



A Case Report on Expel a baby for Ease birth; Lamaze Technique

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Abstract

Pain experienced during labor is probably the most painful event in the lives of women. Pain and stress resulting with stressful situations and factors that affect pain perception during labor. The purpose of this case study report was to assess the effect of LT on PP, effect on process labor, effects on baby after birth. LN Ebirim (2012) [1] state that the Lamaze technique, began as a prepared childbirth technique. The goal of Lamaze is to build a mother's confidence in her ability to give birth, through the providing LT to pregnant women understand how to cope with pain in ways that both facilitate labor and promote comfort, including relaxation techniques, movement and massage. Well planned intervention (LT) is given during 1st stage of labor till the delivery of the baby. It shows that pain perception was moderate; mother looks relaxed during interval between contractions. As well as she was well active after the delivery of the baby no sign of exhaustion was seen. Baby was also active slept for 4-5 hours after taking 1st feed for 6-7 minutes.

Keywords: Primigravida Women, Lamaze Technique, Labor pain, Pain perception

Abbreviations: PW: Primigravida Women; LT: Lamaze Technique; LP: Labor pain; PP: Pain perception

Case Report

Pain experienced during labor is probably the most painful event in the lives of women. Environment itself influences a mother's experience of pain. Pain and stress resulting from pregnancy crisis and labor increase when the mother is hospitalized, which is concomitant with stressful situations and factors that affect pain perception during labor. Labor can occur at any time during pregnancy, but takes place most frequently at term or about 40 weeks after normal menstrual period. The labor process involves relationship between the three P's such as power or uterine contraction, the pelvis including the size, position and presentation of the fetus as well as the bag of water or amniotic sac. Normal labor assumes that power is sufficient, the pelvis is adequate, and the passenger is of average size and in normal position. Complications of labor occur when there is a problem in 3 P's. The purpose of this case report was to assess the effect of Lamaze techniques on pain perception, effect on the labor process, effects on the baby after birth [1]. Wotsen Roar (2021) [2], introduced the Lamaze technique, also known as the psychoprophylactic method or simply Lamaze, began as a prepared childbirth technique. It is an alternative to medical intervention during childbirth. The goal of Lamaze is to build a mother's confidence in her ability to give birth, through the providing of Lamaze techniques pregnant women understand how to cope with pain in ways that both facilitate labor and promote comfort, including relaxation techniques, movement and massage.

Review of Literature

Akshaykumari (2015) [3] conducted an experimental study to assess the effectiveness of Lamaze technique on labor pain among primigravida mothers during the first stage of labor. Total 40 women were selected by purposive sampling technique. The highest percentage 67.5% (27) of respondents were having their onset of pain before 6 hours, 31 (77.5%) respondents were having 6 cm of cervical dilatation, 62.5% (25) respondents were having severe pain. Majority of respondents 70% (28) were having pain in 5-10 minutes. Highest percentages 77.5% (31) were having their membranes intact. Pattern/area wise comparison of effectiveness of Lamaze breathing therapy on the experimental group shows that pattern-paced breathing proved to be most effective for primigravida women in pain during labor. Comparison of level of pain perception between control and experimental groups shows that in the control group, the highest percentage 70% of respondents were having severe pain, 30% were having moderate pain. Whereas, in the experimental group, the highest percentage 65%

respondents were having mild pain, and only 35% were in moderate pain. This reveals the effectiveness of Lamaze breathing therapy. Comparison of level of pain perception between control and experimental groups on the basis of paired 't' test shows that the level of pain perception in the control group is higher than the experimental group.

Mahalaxmi, et al. (2018) [4], conducted a study on "to assess the knowledge on Lamaze method on mode of labor among primigravida women". This study included primigravida mothers who gave informed consent. 120 in control group and 120 in experimental group and convenient sampling technique was adopted for this study. Data collection procedure: Mothers' knowledge on Lamaze method of child birth was assessed by structured questionnaire. For control group knowledge assessment was done, but no teaching was given. The results revealed that in pre-test both groups of mothers had poor knowledge on Lamaze method of childbirth. Wilcoxon signed rank test showed significant difference between experimental pre-test and post-test mean values. The 'W' and 'P' values of control group were 1250 and < 0.001, respectively. The 'W' and 'P' values.

Emily Marie, et al. (2014) [5], conducted a study on the Application of the Lamaze Method in the Management of Acute Pain: A Comparison of Non-pharmacological Pain Management Techniques. Participants included 85 college females who were randomly assigned to one of four conditions (Long Lamaze, Brief Lamaze, Acceptance of pain, and a Control group). Participants first underwent an Algometer pain task, then received training or control interactions once a week for four weeks, and were tested again on the pain task. Amount of time participants were able to withstand the pain administered in the Algometer tasks revealed significant differences in pain management across groups from pre to post testing. These findings and methodologies may help direct future research toward the application of alternative pain management techniques.

Case presentation

Patient X, 26 years primigravida, was admitted in the hospital on 27/1/2022, at 4.30 am. She was admitted in hospital with complaints of pain in the abdomen that radiated to the thigh and intermittently but not constantly and further mucus plug was released. While abdominal examination found that the position of the baby was left occipital anterior. It is also stated in (Dutta-Parul) [6].

Date 27/01/2022

Timing between 4.50 to 12 noon, 7 hours 10 minutes (Latent phase 1st stage)

Andrew & Chill (2020) well explained the Lamaze technique in all stages.

Mother was instructed 1st stage Lamaze teaching.

Ask the primigravida mother to inhale deep breathing through nostrils.

After that asked to with hold breath (pause)

Next asked to release breath and exhale through mouth rapidly.

Instruct mother to do repetition and continuous process.

Check the fetal heart rate with fetoscope.

Timing between 12 Noon to 3pm, (3 hours duration) Active phase-1st stage

Ask the mother to inhale air through the mouth and exhale through the mouth in systematic manner.

Rapid inhale breath and shallow.

Time between 3pm to 3.20 pm (20 min.)

Active phase- 2nd stage (bearing down) left lateral episiotomy was given.

Asked mother to do very deep inhalation and rapid exhale while pushing out the head of the fetus successfully.

Stage -3rd- placenta separation from the uterus.

After the delivery 4.20 pm placenta was detached from uterus at 4.26 pm.

Newborn assessment

A female baby cried immediately the apgar score was with in 2min was 10. the baby cries simultaneously. Tone flexes resists in extension. (Dutta- Parul) [6]. Briefly explain about apgar scoring. Respiratory effort is strong. Sex- female, weight 02.9 kg, length 50cm, Apgar score was 10/10. Head circumference- 34cm, chest circumference-31, reflexes were assessed, all the reflexes were present. Injection vit k immediately with in 5 min. of birth. Inj. BCG was also given.

Antenatal History

During 1st trimester patient was suffered from morning sickness mostly during night time she feel nauseated. She was vegetarian she takes three meals per day. She taking green leafy vegetable along with cereal in her diet, salad, fruits in her diet. She does not added milk in her diet.

2nd trimester patient diet was good but she was suffered from backache, and constipation. But she didn't take and medicine for it she adds more fruits in her diet and constipation was resolved. In 2nd trimester she got her TT vaccination.

Vaccination	Date	Dose
Tetnus toxoid	1 st 5/08/2021	0.5 ml
	2 nd 10/9/2021	

3rd trimester patient health was good. Due to increase weight she was suffered from leg cramp when she was sitting in one position for long time. She was also suffered from severe constipation.

Date/ time	trimester	Height=5ft. 4inch Weight	Supplement/medication
12/07/2021	1st trimester	52	Folic acid tablet 10mg/BD
08/10/2021	2nd trimester	53	Calcium tablet 500mg/ OD
13/12/2021	2nd trimester	55	Folic acid tablet 10mg/BD Calcium tablet 500mg/ OD
03/01/2022	3rd trimester	60	Folic acid tablet 10mg/BD Calcium tablet 500mg/ OD Iron tablet 200ug
11/02/2022	3rd trimester	65	Calcium tablet 500mg/ OD Iron tablet 200ug
19/02/2022	3rd trimester	65	Calcium tablet 500mg/ OD Iron tablet 200ug
24/02/2022	3rd trimester	66	Calcium tablet 500mg/ OD

Intranatal history

Patient admitted in hospital 27/1/2022 so physical examination, per vaginal examination, done and needful information was collected. During latent phase mother is instructed about Lamaze technique. And oxytocin administered simultaneously.

Methods: Andrew & Chill (2020) well explained the lamaze breathing techniques. It is a plan intervention is provided to mother during labour [7].

Oxytocin Therapy

Date /time	Dilatation	Station	Effacement	FHR	Membrane
27/01/2022, 4.50	-	-	-	148/min	Intact
27/01/2022 ,8.35	1cm	-	-	144/min	Intact
27/01/2022 , 10.15	2cm	-	-	145/min	Intact
27/01/2022 , 12.05	6cm	-	40%	138/min	Intact
27/01/2022 , 2.15	8.5 cm	+2	70%	138/min	Ruptured/ clear
27/01/2022 4.15	10cm	+5	100%	130/min	Ruptured/clear

Date/ time	Phase	Stage	Procedure
27/1/2022 4.50 am-12.00 pm (its continue till rhythmic uterine contraction were started)	Latent phase	1st stage	Deep breathing through nose ↓ Pause Exhale through mouth (organize the breath)
27/1/2022 12pm-3.00pm	Active phase	1st stage	Inhale through mouth and exhale through mouth too (do rapid and shallow breath)
27/1/2022 3pm to till delivery	Active phase	2nd stage (bearing down)	Deep inhalation and exhale while pushing

S.no	Time	Drug	Dose	Route
1	27/1/2021 (8.35 am)	Oxtocin in 500ml RL	2.5 unit	IV
2	27/1/2021 (12.15pm)	Oxtocin in 500ml RL	4 unit	IV
3	27/1/2021 (2.15pm)	Oxtocin in 500ml RL	4 unit	IV
4	27/1/2021 (4.15pm)	Oxtocin in 500ml RL	20 unit	IM

Progress report of labour

Well planned Lamaze technique was used by the mother. It shows that mother is well cooperated during labour process. Bhaskar Nima (2018) [8], also well explained about labour stages. Pain level was assessed by numeric rating scale. The mother had pain

during 1st stage was severe 8/10 screaming non tolerable pain. In 2nd stage pain score was 10/10 had loud cry mother look restless. Even during such pain mother used Lamaze technique for betterment of fetus and ease the birth.



3rd stage placenta is separated in 8 min. after the delivery of the baby. Episiotomy suturing was done immediately and applied povidone solution.

Delivery Notes

Maternal status

Mother was active and, vital sign was normal, episiotomy is given

and sutured. Contraction were rhythmic in nature. Mother was well confident and follow the instructions. Overall general health was good.

Newborn Assessment

Ghai (2009), well explained about newborn assessment [9]. In present case report following finding found that:



S.no	components	Findings
1	Sex	Girl
2	Weight	2.9 kg
3	Length	50 cm
4	Apgar score	8
5	Head circumference	34cm
6	Chest circumference	31cm
7	Reflexes	Sneezing, sucking, grsping, moro reflex were present.

Discharge Summary

Mother Mrs. X was discharged on 02/02/2022. Mother general condition was good, uterus involution was normal position. Fundal height was 12.5 cm, lochia rubra was present, episiotomy suturing intact and healed only mild pain present while walking. Bowel and bladder pattern was normal. Mother was advised about exclusive breast feeding for six months and continue feeding for 2 years with weaning food, and follow the immunization schedule (Martina D) [10-15].

Patient came in hospital on 27/1/2027 at 4.30 am. She was in labour 6. True labor pain started at 7 am. She deliver healthy girl baby at 4.20 pm and placenta is separated at 4.28 pm. She was in labor for 10 to 12 hours. With its membrane. Patient is discharged from hospital on 28/1/2022. Her general condition was good. Involution was normal, fundal height was 12.5 cm. lochia rubra, mild pain present at episiotomy site. Bowel and urine movement was normal. Prognosis was good. Healthy girl baby getting vit. K injection at birth. Vaccine BCG is given to baby. Mother was advised exclusive breast feeding for 6 months and also for immunization. Mother was also advised for warning sign of illness [16-20].

Results

Well planned intervention Lamaze technique had given to mother. Its shows that mother was well co operated during labour process. Pain level is assessed by numeric rating scale. Its shows that mother was feeling moderate pain (score was 5-6 out of 10) during contractions but feel relaxed during interval between contractions. Placenta separated 8 minute after delivery of baby, uterus was well contracted after delivery. Mother looks active, able to feed her baby without any assistance. Baby looks healthy and well cried urine is passed immediately after delivery. 1st feed is given after 25minutes of birth. Baby slept 4-5 hours after taking 1st feed. 1st stool was passed 17 hours after delivery and urine was excreted after 3 hours of delivery.

Discussion

In this case study report I find out that these Lamaze techniques had great effects on mothers during and after delivery. In this case mother was well relaxed during contractions interval and blood loss during labor was also normal. Baby was well active no sign of fetal distress was present. Apgar score was 8 at birth.

Recommendation

These Lamaze techniques was also used in client who had undergone caesarean section. Because it is the alternative to medical intervention. It can be implemented for post pregnancy pain reduction.

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