



LAMAZE TECHNIQUE

“Less pain without drugs”

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ABSTRACT:

Lamaze method is effective in improving the child birth experience and helped the parturients to cope up with labour pains and experimental group mother exercised during their antenatal period had considerably shorter duration of labor and that they had more vaginal birth compare with control group mothers. So these study findings proved that statistical significant difference in mode of labour & outcome of labour. To enhance this Lamaze method of child birth preparedness can be included in routine antenatal care services.

KEYWORDS: Lamaze , Childbirth Preparedness

INTRODUCTION: a method of psychophysical preparation for child birth was developed in the 1950's by a French obstetrician Fernand Lamaze. The Lamaze is such a child birth education method that teaches that birth is a normal, natural and healthy process and that women should be empowered to approach it with confidence. It is also known as psycho prophylaxis.

Pregnant women commonly worry about the pain they will experience during labour and child birth. Labour pain is one of the severest pain. Controlling labour pain is a major concern of maternity care. It is an effective non invasive, non pharmacologic, supportive education for reducing the labour pain and to improve the behavioural responses of women in labour.

AIM:

The aim of Lamaze classes encourages women to recognises their innate abilities to cope successfully with the challenges of labour and birth in any setting and to help women to have stress free and safe delivery.

THEORY:

The theory used in the Lamaze technique is pavlov's response to stimulus theory. The time in class is also spend on learning conditioned reflexes ior reflexes which automatically occur in response to a stimulus. While conducting studies of salivation in dogs, Pavlov noticed that every time he put out food for his dogs, the dogs salivated at the mere site of it. To learn more about this phenomenon he tried ringing a bell each time he presented food and he found that after a time dogs salivated at the sound of the bell even when food was not offered. This is called conditional response. The same

training technique is applied to the birth process in the Lamaze method the woman is conditioned to relax automatically on hearing a command (contraction beginning) or on the feel of a contraction beginning.

WHAT WE LAERN IN THE CLASS:

Three Main Premises Are taught In the Prenatal Period related to the gate control method of pain relief.

- I. With relation, pain does not have to occur with contractions.
- II. Sensations such as uterine contractions can be inhibited from reaching the brain cortex and registering as pain.
- III. Conditioned reflex are a positive action to use to displace pain sensation in labour.

Much time in class is spent reviewing or teaching reproductive anatomy and physiology and the process of labour and birth. Thus the couple is familiar with what will happen to women in labour and with the nature of contractions and so enters the labour without a great deal of unnecessary tensions.

TECHNIQUES IN LAMAZE BREATHING:-

Using consciously controlled breathing, or set breathing patterns at specific rates, prevents diaphragm from descending fully and therefore prevents it from putting pressure on the expanding uterus. To participate, the woman inhales comfortably but fully, then exhales with her exhalation a little stronger than her inhalations. She practices breathing in this manner at a controlled pace, depending on the intensity of contractions. Various levels of breathing are:

LEVEL I:

Slow chest breathing at this level consist of comfortable but fully respirations at a rate of 6 to 12 breaths per minute. This level is used for early contractions.

LEVEL II:

Breathing is lighter than level I. The rib cage expand but be so light the diaphragm barely moves. The rate of respirations is up to 40 minutes. This is a good level of breathing for contractions. When cervical dilations is between 4cm and 6 cm.

LEVEL III:

Breathing at this level is even more shallow. Mostly at the sternum. The rate is 50 to 70 breaths per minute. As the respirations become faster, the exhalation air exchange and to prevent hyperventilation's. If the woman practices saying "out" with each exhalation. She almost inevitably will make exhalations stronger than inhalations. The woman uses this level for transition contractions. Keeping the tip of her tongue against the roof of her mouth helps prevent oral mucosa from drying out during such rapid breathing.

LEVEL IV:

At this level, the woman uses a ‘pant-blow’ pattern. Such as three or four quick breaths (in and out) then a forceful exhalation because this type of breathing sound like an imitation of a train (breath-breath-huff) it is sometimes refer to a (‘ choo-choo’) or hee-hee-hoo breathing.

LEVEL V:

The woman pants at this level, chest panting is continuous, very shallow panting at about 60 breaths per minute. It can be used during strong contractions or during the second stage of labour to prevent the woman from pushing before full dilation.

EFFLURAGE:

One additional techniques to displace pain sensation in the Lamaze method is effleurage which is light abdominal massage, done with just enough pressure to avoid tickling. To ensure that such is maintaining a steady rhythm for massage, the woman should trace a pattern on her abdomen with her finger tips such as the one shown in figure. The rate of effleurage should remain constant, even though breathing rates changes. Effleurage decreases sensory stimuli transmission from the abdominal wall and so helps limit local discomfort.

CONCLUSION:

Nowadays, interest in non pharmacological methods may be helpful for the labour experiences and also no side effects. Lamaze method is a method of child birth in which the mother is prepared psychologically and physically to give birth without the use of pain relieving drugs.

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