

Introducing a massage programme to Hong Kong

Linda Kimber, Mary McNabb, Anne Thomas, Alice Sham, Chu Sing and **Irene Lee** report on an international project to promote the reduction of pharmacological drug use and encourage normal birth

SUMMARY This paper reports on the process of implementing a research based Massage Programme for labour pain which was initiated to offer women a non-pharmacological intervention for pain relief during labour. This report summarises key developments during the first two years of a project in which UK based midwives have worked with colleagues from Hong Kong on an intervention initially designed for couples in the UK. The adoption of the programme in two obstetric units in Hong Kong has led to a decline in the use of pharmacological analgesia. Results of a survey in one unit also indicate that the majority of couples were very satisfied with their experience.

Keywords Massage, LK Massage Programme, Kwong Wah Hospital, midwives, Queen Mary's Hospital, Hong Kong

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Since a pilot randomised controlled trial (RCT) in 2006 on the effects of massage for pain relief in labour, there have been more recent research findings on maternal-fetal-neonatal and paternal-neuro-hormonal adaptations to pregnancy, labour and lactation (Kimber et al 2008, Bridges 2008, Neumann 2009).

In the context of growing evidence of the negative effects of maternal-fetal exposure to pharmacological analgesia during labour, a busy obstetric unit in Kwong Wah Hospital (KWH) in Hong Kong introduced non-pharmacological methods of pain relief from 2002 (Jordan et al 2009, Nencini and Nencini 2005, Sosa et al 2006). The initiative began with the birth ball, music therapy and breathing exercises.

Exploring other non pharmacological interventions for labour pain, co-author Alice Sham looked into a massage programme she found on the internet and decided to send two experienced midwives to the UK to attend the LK Massage Programme Basic Course. Following their return, it soon became evident that it would be necessary to train more than two midwives per year, to implement the programme. So, in 2009 the team went to Hong Kong, to teach midwives who were interested in learning to practise massage.

Creating conditions for change

Around the same time, a well equipped midwifery-led unit for low risk women was completed at KWH and arrangements were made to teach the programme to midwives from obstetric

units at KWH and Queen Mary's Hospital (QMH). These units have around 6000 and 3500 births respectively per year, and induction and augmentation of labour are routine practice.

The first Basic course was run in 2009. During this visit, the massage team visited the two units and began to learn something about local patterns of antenatal and intrapartum care. The team viewed environmental conditions for labour and birth and gained some understanding of obstetric guidelines and cultural preferences for intrapartum care. In contrast to the UK, not all partners have the chance to be with women until advanced labour, because of lack of space for privacy, and water birth is not accepted by most women in Hong Kong because of



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cultural beliefs.

The Basic course was run again in 2010 and 2011 with a predominance of midwives from the first two hospitals and some from other obstetric units in the city. A trainers' course was also run, to enable midwives to teach couples to practise the programme during the last four weeks of pregnancy - and massage techniques to use during labour.

By the end of 2011 the two flagship hospitals, KWH and QMH, had trained quite a number of midwives and a very positive picture was emerging from case studies, written feedback and audits.

Antenatal and intrapartum care

In the UK, women are encouraged to stay at home for as long as possible, to increase the possibility of arriving in hospital in established labour. If women are admitted in late pregnancy, they usually share a fairly large four bedded ward which does not include women in early labour. In contrast, women in Hong Kong are generally advised to come into hospital as soon as contractions or other signs of labour begin. They usually stay in a six bedded area until they are in active labour, when they are transferred to a single

room for birth. This means that couples can only be assured of privacy for performing massage when they are transferred to individual labour rooms.

Feedback from couples

Mrs Chan lives in Hong Kong with her husband and learnt the Massage Programme during her first pregnancy. They practised during pregnancy and used the programme in labour at KWH.

Mrs Chan recalls,

"After I learnt the massage programme...there were significant changes in my pregnancy; enhanced sleeping quality. Before that, I woke

up at least three times during sleep. After the massage, I could sleep well till the next morning."

Mrs Chan had a four hour labour with an occipito posterior position. She used massage and breathing techniques for pain relief and requested a small amount of entonox just before she gave birth. She felt that her relationship with her husband was improved; when she saw that her husband was committed to doing the massage, she felt satisfied that he could be involved, supporting both her and the baby.

One UK couple learnt the massage programme during their first pregnancy. They practised regularly and used massage during labour at home. This woman explained that she was keen to avoid anything which would pass through the placenta, so didn't want to use any pain relieving drugs. Her husband was a bit anxious about his role during birth, so this gave him an active role and something positive to focus on during the labour. The massage alone enabled her to cope with the birth without any need for other forms of pain relief and she had a spontaneous birth at home using only the massage, breathing and visualisation techniques that she and her husband had learnt.

Evaluation at KWH

From July 2009 to May 2011, the programme was used during the intrapartum period on 120 low risk women, the objective, to measure the satisfaction of the women.

The women were invited to rate their satisfaction level after receiving massage during labour. A scale of 0-4 was used, ranging from 0 being very dissatisfied to 4 being very satisfied.

Data on mode of delivery, neonatal wellbeing and method of feeding were also collected.

Results

Of the 120 women, 96.7 per cent

ranked their satisfaction at >3 and 84.2 per cent of these women achieved a spontaneous birth; 91.7 per cent of newborns had an Apgar Score of eight at one minute and 83.3 per cent of them initiated lactation immediately following birth. Midwives who provided the massage said that they felt happy and satisfied, as both women and their partners gave positive feedback and appreciation.

Conclusion

Most women had positive experiences from using massage. It was useful in providing pain relief and psychological support. Midwives also gained job satisfaction through building trust and rapport with their clients. Massage seems to provide women with an alternative choice for pain relief during labour, but further studies need to be done when sufficient numbers of midwives are trained to offer both pregnancy and labour components of the programme (Kimber et al 2008).

Changes in the use of pethidine

Data from labouring women using the programme show a decline in the use of pethidine by around 13 per cent from 2009 to 2011. At present, approximately 12 per cent of labouring women use pethidine during labour.

QMH

Midwives at QMH found that, since introducing the massage programme, there has been an increase in client satisfaction and a 20 per cent decline in the use of pethidine. The massage programme works more effectively when introduced and practised in the last month of pregnancy and continued throughout labour.

At present in Hong Kong the programme is first introduced to most couples when women are in labour. In spite of this and the additional spatial restriction on using massage in early labour, it is having a significant impact

on shortening the duration of labour and reducing the use of pharmacological analgesia.

Over the next three years, co-author Chu Sing is aiming:

- to promote normal birth
- to nominate more midwives to learn the massage programme
- to continue reducing the use of pethidine
- to increase the breastfeeding rate by 10 per cent
- to set up regular antenatal classes for couples to learn the massage programme
- to carry out qualitative research on the programme. **TPM**

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