

## Comfort Over Pain in Pregnancy



Lenore Charles, CNM, MSN, DNP student

---

---

---

---

---

---

---

---

## Comfort Over Pain in Pregnancy



### Definitions

- Acute Pain
- Chronic Pain
- Non-Acute Pain

---

---

---

---

---

---

---

---

## Why a holistic approach?



- Non-acute pain occurs often during pregnancy
- Medications that are safe to use during pregnancy are limited

---

---

---

---

---

---

---

---

## Pregnancy Pain



- More than two-thirds of women who are pregnant experience back pain while nearly one-fifth have pelvic pain.
- Chronic pain is often exacerbated during pregnancy.
- Back pain in pregnancy is associated with chronic back pain later.

(Osgaard, Ross-Hanson, & Zecherstrom, 1996)

---

---

---

---

---

---

---

---

## Analgesics & Pregnancy



- NSAIDs: patent ductus
- Opioids: effect vs. risk
  - Mother
  - Neonate
- Opioids are sometimes appropriate but should never be the first line of treatment.

---

---

---

---

---

---

---

---

## New Approach?



- Barriers to evidence-based practice
  - Typical prenatal office visit 10 min.
  - Physicians not well-versed on alternatives
- Nursing paradigm
  - Florence Nightingale
  - Kathy Kolcaba
  - Keri Schuiling

---

---

---

---

---

---

---

---

## Comfort vs. Pain



- Comfort and pain not opposite ends of same spectrum
- Possible to experience comfort even in the presence of very great pain
- Influence of comfort on pain

---

---

---

---

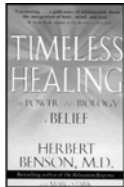
---

---

---

---

## Placebo Effect or Remembered Wellness?



Herbert Benson, MD

---

---

---

---

---

---

---

---

## Holistic Approaches



- Methods that the woman can use independently
- Methods that can be used by family and friends to help the woman
- Referrals to practitioners
- Methods that have been shown to have little evidence-base

---

---

---

---

---

---

---

---

### Methods that a woman can use independently



- Posture
- Back exercises
- Relaxation/imagery
- Yoga
- Hydrotherapy
- Aromatherapy
- Music

---

---

---

---

---

---

---

---

### Methods that can be used by family & friends

- Massage
- Acupressure



---

---

---

---

---

---

---

---

### Referrals to Practitioners



- Cognitive behavioral
- Water aerobics
- Chiropractic
- Physical therapy
- Acupuncture
- Reiki

---

---

---

---

---

---

---

---

## Limitations of Modalities & Data



- TENS (for back pain)
- Many studies of holistic modalities or poor in quality (example acupuncture). This is also true of some reviews.
- Research not financed or driven by a money-making industry such as drug companies.

---

---

---

---

---

---

---

---

## Cultural Considerations



While individual holistic treatments have originated in different parts of the world, findings show no difference in the frequency in use of complimentary alternative modalities among different ethnic groups.

---

---

---

---

---

---

---

---

## The Nurse's Role



- Education
  - The nurse's advantage
- Implementation
- Research
  - SWOT
  - Work plan
  - IRB approval
  - Measures

---

---

---

---

---

---

---

---

## SWOT



- Build strengths
- Exploit opportunities
- Resolve weaknesses
- Avoid threats

---

---

---

---

---

---

---

---

## Build Strengths



- My/your own enthusiasm
- Patient interest
- Support from others: other disciplines, hospital/clinic management/colleagues
- Community interest groups: Women's health groups, nursing groups, Zonta, etc

---

---

---

---

---

---

---

---

## Exploit Opportunities



- Relationships with skilled people
- Networking
- Funding: ASPMN, Sigma Theta Tau
- Organizational support

---

---

---

---

---

---

---

---

**Resolve Weaknesses**  
**Avoid Threats**



- Culture of taking pills to cure ills
- Culture of non-accountability
- Cost
- Projected vs. actual

---

---

---

---

---

---

---

---

**Stakeholders**



- Who are your stakeholders?
  - Patients
  - Colleagues
  - Organizations
- Stakeholder input is the key to success.

---

---

---

---

---

---

---

---

**Measures**



- A. Why measure
- B. Brief evaluation
- C. In-depth questionnaire
  1. *Pain Outcomes Profile*
  2. *General Comfort Questionnaire*
  3. Empowerment measure

---

---

---

---

---

---

---

---

## Suggested Reading

Chou R, Huffman LH. (2007) Nonpharmacological therapies for acute and chronic low backpain -a review of the evidence. clinical guidelines *Annals of Internal Medicine* 147(7) Oct

Denby, A. (2008). *Can opioids be used for pain relief during pregnancy?*. Retrieved 2/17/2010, from <http://www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Can-opioids-be-used-for-pain-relief-during-pregnancy/>

Hunt, R. W., Tzeoumi, D., Collins, E., & Jeffery, H. E. (2008). Adverse neurodevelopmental outcome of infants exposed to opiate in-utero. *Early Human Development*, 84, 20-35.

Leep, N., Sandall, J., Buckland, S., & Huber, U. (2010). Journey to confidence: women's experiences of pain in labour and relational continuity of care. *Journal of Midwifery and Women's Health*, 55, 234-241.

Schulling, K. D., & Sampsel, C. M. (1999). Comfort in labor and midwifery art. *The Journal of Nursing Scholarship*, 31, 77-81.

Simkin, P., Whally, J., Keppler, A., Durham, J., & Balding, A. (2008). *Pregnancy, Childbirth, and the Newborn: The Complete Guide*. Minnetonka, MN: Meadowbrook Press.

---

---

---

---

---

---

---

---