91 - EFFECTIVE NON-PHARMACOLOGICAL STRATEGIES FOR PAIN RELIEF IN CHILDBIRTH

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INTRODUCTION

Many health professionals working in maternity see in the pain during childbirth a "suffering" that, in most cases, have nothing to do for. For these professionals, staying on places like these, with women complaining of pain becomes very annoying and restrictive, once they don't know how to act (Dias; Domingues, 2005).

Actually, these professionals should play important roles in the childbirth labor experience and have the opportunity to put their knowledge in the most critical moments for mothers, through therapeutic interventions to minimize the pain of these women. However, it is not easy for those professionals who see the gestation and childbirth processes as predominantly organic events, most valued by their pathological side (Brasil, 2003).

In these terms, the healthcare professional who assists women in childbirth labor must consider and understand the social, cultural, environmental and therapeutic factors and the physiology of childbirth labor process that may cause fear and insecurity for women, with the aim to promote a more humanized and holistic assistance (Orange et al., 2003).

The study took place in the Childbirth Humanized Unit (UPH) of Januário Cicco Maternity School (MEJC) of the Rio Grande do Norte Federal University (UFRN), located in the eastern district of the city of Natal, in the state of Rio Grande do Norte, in northeast region of Brazil. Before we started the research, the study had permission for its achievement in the institution and was also submitted to the Ethics in Research Committee of UFRN, receiving assent Registration with the code EPC-UFRN 045/2005.

The population was made up of low-risk women admitted for childbirth assistance and the sample was composed by 100 women, after preliminary survey of normal births performed at the institution in 2004, having for this total a percentage of 10%, totaling 100 women to be researched.

For composition of the sample, the inclusion criteria involved mothers from their second birth, being in labor and being low-risk mothers, in the active phase of childbirth labor, with a maximum of 6 centimeters of cervix dilation, who had accepted taking part of the study and sign the Free and Informed Consent Term (TCLE). Were excluded pregnant adolescents, women with earlier cesarean section and those who had not accepted to take part of the study.

The period of data-collection was six months, from September 2005 to February 2006. The data-collection of the 100 women was conducted by the thesis' author herself.

The statistical treatment had been developed through the program SPSS 14.0, with statistical advice, on a descriptive form, with absolute and relative frequencies, average values, standard deviation and inferential analysis, with application of Fisher's Exact Test and the Simple Paired T Test. In all tests were adopted statistical significance levels with \( p < 0.05 \).
RESULTS

The results on the demographic data of the 100 women showed that 76% of them were in an age group between 20 to 30 years old and 24% were 31 to 42 years. As for education, 85% had incomplete basic education and 15% had high school/graduated. These women came, in large part (64%), from the capital (Natal) and 36% from other cities in the state of Rio Grande do Norte. The majority (90%) were Catholic, and only 10% evangelical. In relation to the family income, the majority (85%) received up to 02 minimum wages and just above 15% more than 02 minimum wages.

As for the characterization of obstetric variables, related to parity, 76% of women of the study were mothers of up to 2 children, and 24% had more than 3 children. They all (100%) had visited the prenatal consultation in the current gestation, according to the pregnant card. In reference to the diagnosis in weeks of gestation, there were identified that 85% of these women were between 37 to 40 weeks of gestation and 15% between 41 and 42 weeks.

Once the research site is an institution that preconizes and encourages the accompanist during childbirth labor, 78% women related that company, and only 22% did not mention any accompanist. Of the 78% who were accompanied, 44% were by the partner and 34% by the mother or other relative or friend.

It was found that 85% of women used some sort of medication during the active phase of labor, and the most used were oxytocin (81%), followed by buscopam (5%) and only 15% did not receive any medication during the development of this research.

By comparing the average intensity of pain "before and after" the application of non-pharmacological strategies (breathing exercises, muscle relaxation and lumbosacral massage) in 6, 8 and 9 cm of cervix dilation, with Simple Paired T Test, there were significant difference (t = 0.000) for 3 moments of the active phase, denoting the effectiveness of these strategies to relieve pain during childbirth labor, as can be seen in Figure 1.

Figure 1. Average intensity of pain "before and after" the application of non-pharmacological strategies in the active phase of childbirth labor, between 6, 8 and 9 cm of cervix dilation, using the Simple Paired T Test.

By comparing the percentage of pain relief "before and after" the application of non-pharmacological strategies (Figure 2), it's seen a reduction of that percentage as the cervix dilation increases, being bigger (31.2%) at 6 cm and smaller (19.2%) at 9 cm. These results point to the improved effectiveness of these strategies (breathing exercises, muscle relaxation and lumbosacral massage) in the early stages of dilation period (acceleration and maximum inclination).

Figure 2. Percent for compared pain relief occurred "before and after" the application of non-pharmacological strategies in women's studies.

CONCLUSIONS

The results of this study have enabled us to conclude that:

- When comparing the average intensity of pain "before and after" the application of non-pharmacological strategies in 6, 8 and 9 cm of cervix dilation, there were significant difference (t = 0.000) and the percentage of pain relief after the application of these methods had demonstrated a reduction as the cervix dilation increases, being bigger at 6 cm and smaller at 9 cm.
- The application of non-pharmacological strategies (breathing exercises, muscle relaxation and lumbosacral massage) in 6, 8 and 9 cm of cervix dilation, showed significant difference (t = 0.000) in relieving the pain on mothers of the study.
- Given the foregoing, one can say that the application of non-pharmacological strategies is effective in the relief of pain intensity of women during the active phase of labor.

The findings of this study point out to the need for further clinical researches focusing the use of these and other effective non-pharmacological strategies for pain relief in childbirth, aiming humanized actions to mothers' assistance.

The humanization of assistance in childbirth also involves, primarily, that the performance of health professionals respects aspects of mother's physiology, not intervening unnecessarily, recognizing the social and cultural aspects of labor and childbirth, and provide the necessary emotional support to women and their family, contributing to the formation of affective familiar ties and the mother-baby bond.

Similarly, implies in women's opportunity and autonomy throughout the whole process, with the elaboration of a childbirth plan that is respected by the professionals that assist her; in having a accompanist of her choice; in being informed about all the procedures that will be submitted and in having respected their citizenship rights.

Knowing these conclusions, it is expected that the data found in this research would come to contribute in the improvement of obstetrical practice focused on childbirth labor, especially in its active phase, in a way to relief pain of women in the process of childbirth labor.

Other expected results must be directed to the prenatal assistance, by embracing the pregnant-companion-family in
For nursing and to health assistance, it may help on their theoretical development, providing the knowledge expansion about the practice in obstetrical nursing, in addition of contributing to the awareness and consciousness of health professionals involved in the team and in the systematical practice directed to the actual conditions of woman during childbirth labor.

References


**EFFECTIVE NON-PHARMACOLOGICAL STRATEGIES FOR PAIN RELIEF IN CHILDBIRTH**

**ABSTRACT**

Clinical quantitative trial of therapeutic intervention type that aimed to evaluate, "before and after", the effectiveness of non-pharmacological strategies for relieve the pain intensity of women in the active phase of childbirth labor. The study was developed in a public maternity in the city of Natal/RN, in Northeast region of Brazil, and had as a sample, 100 considered low-risk women. To evaluate the pain intensity during childbirth, used the visual analog scale for measurement. After the application of non-pharmacological strategies (breathing exercises, muscle relaxation and lumbosacral massage), the women of the study felt significant relief (t <0.05) in the pain intensity. It follows that these strategies applied in the study’s women were effective in relieving the childbirth pain, in the active phase of childbirth labor, which means in the phases of acceleration, deceleration and maximum slope, being more effective in maximum inclination and deceleration stages. The findings of this study point out to the need for further clinical researches focusing the use of these and other effective non-pharmacological strategies for pain relief in childbirth, aiming humanized actions to mothers' assistance. Knowing these conclusions, it is expected that the data found in this research would come to contribute in the improvement of obstetrical practice focused on childbirth labor, especially in its active phase, in a way to relief pain of women in the process of childbirth labor. For nursing and to health assistance, it may help on their theoretical development, providing the knowledge expansion about the practice in obstetrical nursing, in addition of contributing to the awareness and consciousness of health professionals involved in the team and in the systematical practice directed to the actual conditions of woman during childbirth labor.

**KEYWORDS:** Labor, pain relief, Women's Health.

**STRATÉGIES NON PHARMACOLOGISTE EFFECTIVES DANS LA RÉDUCTION DE LA DOULEUR DE L’ACCOURCHEMENT**

**RÉSUMÉ**

Essai clinique quantitatif du type intervention thérapeutique « avant et après », que a eu comme objectif évaluer l’effectivité des stratégies non pharmacologiques dans le soulagement de l’intensité de la douleur des parturientes dans la phase active du travail. L’étude à été développé dans une maternité publique dans la ville de Natal/RN, dans la Région Nordeste du Brésil, ayant comme panel 100 parturientes considérées de bas-risque. Pour évaluer l’intensité de la douleur de l’accouchement, il y a été utilisé l’escala analogique visuelle pour la mensuration. Devant l’application des stratégies non pharmacologiques exercices respiratoires, relaxation musculaire et massage lombo-sacrée, les femmes de l’étude ont ressenti un soulagement significatif (t < 0.05) dans l’intensité de la douleur des parturientes dans l’étude. Ont conclut que ces stratégies appliquées dans les parturientes de l’étude ont été effectives dans le soulagement de la douleur de l’accouchement dans la phase active du travail, soit, dans les phases de déclenchement, d’inclinaison maximale et de ralentissement, étant son effectivité plus grande dans les phases d’inclinaison maximale et de ralentissement. Les trouvailles de cet étude pointent vers la nécessité d’autres recherches cliniques que focalisent l’usage de ces et d’autres stratégies non pharmacologiques effectives pour le soulagement de la douleur d’accouchement, en visant d’action humanisées dans l’assistance à la parturiente. À la lumière de ces conclusions, il est espéré que les données rencontrés dans cette investigation puissent contribuer dans l’amélioration de la pratique obstétrique tournée vers le travail, spécialement dans son phase active, ayant en regard le soulagement de la douleur de ces femmes dans son procès de l’accouchement. Pour l’infirmier et pour la santé il pourra contribuer pour le développement théorétique, donnant l’ampliation des connaissances sur la pratique de l’infirmier en obstétrique, au-delà de contribuer pour la sensibilisation et la donnée de conscience des professionnals de santé engagés dans l’équipe et dans la direction de pratiques systématisés ajustées aux conditions réelles de la femme en travail.

**MOTS-CLES:** Accouchement, réduction de la douleur, Santé de la femme.
ESTRATEGIAS NO FARMACOLÓGICAS EFICACES EN LA RELEVACIÓN DEL DOLOR DEL PARTO

RESUMO
Análisis clínico cuantitativo del tipo intervención terapéutica “antes y después” que tenía como objetivo evaluar la eficacia de las estrategias no farmacológicas en la relevación de la intensidad del dolor de mujeres en la fase activa del trabajo del parto. El estudio fue desarrollado en una maternidad pública en la ciudad de Natal/RN, en la región nordestal del Brasil, teniendo como muestra 100 mujeres en el trabajo del parto de poco riesgo. Para evaluar la intensidad del dolor del parto, fue usada la escala en el aspecto analógico visual para su mensuración. Delante del uso de las no farmacológicas estrategias, de los ejercicios respiratorios, la relajación muscular y el masaje lombossacral, habían verificado la relevación significativa ($p < 0.05$) en la intensidad del dolor de las mujeres en el trabajo del parto en el estudio. Se concluye que estas estrategias aplicadas en las mujeres en el trabajo del parto del estudio habían sido eficaces en la relevación del dolor del parto en la fase activa del trabajo del parto, es decir, en las fases de la aceleración, de la inclinación máxima y de la desaceleración, siendo más grande su eficacia en las fases de la inclinación y de la desaceleración máximas. Los resultados de este estudio demuestran la necesidad de otras investigaciones clínicas que enfocen el uso de éstas y otras estrategias no farmacológicas eficaces para la relevación de la dolor del parto, teniendo como objetivo humanizar las acciones en la ayuda a la mujer en trabajo del parto. Con estas conclusiones cuenta con que los datos encontrados en esta investigación puedan contribuir en la mejora de la práctica obstétrica dirigida hacia el trabajo del parto, en especial en su fase activa, debido a la relevación del dolor de estas mujeres en su proceso del trabajo del parto. Para el oficio de enfermera y la salud podrá contribuir en el desarrollo teórico, ayudando a magnificar el conocimiento en la práctica y en el oficio de enfermera obstétrica, más allá de contribuir para la sensibilización y el conocimiento de los profesionales implicados de la salud en el equipo y el apuntamiento de la práctica sistematizan ajustadas a las condiciones verdaderas de la mujer en trabajo del parto.

PALABRAS CLAVES: Trabajo del parto, relevación del dolor, salud de la mujer.

ESTRATÉGIAS NÃO FARMACOLÓGICAS EFETIVAS NO ALÍVIO DA DOR DE PARTO

RESUMO
Ensaios clínicos quantitativos do tipo intervenção terapêutica “antes e após” que teve como objetivo avaliar efetividade de estratégias não farmacológicas no alívio da intensidade da dor de partrientes na fase ativa do trabalho de parto. O estudo foi desenvolvido em uma maternidade pública na cidade de Natal/RN, na Região Nordeste do Brasil, tendo-se como amostra 100 partrientes consideradas de baixo risco. Para avaliar a intensidade da dor de parto, utilizou-se a escala analógica visual para sua mensuração. Diante da aplicação das estratégias não farmacológicas exercícios respiratórios, relaxamento muscular e massagem lombossacral, verificaram-se alívio significativo ($p < 0.05$) na intensidade da dor das partrientes do estudo. Conclui-se que essas estratégias aplicadas nas partrientes do estudo foram efetivas no alívio da dor de parto na fase ativa do trabalho de parto, ou seja, nas fases de aceleração, inclinação máxima e desaceleração, sendo maior sua efetividade nas fases de inclinação máxima e desaceleração. Os achados deste estudo apontam para a necessidade de outras pesquisas clínicas que focalizem o uso dessas e de outras estratégias não farmacológicas efetivas para o alívio da dor de parto, visando ações humanizadas na assistência à partriente. A guisa dessas conclusões espera-se que os dados encontrados nesta investigação possam contribuir no aprimoramento da prática obstétrica voltada para o trabalho de parto, em especial na sua fase ativa, tendo em vista o alívio da dor dessas mulheres no seu processo do trabalho de parto. Para a enfermagem e para a saúde poderá contribuir no desenvolvimento teórico, propiciando ampliação dos conhecimentos sobre a prática na enfermagem obstétrica, além de contribuir para a sensibilização e conscientização dos profissionais de saúde envolvidos na equipe e no direcionamento de práticas sistematizadas adequadas às reais condições da mulher em trabalho de parto.

PALAVRAS-CHAVE: Trabalho de parto, Alívio da dor, Saúde da mulher.