The effect of relaxation therapy on preterm labor outcomes.

Janke J.

University of Alaska Anchorage, 99508, USA.

OBJECTIVE: To examine the effect of relaxation on preterm labor outcome.

DESIGN: Quasi-experimental, with women who experienced preterm labor randomly assigned to a control or experimental group. The experimental group was to do a daily relaxation exercise. A third group was added to the study: women who were originally assigned to the relaxation group but were unable to adhere to the daily practice. Final data were analyzed for three groups: control (n = 40), experimental (n = 44), and nonadherent (n = 23) participants.

SETTING: Women were referred to the study from physician offices and a hospital-based obstetric triage clinic in the Northwest.

PARTICIPANTS: Total sample was comprised of 107 women with singleton gestations, documented contractions with cervical change, and intact membranes.

INTERVENTIONS: The experimental group was instructed in a progressive relaxation exercise. The participants were given tapes of the exercise and instructed to do it daily.

OUTCOME MEASURES: Study outcomes included gestational age at birth, rate of pregnancy prolongation, and birth weight.

RESULTS: The outcome variables were analyzed using analysis of covariance, with the preterm labor risk score entered as a covariate to compensate statistically for group differences. A positive response to the relaxation intervention was found: The experimental group had significantly longer gestations and larger newborns when compared to the control and non-adherent groups.

CONCLUSIONS: Relaxation therapy made a difference in preterm labor outcome. Women who practiced relaxation had larger newborns, longer gestations, and higher rates of pregnancy prolongation. Given the low cost of the intervention, it should be offered to all women at risk for preterm labor.

Finally, there are numerous articles showing that relaxation decreases blood pressure. Here are two showing how relaxation can be applied successfully to pregnant women with pregnancy-induced hypertension (pre-eclampsia). This first one demonstrates a significant decrease in MAP (mean arterial pressure) in a relaxation training group from entry into the study to one week prior to delivery (PTD), as opposed to increased blood pressure levels in a bedrest plus education group and a bedrest alone group.

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