

## CARE TECHNIQUES FOR PAIN RELIEF IN BIRTHING

Tecnologias de cuidado para o alívio da dor na parturição

Tecnologías de cuidado para el alivio del dolor en la partición

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### ABSTRACT

**Objective:** this study aimed to identify the care technologies in pain relief in the birthing process in a teaching hospital. **Method:** qualitative and descriptive research, in which ten women in labor were hospitalized in a hospital maternal unit, from May to June 2017. Data were collected through individual interviews and analyzed according to Minayo's Operative Proposal. **Results:** postpartum women who used pain relief technologies in the birthing process considered the methods of pain relief as excellent and of great value. **Conclusion:** we concluded that these technologies are important for the autonomy and protagonism of women and the positive experience of their process of birthing, recognizing the importance of investing in other methods of pain relief, in order to qualify and make birthing process more pleasurable and less traumatic.

**Descriptors:** Labor obstetric; birthing; Natural childbirth; Labor pain; Nursing care.

### RESUMO

**Objetivo:** este estudo objetivou conhecer as tecnologias de cuidado no alívio da dor no processo de parturição em um hospital de ensino. **Método:** pesquisa qualitativa e descritiva com 10 puérperas internadas em uma unidade materno-infantil no período de maio a junho de 2017. Os dados foram coletados por meio de entrevistas individuais e analisados conforme a Proposta Operativa de Minayo. **Resultados:** as puérperas que usaram as tecnologias de alívio da dor no processo de parturição julgaram como excelente e de grande valia os métodos para o alívio da dor. **Conclusão:** conclui-se que estas tecnologias são importantes para a autonomia e protagonismo da mulher e a vivência positiva do seu processo de parturição, sendo fundamental o investimento em outros métodos

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de alívio da dor, de modo a qualificar e tornar o parto mais prazeroso e menos traumatizante.

**Descritores:** Trabalho de parto; Parto; Parto normal; Dor do parto; Cuidados de enfermagem.

## RESUMÉN

**Objetivo:** este estudio objetivó conocer las tecnologías de cuidado en el alivio del dolor en el proceso de parturición en un hospital de enseñanza. **Método:** investigación cualitativa y descriptiva, en la que participaron diez púerperas internadas en una unidad materna hospitalaria, en el período de mayo a junio de 2017. Los datos fueron recolectados a través de entrevistas individuales, y analizados conforme a la Propuesta Operativa de Minayo. **Resultados:** las púerperas que usaron las tecnologías de alivio del dolor en el proceso de parturido juzgaron como excelente y de gran valor los métodos para el alivio del dolor. **Conclusión:** se concluye que estas tecnologías son importantes para la autonomía y protagonismo de la mujer y la vivencia positiva de su proceso de parturición, siendo importantes inversiones en otros métodos de alivio del dolor, para calificar y hacer el parto más placentero y menos traumatizante.

**Descriptor:** Trabajo de parto; Parto; Parto normal; Dolor de parto; Atención de enfermería.

## INTRODUCTION

Pregnancy is an important phase in any woman's life and corresponds to the period before childbirth. It is a phase of physical change accompanied by emotional changes and a period when a woman may become more vulnerable.<sup>1</sup>

Pregnancy involves all family members and each individual must adapt and decipher its meaning in view of their needs. This suitability process occurs in a cultural environment influenced by social trends.<sup>2</sup>

The gestational period is adaptive to the maternal role, and pregnancy is a maturation crisis that can be stressful but rewarding, as it prepares women for a new level of care and responsibilities, becoming independent and self-sufficient to have a lifetime commitment with another human being.<sup>3</sup>

With regard to emotional health, women may emerge stronger and more mature, or weaker, confused and disorganized. Because of these ambiguities, medical and psychological, as well as family and partner support are extremely important in pregnancy.<sup>4</sup>

In the past, childbirth took place at home and a woman's only process, with her as the protagonist and having only the help of midwives. Over time, the culture and practices related to childbirth and pregnancy underwent several changes, and thus, birthing became more medical and technical, no longer occurring in the parturient's house but rather in the hospital.<sup>5</sup>

Even with many changes in the birthing process, pain is still present and causes fear and insecurity in women. It is a complex and abstract phenomenon that can vary from one person to another. In the obstetric environment, it is not associated with any disease, but with a natural biological process in the female body.<sup>5</sup>

In order to alleviate the discomfort of labor pain, humanized obstetric care promotes respect for the rights of women and children, with conducts based on scientific

evidence, ensuring the parturient's access to pharmacological and non-pharmacological resources for relief of pain in the birthing process.<sup>6</sup>

In the context of care, the nursing team has a fundamental role, as it can provide the parturient with pain relief, providing women with the opportunity to have a positive perspective at this special moment, the arrival of their child, through non-pharmacological analgesia techniques.<sup>7</sup> This type of care can be used during labor and involves structured knowledge regarding the nursing practice in an obstetric center.<sup>8</sup>

The use of these care strategies has been the subject of studies since the 1960s, however, in general, they began to be introduced in some Brazilian maternities in the 1990s, with the movement of humanization of birth and with the recommendations of the Ministry of Health for childbirth care.<sup>9</sup>

Given the above, this research sought to answer the following question: What are the non-pharmacological techniques used for pain relief in the birthing process in a teaching hospital in the city of Pelotas, Rio Grande do Sul?

In this context, this study aims to identify the care techniques used for pain relief during the birthing process in a teaching hospital in the city of Pelotas, Rio Grande do Sul.

## METHODS

This is a descriptive study with a qualitative approach. The scenario was the maternal and child unit of a teaching hospital in the city of Pelotas, Rio Grande do Sul. The study included 10 women who experienced labour in that unit during the months of May to June 2017.

Participants were intentionally chosen and included because they met the following criteria: experiencing normal childbirth between 24 hours and 48 hours before the interview; 18 years old or over; authorized the use of tape recorders during interviews; available to participate in the study; agreed to the dissemination and publication of results in academic and scientific circles. In order to guarantee anonymity, they were identified by the letter P, followed by the ordinal number.

Data collection occurred through semi-structured individual interviews, guided by closed and open questions related to the theme addressed. For data analysis, the Minayo Operative Proposal was used, which comprises the following steps: pre-analysis, material exploration or coding and treatment of results / interpretation. The pre-analysis stage is categorized as fluctuating reading, constitution of the corpus, formulation and reformulation of hypotheses or assumptions.<sup>10</sup>

This study follows the Resolution 466/12 of the National Health Council, which regulates the ethical aspects of research involving human beings, and the Code of Ethics of Nursing Professionals.<sup>11-12</sup> This research was approved by the Research Ethics Committee at the School of Medicine - UFPel under protocol number 2.068.174, and Certificate of Presentation for Ethical Appreciation (CAAE) No. 68367917.0.0000.5317 on 05/17/2017.

## RESULTS AND DISCUSSION

### Characterization of study participants

The study participants were 10 women aged 18 to 36 and had their normal deliveries in the study setting from May to June 2017. All the mothers were literate, had an income of at least one minimum wage, had at least two prenatal consultations, and had already experienced vaginal birth in previous births.

### Experiencing vaginal delivery

In this study, women when asked about this aspect pointed out:

*It was just as I expected, very painful, but it was quick, very quick, to my relief, because it lasted a short time, everyone was very patient, always telling me how to act and better act [...].* (P1)

*I felt good, in pain, but well, because here everyone treated me very well, there was always someone with me [...].* (P10)

*[...] it was quiet even, apart from the pain, the service was very respectful.* (P4)

However, other reports show dissatisfaction with the professional who accompanied labor:

*[...] And the question of you talking and the person just ignoring you, that's what I felt, you know? I was totally ignored. When I started, when they saw that I got to a point where I screamed at them, I said: Stop !!! Stop and look here!* (P3)

*[...] positioned me and cut me [...] She said: "Push", and I said, I can not, but when I pushed the blood gushed, she was not in uniform, was in normal clothes and all dirty blood already, besides having loose hair.* (P6)

Regarding pain, the feeling expressed by the study participants is unanimous, being considered one of the worst pains experienced.

*It was wonderful to see my daughter's face, but it was the moment that I felt the most pain in my life.* (P2)

*It was horrible (laughs), I was well attended, but horrible in the sense of pain [...].* (P5)

*Horrible, (laughs), it was a horror movie, it was horrible for me, a lot of pain.* (P9)

### Knowledge of women in labor of pain relief methods in the birthing process

In the present study, some women became aware of this model of care in birthing and delivery during hospitalization during their birthing process.

*[...] before coming here, I had never heard of these methods.* (P5)

*[...] Only now I knew what it was, she put me on the ball, but I didn't know it would be a pain relief method.* (P7)

*Never heard of it.* (P6)

Care by applying non-pharmacological techniques to relieve pain is one of the effective and impactful ways to practice the humanization of maternal care in childbirth and delivery services. At the same time, the provision of information and guidance on the giving birth cycle during the prenatal period is fundamental and contributes to the empowerment and practice of female protagonism in this exceptional moment of women's lives.

However, most interviewees had information on at least one of the methods experienced during labor and delivery.

*Yes, I've heard, and I've read in those little books they give pregnant women, you know? Even the ball I did.* (P8)

*Of course! In the prenatal I learned, and also in the book.* (P9)

*I saw on the internet, I read about humanized childbirth, these things like that, I researched a lot.* (P2)

*I had seen images, but I never read about it, never informed myself, just now in my pregnancy that I looked over, but I thought it would not have here.* (P1)

### Effectiveness of non-pharmacological pain relief techniques from participants' perspective

Regarding this statement, women in this study stated that they were much more comfortable with the employability of these technological care strategies.

*It relieved and helped to make my delivery even faster, so that it would descend and fit better to come out soon.* (P1)

*It relieved and advanced the process, and made me calmer. [...]* (P2)

*I thought it was good [...] because it relieved and at the same time helped the delivery go faster. (P10)*

*Ah, as she relieved, I wanted to grab the nurse and say thank you. (P9)*

*Relieved yes, a relaxed one, I was more relaxed [...]. (P8)*

*[...] Really so ..., it all helped a lot because in my first pregnancy, this 12 years ago, and in this I noticed this difference. (P3)*

All made use of massage, shower and swiss ball and were unaware of alternative methods but showed satisfaction and comfort when using them.

*First, I used the ball, then the bath, then last I used the ball again, and it was the final, where it sent everything. (P1)*

*In my process, the ball, the bath and the massage were used, which greatly relieved me and advanced the whole process. (P2)*

*The ball didn't help much, but the hot bath and massage eased a lot. (P4)*

For the labor physical and emotional well-being of women are necessary to reduce risks and complications. To this end, respect for women's right to privacy, security and comfort are parameters of quality and humanized assistance.<sup>13</sup>

Some fundamental measures and reception of women during the birthing process are not represented by the routines and physical facilities, but by the satisfactory interaction between professional and client. Interpersonal relationships are true instruments that contribute to the experience of childbirth in a humanized way.<sup>14</sup>

The term humanization of childbirth refers to multiple interpretations and a broad set of proposals for change in care practices, supported by pillars such as evidence-based practice, respect for human rights, valuing human experience, rethinking the roles and influences during birthing.<sup>15</sup>

The implementation of new humanization policies has made childbirth safer and more physiological, encouraging professionals to change their practices and to reflect on their actions and encouraging the autonomy and protagonism of parturient woman at the moment of delivery. However, some health workers are still reluctant, bringing the harsh hegemonic model into the delivery room, thus forgetting the humanization of childbirth and female protagonism.

The differential that contributes to the transformation of care practices are the obstetric nurses who bring with their professional formation a remodeled birthing and delivery approach, focused on the application of good practices for birthing and delivery. These professionals contribute

significantly to the conceptual and cultural demystification of labor pain, as well as acting in a differential and effective way to make the childbirth experience positive for women and their families.

The testimonies show that women consider the pain of childbirth the worst ever felt, often stronger than expected. From the very beginning, normal birth has always been considered a painful episode that a woman must face in order to give birth to her children. The pain of childbirth is part of human nature itself and is not linked to pathology but rather to the experience of generating new life.<sup>16-7</sup>

In the meantime, nursing plays an important role for women during labor and childbirth, especially because pain is the most verbalized and feared sign by parturients. Special care, such as clarifications on uterine dynamics, childbirth physiology and the functions of contractions in the birthing process help women to understand and participate more actively and autonomously in the delivery process.

Obstetric nurses and other professionals who work directly in assisting childbirth need to promote care in order to reduce possible unpreparedness faced by women during labour, providing women and their families with information and effective strategies that bring them the necessary safety. Non-pharmacological analgesia techniques help increase pain tolerance and provide greater comfort to women during birthing.<sup>18-9</sup>

Pain relief care is advocated by the childbirth humanization movement. The goal is to make the delivery as natural as possible, reducing interventions, cesarean sections and drug administration. Thus, non-pharmacological care are alternatives aimed at de-medicalization.<sup>17</sup>

The humanization of labour and birth requires health professionals to act with respect to the physiological aspects of the parturient, without unnecessary interventions, besides offering psycho-emotional support to women and their families. For this reason, non-pharmacological technologies are used to promote humanized care without the use of medicalization and unnecessary invasive procedures. Measures to increase comfort and reduce apprehension during all phases of labor should be initiated during pregnancy through prenatal education and counseling so that women are able to make choices.<sup>20-1</sup>

It is fundamental that during prenatal care the pregnant woman is informed about the physiology of childbirth and the possible options of care during the birthing cycle. This facilitates women's empowerment and protagonism in childbirth, which can enhance the positive experience of giving birth in the lives of women and their families.

Care technologies that do not use medications but different strategies to assist labor and delivery are classified as light-hard technology and refer to structured professional knowledge such as clinical, epidemiology, among other areas, and can be organized according to professional performance in the labor process.<sup>18</sup>

Women feel safer and more relaxed, with consequent benefits for the evolution of labor when they experience such care. Moving the ball, swinging or doing other rhythmic movements can be comforting as it allows for relaxation of

the pelvic muscles. Orthostatic positions, such as leaning forward or using the delivery ball for support during contractions, give most women a greater sense of control and active movement instead of just lying.<sup>22</sup>

An effective and easily applicable technique is the bath with hot water, either immersion or spray. Water encourages woman's relaxation and well-being, thus decreasing the sensation of pain and, consequently, the anxiety, also contributing to the drop in systemic adrenaline levels. Reducing levels of this hormone triggers an increase in endogenous oxytocin production, offering possibilities for labor to develop rapidly.<sup>23</sup>

The offer of comfort and pain reduction strategies make it possible to give birth in a physiological manner, reducing the possibility of unnecessary obstetric interventions. The abuse of unnecessary interventionist obstetric techniques results in unfavorable outcomes in the physiological context and limit women's protagonism.<sup>24</sup>

Evidence indicates that the appropriate care strategies are beneficial in reducing pain in labor, with bathing, intradermal water blocks, movement and maternal positioning important and effective for maternal comfort, as they favor the evolution of a physiological delivery.<sup>25-6</sup>

By understanding the importance of implementing these methods in the obstetric care paradigm, professionals can encourage parturients to put in practice the techniques that best benefit them. It is imperative to use these care actions to reduce the level of stress and anxiety of women during labor, because even using analgesics alone, they do not fully solve the multidimensional phenomenon of pain.

## CONCLUSIONS

Changing the care paradigm of birthing to a physiological and humanized process brings benefits to both women and their newborns, as both are protagonists of the entire cycle of birth. Care technologies in relieving labor pain provide women with a safe, skilled birthing process, alleviating it. These techniques help women relax, relieve pain, and bring feelings of warmth towards both staff and family.

This study also showed that the mothers, despite having received guidance during prenatal consultations regarding childbirth, still lack understanding of issues related to the types of techniques and their applicability in this unique phase of their lives.

The act of teaching and guiding pregnant women on the use of care strategies, although low cost and easy to handle, still represents a care gap and needs to be strengthened. Prenatal care is believed to be a unique phase where health professionals, especially nurses, could provide information and guidance relevant to the birthing process, including the employability of care techniques for pain relief during labor and childbirth.

The relevance of studies on the importance of the performance of a multiprofessional team and obstetric nurses in prenatal care and birthing process is pointed out so that the reality of daily practice can be improved and provide qualification of care for women during labor and delivery.

This study has limitations that make it impossible to generalize the data, however, it is essential to reflect on professional practices in hospital services that take care of women who experience their birthing process. In this sense, we suggest further studies of this magnitude that help in the reformulation of care practices in labor and birth.

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