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ORIGINAL ARTICLE **OPEN ACCESS**

Effectiveness of Acupoint Hot Compression to Prevent Postpartum Urinary Retention

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ABSTRACT

Acupoint hot compresses, which combine acupoints with heat from a natural physical agent, have a great deal of potential to relieve problems related to early puberty. There is not enough information available at this time about how acupoint hot compress therapy affects early puerperal recovery .The first week following delivery is known as the early puerperium, which is a period of adjustment. According to the World Health Organization's postpartum care guidelines, mothers and newborns should receive care at least 24 hours after delivery, including evaluation of micturition, urinary incontinence, and bowel function, healing of any perineal wounds, fatigue, pain, and lochia, breastfeeding success, and emotional well-being. These problems may make it difficult for a woman to take care of both herself and her child[8,9,10]. The present study adopted a quantitative approach with pretest posttest control group quasi experimental research design. 200 Postpartum mothers were recruited as a study subject by non-probability purposive sampling technique. These study subjects were further grouped 100 in control group who received routine postpartum care and 100 in experimental group who received standard postpartum care and a therapy on acupoint with hot compression. The acupoint was delivered at three different episodes first within thirty minutes after delivery, second, after 24 hours after delivery and third after 48 hours after delivery. To determine effect of heat compression at acupoint on postpartum urine retention.The analysis asserts that there was significant (p 0.003) difference between experimental and control group. This result clearly advocates that there is positive impact of acupoint hot compression to reduce incidences of postpartum urinary retention among postnatal mothers who have got delivered with or without spinal anesthesia. This study has concluded that Acupoint hot compression can be one of the essential non pharmacological interventions which can be utilized to overcome the problem of postpartum urinary retention.

***KEY WORDS**: Acupoint, Hot compress, Postpartum Urinary, Vaginal Delivery*

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INTRODUCTION

Acupoint hot compresses, which combine acupoints with heat from a natural physical agent, have a great deal of potential to relieve problems related to early puberty. There is not enough information available at this time about how acupoint hot compress therapy affects early puerperal recovery. The first week following delivery is known as the early puerperium, which is a period of adjustment [11, 14].

After giving birth, postpartum voiding dysfunction is defined as an inability to urinateon one's own or trouble completing micturition, which results in urine retention.Due to misdiagnosed asymptomatic instances, the precise incidence is unknown, however according to the literature, The incidences of Postpartum urinary Retention are estimated from the 0.05% to Thirty %.

Although the aetiology of PPUR is unclear, there are several theories as to why it occurs. Reduced bladder sensitivity may result from pelvic floor muscles and innervations being traumatised during vaginal delivery [15]. To determine effect of heat compression at acupoint on postpartum urine retention.

Methodology

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

Sampling technique: In the present study, investigator has adopted Non-pPobability 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: Consists of questions related to selected background variables that evolve the basic information about their present delivery**.**

Section II: Structured questioners regarding the level of urine retention

RESULT

Section I: Description of demographic variable included in the study in terms of frequency and percentages

Section II: Description of analysis related o urine retention level with or without spinal anlagesia in the control group and experimental group

Section -I

Table 1: Description of demographic variable included in the study in terms of frequency and percentages **N - 200**

Demographic Variables	Experimental group % (n-100)	Control group % n-(100)	Mean	SD
Age				
20-25 Years	45	40	33.3	12.6
26-30 Years	35	45		
> 30 Years	20	15		
Place of residence				
Urban	20	30	33.3	12.3
Suburban	50	47		
Rural	30	23		
Educational level				
Post Graduate	30	25	25	12.91
Undergraduate	40	45		
Secondary	10	15		
Higher secondary	20	15		
Mode of conception				
Natural	85	90	50	56.57
ART	15	10		
labour Induced				
Yes	10	10	45	56.6
No	80	90		
Rupture of membranes				
Spontaneous	80	75	50	35.36
Artificial	20	25		
Spinal analgesia for labor pain				
Yes	50	50	50	0
No	50	50		

The Table-1, Depicted above explains that the samples from both experimental group and control groups were homogeneous to each other on basis of demographic variables.

Section II A

This section comprises of the comparison of postpartum urinary retention in experimental and control group with spinal anaesthesia and without with spinal anaesthesia.

Table 2, Comparison of postnatal urinary retention in experimental and control group with spinal anaesthesia N-200

Variable No.	Experimental group (n = 50 with spinal analgesia)	Control group (n = 50 with spinal analgesia)	P value
Urine Retention in the Postpartum			
Yes	20 (40 %)	40 (80 %)	0.003
No	30 (60 %)	10 (20 %)	

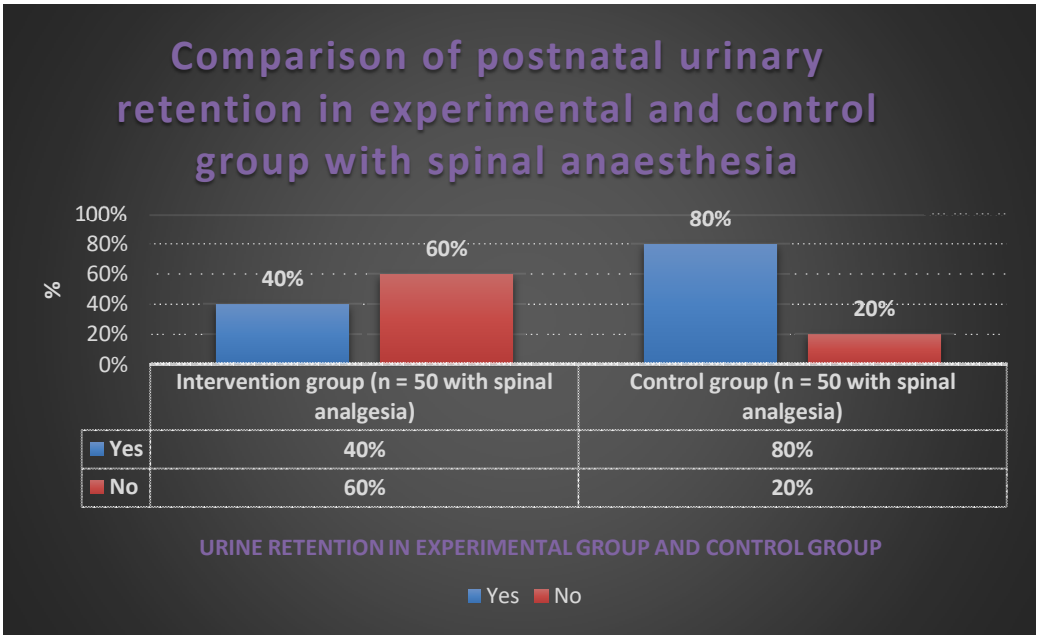

Fig. 1 Percentage of subjects with postpartum urinary retention with spinal anaesthesia

The table and diagram above concluded there is significant difference between experimental and control group at *p* 0.003. This result stresses that acupoint hot compression is an important component to reduce postpartum urinary retention in case of subjects who have received spinal anaesthesia during delivery.

Section II B-

This section comprises of the comparison of postpartum urinary retention in experimental and control group without spinal anaesthesia.

Table 3. Comparison of postnatal urinary retention in experimental and control group without spinal anaesthesia N-200

Variable No.	**Experimental group (n = 50 without spinal analgesia)**	**Control group (n = 50 without spinal analgesia)**	**P value**
Urine Retention in the Postpartum			
Yes	10 (20 %)	42 (84 %)	0.003
No	40 (80 %)	8 (16 %)	

The table and diagram above concluded there is significant difference between experimental and control group at *p* 0.003. This result stresses that acupoint hot compression is an important component to reduce postpartum urinary retention in case of subjects who have not received spinal anaesthesia during delivery.

DISCUSSION

A similar Randomized clinical trial was conducted to assess the effectiveness of Hot Compression on Postpartum Urinary Retention after vaginal Deilvery. The main result was the prevalence of postpartum urine retention, which was determined by the first urination taking place more than 6.5 hours after delivery and/or the need for an indwelling catheter within 72 hours of delivery. The postpartum uterine contraction pain intensity (measured as a secondary result) Postpartum urinary retention was significantly less common in participants in the intervention group compared to the control group, postpartum uterine contraction pain was improved when assessed at 6.5 hours whereas depressive symptoms were reduced. None of the group had any negative effect /outcome. Acupoint heat compress after vaginal birth reduced postpartum urine retention, uterine contraction discomfort, and depression symptoms while increasing the supply of breast milk, according to the trial's findings. When providing postpartum care, acupoint hot compresses may be used as an additional intervention [4-7].

CONCLUSION

The conclusions drawn from the findings of the study are the subjects in the experimental group have significant reduction in postpartum urine retention irrelevant of spinal anaesthesia, as compare to the

control group. Subjects in Results of this study suggest that this clinical practice of ac should be acupoint hot compression should considered as part of routine postpartum care in hospitals.

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