
a	Hindu	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√		18
b	Muslim																						0
c	Christian		√																√				2
d	Others																						0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

5) Type Of Family																						
a	Nuclear										√	√	√			√						4
b	Joint	√	√	√	√	√	√	√	√				√	√		√	√	√	√	√	√	16
6) Period Of Gestation																						
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																					0
c	>40																					0
7) Mode Of Labour																						
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8) Practising Of Relaxation Therapy																						
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

S.No	Demographic Characteristic	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	Total
1) Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

2) Education																					
a	No formal education																				0
b	Matric			√		√	√														3
c	10+2				√				√	√	√	√	√	√		√	√	√	√	√	13
d	Graduate and post-graduation	√	√					√								√					4
3) Occupation																					
a	House wife																				0
b	Self employed	√			√	√	√	√	√	√		√	√	√	√	√	√	√	√	√	17
c	Private job																				0
d	Government job		√	√							√										3
4) Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																				0
c	Christian																				0
d	Others																				0
5) Type Of Family																					
a	Nuclear	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Joint																				0
6) Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																				0
c	>40																				0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7) Mode Of Labour																						
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																					0
8) Practising Of Relaxation Therapy																						
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

S.No	Demographic Characteristic	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	Total
1) Age (In Years)																						
a	18-23 year	√	√	√	√	√		√	√		√	√	√	√	√	√	√	√	√	√	√	18
b	24-29 year						√			√												2
c	≥30 year																					0
2) Education																						
a	No formal education																					0
b	Matric	√		√	√		√												√	√	√	4
c	10+2		√					√													√	3
d	Graduate and post-graduation					√			√	√	√	√	√	√	√	√	√	√				11
3) Occupation																						
a	House wife																					0
b	Self employed		√	√			√														√	4
c	Private job	√					√	√	√			√	√	√				√	√	√		10
d	Government job				√	√				√	√				√	√	√					7

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

4)	Religion																					
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	Muslim																			√		1
c	Christian																					0
d	Others																					0
5)	Type Of Family																					
a	Nuclear																					0
b	Joint	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
6)	Period Of Gestation																					
a	37-38	√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	19
b	39-40					√																1
c	>40																					0
7)	Mode Of Labour																					
a	Spontaneous labour	√	√	√	√	√	√	√			√	√	√	√	√	√	√	√	√	√	√	18
b	Induction with Pitocin								√	√												2
8)	Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																					0
c	Others																					0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	Total	
1)	Age (In Years)																						
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																						0
c	≥30 year																						0
2)	Education																						
a	No formal education	√	√	√	√	√	√		√														7
b	Matric																						0
c	10+2									√	√	√	√	√	√	√	√	√	√	√	√		11
d	Graduate and post-graduation							√													√		2
3)	Occupation																						
a	House wife					√																	1
b	Self employed			√							√	√	√	√	√	√	√	√	√	√	√	√	12
c	Private job				√		√																2
d	Government job	√	√					√	√	√													5
4)	Religion																						
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																						0
c	Christian																						0
d	Others																						0
5)	Type Of Family																						
a	Nuclear																						0
b	Joint	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

6)		Period Of Gestation																					
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20	
b	39-40																					0	
c	>40																					0	
7)		Mode Of Labour																					
a	Spontaneous labour	√	√			√	√	√	√	√	√			√	√			√	√	√	√	14	
b	Induction with Pitocin			√	√								√	√			√	√				6	
8)		Practising Of Relaxation Therapy																					
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√								13	
b	Meditation																√	√				2	
c	Others															√			√	√	√	√	5

S.No	Demographic Characteristic	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	Total
1)		Age (In Years)																				
a	18-23 year	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	24-29 year																					0
c	≥30 year																					0
2)		Education																				
a	No formal education																					0
b	Matric																					0
c	10+2								√	√		√	√	√	√	√	√	√	√	√	√	12
d	Graduate and post-graduation	√	√	√	√	√	√	√			√											8

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

3)	Occupation																				
a	House wife		√	√																	2
b	Self employed					√	√	√	√	√	√	√									7
c	Private job	√			√									√			√	√	√	√	8
d	Government job												√		√	√					3
4)	Religion																				
a	Hindu	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Muslim																				0
c	Christian																				0
d	Others																				0
5)	Type Of Family																				
a	Nuclear	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Joint																				0
6)	Period Of Gestation																				
a	37-38	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	39-40																				0
c	>40																				0
7)	Mode Of Labour																				
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Induction with Pitocin																				0
8)	Practising Of Relaxation Therapy																				
a	Yoga	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	20
b	Meditation																				0
c	Others																				0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

S.No	Demographic Characteristic	241	242	243	244	245	246	247	248	249	250	Total
1)	Age (In Years)											
a	18-23 year	√	√	√	√	√	√	√	√	√	√	10
b	24-29 year											0
c	≥30 year											0
2)	Education											
a	No formal education									√		1
b	Matric							√	√		√	3
c	10+2	√	√	√								3
d	Graduate and post-graduation				√	√	√					3
3)	Occupation											
a	House wife					√	√				√	3
b	Self employed	√										1
c	Private job		√	√				√	√	√		5
d	Government job				√							1
4)	Religion											
a	Hindu	√	√	√	√	√	√	√	√	√	√	10
b	Muslim											0
c	Christian											0
d	Others											0
5)	Type Of Family											
a	Nuclear	√	√	√	√	√	√	√	√	√	√	10
b	Joint											0

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

6) Period Of Gestation												
a	37-38	√	√	√	√	√	√	√	√	√	√	10
b	39-40											0
c	>40											0
7) Mode Of Labour												
a	Spontaneous labour	√	√	√	√	√	√	√	√	√	√	10
b	Induction with Pitocin											0
8) Practising Of Relaxation Therapy												
a	Yoga			√		√	√	√	√	√		6
b	Meditation											0
c	Others	√	√		√						√	4

Item No	1	2	3	4	5	6	7	8	9	Total
Sample No.										
Sample 1	6	4	5	2	3	5	4	3	4	36
Sample 2	5	3	4	2	2	4	3	3	3	29
Sample 3	4	4	3	2	3	4	4	3	5	32
Sample 4	3	4	4	2	3	5	3	3	4	31
Sample 5	4	3	5	2	3	4	3	3	5	32
Sample 6	4	3	4	2	2	3	4	3	5	30
Sample 7	5	4	4	2	3	4	3	2	4	31
Sample 8	4	2	4	2	2	4	3	2	5	28

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 9	6	3	5	1	2	3	4	2	5	31
Sample 10	5	2	3	2	3	2	3	3	4	27
Sample 11	4	4	2	2	2	3	1	2	2	22
Sample 12	3	3	4	2	2	2	4	3	2	25
Sample 13	2	4	2	2	3	3	3	3	4	26
Sample 14	2	3	2	4	2	2	3	4	2	24
Sample 15	1	2	3	2	4	3	2	2	4	23
Sample 16	5	3	4	2	3	4	3	4	4	32
Sample 17	4	3	3	2	2	3	4	2	3	26
Sample 18	3	2	3	1	3	3	3	3	2	23
Sample 19	5	3	4	2	2	4	2	3	4	29
Sample 20	4	2	3	2	2	5	3	2	4	27
Sample 21	3	3	4	2	3	3	4	3	3	28
Sample 22	4	3	5	2	3	4	3	2	4	30
Sample 23	3	2	4	2	3	5	4	3	5	31
Sample 24	6	4	5	2	3	4	3	3	4	34
Sample 25	5	3	4	2	2	3	3	2	4	28
Sample 26	4	3	5	1	2	4	2	2	3	26
Sample 27	4	4	4	1	2	2	4	3	2	26
Sample 28	5	3	5	2	3	3	3	3	3	30
Sample 29	2	3	1	3	3	3	3	2	3	23
Sample 30	3	2	3	1	3	3	3	2	1	21

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 31	6	4	5	1	3	5	4	3	5	36
Sample 32	6	4	4	1	3	4	4	3	4	33
Sample 33	2	3	5	1	3	5	4	3	2	28
Sample 34	5	3	4	2	3	4	4	3	5	33
Sample 35	6	4	5	2	3	5	4	3	5	37
Sample 36	6	4	5	2	3	5	4	3	5	37
Sample 37	4	4	5	2	3	5	4	3	5	35
Sample 38	5	4	5	2	3	5	4	3	4	35
Sample 39	6	4	5	2	3	5	4	3	5	37
Sample 40	6	4	5	2	3	5	4	3	5	37
Sample 41	4	4	5	2	3	5	4	3	5	35
Sample 42	4	4	5	2	3	5	4	2	4	33
Sample 43	5	4	5	2	3	5	4	3	5	36
Sample 44	4	3	5	2	3	5	4	3	5	34
Sample 45	6	4	5	2	3	5	4	3	5	37
Sample 46	6	4	5	2	3	5	4	3	5	37
Sample 47	6	4	5	2	3	5	4	3	5	37
Sample 48	6	4	2	2	3	5	4	3	5	34
Sample 49	5	4	5	2	3	5	4	2	5	35
Sample 50	6	4	5	2	3	5	4	3	5	37
Sample 51	4	4	4	1	2	4	4	3	4	30
Sample 52	6	4	5	1	3	5	4	3	5	36

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 53	6	4	4	1	3	4	4	3	4	33
Sample 54	2	3	5	1	3	5	4	3	2	28
Sample 55	5	3	4	2	3	4	4	3	5	33
Sample 56	6	4	5	2	3	5	4	3	5	37
Sample 57	6	4	5	2	3	5	4	3	5	37
Sample 58	6	4	5	2	3	3	2	3	5	33
Sample 59	6	4	4	2	2	3	4	3	5	33
Sample 60	6	4	5	2	3	5	4	1	5	35
Sample 61	5	3	4	2	3	5	3	3	5	33
Sample 62	6	4	5	2	3	5	4	3	5	37
Sample 63	5	3	2	2	3	4	3	3	5	30
Sample 64	2	2	2	2	2	2	2	2	2	18
Sample 65	5	3	4	2	3	5	4	3	5	34
Sample 66	6	4	5	2	3	5	4	1	5	35
Sample 67	5	3	4	2	3	5	3	3	5	33
Sample 68	5	3	4	2	3	5	4	3	5	34
Sample 69	6	4	5	2	3	5	4	1	5	35
Sample 70	5	4	5	2	2	4	2	2	4	30
Sample 71	4	4	5	2	3	5	4	3	5	35
Sample 72	6	4	5	2	3	5	4	3	5	37
Sample 73	6	4	5	2	3	5	4	3	5	37
Sample 74	5	4	5	2	3	5	4	3	5	36

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 75	4	4	5	2	3	5	4	3	5	35
Sample 76	5	4	5	2	3	4	4	3	4	34
Sample 77	6	4	5	2	3	5	4	3	5	37
Sample 78	6	4	5	2	3	5	4	3	5	37
Sample 79	5	4	5	2	3	5	4	3	5	36
Sample 80	6	4	5	2	3	5	4	3	5	37
Sample 81	6	4	5	2	3	5	4	3	5	37
Sample 82	5	4	5	2	3	5	4	3	5	36
Sample 83	6	4	5	2	3	5	4	3	5	37
Sample 84	6	5	5	2	3	5	4	3	5	38
Sample 85	5	4	4	2	3	4	3	3	5	33
Sample 86	5	4	4	2	3	4	3	3	5	33
Sample 87	4	3	4	2	3	4	3	3	5	31
Sample 88	5	4	5	2	3	5	4	3	5	36
Sample 89	6	4	5	2	3	5	4	3	5	37
Sample 90	5	4	4	2	3	5	4	3	5	35
Sample 91	4	4	4	2	3	4	4	3	5	33
Sample 92	5	3	4	2	3	5	3	3	5	33
Sample 93	6	4	5	2	3	5	4	3	5	37
Sample 94	5	3	2	2	3	4	3	3	5	30
Sample 95	2	2	2	2	2	2	2	2	2	18
Sample 96	5	3	4	2	3	5	4	3	5	34

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 97	6	4	5	2	3	5	4	1	5	35
Sample 98	5	3	4	2	3	5	3	3	5	33
Sample 99	5	3	4	2	3	5	4	3	5	34
Sample 100	6	4	5	2	3	5	4	1	5	35
Sample 101	5	4	5	2	2	4	2	2	4	30
Sample 102	4	4	5	2	3	5	4	3	5	35
Sample 103	5	4	5	2	3	5	4	3	4	35
Sample 104	6	4	5	2	3	3	2	3	5	33
Sample 105	6	4	4	2	3	4	4	3	5	35
Sample 106	6	4	5	2	3	5	4	1	5	35
Sample 107	5	4	5	2	2	4	2	2	4	30
Sample 108	6	4	5	2	3	5	4	3	5	37
Sample 109	6	4	5	2	3	5	4	3	5	37
Sample 110	6	4	2	2	3	5	4	3	5	34
Sample 111	6	4	5	2	3	5	4	3	5	37
Sample 112	6	4	5	2	3	5	4	3	5	37
Sample 113	6	4	5	2	2	5	4	3	5	36
Sample 114	6	4	5	2	3	3	2	3	5	33
Sample 115	6	4	4	2	3	4	4	3	5	35
Sample 116	5	4	5	2	3	5	4	3	4	35
Sample 117	6	4	5	2	3	5	4	3	5	37
Sample 118	6	4	5	5	3	5	4	3	5	40

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 119	5	3	4	2	3	5	4	3	5	34
Sample 120	5	4	5	2	3	5	4	3	5	36
Sample 121	5	4	5	2	3	5	4	3	5	36
Sample 122	5	3	4	2	3	5	4	3	5	34
Sample 123	6	4	5	2	3	5	4	1	5	35
Sample 123	6	4	5	2	3	5	4	3	5	37
Sample 124	5	3	4	2	3	4	3	2	4	30
Sample 125	5	3	4	2	3	5	4	3	5	34
Sample 126	6	4	5	2	3	5	4	1	5	35
Sample 127	5	4	5	2	2	4	2	2	4	30
Sample 128	5	4	5	2	3	5	4	3	4	35
Sample 129	6	4	5	2	3	5	4	3	5	37
Sample 130	6	4	5	2	3	5	4	3	5	37
Sample 131	4	4	5	2	3	5	4	3	5	35
Sample 132	4	4	5	2	3	5	4	2	4	33
Sample 133	5	4	5	2	3	5	4	3	5	36
Sample 134	4	3	5	2	3	5	4	3	5	34
Sample 135	6	4	4	2	3	4	4	3	5	35
Sample 136	5	4	5	2	3	5	4	3	4	35
Sample 137	6	4	5	2	3	5	4	3	5	37
Sample 138	6	4	5	5	3	5	4	3	5	40
Sample 139	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 140	6	4	5	2	3	5	4	3	5	37
Sample 141	6	4	4	2	3	4	4	3	5	35
Sample 142	5	4	5	2	3	5	4	3	4	35
Sample 143	6	4	5	2	3	3	2	3	5	33
Sample 144	6	4	4	2	2	3	4	3	5	33
Sample 145	6	4	5	2	3	5	4	1	5	35
Sample 146	5	3	4	2	3	5	3	3	5	33
Sample 147	5	4	5	2	3	5	4	3	5	36
Sample 148	6	4	5	2	3	5	4	3	5	37
Sample 149	5	4	5	2	3	5	4	3	5	36
Sample 150	6	4	5	2	3	5	4	3	5	37
Sample 151	5	3	4	2	3	4	3	3	5	32
Sample 152	5	4	5	2	3	5	4	3	5	36
Sample 153	5	3	4	2	3	5	4	3	5	34
Sample 154	6	4	5	2	3	5	4	1	5	35
Sample 155	4	4	4	1	2	4	4	2	4	29
Sample 156	5	4	5	2	3	5	4	2	5	35
Sample 157	6	4	5	2	3	5	4	3	5	37
Sample 158	4	4	4	1	2	4	4	3	4	30
Sample 159	6	4	5	1	3	5	4	3	5	36
Sample 160	6	4	4	1	3	4	4	3	4	33
Sample 161	2	3	5	1	3	5	4	3	2	28

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 162	5	3	4	2	3	4	4	3	5	33
Sample 163	6	4	5	2	3	5	4	3	5	37
Sample 164	6	4	5	2	3	5	4	3	5	37
Sample 165	4	4	5	2	3	5	4	3	5	35
Sample 166	5	4	5	2	3	5	4	3	4	35
Sample 167	6	4	5	2	3	5	4	3	5	37
Sample 168	6	4	5	2	3	5	4	3	5	37
Sample 169	4	4	5	2	3	5	4	3	5	35
Sample 170	4	4	5	2	3	5	4	2	4	33
Sample 171	5	4	5	2	3	5	4	3	5	36
Sample 172	4	3	5	2	3	5	4	3	5	34
Sample 173	6	4	5	2	3	5	4	3	5	37
Sample 174	6	4	5	2	3	5	4	3	5	37
Sample 175	6	4	5	2	3	5	4	3	5	37
Sample 176	6	4	2	2	3	5	4	3	5	34
Sample 177	5	4	5	2	3	5	4	3	4	35
Sample 178	6	4	5	2	3	5	4	3	5	37
Sample 179	6	4	5	2	3	5	4	3	5	37
Sample 180	5	4	5	2	3	5	4	3	5	36
Sample 181	5	4	5	2	3	5	4	3	5	36
Sample 182	4	4	5	2	3	5	4	3	5	35
Sample 183	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 184	6	4	5	2	2	5	4	3	5	36
Sample 185	6	4	5	2	3	3	2	3	5	33
Sample 186	6	4	4	2	3	4	4	3	5	35
Sample 187	5	4	5	2	3	5	4	3	4	35
Sample 188	6	4	5	2	3	5	4	3	5	37
Sample 189	6	4	5	5	3	5	4	3	5	40
Sample 190	5	3	4	2	3	5	4	3	5	34
Sample 191	5	4	5	2	3	5	4	3	5	36
Sample 192	6	4	5	2	3	5	4	3	5	37
Sample 193	5	3	4	2	3	4	3	3	5	32
Sample 194	5	4	5	2	3	5	4	3	5	36
Sample 195	5	3	4	2	3	5	4	3	5	34
Sample 196	6	4	5	2	3	5	4	1	5	35
Sample 197	4	4	4	1	2	4	4	2	4	29
Sample 198	5	4	5	2	3	5	4	2	5	35
Sample 199	6	4	5	2	3	5	4	3	5	37
Sample 200	6	4	5	2	3	5	4	3	5	37
Sample 201	6	4	5	2	3	5	4	3	5	37
Sample 202	6	4	5	2	3	5	4	3	5	37
Sample 203	6	4	5	2	3	5	4	3	5	37
Sample 204	6	4	5	2	3	5	4	3	5	37
Sample 205	6	5	5	2	3	5	4	3	5	38

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 206	5	4	4	2	3	4	3	2	5	32
Sample 207	4	4	5	2	3	5	4	3	5	35
Sample 208	5	4	5	2	3	5	4	3	5	36
Sample 209	6	4	5	2	3	5	4	3	5	37
Sample 210	6	4	5	2	3	5	4	3	5	37
Sample 211	6	4	5	2	3	5	4	3	5	37
Sample 212	6	4	5	2	3	5	4	3	5	37
Sample 213	5	4	5	2	3	5	4	3	5	36
Sample 214	6	4	5	2	3	5	4	3	5	37
Sample 215	6	4	5	2	3	5	4	3	5	37
Sample 216	6	4	5	2	3	5	4	3	5	37
Sample 217	5	4	4	2	3	5	4	3	5	35
Sample 218	6	4	5	2	3	5	4	3	5	37
Sample 219	6	4	5	2	3	5	4	3	5	37
Sample 220	6	4	5	2	3	5	4	3	5	37
Sample 221	6	4	5	2	3	5	4	3	5	37
Sample 222	5	4	4	2	3	5	4	3	5	35
Sample 223	6	4	5	2	3	5	4	3	5	37
Sample 224	6	4	5	2	3	5	4	3	5	37
Sample 225	6	4	5	2	3	5	4	3	5	37
Sample 226	6	4	5	2	3	5	4	3	5	37
Sample 227	5	4	4	2	3	5	4	3	5	35

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 228	6	4	5	2	3	5	4	3	5	37
Sample 229	6	4	5	2	3	5	4	3	5	37
Sample 230	6	4	5	2	3	5	4	3	5	37
Sample 231	6	4	5	2	3	5	4	3	5	37
Sample 232	5	4	4	2	3	5	4	3	5	35
Sample 233	6	4	5	2	3	5	4	3	5	37
Sample 234	6	4	5	2	3	5	4	3	5	37
Sample 235	6	4	5	2	3	5	4	3	5	37
Sample 236	6	4	5	2	3	5	4	3	5	37
Sample 237	5	4	4	2	3	5	4	3	5	35
Sample 238	6	4	5	2	3	5	4	3	5	37
Sample 239	6	4	5	2	3	5	4	3	5	37
Sample 240	6	4	5	2	3	5	4	3	5	37
Sample 241	6	4	5	2	3	5	4	3	5	37
Sample 242	5	4	4	2	3	5	4	3	5	35
Sample 243	6	4	5	2	3	5	4	3	5	37
Sample 244	6	4	5	2	3	5	4	3	5	37
Sample 245	6	4	5	2	3	5	4	3	5	37
Sample 246	6	4	5	2	3	5	4	3	5	37
Sample 247	5	4	4	2	3	5	4	3	5	35
Sample 248	6	4	5	2	3	5	4	3	5	37
Sample 249	6	4	5	2	3	5	4	3	5	37
Sample 250	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Item. No	1	2	3	4	5	6	7	8	9	Total
Sample No										
Sample 1	1	2	3	1	1	2	1	2	2	15
Sample 2	2	2	1	1	1	3	3	1	1	15
Sample 3	2	2	1	1	1	2	2	2	1	14
Sample 4	2	2	2	1	1	2	2	2	1	15
Sample 5	2	2	2	1	1	2	2	2	1	15
Sample 6	2	2	2	1	1	2	2	2	3	17
Sample 7	1	2	1	1	1	3	2	2	3	16
Sample 8	1	2	1	1	1	2	2	1	2	13
Sample 9	1	2	1	1	1	3	2	1	1	13
Sample 10	1	2	2	1	1	3	2	1	1	14
Sample 11	1	2	2	1	1	2	2	1	2	14
Sample 12	1	2	3	1	1	2	1	1	2	14
Sample 13	1	2	2	1	1	3	1	1	1	13
Sample 14	1	2	1	1	1	3	2	1	3	15
Sample 15	1	2	1	1	1	2	1	1	3	13
Sample 16	1	2	1	1	1	2	2	1	1	12
Sample 17	1	2	2	1	1	3	2	1	1	14
Sample 18	1	2	2	1	1	2	1	1	1	12
Sample 19	1	2	2	1	1	3	1	1	1	13
Sample 20	1	2	2	1	1	2	1	1	1	12

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 21	1	2	2	1	1	3	1	1	1	13
Sample 22	1	2	2	1	2	2	2	1	1	14
Sample 23	1	3	1	1	1	3	1	1	1	13
Sample 24	1	3	1	1	2	2	1	1	1	13
Sample 25	1	3	1	1	2	3	1	1	1	14
Sample 26	1	3	1	1	2	2	1	1	1	13
Sample 27	1	3	1	1	2	3	1	1	1	14
Sample 28	1	1	1	1	1	2	2	1	1	11
Sample 29	1	1	1	1	1	1	2	1	1	10
Sample 30	1	1	1	1	1	2	2	1	1	11
Sample 31	1	1	1	1	1	2	2	1	1	11
Sample 32	1	1	1	1	1	3	2	1	1	12
Sample 33	1	1	1	1	1	2	2	1	1	11
Sample 34	1	1	1	1	1	2	1	1	1	10
Sample 35	1	1	1	1	1	1	1	1	1	9
Sample 36	1	1	1	1	1	2	2	1	1	11
Sample 37	1	1	1	1	1	2	2	1	2	12
Sample 38	1	1	1	1	1	3	2	1	2	13
Sample 39	1	1	1	1	1	2	2	1	2	12
Sample 40	1	1	1	1	1	2	2	1	1	11
Sample 41	1	1	1	1	1	1	2	1	1	10
Sample 42	1	1	2	1	1	2	1	2	2	13

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 43	1	1	2	1	1	2	2	1	1	12
Sample 44	1	2	2	1	1	2	2	1	1	13
Sample 45	1	2	2	1	1	3	1	1	2	14
Sample 46	1	1	1	1	1	2	2	1	1	11
Sample 47	1	1	1	1	1	1	1	1	1	9
Sample 48	1	1	1	1	1	1	2	1	2	11
Sample 49	1	2	2	1	1	1	1	1	1	11
Sample 50	1	1	1	1	1	1	2	1	1	10
Sample 51	1	1	2	1	1	2	2	1	1	12
Sample 52	1	1	1	1	1	2	1	1	2	11
Sample 53	1	1	2	1	1	2	2	1	1	12
Sample 54	1	1	2	1	1	1	1	1	1	10
Sample 55	1	1	1	1	1	2	2	1	1	11
Sample 56	1	1	1	1	1	2	1	1	2	11
Sample 57	1	1	1	1	1	2	2	1	2	12
Sample 58	1	1	2	1	1	3	2	1	1	13
Sample 59	1	1	1	1	1	2	1	1	1	10
Sample 60	1	1	2	1	1	2	2	1	1	12
Sample 61	1	1	1	1	1	1	1	1	1	9
Sample 62	1	1	2	1	1	1	1	1	1	10
Sample 63	1	1	2	1	1	2	1	1	2	12
Sample 64	1	1	1	1	1	3	1	1	2	12

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 65	1	1	1	1	1	2	1	1	2	11
Sample 66	1	1	1	1	1	3	1	1	2	12
Sample 67	1	1	2	1	1	3	1	1	1	12
Sample 68	1	1	1	1	1	3	1	1	1	11
Sample 69	1	1	1	1	1	2	2	1	1	11
Sample 70	1	1	2	1	1	2	2	1	1	12
Sample 71	1	1	1	1	1	2	2	1	2	12
Sample 72	1	1	1	1	1	3	2	1	2	13
Sample 73	1	1	2	1	1	2	2	1	1	12
Sample 74	1	1	1	1	1	2	2	1	1	11
Sample 75	1	1	1	1	1	3	2	1	1	12
Sample 76	1	1	1	1	1	2	2	1	1	11
Sample 77	1	1	1	1	1	2	2	1	2	12
Sample 78	1	1	1	1	1	2	2	1	2	12
Sample 79	1	1	1	1	1	2	2	1	2	12
Sample 80	1	1	1	1	1	2	2	1	2	12
Sample 81	1	1	2	1	1	2	2	1	1	12
Sample 82	1	2	2	1	1	3	1	1	1	13
Sample 83	1	1	2	1	1	2	1	1	1	11
Sample 84	1	1	2	1	1	2	2	1	1	12
Sample 85	1	1	2	1	1	1	2	1	2	12
Sample 86	1	2	1	1	1	1	2	1	2	12

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 87	1	2	1	1	1	2	2	1	1	12
Sample 88	1	3	1	1	1	2	2	1	1	13
Sample 89	1	1	1	1	1	2	2	1	1	11
Sample 90	1	1	2	1	1	3	2	1	1	13
Sample 91	1	1	1	1	1	2	2	1	1	11
Sample 92	1	1	1	1	1	3	2	1	1	12
Sample 93	1	1	2	1	1	2	2	1	2	13
Sample 94	1	3	1	1	1	2	2	1	2	14
Sample 95	1	3	1	1	1	1	2	1	2	13
Sample 96	1	1	1	1	1	2	2	1	2	12
Sample 97	1	1	1	1	1	2	2	2	2	13
Sample 98	1	3	2	1	1	2	2	2	1	15
Sample 99	1	2	1	1	1	3	2	2	1	14
Sample 100	1	1	1	1	1	3	2	2	1	13
Sample 101	1	1	2	1	1	3	2	2	1	14
Sample 102	1	2	1	1	1	3	2	2	1	14
Sample 103	1	1	1	1	3	3	2	2	1	15
Sample 104	1	1	2	1	1	2	2	2	1	13
Sample 105	1	3	1	1	1	2	2	1	1	13
Sample 106	1	1	1	1	1	2	1	1	2	11
Sample 107	1	3	1	1	1	3	1	2	2	15
Sample 108	1	1	2	1	1	3	1	1	2	13

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 109	1	1	1	1	1	3	1	1	2	12
Sample 110	1	1	1	1	2	3	1	2	2	14
Sample 111	1	1	2	1	1	3	1	1	2	13
Sample 112	1	1	2	1	1	2	1	2	1	12
Sample 113	1	1	2	1	1	2	1	1	1	11
Sample 114	1	1	2	1	1	2	1	2	1	12
Sample 115	1	1	2	1	1	3	1	1	1	12
Sample 116	1	2	1	1	1	3	1	1	1	12
Sample 117	1	1	1	1	1	3	1	1	1	11
Sample 118	2	1	1	1	1	3	1	1	1	12
Sample 119	2	1	1	1	1	2	1	1	2	12
Sample 120	2	1	2	1	1	2	2	1	2	14
Sample 121	2	1	2	1	1	2	1	2	2	14
Sample 122	1	1	3	1	1	3	2	2	2	16
Sample 123	1	1	1	1	1	2	2	1	2	12
Sample 123	2	1	2	1	1	3	2	2	2	16
Sample 124	2	1	1	1	1	2	2	1	2	13
Sample 125	1	1	1	1	1	3	1	1	2	12
Sample 126	1	1	1	1	1	3	1	2	1	12
Sample 127	2	1	1	1	1	3	1	1	1	12
Sample 128	2	1	2	1	1	2	2	2	1	14
Sample 129	1	1	1	1	1	2	2	2	1	12

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 130	1	1	1	1	1	2	2	2	1	12
Sample 131	1	1	2	1	1	2	1	1	1	11
Sample 132	2	1	1	1	1	2	1	1	1	11
Sample 133	1	1	1	1	1	3	1	1	1	11
Sample 134	1	1	2	1	1	3	1	1	1	12
Sample 135	1	1	1	1	1	3	1	1	1	11
Sample 136	1	1	2	1	1	3	1	1	1	12
Sample 137	2	1	1	1	1	3	1	1	1	12
Sample 138	2	1	2	1	1	2	1	2	1	13
Sample 139	2	1	1	1	1	3	1	2	1	13
Sample 140	1	1	1	1	1	2	1	1	1	10
Sample 141	1	1	1	1	1	3	1	1	1	11
Sample 142	1	1	1	1	1	2	1	2	1	11
Sample 143	2	1	1	1	1	3	1	1	1	12
Sample 144	2	1	1	1	1	3	1	2	1	13
Sample 145	1	1	2	1	1	2	1	1	1	11
Sample 146	1	1	1	1	1	2	1	2	1	11
Sample 147	1	1	1	1	1	3	1	1	1	11
Sample 148	1	1	1	1	1	2	1	1	1	10
Sample 149	1	1	1	1	1	2	1	2	1	11
Sample 150	2	2	1	1	1	3	1	1	2	14
Sample 151	2	2	1	1	1	2	1	2	2	14

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 152	1	2	2	1	1	3	1	1	2	14
Sample 153	1	2	1	1	2	3	1	1	2	14
Sample 154	2	2	1	1	2	3	1	1	1	14
Sample 155	1	2	2	1	1	2	1	1	1	12
Sample 156	1	2	1	1	1	2	1	1	1	11
Sample 157	2	1	1	1	1	3	1	1	1	12
Sample 158	1	1	2	1	2	2	1	1	1	12
Sample 159	1	1	1	1	1	2	1	1	1	10
Sample 160	1	2	2	1	2	3	1	1	2	15
Sample 161	2	2	1	1	2	2	1	1	1	13
Sample 162	2	2	1	1	2	2	1	1	2	14
Sample 163	1	1	1	1	2	2	1	1	1	11
Sample 164	1	1	2	1	2	2	1	2	1	13
Sample 165	1	1	2	1	2	2	1	1	1	12
Sample 166	2	1	1	1	1	2	1	1	1	11
Sample 167	2	1	1	1	1	2	1	1	1	11
Sample 168	2	1	2	1	1	2	1	1	1	12
Sample 169	1	3	1	1	1	2	1	1	1	12
Sample 170	1	2	2	1	2	2	1	1	1	13
Sample 171	1	2	1	1	2	2	1	1	1	12
Sample 172	2	2	2	1	2	2	1	1	1	14
Sample 173	1	2	1	1	1	2	1	1	1	11

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 174	1	2	1	1	3	3	1	1	1	14
Sample 175	1	2	2	1	2	3	1	1	1	14
Sample 176	1	2	1	1	1	3	1	1	1	12
Sample 177	2	2	1	1	1	3	1	1	1	13
Sample 178	2	2	1	1	1	3	1	1	1	13
Sample 179	1	2	1	1	3	2	1	1	1	13
Sample 180	1	2	1	1	2	2	1	2	1	13
Sample 181	1	2	1	1	1	3	1	1	2	13
Sample 182	2	2	1	1	2	2	1	2	2	15
Sample 183	1	2	1	1	1	2	1	1	2	12
Sample 184	1	2	1	1	2	3	1	1	2	14
Sample 185	2	2	2	1	1	2	1	1	1	13
Sample 186	1	1	1	1	1	2	1	1	1	10
Sample 187	1	1	1	1	1	2	1	1	1	10
Sample 188	1	1	1	1	1	2	1	1	1	10
Sample 189	2	1	1	1	1	2	1	1	1	11
Sample 190	1	1	2	1	1	2	1	1	1	11
Sample 191	1	1	1	1	1	2	1	1	1	10
Sample 192	2	1	1	1	1	2	1	1	2	12
Sample 193	1	1	1	1	1	2	1	1	1	10
Sample 194	2	2	1	1	1	2	1	1	2	13
Sample 195	1	2	1	1	1	3	1	1	1	12

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 196	2	2	1	1	1	3	1	1	2	14
Sample 197	1	2	1	1	1	3	1	1	2	13
Sample 198	1	2	1	1	1	3	1	1	1	12
Sample 199	2	2	1	1	1	3	1	1	2	14
Sample 200	1	1	1	1	1	2	1	1	2	11
Sample 201	1	1	1	1	2	2	1	1	2	12
Sample 202	1	2	1	1	1	2	1	1	2	12
Sample 203	2	2	2	1	1	2	1	1	2	14
Sample 204	1	2	1	1	2	3	1	1	1	13
Sample 205	1	2	1	1	2	2	1	1	1	12
Sample 206	1	2	2	1	2	2	1	1	1	13
Sample 207	1	1	1	1	2	3	1	1	1	12
Sample 208	1	1	1	1	2	2	1	1	1	11
Sample 209	1	2	1	1	1	2	1	1	1	11
Sample 210	1	2	1	1	1	2	1	1	1	11
Sample 211	1	2	1	1	1	3	1	1	1	12
Sample 212	2	1	1	1	2	2	1	1	1	12
Sample 213	1	1	1	1	2	2	1	1	1	11
Sample 214	1	2	1	1	2	3	1	1	1	13
Sample 215	2	2	1	1	2	2	1	1	1	13
Sample 216	1	2	1	1	2	2	1	1	1	12
Sample 217	1	2	2	1	2	2	1	1	1	13

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 218	1	1	2	1	2	3	1	1	1	13
Sample 219	2	1	2	1	1	3	1	1	1	13
Sample 220	1	1	2	1	1	3	1	1	2	13
Sample 221	1	1	1	1	2	2	1	1	2	12
Sample 222	1	1	1	1	1	2	1	1	2	11
Sample 223	2	1	1	1	1	3	1	1	2	13
Sample 224	1	1	2	1	1	2	1	1	2	12
Sample 225	2	1	1	1	1	3	1	1	2	13
Sample 226	1	1	1	1	1	2	1	1	2	11
Sample 227	1	1	1	1	2	2	1	1	1	11
Sample 228	2	1	2	1	1	3	1	1	1	13
Sample 229	1	1	2	1	1	2	1	1	1	11
Sample 230	1	1	1	1	1	2	1	1	2	11
Sample 231	2	1	1	1	1	2	1	1	2	12
Sample 232	1	1	1	1	2	2	1	1	1	11
Sample 233	1	2	1	1	1	3	1	1	1	12
Sample 234	1	2	2	1	1	2	1	1	2	13
Sample 235	1	1	2	1	1	3	1	1	1	12
Sample 236	1	1	2	1	2	3	1	1	2	14
Sample 237	1	1	2	1	1	3	1	1	2	13
Sample 238	1	4	1	1	1	2	1	1	2	14
Sample 239	1	4	1	1	1	2	1	1	1	13

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 240	1	1	2	1	1	3	1	1	1	12
Sample 241	1	1	2	1	1	2	1	1	2	12
Sample 242	1	1	1	1	1	2	2	1	2	12
Sample 243	1	1	1	1	1	3	1	2	1	12
Sample 244	1	1	1	1	1	2	1	1	1	10
Sample 245	1	1	2	1	1	2	1	1	2	12
Sample 246	1	1	1	1	2	3	1	1	2	13
Sample 247	1	2	1	1	1	2	1	1	1	11
Sample 248	2	1	1	1	1	2	1	1	1	11
Sample 249	2	1	2	1	1	3	2	1	2	15
Sample 250	1	2	1	1	1	2	2	1	2	13

Item No	1	2	3	4	5	6	7	8	9	Total
Sample No										
Sample 1	6	4	4	2	3	4	4	3	5	35
Sample 2	5	4	5	2	3	5	4	3	4	35
Sample 3	6	4	5	2	3	3	2	3	5	33
Sample 4	6	4	4	2	2	3	4	3	5	33
Sample 5	6	4	5	2	3	5	4	1	5	35
Sample 6	5	3	4	2	3	5	3	3	5	33
Sample 7	6	4	5	2	3	5	4	3	5	37
Sample 8	5	3	2	2	3	4	3	3	5	30

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 9	2	2	2	2	2	2	2	2	2	18
Sample 10	5	3	4	2	3	5	4	3	5	34
Sample 11	6	4	5	2	3	5	4	1	5	35
Sample 12	5	3	4	2	3	5	3	3	5	33
Sample 13	5	3	4	2	3	5	4	3	5	34
Sample 14	6	4	5	2	3	5	4	1	5	35
Sample 15	5	4	5	2	2	4	2	2	4	30
Sample 16	4	4	5	2	3	5	4	3	5	35
Sample 17	5	4	5	2	3	5	4	3	4	35
Sample 18	6	4	5	2	3	3	2	3	5	33
Sample 19	6	4	4	2	3	4	4	3	5	35
Sample 20	5	4	5	2	3	5	4	3	4	35
Sample 21	6	4	5	2	3	5	4	3	5	37
Sample 22	6	4	5	5	3	5	4	3	5	40
Sample 23	5	3	4	2	3	5	4	3	5	34
Sample 24	5	4	5	2	3	5	4	3	5	36
Sample 25	6	4	5	2	3	5	4	3	5	37
Sample 26	5	3	4	2	3	4	3	3	5	32
Sample 27	5	4	5	2	3	5	4	3	5	36
Sample 28	5	3	4	2	3	5	4	3	5	34
Sample 29	6	4	5	2	3	5	4	1	5	35
Sample 30	4	4	4	1	2	4	4	2	4	29

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 31	5	4	5	2	3	5	4	2	5	35
Sample 32	6	4	5	2	3	5	4	3	5	37
Sample 33	4	4	4	1	2	4	4	3	4	30
Sample 34	6	4	5	1	3	5	4	3	5	36
Sample 35	6	4	4	1	3	4	4	3	4	33
Sample 36	2	3	5	1	3	5	4	3	2	28
Sample 37	5	3	4	2	3	4	4	3	5	33
Sample 38	6	4	5	2	3	5	4	3	5	37
Sample 39	6	4	5	2	3	5	4	3	5	37
Sample 40	4	4	5	2	3	5	4	3	5	35
Sample 41	5	4	5	2	3	5	4	3	4	35
Sample 42	6	4	5	2	3	5	4	3	5	37
Sample 43	6	4	5	2	3	5	4	3	5	37
Sample 44	4	4	5	2	3	5	4	3	5	35
Sample 45	4	4	5	2	3	5	4	2	4	33
Sample 46	5	4	5	2	3	5	4	3	5	36
Sample 47	4	3	5	2	3	5	4	3	5	34
Sample 48	6	4	5	2	3	5	4	3	5	37
Sample 49	6	4	5	2	3	5	4	3	5	37
Sample 50	6	4	5	2	3	5	4	3	5	37
Sample 51	6	4	2	2	3	5	4	3	5	34
Sample 52	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 53	6	4	5	2	3	5	4	3	5	37
Sample 54	6	4	5	2	2	5	4	3	5	36
Sample 55	6	4	5	2	3	5	4	3	5	37
Sample 56	6	4	5	2	3	5	4	3	5	37
Sample 57	6	4	5	2	3	5	4	3	5	37
Sample 58	6	4	5	2	3	5	4	3	5	37
Sample 59	5	3	4	2	3	4	3	3	4	31
Sample 60	5	3	3	2	3	4	3	2	3	28
Sample 61	5	4	5	1	3	5	4	3	5	35
Sample 62	6	4	5	2	3	5	4	3	5	37
Sample 63	6	4	5	2	3	5	4	3	5	37
Sample 64	5	4	5	2	3	5	4	3	5	36
Sample 65	4	4	5	2	3	4	4	3	5	34
Sample 66	5	4	2	2	3	5	4	3	5	33
Sample 67	5	4	5	2	3	5	4	3	5	36
Sample 68	5	4	5	2	3	5	4	3	5	36
Sample 69	5	4	5	2	3	5	4	3	5	36
Sample 70	5	4	5	2	3	5	4	3	5	36
Sample 71	6	4	2	2	3	5	4	3	5	34
Sample 72	6	4	5	2	3	5	4	3	5	37
Sample 73	5	3	4	2	3	4	3	2	4	30
Sample 74	5	3	4	2	3	5	4	3	5	34

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 75	6	4	5	2	3	5	4	1	5	35
Sample 76	5	4	5	2	2	4	2	2	4	30
Sample 77	5	4	5	2	3	5	4	3	4	35
Sample 78	6	4	5	2	3	5	4	3	5	37
Sample 79	6	4	5	2	3	5	4	3	5	37
Sample 80	4	4	5	2	3	5	4	3	5	35
Sample 81	4	4	5	2	3	5	4	2	4	33
Sample 82	5	4	5	2	3	5	4	3	5	36
Sample 83	4	3	5	2	3	5	4	3	5	34
Sample 84	6	4	4	2	3	4	4	3	5	35
Sample 85	5	4	5	2	3	5	4	3	4	35
Sample 86	6	4	5	2	3	5	4	3	5	37
Sample 87	6	4	5	5	3	5	4	3	5	40
Sample 88	6	4	5	2	3	5	4	3	5	37
Sample 89	6	4	5	2	3	5	4	3	5	37
Sample 90	6	4	4	2	3	4	4	3	5	35
Sample 91	5	4	5	2	3	5	4	3	4	35
Sample 92	6	4	5	2	3	3	2	3	5	33
Sample 93	6	4	4	2	2	3	4	3	5	33
Sample 94	6	4	5	2	3	5	4	1	5	35
Sample 95	5	3	4	2	3	5	3	3	5	33
Sample 96	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 97	5	3	2	2	3	4	3	3	5	30
Sample 98	2	2	2	2	2	2	2	2	2	18
Sample 99	5	3	4	2	3	5	4	3	5	34
Sample 100	6	4	5	2	3	5	4	1	5	35
Sample 101	5	3	4	2	3	5	3	3	5	33
Sample 102	5	3	4	2	3	5	4	3	5	34
Sample 103	6	4	5	2	3	5	4	1	5	35
Sample 104	5	4	5	2	2	4	2	2	4	30
Sample 105	4	4	5	2	3	5	4	3	5	35
Sample 106	5	4	5	2	3	5	4	3	4	35
Sample 107	6	4	5	2	3	3	2	3	5	33
Sample 108	6	4	4	2	3	4	4	3	5	35
Sample 109	6	4	5	2	3	5	4	1	5	35
Sample 110	5	4	5	2	2	4	2	2	4	30
Sample 111	6	4	5	2	3	5	4	3	5	37
Sample 112	6	4	5	2	3	5	4	3	5	37
Sample 113	6	4	2	2	3	5	4	3	5	34
Sample 114	6	4	5	2	3	5	4	3	5	37
Sample 115	6	4	5	2	3	5	4	3	5	37
Sample 116	6	4	5	2	2	5	4	3	5	36
Sample 117	6	4	5	2	3	3	2	3	5	33
Sample 118	6	4	4	2	3	4	4	3	5	35

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 119	5	4	5	2	3	5	4	3	4	35
Sample 120	6	4	5	2	3	5	4	3	5	37
Sample 121	6	4	5	5	3	5	4	3	5	40
Sample 122	5	3	4	2	3	5	4	3	5	34
Sample 123	5	4	5	2	3	5	4	3	5	36
Sample 123	6	4	5	2	3	5	4	3	5	37
Sample 124	5	3	4	2	3	4	3	3	5	32
Sample 125	5	4	5	2	3	5	4	3	5	36
Sample 126	5	3	4	2	3	5	4	3	5	34
Sample 127	6	4	5	2	3	5	4	1	5	35
Sample 128	4	4	4	1	2	4	4	2	4	29
Sample 129	5	4	5	2	3	5	4	2	5	35
Sample 130	6	4	5	2	3	5	4	3	5	37
Sample 131	4	4	4	1	2	4	4	3	4	30
Sample 132	6	4	5	1	3	5	4	3	5	36
Sample 133	6	4	4	1	3	4	4	3	4	33
Sample 134	2	3	5	1	3	5	4	3	2	28
Sample 135	5	3	4	2	3	4	4	3	5	33
Sample 136	6	4	5	2	3	5	4	3	5	37
Sample 137	6	4	5	2	3	5	4	3	5	37
Sample 138	4	4	5	2	3	5	4	3	5	35
Sample 139	5	4	5	2	3	5	4	3	4	35

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 140	6	4	5	2	3	5	4	3	5	37
Sample 141	6	4	5	2	3	5	4	3	5	37
Sample 142	4	4	5	2	3	5	4	3	5	35
Sample 143	4	4	5	2	3	5	4	2	4	33
Sample 144	5	4	5	2	3	5	4	3	5	36
Sample 145	4	3	5	2	3	5	4	3	5	34
Sample 146	6	4	5	2	3	5	4	3	5	37
Sample 147	6	4	5	2	3	5	4	3	5	37
Sample 148	6	4	5	2	3	5	4	3	5	37
Sample 149	6	4	2	2	3	5	4	3	5	34
Sample 150	5	4	5	2	3	5	4	3	4	35
Sample 151	6	4	5	2	3	5	4	3	5	37
Sample 152	6	4	5	2	3	5	4	3	5	37
Sample 153	4	4	5	2	3	5	4	3	5	35
Sample 154	4	4	5	2	3	5	4	2	4	33
Sample 155	5	4	5	2	3	5	4	3	5	36
Sample 156	4	3	5	2	3	5	4	3	5	34
Sample 157	6	4	5	2	3	5	4	3	5	37
Sample 158	6	4	5	2	3	5	4	3	5	37
Sample 159	6	4	5	2	3	5	4	3	5	37
Sample 160	6	4	2	2	3	5	4	3	5	34
Sample 161	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 162	6	4	5	2	3	5	4	3	5	37
Sample 163	6	4	5	2	2	5	4	3	5	36
Sample 164	6	4	5	2	3	5	4	3	5	37
Sample 165	6	4	5	2	3	5	4	3	5	37
Sample 166	6	4	5	2	3	5	4	3	5	37
Sample 167	6	4	5	2	3	5	4	3	5	37
Sample 168	5	3	4	2	3	4	3	3	4	31
Sample 169	6	4	5	2	3	5	4	3	5	37
Sample 170	6	4	5	2	3	5	4	3	5	37
Sample 171	6	4	5	2	3	5	4	3	5	37
Sample 172	6	4	5	2	3	5	4	3	5	37
Sample 173	6	4	5	2	3	5	4	3	5	37
Sample 174	5	4	5	2	3	5	4	3	5	36
Sample 175	4	4	5	2	3	5	4	3	5	35
Sample 176	5	4	5	2	3	4	4	3	4	34
Sample 177	6	4	5	2	3	5	4	3	5	37
Sample 178	6	4	5	2	3	5	4	3	5	37
Sample 179	5	4	5	2	3	5	4	3	5	36
Sample 180	6	4	5	2	3	5	4	3	5	37
Sample 181	6	4	5	2	3	5	4	3	5	37
Sample 182	5	4	5	2	3	5	4	3	5	36
Sample 183	4	4	5	2	3	5	4	3	5	35

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 184	6	4	2	2	3	5	4	3	5	34
Sample 185	6	4	5	2	3	5	4	3	5	37
Sample 186	6	4	5	2	3	5	4	3	5	37
Sample 187	6	4	5	2	2	5	4	3	5	36
Sample 188	6	4	5	2	3	3	2	3	5	33
Sample 189	6	4	4	2	3	4	4	3	5	35
Sample 190	5	4	5	2	3	5	4	3	4	35
Sample 191	6	4	5	2	3	5	4	3	5	37
Sample 192	6	4	5	5	3	5	4	3	5	40
Sample 193	5	3	4	2	3	5	4	3	5	34
Sample 194	5	4	5	2	3	5	4	3	5	36
Sample 195	6	4	5	2	3	5	4	3	5	37
Sample 196	5	3	4	2	3	4	3	3	5	32
Sample 197	5	4	5	2	3	5	4	3	5	36
Sample 198	5	3	4	2	3	5	4	3	5	34
Sample 199	6	4	5	2	3	5	4	1	5	35
Sample 200	4	4	4	1	2	4	4	2	4	29
Sample 201	5	4	5	2	3	5	4	2	5	35
Sample 202	6	4	5	2	3	5	4	3	5	37
Sample 203	4	4	4	1	2	4	4	3	4	30
Sample 204	6	4	5	1	3	5	4	3	5	36
Sample 205	6	4	4	1	3	4	4	3	4	33

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 206	2	3	5	1	3	5	4	3	2	28
Sample 207	5	3	4	2	3	4	4	3	5	33
Sample 208	6	4	5	2	3	5	4	3	5	37
Sample 209	6	4	5	2	3	5	4	3	5	37
Sample 210	4	4	5	2	3	5	4	3	5	35
Sample 211	5	4	5	2	3	5	4	3	4	35
Sample 212	6	4	5	2	3	5	4	3	5	37
Sample 213	6	4	5	2	3	5	4	3	5	37
Sample 214	5	3	4	2	3	4	3	2	4	30
Sample 215	5	4	5	2	3	5	4	3	4	35
Sample 216	6	4	5	2	3	5	4	3	5	37
Sample 217	6	4	5	5	3	5	4	3	5	40
Sample 218	5	3	4	2	3	5	4	3	5	34
Sample 219	5	4	5	2	3	5	4	3	5	36
Sample 220	6	4	5	2	3	5	4	3	5	37
Sample 221	5	3	4	2	3	4	3	3	5	32
Sample 222	5	4	5	2	3	5	4	3	5	36
Sample 223	5	3	4	2	3	5	4	3	5	34
Sample 224	6	4	5	2	3	5	4	1	5	35
Sample 225	6	4	5	2	3	5	4	3	5	37
Sample 226	5	3	4	2	3	4	3	2	4	30
Sample 227	5	3	4	2	3	5	4	3	5	34

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 228	6	4	5	2	3	5	4	1	5	35
Sample 229	5	4	5	2	2	4	2	2	4	30
Sample 230	5	4	5	2	3	5	4	3	4	35
Sample 231	6	4	5	2	3	5	4	3	5	37
Sample 232	6	4	5	2	3	5	4	3	5	37
Sample 233	4	4	5	2	3	5	4	3	5	35
Sample 234	4	4	5	2	3	5	4	2	4	33
Sample 235	5	4	5	2	3	5	4	3	5	36
Sample 236	4	3	5	2	3	5	4	3	5	34
Sample 237	6	4	4	2	3	4	4	3	5	35
Sample 238	5	4	5	2	3	5	4	3	4	35
Sample 239	6	4	5	2	3	5	4	3	5	37
Sample 240	6	4	5	5	3	5	4	3	5	40
Sample 241	6	4	5	2	3	5	4	3	5	37
Sample 242	6	4	5	2	3	5	4	3	5	37
Sample 243	6	4	4	2	3	4	4	3	5	35
Sample 244	5	4	5	2	3	5	4	3	4	35
Sample 245	6	4	5	2	3	3	2	3	5	33
Sample 246	6	4	4	2	2	3	4	3	5	33
Sample 247	6	4	5	2	3	5	4	1	5	35
Sample 248	5	3	4	2	3	5	3	3	5	33
Sample 249	5	4	5	2	3	5	4	3	5	36
Sample 250	6	4	5	2	3	5	4	3	5	37

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Item No	1	2	3	4	5	6	7	8	9	TOTAL
Sample No										
Sample 1	1	1	1	2	1	2	2	1	1	12
Sample 2	1	1	2	2	2	1	1	2	1	13
Sample 3	2	1	1	1	1	1	1	1	1	10
Sample 4	1	2	1	2	1	1	1	1	1	11
Sample 5	1	2	1	2	1	2	2	2	2	15
Sample 6	2	2	1	2	2	1	2	1	2	15
Sample 7	2	1	3	1	2	2	2	2	1	16
Sample 8	5	3	3	2	2	4	3	2	3	27
Sample 9	4	3	3	2	2	4	3	2	5	28
Sample 10	3	2	4	1	2	2	2	1	3	20
Sample 11	2	1	2	1	2	2	2	2	2	16
Sample 12	1	1	2	2	1	2	1	1	2	13
Sample 13	2	3	3	1	1	2	3	2	1	18
Sample 14	1	3	1	2	2	2	3	2	3	19
Sample 15	3	1	2	2	1	3	3	3	2	20
Sample 16	1	3	2	3	3	1	4	2	3	22
Sample 17	2	1	2	1	1	2	1	2	2	14
Sample 18	4	4	4	1	2	4	4	2	4	29
Sample 19	5	3	3	2	3	4	4	3	3	30
Sample 20	4	3	3	2	2	3	2	2	3	24

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 21	3	4	2	2	1	3	3	3	4	25
Sample 22	3	3	2	2	2	4	2	2	3	23
Sample 23	4	2	3	1	3	3	2	3	4	25
Sample 24	3	2	2	2	1	2	3	3	5	23
Sample 25	2	1	3	2	1	2	2	2	2	17
Sample 26	2	1	3	1	2	2	2	2	1	16
Sample 27	1	1	2	2	2	3	2	2	3	18
Sample 28	2	2	3	1	1	2	1	1	2	15
Sample 29	2	1	1	1	1	2	1	2	1	12
Sample 30	2	2	3	1	1	2	1	1	2	15
Sample 31	2	1	1	1	1	1	2	1	1	11
Sample 32	2	1	2	1	1	2	1	1	2	13
Sample 33	1	1	1	1	1	1	2	2	2	12
Sample 34	1	2	2	1	1	1	1	1	1	11
Sample 35	1	1	1	2	1	1	1	1	1	10
Sample 36	1	1	1	1	2	1	1	1	2	11
Sample 37	5	3	4	2	3	5	3	3	5	33
Sample 38	6	4	5	2	3	5	4	3	5	37
Sample 39	5	3	2	2	3	4	3	3	5	30
Sample 40	2	2	2	2	2	2	2	2	2	18
Sample 41	5	3	4	2	3	5	4	3	5	34
Sample 42	6	4	5	2	3	5	4	1	5	35

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 43	5	3	4	2	3	5	3	3	5	33
Sample 44	5	3	4	2	3	5	4	3	5	34
Sample 45	5	3	4	2	3	4	4	3	5	33
Sample 46	6	4	5	2	3	5	4	3	5	37
Sample 47	6	4	5	2	3	5	4	3	5	37
Sample 48	4	4	5	2	3	5	4	3	5	35
Sample 49	5	4	5	2	3	5	4	3	4	35
Sample 50	6	4	5	2	3	5	4	3	5	37
Sample 51	6	4	5	2	3	5	4	3	5	37
Sample 52	4	4	5	2	3	5	4	3	5	35
Sample 53	2	3	5	1	3	5	4	3	2	28
Sample 54	5	3	4	2	3	4	4	3	5	33
Sample 55	5	3	4	2	2	4	3	3	3	29
Sample 56	4	4	3	2	3	4	4	3	5	32
Sample 57	3	4	4	2	3	5	3	3	4	31
Sample 58	4	3	5	2	3	4	3	3	5	32
Sample 59	4	3	4	2	2	3	4	3	5	30
Sample 60	5	4	4	2	3	4	3	2	4	31
Sample 61	5	2	3	2	3	2	3	3	4	27
Sample 62	4	4	2	2	2	3	1	2	2	22
Sample 63	3	3	4	2	2	2	4	3	2	25
Sample 64	2	4	2	2	3	3	3	3	4	26

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 65	2	3	2	4	2	2	3	4	2	24
Sample 66	1	2	3	2	4	3	2	2	4	23
Sample 67	5	3	4	2	3	4	3	4	4	32
Sample 68	4	3	3	2	2	3	4	2	3	26
Sample 69	3	2	3	1	3	3	3	3	2	23
Sample 70	5	3	4	2	2	4	2	3	4	29
Sample 71	4	2	3	2	2	5	3	2	4	27
Sample 72	3	3	4	2	3	3	4	3	3	28
Sample 73	4	3	5	2	3	4	3	2	4	30
Sample 74	3	2	4	2	3	5	4	3	5	31
Sample 75	5	3	4	2	2	3	3	2	4	28
Sample 76	4	3	5	1	2	4	2	2	3	26
Sample 77	4	4	4	1	2	2	4	3	2	26
Sample 78	5	3	5	2	3	3	3	3	3	30
Sample 79	2	3	1	3	3	3	3	2	3	23
Sample 80	3	2	3	1	3	3	3	2	1	21
Sample 81	4	4	5	2	3	5	4	3	5	35
Sample 82	4	4	5	2	3	5	4	2	4	33
Sample 83	5	4	5	2	3	5	4	3	5	36
Sample 84	4	3	5	2	3	5	4	3	5	34
Sample 85	4	4	4	1	2	4	4	3	4	30
Sample 86	2	3	5	1	3	5	4	3	2	28

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 87	5	3	4	2	3	4	4	3	5	33
Sample 88	5	3	4	2	3	5	3	3	5	33
Sample 89	2	2	2	2	2	2	2	2	2	18
Sample 90	5	3	4	2	3	5	4	3	5	34
Sample 91	5	3	4	2	3	5	4	3	5	34
Sample 92	5	3	2	2	3	4	3	3	5	30
Sample 93	2	2	2	2	2	2	2	2	2	18
Sample 94	5	3	4	2	3	5	4	3	5	34
Sample 95	6	4	5	2	3	5	4	1	5	35
Sample 96	5	3	4	2	3	5	3	3	5	33
Sample 97	5	3	4	2	3	5	4	3	5	34
Sample 98	6	4	5	2	3	5	4	1	5	35
Sample 99	5	4	5	2	2	4	2	2	4	30
Sample 100	4	4	5	2	3	5	4	3	5	35
Sample 101	6	4	5	2	3	5	4	3	5	37
Sample 102	6	4	5	2	3	5	4	3	5	37
Sample 103	5	4	5	2	3	5	4	3	5	36
Sample 104	4	4	5	2	3	5	4	3	5	35
Sample 105	5	4	5	2	3	4	4	3	4	34
Sample 106	3	2	4	1	2	2	2	1	3	20
Sample 107	2	1	2	1	2	2	2	2	2	16
Sample 108	1	1	2	2	1	2	1	1	2	13

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 109	2	3	3	1	1	2	3	2	1	18
Sample 110	1	3	1	2	2	2	3	2	3	19
Sample 111	3	1	2	2	1	3	3	3	2	20
Sample 112	1	3	2	3	3	1	4	2	3	22
Sample 113	2	1	2	1	1	2	1	2	2	14
Sample 114	4	4	4	1	2	4	4	2	4	29
Sample 115	5	3	3	2	3	4	4	3	3	30
Sample 116	4	3	3	2	2	3	2	2	3	24
Sample 117	5	3	4	2	3	5	4	3	5	34
Sample 118	5	4	5	2	3	5	4	3	5	36
Sample 119	5	4	5	2	3	5	4	3	5	36
Sample 120	5	3	4	2	3	5	4	3	5	34
Sample 121	5	3	4	2	3	4	3	2	4	30
Sample 122	5	3	4	2	3	5	4	3	5	34
Sample 123	5	4	5	2	3	5	4	3	5	36
Sample 123	4	3	5	2	3	5	4	3	5	34
Sample 124	5	3	4	2	3	5	3	3	5	33
Sample 125	5	4	5	2	3	5	4	3	5	36
Sample 126	2	3	5	1	3	5	4	3	2	28
Sample 127	5	3	4	2	3	4	4	3	5	33
Sample 128	5	4	4	2	3	5	4	3	5	35
Sample 129		3	5	2	3	4	3	2	4	26

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 130	3	2	4	2	3	5	4	3	5	31
Sample 131	5	3	4	2	2	3	3	2	4	28
Sample 132	4	4	5	1	2	4	2	2	3	27
Sample 133	4	4	4	1	2	2	4	3	2	26
Sample 134	5	3	5	2	3	3	3	3	3	30
Sample 135	2	3	1	3	3	3	3	2	3	23
Sample 136	3	2	3	1	3	3	3	2	1	21
Sample 137	4	4	5	2	3	5	4	3	5	35
Sample 138	4	4	5	2	3	5	4	2	4	33
Sample 139	5	4	5	2	3	5	4	3	5	36
Sample 140	4	3	5	2	3	5	4	3	5	34
Sample 141	4	4	4	1	2	4	4	3	4	30
Sample 142	5	3	3	2	2	4	3	2	3	27
Sample 143	4	3	3	2	2	4	3	2	5	28
Sample 144	3	2	4	1	2	2	2	1	3	20
Sample 145	2	1	2	1	2	2	2	2	2	16
Sample 146	1	1	2	2	1	2	1	1	2	13
Sample 147	2	3	3	1	1	2	3	2	1	18
Sample 148	1	3	1	2	2	2	3	2	3	19
Sample 149	3	1	2	2	1	3	3	3	2	20
Sample 150	1	3	2	3	3	1	4	2	3	22
Sample 151	2	1	2	1	1	2	1	2	2	14

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 152	4	4	4	1	2	4	4	2	4	29
Sample 153	5	3	3	2	3	4	4	3	3	30
Sample 154	5	3	4	2	3	4	3	2	4	30
Sample 155	5	3	4	2	3	5	4	3	5	34
Sample 156	6	4	5	2	3	5	4	1	5	35
Sample 157	5	4	5	2	2	4	2	2	4	30
Sample 158	5	4	5	2	3	5	4	3	4	35
Sample 159	6	4	5	2	3	5	4	3	5	37
Sample 160	6	4	5	2	3	5	4	3	5	37
Sample 161	4	4	5	2	3	5	4	3	5	35
Sample 162	4	4	5	2	3	5	4	2	4	33
Sample 163	5	4	5	2	3	5	4	3	5	36
Sample 164	4	3	5	2	3	5	4	3	5	34
Sample 165	6	4	4	2	3	4	4	3	5	35
Sample 166	5	4	5	2	3	5	4	3	4	35
Sample 167	5	4	5	2	2	4	2	2	4	30
Sample 168	4	4	5	2	3	5	4	3	5	35
Sample 169	5	4	5	2	3	5	4	3	4	35
Sample 170	2	4	2	2	3	3	3	3	4	26
Sample 171	2	3	2	4	2	2	3	4	2	24
Sample 172	1	2	3	2	4	3	2	2	4	23
Sample 173	5	3	4	2	3	4	3	4	4	32

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 174	4	3	3	2	2	3	4	2	3	26
Sample 175	3	2	3	1	3	3	3	3	2	23
Sample 176	4	3	5	2	3	4	3	3	5	32
Sample 177	4	3	4	2	2	3	4	3	5	30
Sample 178	5	4	4	2	3	4	3	2	4	31
Sample 179	4	2	4	2	2	4	3	2	5	28
Sample 180	4	3	3	2	2	4	3	2	5	28
Sample 181	3	2	4	1	2	2	2	1	3	20
Sample 182	2	1	2	1	2	2	2	2	2	16
Sample 183	1	1	2	2	1	2	1	1	2	13
Sample 184	2	3	3	1	1	2	3	2	1	18
Sample 185	1	3	1	2	2	2	3	2	3	19
Sample 186	3	1	2	2	1	3	3	3	2	20
Sample 187	1	3	2	3	3	1	4	2	3	22
Sample 188	2	1	2	1	1	2	1	2	2	14
Sample 189	4	4	4	1	2	4	4	2	4	29
Sample 190	5	3	3	2	3	4	4	3	3	30
Sample 191	4	3	3	2	2	3	2	2	3	24
Sample 192	3	4	2	2	1	3	3	3	4	25
Sample 193	3	3	2	2	2	4	2	2	3	23
Sample 194	4	2	3	1	3	3	2	3	4	25
Sample 195	3	2	2	2	1	2	3	3	5	23

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 196	5	2	3	2	3	2	3	3	4	27
Sample 197	4	4	2	2	2	3	1	2	2	22
Sample 198	3	3	4	2	2	2	4	3	2	25
Sample 199	2	4	2	2	3	3	3	3	4	26
Sample 200	2	3	2	4	2	2	3	4	2	24
Sample 201	1	2	3	2	4	3	2	2	4	23
Sample 202	5	3	4	2	3	4	3	4	4	32
Sample 203	4	3	3	2	2	3	4	2	3	26
Sample 204	3	2	3	1	3	3	3	3	2	23
Sample 205	5	3	4	2	2	4	2	3	4	29
Sample 206	4	2	3	2	2	5	3	2	4	27
Sample 207	3	3	4	2	3	3	4	3	3	28
Sample 208	4	3	5	2	3	4	3	2	4	30
Sample 209	3	2	4	2	3	5	4	3	5	31
Sample 210	3	4	4	2	3	5	3	3	4	31
Sample 211	4	3	5	2	3	4	3	3	5	32
Sample 212	4	3	4	2	2	3	4	3	5	30
Sample 213	5	4	4	2	3	4	3	2	4	31
Sample 214	4	2	4	2	2	4	3	2	5	28
Sample 215	5	3	4	2	3	5	4	3	5	34
Sample 216	6	4	5	2	3	5	4	1	5	35
Sample 217	5	3	4	2	3	5	3	3	5	33

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 218	5	3	4	2	3	5	4	3	5	34
Sample 219	5	3	4	2	3	4	4	3	5	33
Sample 220	6	4	5	2	3	5	4	3	5	37
Sample 221	6	4	5	2	3	5	4	3	5	37
Sample 222	4	4	5	2	3	5	4	3	5	35
Sample 223	5	4	5	2	3	5	4	3	4	35
Sample 224	4	3	3	2	2	3	4	2	3	26
Sample 225	3	2	3	1	3	3	3	3	2	23
Sample 226	5	3	4	2	2	4	2	3	4	29
Sample 227	4	2	3	2	2	5	3	2	4	27
Sample 228	3	3	4	2	3	3	4	3	3	28
Sample 229	4	3	5	2	3	4	3	2	4	30
Sample 230	6	4	4	2	3	4	4	3	5	35
Sample 231	5	4	5	2	3	5	4	3	4	35
Sample 232	5	4	5	2	2	4	2	2	4	30
Sample 233	4	4	5	2	3	5	4	3	5	35
Sample 234	5	4	5	2	3	5	4	3	4	35
Sample 235	2	4	2	2	3	3	3	3	4	26
Sample 236	2	3	2	4	2	2	3	4	2	24
Sample 237	1	2	3	2	4	3	2	2	4	23
Sample 238	5	3	4	2	3	4	3	4	4	32
Sample 239	3	4	2	2	1	3	3	3	4	25

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Sample 240	3	3	2	2	2	4	2	2	3	23
Sample 241	4	2	3	1	3	3	2	3	4	25
Sample 242	3	2	2	2	1	2	3	3	5	23
Sample 243	2	1	3	2	1	2	2	2	2	17
Sample 244	4	3	3	2	2	3	4	2	3	26
Sample 245	3	2	3	1	3	3	3	3	2	23
Sample 246	5	3	4	2	2	4	2	3	4	29
Sample 247	4	2	3	2	2	5	3	2	4	27
Sample 248	3	3	4	2	3	3	4	3	3	28
Sample 249	4	3	5	2	3	4	3	2	4	30
Sample 250	4	3	3	2	2	3	4	2	3	26

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

HOT APPLICATION

Introduction



Medical professionals frequently prescribe heat treatments to patients as a means of both healing and alleviating pain in both the hospital and the patient's home. Heat applications, such as paraffin baths, whirlpool baths, and the like, are also utilised in physical medicine as a component of rehabilitation programmes.

Effect of Hot and Cold Application

Heat-Related Physiological Alterations

- Expansion of blood vessels: Enhanced oxygen demand, local metabolism, and capillary permeability.
- Lower blood viscosity, higher blood flow, higher lymph flow, faster leukocyte motility, less muscle stress.

Impact Of Heat on A Secondary Level

- Constant exposure to heat damages epithelial cells, causes localised discomfort and burning; after an hour or more of heat, vasodilation always gives way to vasoconstriction as the body tries to regulate excessive heat loss from the area.



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

The Fundamentals of Heat Therapy and Its Uses

- There is always a transfer of heat from a warmer to a colder object.
- As a result of the internal vibrations of the molecules that make up a body, heat is produced.
- Energy travels from one part of the body to another and from one tissue to another via direct conduction.
- Four main mechanisms conduction, convection, radiation, and evaporation are responsible for heat loss from the body.
- Diastolic and nocturnal variations in peripheral arterioles control the blood flow near the skin's surface.
- Perivascular blood artery dilation and constriction are affected by temperature and cold, respectively.
- Humidity is a better heat conductor than dry air.
- Body temperature tolerance is affected by the duration of exposure to temperature extremes.

Standard Protocol for The Administration of Heat Treatments

- Keep at the ideal temperature during the whole application.
- Never put machinery to use unless you have a thorough understanding of how it works.
- Keep the patient away from potentially harmful tissues.
- Never brush off a patient's concerns, no matter how minor they may seem.
- Stop the procedure and report any signs of problems right away.
- Verify the patient's vitals before, during, and after the cold and heat treatment.
- Extreme caution is required when administering heat or cold to a patient who is unconscious, under anaesthesia, or unable to feel discomfort.
- Make sure the patient doesn't develop chills when you apply heat and cold. The patient's temperature can rise with shivering, but they are also more likely to contract a cold.
- A patient with hyperpyrexia should not be subjected to rapid cooling; a slow and steady reduction in temperature is necessary.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Application of Heat

Definition: Applying heat, whether in a wet or dry form, involves utilising some agent that is warmer than the skin. This agent can be used to provide either a local or systemic effect, or perhaps both.

While the ladies sat or slept on their left sides, the specialists placed heated packs on the area of the lumbosacral vertebrae. When the baby was in the active phase of labour, with a cervical dilation of 4–7 cm between contractions, the mother started using a hot pack and kept it on for 20 minutes straight.

Purpose

- To encourage circulation
- To ease congestion and lessen swelling or swelling
- To make suppuration worse
- To encourage the relaxing of tissue
- To alleviate discomfort
- To make the exudates softer
- To offer cosiness and warmth
- In order to promote peristalsis
- To burns, wet wounds, and dry casts



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Articles Required Are

Articles	Rationale
A tray containing: ○ A hot water bag with cover/ towel-1	○ To provide treatment
○ Jugs-2	○ One to keep hot water ○ One to keep cold water
○ Duster- 1	○ To wipe outside of the bottle
○ Lotion thermometer	○ To check the temperature
○ Vaseline/ oil	○ To apply on the skin
○ A kidney tray and paper bag	○ To receive the waste



Procedure

Steps	Rationales
• Wash hands.	• To prevent cross- infection pathogens can transfer from source to the new host.
• Screen the patient.	• To maintain privacy, it helps in giving relaxation and comfort to the patient.
• Collect the supplies from the treatment room.	• To economise time, energy and material and organization facilities performance of the task.
• Mix hot and cold water and check the temperature (the temperature of the water should be 120- 147 F or 49-65 C) or keep the boiling water till the steam disappears.	• To prepare application within the acceptable range

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

<ul style="list-style-type: none"> • Pour some water into the hot water bottle and empty it. 	<ul style="list-style-type: none"> • To warm the hot water bottle so that very little heat is lost warm the rubber through conduction and convection.
<ul style="list-style-type: none"> • Pour water to fill the ½- 2/3 of the capacity of hot water bottle. 	<ul style="list-style-type: none"> • To avoid unnecessary weight on body part especially if applied on abdomen and allows to mould over the body area to provide even heat.
<ul style="list-style-type: none"> • Expel the air by placing the bag over a flat surface cork it tightly. 	<ul style="list-style-type: none"> • Air in the bag will interfere with the conduction of heat and it will not to be easily moulded to the patient body.
<ul style="list-style-type: none"> • Dry the outside of the bottle and hold the bottle upside down for checking leakage. 	<ul style="list-style-type: none"> • To prevent scalding of the patient to ensure that the bottle is not leaking.
<ul style="list-style-type: none"> • Cover the bag with a hot water bottle cover or other protector and apply the hot water bottle to the prescribed area. 	<ul style="list-style-type: none"> • Protects skin from direct contact with the rubber.
<ul style="list-style-type: none"> • Keep the bottle in the place for about 20-30 min, change its positions necessary. 	<ul style="list-style-type: none"> • Maximum therapeutic effects from application of heat occur within 20-30 min.
<ul style="list-style-type: none"> • Inspect the area occasionally for redness pain and swelling. 	<ul style="list-style-type: none"> • Extended use of heat cause tissue congestion and vaso-constriction inspection and changing the position prevent burns.

After Patient Care and Articles

- After the course of treatment, remove the hot water bag.
- Check for redness in the region, and if any is found, use oil or Vaseline.
- Take note of the patient's reaction and provide him some comfort.
- Bring all the items to the utility room, take off the bag's cover, empty it, and give it a quick wash outside with soap and water.
- After the bag has dry, hang it upside down, add air to it, cork it, and store it in the appropriate location.
- After washing and drying, replace the bag's cover in its designated location.
- Hands should be cleaned.
- Documents the process together with the date, time, the region it is applied to, the goal of application, and any necessary reaction.
- Keep an eye on the patient to determine whether the treatment is working.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Conclusion

Heat treatments, such as a paraffin bath, whirlpool bath, or similar device, can alleviate pain and are also a component of physical medicine rehabilitation programmes.

MASSAGE THERAPY

Introduction

- Therapeutic advantages can be achieved by the systemic rubbing and manipulation of various parts of the body, which is known as massage.
- The root of the English term "massage" is the verb "masser," which means "to knead" in both Greek and French.
- A masseuse is the female operator's name, while a masseur is the male operators.



History Of Massage

- Two main places are the origins of massage. • "Mass" means "to touch" in Arabic. "Massein" "to knead" in Greek.
- Many ancient civilizations, including the Chinese, Japanese, Persians, and Egyptians, made use of massage.
- Peter Ling, a Swedish gymnast and acknowledged creator of therapeutic gymnastics, may have been the first to use elements of French massage in his work in the early nineteenth century.
- Over the last half-century, there has been a tremendous shift in methodology.
- This is based on the work of Gertrude Beard (1887-1971), James Mennell (1880-1957), and Albert Hoffa (1859-1907).
- Massage now has a scientific foundation.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

- In the late 1980s, the American Massage Therapy Association was established; in 1992, the National Certification Examining Board for Therapeutic Massage and Bodywork was established.



Definition

Massage is a form of therapeutic manual manipulation that aims to normalize the body's soft tissues. A second definition is the practice of applying pressure to the skin in order to loosen tight muscles, change one's diet, or modify one's range of motion. Massage is a form of scientifically-based bodywork that involves the systematic, passive manipulation of the client's naked skin.

Indications

- Tense muscles hurting
- Surgical scars
- Persistent edema
- Back pain in the lower back
- Depression and anxiety
- Respiratory issues
- Persistent constipation

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Benefits Of Pregnancy Massage

Swedish massage has several health benefits, including but not limited to: overall body tone improvement, increased blood flow and lymph circulation, enhanced joint and muscle function, and reduction of physical and mental tiredness.

Among the many other advantages of prenatal massage are an analysis of randomized controlled trials examining the benefits, risks, and limitations of relaxation massage for pregnant women.

- Giving people a general feeling of well-being
- Getting better sleep
- Getting more oxygen to muscles and cells
- Controlling hormones (which is linked to less worry)
- Help with pain
- Lessening of swelling
- Getting rid of stress and worry

Contraindications

- Problems with the skin and diseases
- Cancerous growths
- New scars that haven't healed yet
- Wound that is open
- Recently broken bone
- Skin that has shrunk
- Swelling caused by problems with the heart, lungs, liver, or kidneys
- Vein Thrombi
- People who take blood thinners
- Skin transplants

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Basic Requirements

- Moral problems like patient privacy.
- Knowing what the root problem is.
- Know the basic ideas of massage (dexterity, balance, and focus of the hands). Also, P.T. needs to be patient and polite.
- Getting ready by hand Clean, warm, dry, and soft hands are a must. Your nails should be short and smooth.
- The patient should be warm, well-draped, and lying down in an easy, relaxed way. If needed, the body part can be raised.
- The first part of a massage should be light strokes on the skin. As the strokes go across, they should start just below the joint and end just above it.
- The pressure should match the flow of blood through the veins.
- If you can help it, you should stay away from bony outcroppings and painful joints.

Massage Media

- Lotions, oils, powders, or pain reliever balms are used to make the skin of the patient and the clinician's hand less rough.
- In places with hair, use more medium.
- It's possible to massage without a medium because lubricants get in the way of kneading and pulling during petrissage. Also, lubricants might get in the way of the effects you want from friction massage.

The Treatment Table Should Have the Following

- The height can be changed.
- Features a hole for the face or nose.
- There are at least three parts to it, and the two end pieces can be lifted.
- Adjustable rests for the arms.
- Casters and a lift/lock system

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

General Procedures Therapist Position

- The patient needs to keep good balance to avoid getting tired and having back pain.
- Both feet should carry the same amount of weight.
- He needs to be able to shape his hands to fit the place that needs to be treated.
- To use the right amount of pressure and make regular strokes, you need to be in a good position.



- ✚ The mothers were massaged on the back using a mixture of grapeseed carrier oil and ultra-pure jasmine oil. The patient's back was massaged utilizing a variety of techniques: gliding strokes (effleurage) and kneading strokes (petrissage) between contractions, and an obstetrical back rub was used while contractions were underway.
- ✚ The first technique, effleurage, involved slowly gliding a flat palm over the whole back in a circular motion; the second, petrissage, involved kneading and knuckling motions. To knead, one would squeeze the fleshy mass of the lower back with one's fingers and thumb, and to knead and raise, one would use one's knuckles of fingers in a circular and upward motion.
- ✚ During contractions, the mother would place her palm on the region she had previously pinpointed, a technique known as an obstetrical back rub. I massaged that location and the surrounding area by making circular motions with my palm without lifting.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Depth Of Pressure

- The stroke's amplitude is the measure of the force exerted on the tissue.
- The intended outcome dictates the answer. Depending on the patient's tolerance, it should be increased gradually and carefully.
- With the possible exception of friction massage, no massage should ever hurt.
- The direction of force application should be that of the muscle fibers.
- Effort should be applied at the start and finish of each session.

Speed

Whether a calming or stimulating effect is sought after dictates the pace of stroke execution. For instance, while rapid compression prepares the muscle for action by pumping fresh blood into it, gradual, rhythmic presses expel lactic acid. In most cases, a calming stroke will be followed by an energizing one.

Rhythm

- This pertains to the general intensity of the massage or the consistency of the strokes used.
- Based on the intended outcome, the pace can be slow or quick; therapists are advised to refrain from jerky movements.

Duration

- The duration of a stroke can be measured by how long it stays on the body during application or by how long it stays on a specific area, such as the back.

Physiological Effects

- Various outcomes are possible depending on the pressure level and stroke velocity:
- Gentle, gradual strokes induce a state of total relaxation.
- Quick, deep strokes enhance blood circulation to the region. Massage affects various systems in the body.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Musculoskeletal System

- Increases the length of muscles.
- Stops muscle spasms.
- Obtains the calming effects of light, superficial skin contact.
- Strokes the muscle to contract in response to stimulus.
- Makes connective tissues more pliable

Pain

Low back pain relief by massage is possible through:

- Lessening of the pressure caused by edema or swelling (mechanical discomfort)
- Relieving muscular spasm.
- Boosting circulation and promoting the elimination of waste materials (chemical pain).
- Activating sensory nerves that inhibit pain.

Mechanical Effects

- Mechanical treatments include those that lengthen fascia, stretch muscles, and loosen adhesions or limitations in soft tissues.
- Reflex effects are an inevitable byproduct of mechanical effects.
- The two main purposes of muscle massage are mechanical stretching and the alleviation of discomfort caused by trigger points.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Types of Strokes

Using Effleurage

Feeling The Skin:

- Deep regions are stimulated when done with the palm of the hand.
- Fingertips are used for this exercise because it strengthens sensory nerves. Subtle, regular stroking moves the hands along the body's contours or the direction of muscles below. When deep stroking, the hands move along the veins and lymph arteries.
- The massage can be done slowly to relax or quickly to get the blood flowing and the muscles moving.
- One hand should always be touching the skin.
- For example, light effleurage can be used between petrissage strokes or at the start and end of a massage.
- Starts by calming the part of the body that will be treated.
- At the end—calms down any areas that are bothersome.

To Petrissage

- Petrissage is also known as milking or washing.
- In this method, the skin, abdominal tissue, and muscles are lifted and kneaded.
- Done with the fingers or the hand.

A Lot of The Time, It Is Done Without Lotion

- Lightly lift the skin between the thumb and fingers or between the fingers and the palm, and roll and press it in your hand.
- The stroke might be the hardest because the "C" part of the hand (between the thumb and first finger, or the "webbing") is used as the main press point.

Through stretching and separating muscle fiber, fascia, and scar tissue, it aids venous return and milks out waste products, freeing adhesions.

- After effleurage, the muscular tissue is further warmed using petrissage.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

Friction

- The objective is to release painful adhesions and free restricted muscles, tendons, and scar tissue.
- Various kinds: round
- Used by making circular motions with the thumbs
- Muscle spasms and trigger points are effectively treated with this.

Transverse

- Applied by rubbing the tissue in opposing directions with thumbs or fingertips.
- It permeates deep into soft tissues.
- Starts out gently and gradually increases pressure.
- Make sure to posture your muscles in a relaxed manner.
- Not to be used in severe cases.
- Works wonders on adhesions and tendinitis.

The Technique of Tapotement

Tender pressing against the skin. A percussion stroke, in which the force of the blow is swiftly released from the muscle the moment the palm makes contact.

Conclusion

A prenatal massage is a method that massage therapists with specialized training can employ while massaging pregnant ladies.

There are many different kinds of massage, but Swedish massage is the most common during pregnancy because it relaxes the muscles all over.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

LIST OF FORMULAS USED

1. Frequency

f = Number of occurrences of a value or category

2. Percentage

Percentage = (Part / Whole) * 100

3. Percentage Frequency

Percentage Frequency = (Frequency / Total Count) * 100

4. Mean Formula:

The mean (\bar{x}) of a set of values is the sum of all values divided by the total number of values.

Mean (\bar{x}) = $(\sum x) / n$

Here, $(\sum x)$ represents the sum of all values, and (n) is the total number of values.

5. Median Formula

The median (M) is the middle value of a dataset when it is ordered. If there is an even number of values, the median is the average of the two middle values.

Median (M) = $\{ (n + 1) / 2 \}$ th value

For an even number of values:

Median (M) = $((n / 2)$ th value + $((n / 2) + 1)$ th value) / 2

6. Standard Deviation Formula

The standard deviation (σ) measures the amount of variation or dispersion in a set of values.

Standard Deviation (σ) = $\sqrt{\sum (x_i - \bar{x})^2 / n}$

Here, (x_i) is each individual value, (\bar{x}) is the mean, (\sum) denotes the sum, and (n) is the total number of values.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

7. Mean Difference Formula

The mean difference (\bar{D}) is calculated by subtracting the mean of one group from the mean of another group.

$$\text{Mean Difference } (X_1 - X_2) = X_1 - X_2$$

8. Standard Deviation of the Difference Formula

The standard deviation of the difference (SD_{diff}) is calculated using the standard deviation of each group and the formula for the difference of two independent random variables.

$$SD_{\text{diff}} = \sqrt{SD_1^2 / n_1 + SD_2^2 / n_2}$$

Here, SD_1 and SD_2 are the standard deviations of the two groups, and n_1 and n_2 are the sample sizes.

9. Standard Error of the Difference Formula

The standard error of the difference (SE_{diff}) is calculated by dividing the standard deviation of the difference by the square root of the total sample size.

$$SE_{\text{diff}} = SD_{\text{diff}} / \sqrt{n_1 + n_2}$$

10. t-Test Formula

The t-test is used to determine if there is a significant difference between the means of the two groups. There are different types of t-tests, such as the independent samples t-test and the paired samples t-test. Here is the formula for the independent samples t-test:

$$t = (X_1 - X_2) / \sqrt{SD_1^2 / n_1 + SD_2^2 / n_2}$$

where X_1 and X_2 are the means, SD_1 and SD_2 are the standard deviations, and n_1 and n_2 are the sample sizes of the two groups.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

11. t-Value Formula

The t-value is calculated by dividing the mean difference by the standard error of the difference.

$$t = (X_1 - X_2) / SE_{\{\text{diff}\}}$$

12. p-Value Formula

The p-value is a measure of the evidence against a null hypothesis. It indicates the probability of obtaining the observed results, or more extreme results if the null hypothesis is true. For a t-test, the p-value is typically determined from a t-distribution table or using statistical software.

$$p\text{-value} = P(|t| > |\text{observed } t|)$$

This is a two-tailed test. The observed t-value is compared to critical values from the t-distribution.

A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India



A QUASI-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LUMBOSACRAL MASSAGE AND HOT APPLICATION AT LUMBOSACRAL AREA ON LEVEL OF PAIN DURING ACTIVE PHASE OF LABOUR AMONG PRIMIGRAVIDA PARTURIENT WOMEN AT SELECTED HOSPITALS OF UDAIPUR

Dr. Ayushi Sharma, Ph. D in Obstetrics and Gynaecology - Nursing, CMJ University, Jorabat, Meghalaya, India

