



“EFFECTIVENESS OF SHAVASANA ON BLOOD PRESSURE OF ANTENATAL MOTHERS HAVING PREGNANCY INDUCED HYPERTENSION”

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Abstract

Antenatal period is a critical time in the life of a woman. This phase could be simple and smooth or filled with problems. Early identification and management of women at risk for pregnancy-induced hypertension (PIH) may help prevent some complications of the disease. Therefore, a quasi-experimental study with one-group pre-test posttest control group design was adopted in the study. The population consisted of antenatal mothers having pregnancy induced hypertension admitted in the selected hospital of Indore. The sample comprised of 20 antenatal mothers having pregnancy-induced hypertension on antihypertensive drugs. Purposive sampling technique was used to select the samples. For data collection a structured pregnancy induced hypertension assessment checklist was developed. Shavasana practice was administered in experimental group. A rating scale was used to assess the relaxation after the shavasana. The experts validated the tool and the reliability of the tool was established to the expected desired value. On first day sample was divided into two group experimental group and control group. Pre-test was conducted for both the groups by using PIH assessment checklist to measure the severity of PIH; B.P was monitored before and after shavasana practice for experimental group and B.P. was checked without shavasana in control group for seven days. Findings revealed in experimental group that the mean post systolic B.P.(121.8) was less than the mean pre Systolic B.P.(125). The computed 't' value showed that there was significant difference between pre and post Systolic B.P.($t(9) = 8.42, P \leq 0.05$ level). This indicated that Shavasana was effective in reducing Systolic B.P. Mean post diastolic B.P. (83) was less than the mean pre diastolic B.P. (86.3). The computed 't' value showed that there was significant difference between pre and post diastolic B.P.($t_9 = 8.46, p \leq 0.05$ level). This indicated that Shavasana was effective in reducing diastolic B.P in experimental group. In control group, mean post systolic B.P. (131) was less than the mean pre Systolic B.P.(131.4). The computed 't' value showed that there was significant difference between pre and post Systolic B.P.($t_9 = 3, p \leq 0.05$ level). This indicated that there was reduction in Systolic B.P. Mean post diastolic B.P. (88.7) was less than the mean pre diastolic B.P.(89.4). The computed 't' value showed that there was significant difference between pre and post diastolic B.P.($t_9 = 4.66, p \leq 0.05$ level) and indicated that there was reduction in diastolic B.P. The result showed that the shavasana was effective relaxation technique to control blood pressure in antenatal mothers; it is also effective in reducing the symptom of PIH.

Key word : PIH-Pregnancy induced hypertension, HTN- Hypertension, B.P.-Blood pressure , Shavasana.

Background

World health organization's expert committee considered the role played by antenatal care in the prevention of morbidity .It is clear that early antenatal care would give a better opportunity for prevention or control of pregnancy related complications.(**Baulon et.al.,2005**)¹. Hypertension is one of the common complications met within pregnancy and contributes significantly to maternal and perinatal morbidity and mortality worldwide. (**Dutta, D.C.,2004**)³ . Pregnancy-induced hypertension is also called toxemia or preeclampsia. It occurs most often

in young women with a first pregnancy. It is more common in twin pregnancies, in women with chronic hypertension, preexisting diabetes, and in women who had PIH in a previous pregnancy. Hypertension is a sign of an underlying pathology which may be pre- existing or appears for the first time during pregnancy. The identification of this clinical entity and effective management play a significant role in the outcome of pregnancy, both for the mother and baby. (**Dutta, D.C.,2004**)³. There are other problems that may develop as a result of PIH. Placental abruption may occur in some pregnancies. PIH can also lead to fetal problems including intrauterine growth restriction (poor fetal growth) and stillbirth .If untreated; severe PIH may cause dangerous seizures and even death in the mother and fetus. (**Bobak, I.M.,2002**)².

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