

The effects of music on laboring moms

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Coping with labor pain when you are a first time mom is usually an experience filled with great anxiety. The first stage of labor is called the latent phase, in which she may be excited and anxious for labor to be well established [(Marcia L. London, 2011)]. The laboring mom may be unable to cope with contractions because of fear, anxiety, or lack of information [(Marcia L. London, 2011)].

The nurse's response should be to be supportive and provide encouragement and to establish a trusting relationship [(Marcia L. London, 2011)]. The challenge for the labor nurse is to reduce the pain and anxiety and to help make the labor and delivery a positive experience. The application of music therapy may be an appropriate tool for reducing anxiety and pain [(Marcia L. London, 2011)]. Music therapy has become popular in medicine in the last two decades.

Studies show that the impulses from the auditory stimulus override the pain signals carried by the smaller nerve fibers, and music perceived by the right brain may stimulate the pituitary gland to release endorphins for decreasing pain [(Yu-Hsiang Liu, 2010)]. Music may also alter pain perception by improving mood, increasing relaxation, and reducing anxiety. Music also increases control and distraction to pain perception. The purpose of the study I read was to undertake an evaluation of music therapy on labor pain and anxiety in Taiwanese primiparas.

It was hypothesized that primipara women receiving music therapy would perceive less pain and anxiety and have higher fingertip temperatures, an indication of less pain, during labor than those participants who had not received music therapy but received standard routine care [(Yu-Hsiang Liu, <https://assignbuster.com/the-effects-of-music-on-laboring-moms/>

2010)]. This controlled study provided evidence that music therapy for women during the latent phase of labor provided psychological and physiological benefits from pain [(Yu-Hsiang Liu, 2010)].

The participants in the study were primipara women giving birth with the following criteria; they had a normal pregnancy, their pregnancy had gone to term, they planned to undergo a vaginal delivery, they had a single, normal fetus to deliver, they did not intend to use pharmacological analgesics during labor, and they consented to the participate in the study [(Yu-Hsiang Liu, 2010)]. In this study pain and anxiety were the main outcome measurements. Ultimately 60 participants were included in the analysis, 30 women were entered in the experimental group and 30 women were entered into the control group.

Participants were instructed to choose types of relaxing, anxiety-reducing music. In addition to receiving standard nursing care, the experimental participants listened to music for at least 30 minutes during the latent phase and active phase of labor. Measures for pain and anxiety scales were given before and after 30 minutes of music listening during the latent and active phases of labor. Participants in the control group were not aware that they had the opportunity to listen to music, but they received the standard routine care after admission.

Both groups completed the same pretest and posttest measures at the same phases of labor as the music group. Twenty-four hours after childbirth, women in the experimental group were asked to complete an open-ended questionnaire to indicate their perceptions of the effectiveness of music therapy on pain and anxiety and a five-point scale to evaluate the

helpfulness of music. All the outcome measures for latent and active phases were analyzed separately because of the different level of pain.

The results indicated that women in the music-listening group had lower pain and anxiety and higher fingertip temperatures than their peers in the control group during the latent phase, but the outcome measures were not significant during the active phase. Music seems to have multiple functions in pain reduction, including focusing, distracting, and stimulating pleasure responses. The study provides evidence that preselected music that is slow, relaxing and calming in nature, with little variation in tempo or volume is helpful for laboring women in the early latent phase [(Yu-Hsiang Liu, 2010)].

In the active phase of labor the slow music was not effective. This is when contractions are more intense and more painful and it is possible that the auditory cue did not synchronize with the women's rhythmic short, rapid breathing [(Yu-Hsiang Liu, 2010)]. It could be that music with a more rapid tempo would be more helpful. Pain and anxiety can influence heart rate, respiratory rate, blood pressure, peripheral blood flow and fingertip temperature (FT). Elevation of FT is a significant indicator of physical relaxation through the sympathetic response [(Yu-Hsiang Liu, 2010)].

This study shows that music can promote relaxation and decrease muscle tension which can increase peripheral blood flow as well as skin temperature as evidenced by the increased FT [(Yu-Hsiang Liu, 2010)]. In conclusion, this controlled study provides evidence that music therapy for women during the latent phase of labor provides quantifiable psychological benefits. The findings of this study may provide an evidence-based music therapy protocol for women in labor.

Clinical healthcare professionals such as nurses could consider providing music as part of their routine when working with women who face the first-time childbirth process. Nurses could apply music therapy in reducing the pain and anxiety for women who are at the early phase of labor. Music does not have harmful side-effects and is easy to administer, so if it is yet another way to ease the pain and anxiety of a laboring patient and could help make the childbirth experience a positive one, the nurse should consider offering the therapy to her patients.