

## THERAPEUTIC PRESENCE AND CONTINUOUS LABOR SUPPORT: MIDWIFERY MODEL OF CARE

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Child bearing is a major transformative life event that is both physically and emotionally demanding. The emotional process of birth has a major impact on the evolving mother-child relationship (Wiklund, Edman 2009). A women centered approach to childbirth, services, acknowledges and attends to the psychological and social components of child bearing. Attention to these components during labor and birth is essential to a woman's feelings of mastery and satisfaction with this pivotal life experience. It is documented through research that social needs via therapeutic presence and continuous labor support improve maternal and infant health outcomes. Therapeutic presence includes three elements: emotional support, including physical presence, encouragement, reassurance and sense of security, direct care and comfort measures, knowledge support includes explanation, advice and information. A study was conducted to assess the effectiveness of therapeutic presence and continuous labor support among mothers admitted to labor room. The methodology includes 30 mothers who got admitted to labor room with true labor pain; developed a theoretical framework to describe relationships among nurse-midwifery care, psychosocial outcomes and maternal psychosocial variables. Throughout the study, a construct for the concept of therapeutic presence was developed with "one on one personal attention and availability of the nurse-midwifery for the woman in labor". The study demonstrated and conducted that positive therapeutic presence by nurse-midwives increase a woman's self-esteem and satisfaction with the labor experience. The outcome benefits of one to one labor support were shorter labor, fewer caesarian birth, less need for analgesia and anesthesia, reduced use of synthetic oxytocin in labor, greater maternal satisfaction with child birth experience and enhanced coping skills during the experience. The study also drew a curricular content in administration and education, positioning and movement, use of hot and cold therapy, relaxation techniques using breathing, use of therapeutic touch, verbal support and encouragement, informational support, partner support and birth environment management.

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