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Touch contact in obstetrical care in the course of labour

The touch contact, a fundamental form of human activity, makes an indispensable element in the obstetrical care (1). It is a medium carrying information about the patient's positive and negative feelings, and the activities of the midwife using the touch contact are supposed to provide for relief in suffering, give emotional support, express sympathy and a feeling of closeness, as well as to improve the patient's well-being. The quality and quantity of tactile contact used in a widely understood care depends mainly on: the patient's self-sufficiency, their abilities and skills necessary for self-nursing and self-care, their age and sex and fixed behavioural patterns characteristic of both the patient and the caregiver (2). Care-giving tasks carried out by means of the touch contact exert a direct effect on the patient's mental and physical spheres and, as a result, they function therapeutically in the process of nursing care. However, the therapeutic action initiated and maintained by means of the touch occurs only when it is accompanied by an intention to give support (3).

By means of the touch the midwife receives information about, among others, the position and presentation of the foetus (Leopold's manoeuvres), the dilation of the cervix or the stage of labour. While acquiring information about the condition of the woman's health and organism the midwife simultaneously communicates her presence (4, 5). Due to the skillfully applied touch, the midwife can significantly contribute to the advancement of labour, as well as affect the well-being of the woman in labour (6). Massaging the patient's back may reduce the sensation of pain and muscular tension. Likewise, introducing a catheter into the bladder or taking cervical smear test, does not need to be associated with discomfort, pain or embarrassment. Other activities of the midwife involving touch contact with the patient include massage of the ankle and the sole of the foot, the abdomen and nipples in order to stimulate uterine contractions, touch massage of the cervix (pressing adequate sites on the cervix), classical massage of the cervix (unfortunately, very painful for the patient) and, in addition, massaging the head above the occipital protuberance in order to stimulate cervical dilation, pressing Michaelis's rhomboid to ease labour pain, supporting the strength of abdominal muscles through exerting pressure while pushing contractions (7).

The present work is of empirical nature. Its aim is to show the opinion of women after delivery, concerning the touch contact between them and the midwives assisting at childbirth.

MATERIAL AND METHODS

The survey was conducted during the period of January – March 2005 in two clinical hospitals of one of the major Polish cities. It involved a group of 100 women in the first days after delivery. The most numerous group included patients aged 19–25 (37% of the examined population). 46% of the women had higher education and 61% of the surveyed were professionally active. Half of the

women were after their first birth. Generally accepted criteria were applied in recruiting the patients for the survey (accepting their participation in the test, having a possibility to fill in the form), as well as specific ones (women 2–4 days after a physiological childbirth). For the research purposes, an individually developed, non-standard questionnaire was used. It was based on the professional literature and experience of the authors.

RESULTS AND DISCUSSION

It is true that professions referred to as caregiver jobs, including that of a midwife, involve a tactile contact with the patient, the object of care (8). This statement is also accepted by the surveyed women. 95% of the respondents gave a positive answer to the question whether the job of a midwife requires touching the patient. Two women answered negatively, and three of them had no opinion. However, in order to be able to analyse a touch relationship between a woman in labour and a midwife it was necessary to verify how patients referred to the sphere of the touch contact in a more general aspect. Some of the questions regarding the touch in human interactions concerned its role in people's lives and "touch" categories in which the respondents were asked to determine themselves.

Additionally, the surveyed women, while assessing the significance of the touch, were requested to decide whether a need to touch and to be touched by others existed in their lives. Nearly half of the women (48%) "enjoy being touched and like themselves to touch others", 11% merely "enjoy touching others", and 2% "do not enjoy touching others". On the other hand, 19% of the respondents answered that they "do not enjoy touching others or being touched" and 20% did not reply the question.

While comparing the answers to the above questions, it was observed that the women claiming that the touch was not important in their lives (9% of the population questioned) at the same time described themselves as individuals who "do not enjoy touching others or being touched" – 62.5%. Similarly, the women who "do not enjoy touching others" did not attribute any significant role to touch contact – only 2.49% gave the positive answer "definitely yes" and "yes". On the other hand, those attributing a vital meaning to the touch contact declared in 66.18% that they "enjoy touching others and being touched"¹.

The respondents also answered the question whether they could remember situations from the course of labour in which they were touched by the midwife, and were asked to define that touch (Table 1). Special attention should be paid to the fact that the situations best remembered by the women were those directly associated with their babies, i.e. the delivery, listening to the heart rate of the foetus and having the baby put against their breasts. Another set of situations remembered by the respondents was: completing the 3rd stage of delivery (after delivering the placenta), before the onset of labour and breaking of the amniotic sac. On the other hand, negative feelings connected with labour resulted not only from taking a patient's medical history (47.4% negative answers) but also from meeting a midwife for the first time (39.8%).

The respondents were also asked to answer the question whether they experienced "good" touch in the course of labour and to determine, what it was like (the issue was not limited to the midwife only, but also included the patients' close relatives and the obstetrician). Almost 70% of the women gave positive answers, including 25 "definitely yes" and 43 "yes" responses. Nearly 20% could not or did not want to give their answers, whereas 14% did not experience this type of touch during labour.

¹ While trying to find some concurrence between the variables, only full responses given by the questioned women were analysed, thus $n = 76$.

Table 1. Situations remembered by the respondents, in which the midwife initiated the touch contact and a description of the character of that touch

Responses			Description of touch															
yes	no		i can't remember		Situations	definitely positive		positive		neutral		negative		definitely negative		no opinion		
	n	%	n	%		n	%	n	%	n	%	n	%	n	%	n	%	
22	22.4	39	39.8	37	37.8	first encounter	5	5.05	13	13.13	4	4.04	2	2.02	-	-	75	75.75
24	24.7	46	47.5	27	27.8	taking obstetrical interview	6	6.06	18	18.18	9	9.09	1	1.01	-	-	65	65.65
74	74.75	12	12.12	13	13.13	before the onset of labour	17	17.35	36	32.65	18	18.36	3	3.06	-	-	24	24.48
85	87.63	5	5.15	7	7.22	listening to the heartbeat of the foetus	40	40.40	31	31.31	14	14.14	1	1.01	-	-	13	13.13
83	83.84	8	8.08	8	8.08	the onset of contractions	31	31.6	32	32.7	15	15.3	4	4.08	1	1.02	15	15.3
69	71.13	8	8.25	20	20.62	rupture of the amniotic sac	20	20.4	25	25.5	22	22.5	4	4.08	1	1.02	26	26.5
90	91.84	2	2.04	6	6.12	baby's birth	34	34.7	35	35.7	18	18.4	1	1.02	-	-	10	10.2
76	77.55	7	7.14	15	15.31	after delivering the placenta	18	18.36	29	29.6	28	28.6	2	2.04	-	-	21	21.4
85	86.73	6	6.13	7	7.14	putting the baby against mother's breasts	49	50.5	30	30.9	6	6.2	-	-	-	-	12	12.4

The patients who declared to have had experienced a “good touch” during the birthing process had a chance to define it. Their answers were divided into four groups: the first one, most numerous, included the answers: “helpful” and “delicate”, the second one referred to the answers “tactful”(eight responses) and “subtle” (seven responses). Among the answers given there were also definitions such as: offering relief, warm, friendly, offering the feeling of security, emphatic and kind (one response each). The term “affectionate” given by two women referred to the touch contact offered by their husbands. On the other hand, the term “helpful” was attributed mainly to the touch contact initiated by the midwives.

Similarly, the respondents were asked whether they had experienced any touch during labour which they found unpleasant. Over 45% of them claimed to have had experienced unpleasant sensations related to the touch contact in the course of labour. The patients were asked to determine the moments in labour when they perceived the touch contact as discomfort. Most negative touch sensations were felt during internal (vaginal) examination – 20 responses. However, it should be emphasized that this type of examination refers to all women in labour, whereas the other situations mentioned by the respondents concern individual patients only. Thus the activities such as: massage of the cervix (12 responses), pressing the abdomen during pushing (six answers), massage of the uterus after delivery (one answer), curetting the uterus (three answers), perineal incision (two answers) and incision of the amniotic sac (two answers) are relevant to only a certain percentage of all questioned women.

Since the attitude of the respondents to the course of their own childbirth affects their answers to a high extent, we tried to establish, whether the sensation of an unpleasant touch during labour could influence its general assessment. Among the patients who confirmed to have had experienced some unpleasant touch during labour, 11.11% described childbirth as a negative event, 6.67% as neutral and 82.22% as positive. Among the women who did not experience any negative touch sensations 94.44% defined labour as positive. No relationship between experiencing unpleasant touch during labour and the women’s general attitude to labour was stated ($\chi^2 = 4.95$, $p = 0.08$).

The analysis of the available literature indicates that until nowadays examining the issue discussed here has not been in the focus of researchers’ interest, hence it is impossible to refer the findings to the results of any other research.

CONCLUSIONS

1. The examined women attributing an important role to the touch contact in human interactions declared in 66.18% cases that they “enjoyed touching others and being touched”.

2. The questioned women can remember situations when they were touched by midwives. Best remembered situations include those related to babies: the childbirth – in 91.84% of the cases, listening to the heart beat of the foetus – 87.63%, having the baby put against their breasts – 86.74%. Thus it can be assumed that women in labour are aware of what directly affects them and their babies and they are able to define the touch they experience.

3. The touch they can remember is described by the women as a positive experience also in those moments of labour which refer to the baby: definitely positive while listening to the heart beat of the foetus – 40.4% or during delivery – 34.7%.

4. The women associate an unpleasant sensation mainly with: internal examination (through the vagina), perineal incision and curetting the uterus.

5. Nearly 70% of the respondents experienced “good touch” during labour, which they defined as helpful and delicate (56.1%) or subtle and tactful (26.3%).

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SUMMARY

The touch contact is a vital element in the obstetric care. Its unquestionable role is expressed in activities carried out for the sake of the patient, which is aimed at something more than merely providing information about the condition of the patient. Through the touch contact a midwife communicates her acceptance, kindness and empathy to the woman in labour. The touch becomes a medium carrying some specific information, reinforcing the verbal message and creating an extraordinary rapport between the patient and the midwife. The present work aims at relating the opinions of women in labour on their touch contact with the assisting midwives. The survey was carried out during the period of January – March 2005 in two clinical hospitals of one of the major Polish cities. The survey, based on the professional literature and experience of the authors, involved a group of 100 women in the first days after delivery. The respondents defined the touch contact as an experience affecting the quality of childbirth.

Dotyk w opiece położniczej w przebiegu porodu

Kontakt dotykowy jest istotnym elementem w opiece położniczej. Jego niekwestionowana rola znajduje wyraz w działaniach realizowanych na rzecz chorego, których zadaniem jest nie tylko dostarczenie informacji o stanie zdrowia pacjenta. Poprzez dotyk położna okazuje podopiecznemu akceptację, życzliwość, empatię. Dotyk staje się nośnikiem szczególnego rodzaju informacji, wzmacnia przekaz słowny, pozwala na wytworzenie się niezwykłej więzi pomiędzy pacjentką a położną. Celem pracy jest ukazanie opinii kobiet rodzących na temat kontaktu dotykowego pomiędzy nimi a położnymi prowadzącymi poród. Badania przeprowadzono w okresie od stycznia do marca 2005 roku w dwóch szpitalach klinicznych jednego z większych miast wojewódzkich Polski. Badaniami objęto grupę 100 kobiet w pierwszych dobach po porodzie. Dla celów badawczych

posłużono się samodzielnie opracowanym niestandardyzowanym kwestionariuszem ankiety, opartym na literaturze i doświadczeniu praktycznym autorek. Analiza uzyskanych wyników wykazała, że dotyk zajmuje istotne miejsce w relacjach pomiędzy położną a pacjentką. Ankietowane określiły go jako doświadczenie mające wpływ na jakość porodu.