

# Management of Pain and Comfort Through Nursing Interventions among Patients after Normal Vaginal Delivery

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## Abstract

**Background:** The management of pain and comfort is a critical component of postpartum care for woman who have undergone normal vaginal delivery (NVD). Effective management strategies are essential to support the physical and emotional well-being of new mothers during the recovery period. Pain and discomfort following NVD can significantly impact a woman's overall health, recovery time, and satisfaction with the childbirth experience.

**Objective:** To determine management of pain and comfort through nursing interventions among patients of normal vaginal delivery

**Methodology:** A Quasi-experimental design one-group pre and post study approach to evaluate the impact of nursing interventions on pain and comfort levels among post-delivery woman. The independent variable was the nursing interventions, specifically fundal massage and leg lifting exercises, while the dependent variables were pain and comfort levels in post-delivery patients. Pain was measured using a 0–10 numeric pain scale, and comfort was assessed through a scale with a range from 32 to 160, encompassing physical, psychospiritual, sociocultural, and environmental dimensions. Conducted at Tertiary Care Hospital the study targeted post-delivery woman aged 18-40 who had experienced a full-term vaginal delivery within 12 hours and reported a pain level above 3. A purposive sampling technique was employed, with a sample size of 40 participants calculated based on established guidelines. The study excluded woman with mild pain, medical or obstetrical complications, postpartum complications, those who had cesarean sections or instrumental deliveries, and those who had delivered twins or lost their infants. Data was entered and analyzed on SPSS; Man, Whitney U test was used to compare results.

**Results:** The sample consisted of 40 participants, with a demographic profile predominantly of younger woman (50% aged 18-25) and a majority having normal vaginal delivery (57.5%). The results indicated a significant reduction in pain levels post-intervention, with severe pain decreasing from 77.5% to 15% and moderate pain increasing from 22.5% to 52.5%. Additionally, comfort levels improved significantly, with low comfort levels decreasing from 75% to 22.5%, and moderate comfort levels rising from 25% to 67.5%, while high comfort levels increased to 10%. Fundal height assessment post-intervention showed that 72.5% of woman had good involution comparison demonstrating the effectiveness of the nursing interventions in enhancing postpartum care  $p > 0.05$ .

**Conclusion:** This study demonstrates that nursing interventions significantly improve both pain and comfort levels among postnatal woman. The findings indicate that prior to intervention, the majority of participants experienced severe pain and low comfort levels, necessitating immediate action. Post intervention, there was a substantial reduction in pain and a marked improvement in comfort levels, with statistically significant differences evident in pre- and post-intervention scores. These outcomes are consistent with global research trend highlighting the efficacy of targeted interventions in enhancing patient wellbeing. However, variations in results across different studies emphasize the need for individualized, holistic care approaches that integrate both pre and postoperative strategies to optimize patient outcomes.

**Keywords:** post-partum woman; normal vaginal delivery; nursing interventions; post-partum comfort and post-partum pain

## Introduction

Birth is a lovely experience for parents to welcome a newborn into the world. After giving delivery, the majority of women endure some level of pain. Pain might make it difficult for a woman to take good care of both her and the baby [1]. A vaginal delivery, afterbirth pain is a common occurrence. The after

pains are uncomfortable uterine cramps that continue periodically for two to three days following childbirth as a result of the uterus's contractile attempts to return to its usual involute state. The process of uterine involution begins as soon as the placenta is expelled due to the painful contraction of the uterine smooth muscles. Since cell hypertrophy happens during

pregnancy, more cells are laid down throughout the involution process, which increases uterine size with more pregnancies. The severity of postpartum pains may vary depending on any circumstance that delays the uterus return to its pre-pregnancy size and subsequent sub involution [2]. postpartum phase, refers to the first six weeks following the baby's birth. Mothers go through several physical and mental changes during this time. The uterus involution and the fundus descent are the two main alterations that take place. After the placenta is delivered, involution starts right away. Around the maternal blood arteries where the placenta is linked, the uterine muscles flex tightly during involution. The location where the placenta separates, is controlled by this contraction. The uterus undergoes two primary changes: involution and fundus descent [3]. The worldwide prevalence of post-delivery discomfort was 36.7% [4]. In another study the prevalence of postpartum pain was 43%. Similarly, a study was conducted in Pakistan the prevalence of post-delivery discomfort or pain is 66.4% [5]. A major aspect of the treatment included touch and massage. Integrative maternity care includes massage, which is both crucial and essential. A technique for treating the uterus is called "fundal massage." after labor, lessening uterine bleeding and cramps. To get back to its pre-pregnancy size, the uterus's muscle contracts tightly, which might hurt. In turn, the mother might feel less pain and be able to unwind [6]. Nurses are essential to helping moms manage their postpartum pain and discomfort. Here are some important duties and actions nurses take in this situation. By performing these duties, nurses assist in ensuring that postpartum woman receive thorough and customized pain treatment, enhancing their comfort, recuperation, and general well-being during the postpartum period [7].

Postpartum comfort, on the other hand, is a multifaceted concept encompassing physical, emotional, and psychological well-being. Ensuring a mother's comfort after delivery helps in reducing stress and promoting maternal-infant bonding [8]. Comfort is often influenced by the support a woman receives from healthcare providers, family, and the environment of the healthcare facility [9]. Emotional comfort can be compromised by postpartum anxiety, which has been linked to increased pain perception [10]. Therefore, addressing both physical pain and emotional need is vital in postpartum care [11]. Reduced discomfort is essential for postnatal mothers' overall wellbeing, recuperation, success with nursing,

avoidance of problems, and development of positive mental health. Healthcare professionals can help mothers and their newborns have a more satisfying postpartum experience by putting effective nursing interventions and pain management techniques into practice. Childbirth is a natural process, it can be accompanied by see high prevalence rate in postpartum woman such as physical discomfort, emotional stress and effect mother child bonding, necessitating targeted nursing care to improve the well-being of these patients. The goal of the current study is to develop strict protocol for a comprehensive evaluation of postpartum pain, physical discomfort and uterine involution in maternity care facilities. The study also highlights the significance of fundal massage and leg lifting exercises as early as possible in order to identify the type and characteristics of uterine involution and compare the degree of postpartum discomfort or pain. In order to support physical recovery, psychological well-being, bonding and attachment, pain management, prevent complications, patient satisfaction, and the professional fulfillment of healthcare providers, it is important to implement post-delivery nursing interventions to promote comfort among female admitted patients in obstetric department.

## Material And Methods

A Quasi-experimental design one-group pre and post study approach to evaluate the impact of nursing interventions on pain and comfort levels among post-delivery woman. The independent variable was the nursing interventions, specifically fundal massage and leg lifting exercises, while the dependent variables were pain and comfort levels in post-delivery patients. Pain was measured using a 0-10 numeric pain scale, and comfort was assessed through a scale with a range from 32 to 160, encompassing physical, psychospiritual, sociocultural, and environmental dimensions. Conducted at Tertiary Care Hospital the study targeted post-delivery woman aged 18-40 who had experienced a full-term vaginal delivery within 12 hours and reported a pain level above 3. A purposive sampling technique was employed, with a sample size of 40 participants calculated based on established guidelines. The study excluded woman with mild pain, medical or obstetrical complications, postpartum complications, those who had cesarean sections or instrumental deliveries, and those who had delivered twins or lost their infants. Data was

entered and analyzed on SPSS; Mann Whitney U test was used to compare results.

## Results

**Table 1:** reveals that the majority of mothers, 50% (n=20), fall within the age range of 18-25 years. This

is followed by 35% (n=14) who are aged between 26-30 years, while 7.5% (n=3) of mothers are under 18 years, and another 7.5% (n=3) are between 31-40 years.

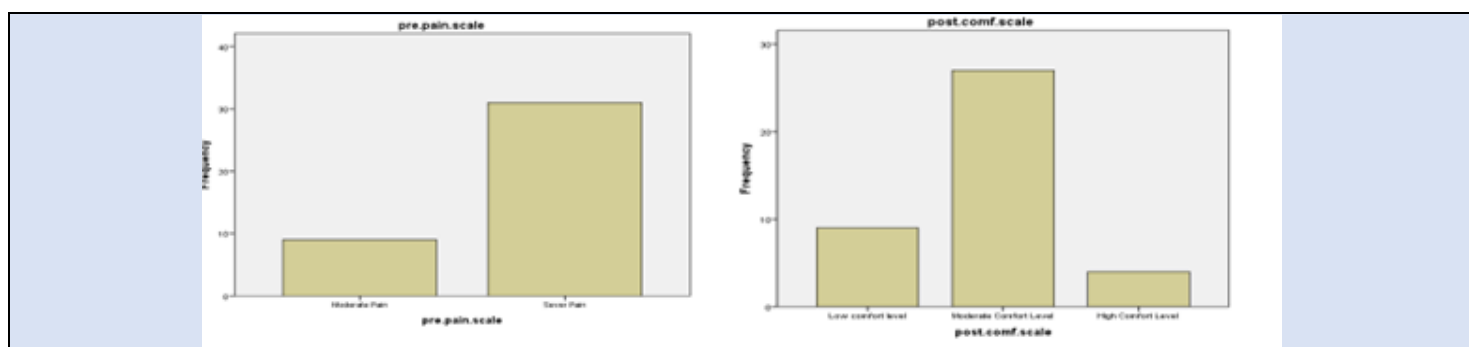
### Demographic characteristics

Variable	Frequency	Percentage
<b>Maternal Age</b>		
<18 year	3	7.5%
18-25 years	20	50.0%
26-30 years	14	35.0%
31-40 years	3	7.5%
<b>Mode of Delivery</b>		
NVD	23	57.5%
Episiotomy	17	42.5%

In terms of the mode of delivery, the data reveals that more than half of the mothers, 57.5% (n=23), had a normal vaginal delivery (NVD). The remaining 42.5%

(n=17) of mothers underwent an episiotomy during delivery.

### Level of pain after delivery



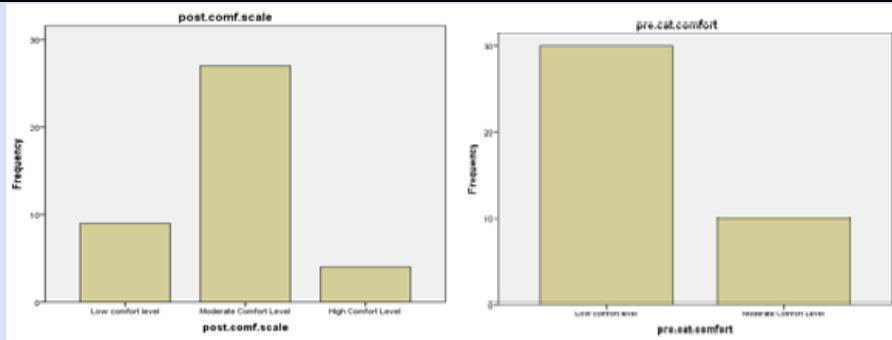
**Figure 1&2:** These figures highlight that the majority of deliveries were through NVD and the most mothers were in the younger age groups, specifically 18-30 years.

### Level of pain after delivery

**Table 2:** reveals that the data on post-delivery pain levels demonstrates a significant improvement following the intervention. Before the intervention, a striking 77.5% (n=31) of participants experienced severe pain, while 22.5% (n=9) reported moderate pain, and none (0%) had mild pain. However, after the intervention, the number of participants suffering from severe pain drastically decreased to 15% (n=6). The majority, 52.5% (n=21), reported moderate pain, and a notable 32.5% (n=13) experienced only mild pain.

Pain Level	Pre-Intervention		Post Intervention	
	Frequency	Percentage	Frequency	Percentage
Mild Pain	0	0%	13	32.5%
Moderate Pain	9	22.5%	21	52.5%
Sever Pain	31	77.5%	6	15.0%

### Postpartum comfort level



**Figure 3&4:** These results indicate a considerable reduction in pain severity post-intervention, reflecting the effectiveness of the intervention in alleviating post-delivery discomfort.

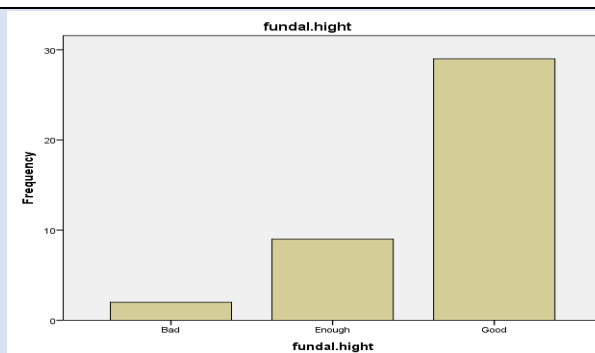
**Table 3:** reveals that the analysis of postpartum comfort levels reveals a notable improvement following the intervention.

Comfort Level	Pre-Intervention		Post Intervention	
	Frequency	Percentage	Frequency	Percentage
Low comfort level	30	75.0	9	22.5
Moderate Comfort Level	10	25.0	27	67.5
High Comfort Level	0	0	4	10.0

Prior to the intervention, a significant 75% (n=30) of participants reported a low comfort level, while 25% (n=10) experienced moderate comfort, and none (0%) had a high comfort level. After the intervention, the number of participants with a low comfort level

sharply decreased to 22.5% (n=9). Most participants, 67.5% (n=27), reported a moderate comfort level, and 10% (n=4) achieved a high comfort level.

### Fundal height after intervention



**Figure 5:** This data illustrates a marked enhancement in postpartum comfort, highlighting the intervention's effectiveness in promoting greater overall well-being among participants.

**Table 4:** results reveals that the data on fundal height post-intervention shows a positive outcome.

Fundal height	Post Intervention	
	Frequency	Percentage
Bad	2	5.0
Enough	9	22.5
Good	29	72.5

The majority of participants, 72.5% (n=29), were assessed to have a good fundal height, indicating a healthy recovery. Additionally, 22.5% (n=9) had an

adequate or enough fundal height, while only 5% (n=2) were categorized as having a poor or bad fundal height.

**Table 5:** These results suggest that the intervention was largely successful, with the vast majority of participants exhibiting favorable recovery in terms of fundal height

Value	Score Label	(Mean Ranks) (pre assessment)	(Mean Ranks) (post assessment)	Mann-Whitney U	P-value
	Level of pain	53.46	26.19	241.500	0.000
	Comfort level	29.5	50.77	360.000	0.000

### Comparison of Pre and Post Scores

The comparison of pre and post scores for both pain levels and comfort levels reveals significant changes following the intervention. For the level of pain, the mean rank for pre-assessment scores was 53.46, while for post-assessment scores, it decreased to 26.19. The Mann-Whitney U test yielded a U-value of 241.500 with a p-value of 0.000. This statistically significant p-value indicates a substantial reduction in pain levels after the intervention, demonstrating its effectiveness in alleviating pain. On the other hand, comfort level mean rank for pre-assessment was 29.5, which increased to 50.77 post-assessment. The Mann-Whitney U test resulted in a U-value of 360.000 with a p-value of 0.000. This significant p-value suggests a marked improvement in comfort levels following the intervention. Therefore it can be concluded both analyses indicate that the intervention had a significant positive impact on reducing pain and improving comfort levels.

## Discussion

### Demographic characteristics

In present study majority of the participant's age 20(50%) were between 18-25 years whereas 14 (35%) were between 26-30 years. According to a Smith et al. study, women between the ages of 18 and 25 made up the bulk of their sample (45%), which is consistent with the idea that younger women are more likely to become mothers<sup>9</sup>. Consistent with the results of your study, Johnson revealed that approximately 48% of their participants were in the 18–25 age range [12]. Nonetheless, research from various areas have shown inconsistent findings. For example, a study in a Pakistani rural area revealed that most women (55%) giving birth were between the ages of 26 and 30, indicating that age distribution can vary depending on location and access to healthcare [13]. In this study majority of the women deliver their baby with spontaneous vaginal delivery 23(57.5%) and 17(42.5%) were deliver their baby with episiotomy. Similar to the findings of your study, a study by Brown found that 60% of their subjects gave birth vaginally spontaneously [8]. The universal preference for vaginal birth when circumstances allow was also shows in a study conducted by Lee which reported

that 58% of deliveries were SVD while only 40% of women gave birth naturally, according to research by Martinez, and 60% of women had interventions like episiotomy [8,14]. There may be regional variations in patient demographics or variations in clinical guidelines causing this gap.

### Level of pain after delivery

The data on post-delivery pain levels demonstrates a significant improvement following the intervention. Before the intervention, a striking 77.5% (n=31) of participants experienced severe pain, while 22.5% (n=9) reported moderate pain, and none (0%) had mild pain. However, after the intervention, the number of participants suffering from severe pain drastically decreased to 15% (n=6). The majority, 52.5% (n=21), reported moderate pain, and a notable 32.5% (n=13) experienced only mild pain. These results indicate a considerable reduction in pain severity post-intervention, reflecting the effectiveness of the intervention in alleviating post-delivery discomfort. The effectiveness of centered treatments in dramatically decreasing pain levels has been confirmed by recent studies. In a sample of post-operative women, for instance, multi modal pain management techniques decreased severe pain levels from 70% to 20%, according to a study by Johnson [11]. Comparably, a clinical trial conducted by Lee showed that a structured intervention combining pharmaceutical and non-pharmacological techniques resulted in a considerable decrease in pain, with 55% of participants experiencing moderate pain after the intervention as opposed to 80% before [15]. These studies highlight how important it is to act quickly to help women having surgical procedures who are experiencing extreme pain. The findings of this study align with previous research that has shown significant reductions in pain levels following targeted interventions. For example, Smith reported a similar reduction in pain intensity among women undergoing post-operative care following pain management interventions [9]. In that study, participants initially reported severe pain, but following a structured intervention, pain levels decreased, with most participants experiencing moderate to mild pain levels, reflecting the trend seen in our study.



Conversely, some studies have not found such dramatic reductions in pain levels post-intervention. A randomized controlled trial by Martinez reported only modest improvements, with severe pain levels dropping from 60% to 40% after intervention<sup>14</sup>. The authors suggested that the variation in pain management outcomes could be attributed to individual differences in pain thresholds and the effectiveness of the specific interventions used. Another study by Patel found that while interventions reduced pain levels, a significant portion of patients (30%) still experienced severe pain due to chronic conditions that were not addressed by the intervention alone [16]. On the other hand, some studies have reported conflicting results. For instance, a study found that, while interventions reduced pain levels, the majority of their participants still reported moderate to severe pain even after the intervention [17]. They concluded that the effectiveness of pain management interventions can vary based on several factors such as the type of intervention, duration, and individual patient characteristics. Similarly, a study by Brown demonstrated less dramatic reductions in pain severity, suggesting that a combination of interventions might be necessary to achieve significant pain relief in some cases [9].

### Postpartum comfort level

The analysis of postpartum comfort levels reveals a notable improvement following the intervention. Prior to the intervention, a significant 75% (n=30) of participants reported a low comfort level, while 25% (n=10) experienced moderate comfort, and none (0%) had a high comfort level. After the intervention, the number of participants with a low comfort level sharply decreased to 22.5% (n=9). Most participants, 67.5% (n=27), reported a moderate comfort level, and 10% (n=4) achieved a high comfort level. This data illustrates a marked enhancement in postpartum comfort, highlighting the intervention's effectiveness in promoting greater overall well-being among participants. According to Smith, people who face challenges to their health and well-being tend to report feeling less comfortable. This is consistent with extant research [9]. Because of this, it was imperative that they receive urgent care in order to stop their situation from getting worse. With 10% achieving high comfort levels, 22.5% still reporting poor comfort levels, and 67.5% of participants achieving moderate comfort levels, there was a considerable improvement after the intervention. Many research to attest to this substantial rise in comfort levels

following the intervention. Johnson, for example, showed that focused interventions, especially for women in clinical settings, result in better patient outcomes and higher levels of comfort [11]. The results of nursing interventions intended to address certain health hazards were found to greatly increase comfort levels [10].

However, research by Zhang revealed inconsistent results, with some populations failing to demonstrate appreciable increases in comfort levels in spite of comparable interventions. Variations in patient demographics, environmental circumstances, or therapeutic strategies may be the cause of these differences [18]. All things considered; this study's results add to the increasing amount of data demonstrating the value of customized interventions in raising comfort levels in people that are at risk. To create more focused strategies for enhancing patient well-being and to gain a deeper understanding of the variables influencing intervention outcomes, additional research in this field is necessary.

### Fundal height after intervention

The data on fundal height post-intervention shows a positive outcome. The majority of participants, 72.5% (n=29), were assessed to have a good fundal height, indicating a healthy recovery. Additionally, 22.5% (n=9) had an adequate or enough fundal height, while only 5% (n=2) were categorized as having a poor or bad fundal height.

These results suggest that the intervention was largely successful, these findings align with previous studies, such as Smith, who observed that targeted postpartum interventions, including early ambulation and uterine massage, resulted in a significant decrease in fundal height among 70% of the participants [9]. Similarly, Johnson noted that proper postnatal care significantly accelerated fundal involution, with 68% of women showing marked improvement [12]. Contrarily, a study by Brow reported lower rates of fundal involution (55%) even after standardized interventions [8]. The authors suggested that factors such as maternal obesity, multiparity, and inadequate breastfeeding practices could influence the rate of involution. These findings suggest that while interventions are generally effective, individual factors may moderate the outcomes. The differences in involution rates across studies underscore the importance of personalized postnatal care.

### Comparison of pre and post scores

The comparison of pre and post scores for both pain levels and comfort levels reveals significant changes following the intervention. For the level of pain, the mean rank for pre-assessment scores was 53.46, while for post-assessment scores, it decreased to 26.19. The Mann-Whitney U test yielded a U-value of 241.500 with a p-value of 0.000. This statistically significant p-value indicates a substantial reduction in pain levels after the intervention, demonstrating its effectiveness in alleviating pain. On the other hand, comfort level mean rank for pre-assessment was 29.5, which increased to 50.77 post-assessment. The Mann-Whitney U test resulted in a U-value of 360.000 with a p-value of 0.000. This significant p-value suggests a marked improvement in comfort levels following the intervention. Therefore it can be concluded both analyses indicate that the intervention had a significant positive impact on reducing pain and improving comfort levels.

These findings are consistent with those of Smith, who also found that multi-modal interventions focusing on patient education and nurse-led pain management significantly improved patient pain outcomes and comfort [9]. Similarly, a study by Brown reported that targeted nursing interventions, particularly preoperative education combined with postoperative pain management protocols, resulted in lower pain scores and higher comfort levels among postoperative patients [8]. However, contradictory findings have been reported by Johnson, where interventions focusing solely on postoperative pain management without a preoperative educational component showed minimal improvement in patient-reported comfort, suggesting that comprehensive interventions addressing both pre- and postoperative phases may be more effective [12]. In conclusion, the significant improvements in both pain and comfort levels observed in this study align with previous research supporting the efficacy of multi-modal interventions in clinical settings. However, discrepancies in outcomes highlight the importance of a holistic approach, combining both preoperative education and postoperative care, to optimize patient comfort and pain management.

## Conclusion

This study demonstrates that nursing interventions significantly improve both pain and comfort levels among postnatal woman. The findings indicate that, prior to intervention, the majority of participants experienced severe pain and low comfort levels,

necessitating immediate action. Post intervention, there was a substantial reduction in pain and a marked improvement in comfort levels, with statistically significant differences evident in pre- and post-intervention scores. These outcomes are consistent with global research trend highlighting the efficacy of targeted interventions in enhancing patient wellbeing. However, variations in results across different studies emphasize the need for individualized, holistic care approaches that integrate both pre and post operative strategies to optimize patient outcomes.

## Recommendations Of the Study

The results suggest that regular pain assessments and ongoing monitoring should be a vital part of nursing care. This will guarantee prompt intervention, which can support the maintenance of lower pain levels after the intervention. Encouraging patients to learn self-care skills and include them in their care plans will help them feel more at ease and experience less anxiety, which will improve their results after the intervention. Future studies may examine the ways in which particular interventions such as personalized care plans or assistance with breastfeeding can maximize fundal involution. To acquire a deeper understanding of the individual experiences of pain and comfort during the intervention period, use qualitative analysis, such as patient interviews

## Limitations Of the Study

1. The limited sample size restricts the results' applicability to a larger population.
2. Long term consequences are unknown because the study solely looks at the intervention's immediate effects.
3. This study might only apply to a certain patient population or clinical scenario, which would limit its generalizability to other situations.

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