



# Effect of Touching Therapy by Midwives on Labor Pain

Nuli Nuryanti Zulala<sup>(✉)</sup> and Fayakun Nur Rohmah

Faculty of Health, Universitas Aisyiyah Yogyakarta, Yogyakarta, Indonesia  
{nuli.zulala, fayakun.nurrohmah}@unisayogya.ac.id

**Abstract.** Introduction: Childbirth is an event that changes the life and upbringing of women that affects both physically and psychologically in the short and long term. The anxiety score is increased then labor pain also increases. One of the practices used in lowering anxiety is touching therapy by midwives. The purpose of the study: researchers wanted to know the effect of touching therapy on labor pain. *Research Methods: observational analytical research with a cohort approach. The sampling technique used consecutive sampling of 41 maternity mothers at one of the midwife clinics in Sleman Yogyakarta. Inclusion criteria: maternity mother, willing to be a respondent, no labor difficulties, sign informed consent. Exclusion criteria: mothers who get the augmentation of childbirth. Results: showing the difference in the average pain intensity score before and after therapy touching is 7.53 and 4.87 and the statistic test using the Wilcoxon test shows  $p$  value = 0.000. Conclusion: Touching Therapy Affects the Decrease in Pain Intensity in Maternity Mothers.*

**Keywords:** labor · Touching therapy

## 1 Introduction

Childbirth is a life-changing event and upbringing of women that affects both physically and psychologically in the short and long term. The purpose of providing care in childbirth is to create positive experiences for women and families and maintain physical and psychological health and prevent morbidity. Childbirth is one of the critical times in women in their life cycle other than pregnancy and breastfeeding [1].

Women want a positive birth experience that matches or exceeds their expectations and beliefs, including giving birth to a healthy baby in a safe environment, proper fulfillment of needs during childbirth and comfortable and comprehensive care. Comprehensive care includes providing support, safe delivery assistance, safe interventions [2]. Women and families have different expectations of the birth process based on knowledge, experience, beliefs, culture, social and family background [3].

Women in labor have a deep need for empathy, support, and help. Hodnett's research stated that women who received more support in labor gave birth vaginally, received less anesthesia during labor, and had shorter delivery times [4]. Support in childbirth includes

four things, namely emotional support, information support, physical support, and advocacy [5]. Continuous support has a better impact on the delivery process. Maternal mothers place the satisfaction of childbirth care more important than their overall labor pain with their work experience than the perceived effectiveness of pain management [6].

Although birth is accepted as a normal physiological event, the process causes negative feelings such as pain, fear and anxiety. It was found in a study that 14.5% of women experienced anxiety, 9.4% moderate anxiety and 8.7% experienced severe anxiety during childbirth [7]. In a study conducted by Curzik and Begic (2011), it was found that if the anxiety score increased, labor pain also increased [8]. Anxiety causes fatigue which results in stretching of the pelvic muscles and reduces a woman's ability to cope with pain (Akköz evik & Karaduman, 2020). Effective management of labor pain affects women's perceptions of birth, mental health, presence, and satisfaction with the birth process, 7% of women stated that they had a negative experience in childbirth [10].

Some therapies to reduce labor pain consist of pharmacological and non-pharmacological therapies. Pharmacological methods can reduce pain but may have negative side-effects [11]. Among the non-pharmacological therapies that are often used are ambulation, selection and change of delivery position especially upright position, tactile techniques or massage in the sacrum or music therapy [12]. Exercises such as massaging, assisting breathing, providing privacy, positioning, and providing psychological support also can be done to reduce women's pain, anxiety, and stress during childbirth, this is done to help women have a positive birth experience. Some women who used relaxation and/or massage techniques reported how these methods helped to reduce pain [13]. One of these practices is touching therapy [14]. Although many methods are non-pharmacological to reduce labor pain, the most taught by midwives are proper breathing techniques, cold/hot treatment, and trying various positions and movements [15].

Research by Cevix and Karaduman (2020) states that massage during labor can reduce anxiety, pain in mothers, and have better outcomes for babies born. (Akköz evik & Karaduman, 2020). Pinar's research (2020) states that Touching therapy is proven to be effective in reducing pain and anxiety levels in maternity [14]. However, the results of the research by Cheragi et al. (2017) stated that touching therapy did not have a significant impact on the level of reducing pain and anxiety in the mother but provided comfort during the delivery process [16]. **Research purposes:** This is to see the effect of Touching therapy on labor pain.

## 2 Method

### 2.1 Research Design

This Research by Observational analytic research with Cohort approach. Respondents assessed the intensity of labor pain using the VAS scale. Population and Sample: All mothers giving birth in one of the midwife clinics in Sleman Yogyakarta. Research sample: maternity mothers who are willing to become respondents by signing the informed consent. There are no complications in childbirth. Sampling technique: Consecutive Sampling as many as 41 mothers giving birth.

**Table 1.** Characteristics of Respondents

Characteristics	f	%
Age	7	17.1
at risk	34	82.9
No Risk	40	97.6
Mother Education	1	2.4
Intermediate		
Tall		
Gravida Status	17	41.5
Primigravida	21	51.2
Multigravida	3	7.3
Grandemultigravida		

Source: Primary Data 2022

## 2.2 Collection Method

Touching therapy is carried out by midwives and pain measurement will be measured 2 times. First, mothers who meet the criteria will be measured on the scale of pain when feeling contractions at the active phase (cervical opening  $>4$  cm) using the VAS scale. The second measurement was taken after the mother received therapy by the midwife for 15 min. Midwives must warm the hand first and then place the respondent's hand between the companion's hand without applying pressure. Touching therapy is carried out once for 15 min in the first stage of the active phase, then the mother is measured the intensity of pain using the VAS scale. Research ethics: The implementation of this research was carried out after obtaining a letter of eligibility for research ethics from the ethics committee of Aisyiyah University Yogyakarta No. 2010/KEP-UNISA/IV/2022.

## 2.3 Data Processing and Analysis Methods

The data obtained from the research results were then recorded, collected, processed, and analysed by statistical analysis. Data analysis: Univariate analysis describes the data descriptively in the form of tables based on the frequency and variables studied so as to obtain an overview of the research subject in the form of a percentage of each variable. Bivariate Analysis: Knowing the effect of touching therapy on labor pain using the Wilcoxon test (Table 1).

# 3 Result and discussion

## 3.1 Result

## 3.2 Discussion

Childbirth is a transformational process for women, so providing care during childbirth is important to create positive experiences that are key to the future [17] (Table 2). Women in labor have a deep need for empathy, support and help. Hodnett's research stated that

**Table 2.** VAS Score

Touching therapy	Mean Score	p value
No touching	7.53	0,000
Touch	4.87	

women who received more support in labor gave birth vaginally, received less anaesthesia during labor, and had shorter delivery times [4]. Women's satisfaction with the birthing experience is important for the health of the baby. A mother's positive perception of her birth experience is associated with positive feelings towards her baby and adaptation to the mother's role and trauma to the birth process will affect breastfeeding ability and bonding with the child and can lead to child neglect and abuse [18].

Although the birth process is accepted as a normal physiological event, it causes negative feelings such as pain, fear and anxiety. A study conducted by Curzik and Begic (2011), states that if there is an increase in anxiety during labor, it will increase labor pain [8]. Anxiety causes fatigue by causing stretching of the pelvic muscles, and reducing a woman's ability to cope with pain (Akköz evik & Karaduman, 2020).

Continuity in maternity care has various meanings for women. If health care providers are committed to providing women-centred maternity care, it is important to recognize the diversity of women's experiences, and ensure that the care system is flexible and appropriate to women's circumstances and needs [19]. Women have a deep need for help, empathy and support during childbirth. Hodnett's research stated that women who received more support in labor gave birth vaginally, received less anaesthesia during labor, and had shorter delivery times [4].

Support in childbirth includes four things, namely emotional support, information support, physical support, and advocacy [20]. Continuous support has a better impact on the delivery process. Maternal mothers place the satisfaction of childbirth care more important than their overall labor pain with their work experience than the perceived effectiveness of pain management [6]. Support in childbirth, both in the form of the presence of a companion on the mother's side and psychological support during the delivery process, enhances a positive birth experience for the mother. Mothers who receive support during labor and delivery tend to have shorter delivery times on average, can control pain better and have fewer medical needs [4].

Childbirth is a very scary experience for women, especially for primiparas. Support for women to overcome discomfort during labor through the provision of appropriate care, clear information and assurance of safety during labor and delivery. Howarth et al. in their research stated that the support of birth attendants greatly influences the relationship between mother and midwife. The experience of nulliparous mothers who gave birth at home and in hospitals in Australia shows that women really value the presence of midwives. Delivery with a midwife at home further enhances the relationship of trust because women feel more comfortable and free from hospital procedures [19].

The relationship between women and midwives is an important factor in satisfaction with care during childbirth. This relationship will be remembered over time. Research has shown that good communication, listening, respect for women during labour, providing

clear explanations, being near mothers and families are important factors for building trust between mothers and midwives as service providers. Communication skills and interpersonal professional midwives are the key to the bond of trust between mothers and midwives. The comfort obtained by the mother during the delivery process begins with a sense of trust in the midwife who helps delivery [21].

The importance of building personal relationships and caring in providing satisfaction and positive experiences during the labor process. Building a positive relationship between the midwife, mother, husband and family is an important factor in increasing comfort during the delivery process [19]. The attitude of the midwife that is important in providing comfort in the delivery process is patience and concern. Women's perceptions of the quality of midwife care in childbirth increase comfort. These qualities include the midwife's concern, the midwife's good and pleasant attitude and the midwife's reassuring attitude [21]. By listening to women's experiences and by observing women during childbirth, factors that contribute to an optimized process of labor, such as the mothers' wellbeing and feelings of safety, may be identified [15]. Especially in pain assessment at the beginning of the labor process so that midwives can provide counseling and apply techniques to reduce pain [22, 23]. An important part of a midwife's role during birth is supporting and encouraging women as well as informing them about pain management options [24]. It is clear that women need information on the risks and benefits of all available pain relief methods in order to make informed decisions [11]. Although many methods are non-pharmacological to reduce labor pain, the most taught by midwives are proper breathing techniques, cold/hot treatment, and trying various positions and movements [15].

Borelly et al. (2014) mention that to be a good midwife, one must have good communication skills, have empathy, care, be good attitude, supportive, knowledgeable and skilled. The ability of midwives to treat women as individuals who have different expectations of the delivery process by promoting an attitude of empathy provides a very positive experience for women [25]. Professional midwives have a positive caring and partnership with women who give birth and their families and develop themselves personally and professionally. ICM (International Confederation of Midwives) states that the philosophy of midwifery services focuses on giving respect, care, flexibility and anticipation to the needs of women, babies, families and communities [26].

Women's satisfaction with the birthing experience is important for the health of the baby. A mother's positive perception of her birth experience is associated with positive feelings towards her baby and adaptation to the mother's role and trauma to the birth process will affect breastfeeding ability and bonding with the child and can lead to child neglect and abuse [18]. Iravani et al. (2015) state that safety in the delivery process means that a mother does not have fears for the safety of herself and her baby, fear of the birth process being faced, fear of death and guarantees for the expertise of birth attendants [20]. Women clearly identified priorities for their childbirth experiences as: the availability of pain relief, partnership with the midwife, and individualized care being the most important attributes [27].

Therapy will be given after an assessment of the pain. If the pain is less than 3, the usual delivery management will be given. However, if the pain score is  $\geq 3$ , pharmacologically or non-pharmacological pain reduction techniques will be given. Among the

non-pharmacological therapies that are often used are ambulation, selection and change of delivery position especially upright position, tactile techniques or massage in the sacrum or music therapy. Among the non-pharmacological therapies that are often used are ambulation, selection and change of delivery position especially upright position, tactile techniques or massage in the sacrum or music therapy (Beyable et al., 2022). A key difference between the pharmacological and non-pharmacological methods concerned how they directed women's attention, focus and capabilities [11].

Touching Therapy is an approach that aims to regulate, increase, balance, and conserve energy on a regular basis to improve disease or symptoms caused by imbalance of vital energy fields. Touching is a way of expressing feelings and is a basic human need. Communication through touch is simple, honest and direct. Touching the patient provides relaxation physically, emotionally and spiritually, it improves physiological health, makes people feel worthy, gives confidence, peace and calm, and increases self-esteem [16]. With the massage or touch technique provided by the midwife, the mother feels an emotional connection. this makes the mother feel calm and much be better [11, 28]. Women who use non-pharmacological therapies reveal that the techniques taught make women face and divert and apply pain management when contractions are felt. Therapies such as massage or touch make the woman focus on herself to adapt to the techniques applied. For women who received non-pharmacological pain relief, this was expressed as feelings of control, joy and empowerment [13, 28, 29].

Touching Therapy is considered therapeutic when it is done with sincerity, honesty, empathy and caring. The pain and anxiety experienced by a woman at birth reduces her confidence, so she may prefer a caesarean section feeling unable to do it on her own (Akköz evik & Karaduman, 2020). Touching Therapy with its healing and relaxing effects is a patient-centred, holistic and evidence-based method. The support provided by therapeutic touch to a woman giving birth increases her ability to cope with her anxiety, makes her think positively about the birth experience, speeds up the labor process, reduces the need for analgesics and possible interventions in the labor process, and increases maternal satisfaction.

## 4 Conclusion

Touch therapy provided by the midwife can make the patient safer and more comfortable, thereby reducing pain scores during labor. This technique can be applied by midwives or companions because it does not require equipment that must be prepared beforehand.

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