

EFFECT OF FOOT MASSAGE ON RELIEVING MOTHER'S POST CESAREAN SECTION INCISIONAL PAIN

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ABSTRACT

Objective: To assess the effect of foot massage on relieving mother's post cesarean section

incisional pain. **Hypothesis:** Was foot massage had a significant effect on relieving post cesarean section incisional pain? **Design:** An intervention study was followed. **Settings:** The

study was conducted in the cesarean section postnatal rooms at Benha University Maternity

hospitals. **Sample:** It was involved 140 mothers, divided into 70 mothers as control group that

received post cesarean section hospital routine care for pain relief and 70 mothers as intervention group that received 10 minutes foot massage for pain relief every 6 hours, 12

hours, and 18 hours. **Sample type:** A convenience sample type. **Tools of Data collection**

included: structured interviewing questionnaire, modified McGill pain questionnaire short form and likert Scale. **Results:** There was significant relieving of pain level among

intervention group compared to control group at different assessment times ($p < 0.001$). Findings indicated that, the most cited description of pain among the study group mothers were fearful, tender, heavy and stabbing pain. While, the most prominent factors that aggravating pain were sitting, walking and carrying of the newborn. Also, more than half of

subjects among control and less than half of intervention groups reported that, they had information about post cesarean section incisional pain relief measures. There was better satisfaction among mothers in the intervention group regarding post cesarean section pain relief measures than among the control group subjects. **Recommendations:** Designing health

education training program for nurses about foot massage because it is an inexpensive pain

relief measure, with no harm to mothers. In addition, there is need for further studies in this

area also studies to investigate the health team attitude regarding this method.

KEY WORDS: Foot, Massage, Cesarean Section, Incisional Pain, Satisfaction

INTRODUCTION

Cesarean section (C.S) is the birth of fetus through a trans-abdominal incision in the uterus. It is one of most common surgical procedure worldwide. It has played a major role in

lowering both maternal and perinatal morbidity and mortality rates during the past century. The

initial purpose of the operation was to preserve the life of the mother with obstructed labor and

her newborn (1).

Cesarean section is a prevalent operation that accounted for up to 32% of deliveries in the United States in 2007 (2). In Egypt, a significant rise in C.S deliveries occurred for all births.

Hospital based C.S increasing to 22% in 1999-2000 (3). In Maternity Hospital of Benha University,

cesarean delivery rate is accounting 60% of all deliveries (4).

Moreover, there are various classifications that indicate of cesarean section as absolute or relative, common or uncommon, maternal and fetal. The absolute indication includes sever

cephalopelvic disproportion, major degree of placenta previa, cancer cervix, vaginal atresia,

transverse lie. Types of C.S are elective and emergency Cesarean section. Types of Cesarean

incision are classic (vertical) incision and low segment (transverse) incision (5).

Additionally, pain management post Cesarean section is necessary for mothers and medical

reasons. Good pain relief improves mobility and woman's ability to breastfeed and care for her

infant. Opioid drugs are routinely administered for post Cesarean section pain but it has the

common side effects of dizziness, drowsiness, headache, nausea, insomnia, vomiting and weakness. And there is concern for opioid transmission to the neonate through breastfeeding, so

the reduction of opioid use is desirable (6).

Moreover, post cesarean section incisional pain is defined as an unpleasant sensory and emotional experiencing arising from actual or potential tissue damage. Pain includes not only the

perception of an uncomfortable stimulus but also the response to that perception (7).

Moreover,

types of pain can be divided into acute pain and chronic pain. Acute pain is experienced immediately after surgery (up to 7 days) and pain which lasts more than 3 months after the injury

is considered to be chronic pain. Acute and chronic pain can arise from cutaneous, deep somatic or

visceral structures (8).

In advanced health care services, massage has taken an essential role. It has been shown importance to reduce stress, improve blood circulation, decrease pain, enhance sleep, reduce

swelling, promote relaxation, decrease doses of analgesics and increase oxygen capacity of the

blood. Foot Massage has also been recognized as a non-drug treatment for postoperative pain (9).

The ankle and foot consist of 3 joints, with many joint and reflex patterns. The nerve distribution to the feet is extensive. The position of the joint mechanoreceptors is through the central nervous