



Hot Compress on Postpartum Pain and Depression after Vaginal Delivery

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ABSTRACT

To determine effect of heat compression at acupoint on postpartum depression. 2. To determine effect of heat compression at acupoint on postpartum pain. There are several reasons why a baby's postpartum pain and discomfort occur. Applying an ice pack will help relieve discomfort from an incision, such as an episiotomy around the opening of your vagina, or labial edoema (inflammation around the exterior of your vagina). A heating pad on "low" or warm compresses applied to your abdomen will help relieve discomfort from a caesarean section incision. Additionally, you might wish to take a light painkiller. Request a recommendation from your doctor for the ideal one for you. In the first few days after your baby is born, you may have afterbirth pains, which are comparable to menstruation cramps. They are typical and could get stronger with each subsequent child. They most frequently happen during nursing. You might feel more at ease by taking warm baths or compresses, as well as a light painkiller. Try to keep your bladder empty because having a full bladder might make the pain worse. Quantitative Research approach with pretest posttest control group quasi experimental research design. Total 200 Postpartum mothers were included as a study subject by Non-Probability Purposive Sampling Technique. The analysis asserts that there was significant ($p 0.005$) difference between experimental and control group at the level of postpartum pain in cases of mothers delivered with spinal anesthesia also same findings were present at $p 0.003$ in cases delivered without spinal anesthesia. The study findings also revealed that Edinburgh Postnatal Depression Scale indicated that there was significant difference between experimental and control group with spinal anesthesia at $p 0.07$ and without anesthesia at $p 0.006$. This result clearly advocates that there is positive impact of acupoint hot compression to reduce incidences of postpartum depression and pain among postnatal mothers who have got delivered with or without spinal anaesthesia. This study have concluded that hot compression can be one of the essential intervention which can be utilized to overcome the problem of postpartum pain as well as to prevent postpartum depression.

Key Words: Hot compress, Postpartum, Pain, Depression, Vaginal delivery.

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INTRODUCTION

There are several reasons why a baby's postpartum pain and discomfort occur. Applying an ice pack will help relieve discomfort from an incision, such as an episiotomy around the opening of your vagina, or labial edoema (inflammation around the exterior of your vagina). A heating pad on "low" or warm compresses applied to your abdomen will help relieve discomfort from a caesarean section incision. Additionally, you might wish to take a light painkiller. Request a recommendation from your doctor for the ideal one for you [1].

In the first few days after your baby is born, you may have afterbirth pains, which are comparable to menstruation cramps. They are typical and could get stronger with each subsequent child [2]. They most frequently happen during nursing. You might feel more at ease by taking warm baths or compresses, as well as a light painkiller. Try to keep your bladder empty because having a full bladder might make the pain worse [3-4].

Back pain might result from strained muscles or from nursing your child without utilizing appropriate support. A heating pad could make the ache go away. Your muscles will also improve with exercise. Please contact your doctor if you get discomfort in either leg. Although mild cramping is natural, heated, uncomfortable regions on your legs are not [5].

In Africa, it is common practice for elder women to press very hot water on a pregnant woman's stomach after the baby is delivered. It is thought that doing so will assist the woman's stomach recover to normal size and ease any associated abdominal pain [6].

Women's postpartum concerns about pain have been well-documented. But postpartum pain management is a mostly unexplored field in clinical research. As a result, there is a lack of data to support

therapies that might lessen the pains of labour. Given that approximately 4 million women give birth each year in the United States alone, it is especially remarkable that there is so little study on postpartum pain treatment. Inadequate pain management in the hours to months after childbirth can hinder breastfeeding and interfere with mother-newborn bonding. It can also raise the risk of postpartum problems by restricting movement. In addition, untreated pain may raise the chance that it may become chronic and remain longer than the postpartum period [7].

After referring all such researcher and identifying the need of the Mothers in the Postnatal period the investigator felt to conduct the current study to assess the effectiveness of hot compression at the acupoints to reduce the pain in the postnatal pain which is one of the main cause to postnatal depression [1-3]. To determine effect of heat compression at acupoint on postpartum depression and postpartum pain.

MATERIAL AND METHODS

Research Design: Quasi Experimental Pre Test -Post Test Control Group.

Sampling Technique: In the present study, investigator has adopted non-probability purposive sampling technique.

Sample Size: Total 200 samples were selected for the study of which 100 samples in the experimental group and 100 samples in the control group.

Tool for data collection:

The tool consists of two sections.

Section I of the tool consists of questions related to selected background variables that evolve the basic information about their present delivery.

Section II of the tool consists of VAS to assess the Pain in the Post natal Period

Section III Edinburgh Postnatal Depression Scale to assess the level of Depression in the Postnatal period..

RESULT

Keeping the study objectives in consideration the result was divide in the following sections

Section I:

Analaysis related to Pre experimental Pain score among postnatal mothers in the experimental and control group

Section II

Comparison of Post intervention postpartum depression score and pain score in experimental and control group with spinal anaesthesia.

Section III

Comparison of Post intervention postpartum depression score and pain score in experimental and control group without spinal anaesthesia.

Section I:Analaysis related to Pre experimental Pain score among postnatal mothers in the experimental and control group N =200

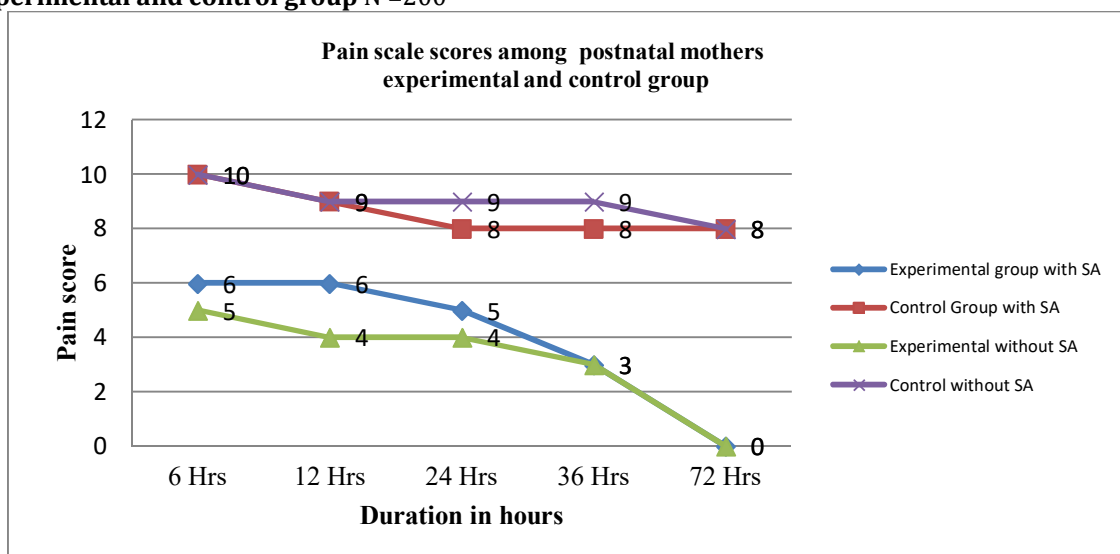


Fig 1: Description of Pre experimental Pain score among postnatal mothers in the experimental and control group

Section II:

Comparison of postpartum depression score and pain score in experimental and control group with spinal anaesthesia.

Table 1. Distribution of samples in experimental and control group according to their pain level and postnatal depression with spinal analgesia. N=200

Scoring	Intervention group (n = 50 with spinal analgesia)	Control group (n = 50 with spinal analgesia)	P value
Postpartum uterine contraction pain assessed with VAS at different time points.			
6 Hrs	6	10	0.005
12 Hrs	6	9	
24 Hrs	5	8	
36 Hrs	3	8	
72 Hrs	0	8	
Depression levels screened with EPDS, score (Edinburgh Postnatal Depression Scale)			
>9	5	16	0.07
<9	45	34	

Section III:

This section comprises of the comparison of postpartum depression score and pain score in experimental and control group without spinal anaesthesia.

Table 2. Distribution of samples in experimental and control group according to their pain level and postnatal depression without spinal analgesia. N=200

Variable No.	Intervention group (n = 50 without spinal analgesia)	Control group (n = 50 without spinal analgesia)	P value
Primary outcome			
Postpartum urinary retention			
Yes	10	42	0.003
No	40	8	
Secondary outcomes			
Postpartum uterine contraction pain assessed with VAS at different time points.			
6 Hrs	5	10	0.003
12 Hrs	4	9	
24 Hrs	4	9	
36 Hrs	3	9	
72 Hrs	0	8	
Depression levels screened with EPDS, score (Edinburgh Postnatal Depression Scale)			
>9	7	12	0.006
<9	43	38	

The table 1 and 2 depicts that there is significant difference between experimental and control group at p 0.005. This result stresses that acupoint hot compressions have a positive effect on reducing postpartum pain. As per table 1,2 and figure 2 , the study also revealed there is significant difference between experimental and control group at p 0.07 in case of depression level. This result concluded that there was significant reduction in postpartum mothers who had to face depression in experimental group than control group.

DISCUSSION

In the study 150 women were randomly assigned into 2 groups for the study one intervention group and one control group and it was carried out at a few hospitals in Shiraz. The control group got standard hospital care, whereas the intervention group received warm compress bintage intervention at 7cm and 10cm dilation and zero position throughout the first and second phases of labour for 15 to 20 minutes. Following delivery, the prevalence of episiotomies, an intact perineum, the location, severity, and length of a rupture, as well as the severity of postpartum discomfort, were evaluated in the 2 groups. The intervention group substantially outperformed the control group in terms of the frequency of the rupture site ($P = .019$), mean length of the episiotomy incision ($P = .02$), and mean severity of pain the day following birth ($P .001$). However, the intervention group had a greater risk of ruptures. Therefore; the investigator came to the conclusion that the warm compress bintage intervention was successful in

lowering the number of episiotomies and the mean length of the incision during an episiotomy, decreasing postpartum discomfort, and raising the percentage of intact perineae. In contrast to the control group, the intervention group's rupture rate marginally rose [7-10].

CONCLUSION

The conclusions drawn from the findings of the study are the subjects in the experimental group have significant reduction in postpartum Edinburgh Postnatal Depression Scale Score as well as pain scale score, irrelevant of spinal anaesthesia, as compare to the control group. The study significantly indicates that practicing postpartum acupoint hot application should be used as a routine intervention in order to prevent the risks of postpartum pain and postpartum depression which is one of the important postpartum complications.

Conflict of Interest: Nil

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Ethical clearance: Ethical committee of the institute has approved the study

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