194 - OBSTETRIC NURSES MAKING THE DIFFERENCE IN THE HUMANITARIAN CHILDBIRTH

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INTRODUCTION

The follow-up to the mother during labor in most cases necessarily involves psychological and emotional support, physical contact to break the fear and anxiety to join forces and encourage positive women giving birth at the time of labor. Therefore, the humanization process in the labor required, and monitoring by the partner or other person of non-pharmacological interventions related to information received by pregnant women in their preparation for childbirth, but also a change in attitude of the institution should be structured and prepared for this new position (BRASIL, 2003).

Thus, recognizing the individuality is to humanize care delivery. Humanization during labor allows the health professional to link and understand the needs of women in childbirth, also allows relationships are less unequal and authoritarian to the extent that these professionals can help the couple to adopt behaviors that benefit the wellbeing and ensure security for the wife, partner and newborn (BRASIL, 2003).

In the model of humanized childbirth and his companion, must be observed by the host team with empathy and respect, always taking into consideration their opinions, preferences and needs. Overall, obstetric care should be focused on the needs of the user, based not only on procedures and standards established technical, but in appreciation of individuality, since the human being is distinguished by its very nature to be rational and have specific characteristics as character, personality, feelings, beliefs, opinions, desires, aspirations, values themselves, dignity and sense of justice, which must be respected, considered and appreciated (MACHADO and PRAÇA, 2006).

Thus, women in labor require prior knowledge about pregnancy, nutrition and healthy guidance on contractions and childbirth, growth development of your baby, breastfeeding and immunization. For humanization appropriate during labor, the laboring woman needs information on proper physical preparation with regard to the effects of various positions so that they can actively participate in their delivery, noting the well-being that these variations provide (BEZERRA and CARDOSO, 2006).

Therefore, nowadays, the humanization in the process of parturition includes a theme of significant relevance across the global awakening of classes belonging to the area of health interest and concern about the establishment and development of humanized care in any hospital, especially in the field of obstetrics, thereby improving the care of maternal and perinatal (DINIZ, 2005).

The term humanized childbirth is somehow closely related to the use of evidence-based medicine, respect the rights of women by welcoming and respectful treatment, the management of labor pain and prevention of iatrogenic pain (RODRIGUES, 2004).

Regarding the effects of emotional support / psychological offered to women in the delivery process, will depend on the quality of interpersonal relationship established between those involved in the process of humanization, since that emotional support and education should meet the physical and psychosocial assisted group (GAIVA, 2002).

The humanization of delivery also involves relations between health professionals, mothers, relatives and associates, and technical procedures adopted since the adequacy of physical infrastructure and hospital equipment, to change attitudes and attitudes of all involved in the birth process. The physical fitness in the hospital network is necessary for the laboring woman has a companion during labor to perform procedures with regard to pain relief, promotion of healthy labor and delivery and the prevention of maternal and perinatal morbidity (GAIVA, 2002).

The health team should also provide an environment of affection and attention, and the doubts of pregnant women answered in a clear and accessible. During labor the woman should not live in a hostile environment, with strict routines and focus only on the interests of the service and health team, should feel in a place where you can express your feelings, anxieties and fears and, above all, feel safe and supported (DINIZ and VALVERDE, 2001).

Humanizing the stand by watching mothers and families, giving them support on an individual basis, ensuring the best form of completeness for mother / baby and identifying risks before they occur, thus ensuring a safe birth and without dystocia (SILVA and ALBUQUERQUE, 2006).

It is important to consider further the humanization of delivery covers the incorporation of a set of care measures and activities aiming to provide women with opportunities to experience the experience of childbirth as a physiological process, feeling the protagonist of the moment. Health professionals have an important role as a facilitator for the development of attention, through guidance, advice and specific activities in the preparation of the mother and companion (BRUGGEMANN, PARPINELLI, OSIS, 2005).

It should be noted, therefore, that the concept of humanization can have several facets. There is a movement that claims to be a process that respects the individuality of women in labor, valuing them as a player and, above all, allowing us to tailor assistance to the culture, beliefs, values and diversity of opinions of these women. Even feeling fear and pain during labor, assistance to women must be offered a health care model considered humane, as advocated and theorized by educational and non-invasive focused on humanized (SILVA, 2005).

Thus, the humanization includes, among others, two important aspects. The first refers to the belief that it is the duty of health units with dignity parturients are familiar with ethical and caring attitudes by health professionals and the institution, creating a cozy and behaviors that break the isolation of women in work delivery. The second concerns the adoption of measures and procedures conducive to the monitoring of labor and birth, avoiding unnecessary interventionist practices which, although traditionally made, no benefit for women during childbirth, leading to higher risks in the delivery process (SERRUYA, CACATTI, LAGO, 2004).

So, to humanize is to promote quality care for women during childbirth to the use of techniques for pain relief, physical comfort and emotional choice on how you want to give birth, giving them the support necessary for mother and baby to experience all the accompanying labor process in a calm and happy way (ALMEIDA, et al, 2005).

Given this, there is adequate information on the benefit of pain relief for childbirth, following an approach and non-pharmacological. Methods Non-pharmacological and pharmacological pain relief for pregnant women are not used much, but the combination of two or more of these methods can provide many women adequate relief, minimizing discomfort and its effects that may arise. May be included in this association methods such as the techniques of breathing exercises, imagination, lumbar massage, progressive relaxation, therapeutic touch, change activities and freedom of position, baths, music and application of warm and cold compresses in the lumbar region (FLORENCE and PALMER, 2003)

It is important to remember that the use of pharmacological methods and non-pharmacological generally must be accompanied with the support of the presence of a person who may be health professionals, companion or family member. Therefore, it

has been observed that non-pharmacological methods have recently been studied in the population of women in labor with priority consistent at birth, selected for their use in the relief and comfort during labor (THE CNM DATA GROUP, 1998).

Given these considerations on labor, delivery and non-pharmacological methods, has led to interest in studying the pain of women in labor. This motivation came from the experience of a group of midwives with observing and experiencing the feelings of women in labor demonstrations and suffering, discomfort and lack of control on the intensity of labor pain. With the passage of time and living almost daily with these women in public obstetric centers, has witnessed parturients isolated, separated from their partners or companions, neglect of health professionals on the complaint of pain of these women, probably because they consider the pain delivery process predominantly biological, physiological and temporary, valuing, often the pathological picture when it installs.

Thus, by considering the humane approach in helping women to experience the process of labor in a less traumatic and uncomfortable, this study aimed to identify the literature and describe the effective non-pharmacological strategies that may help in the parturient pain relief during labor.´

It is important then describes how these strategies are used to presenting their therapeutic value and effect, beyond the process of humanization of care for women during childbirth. It also emphasizes the need to know the effectiveness of these methods and, in most cases, are accepted by pregnant women and their companions, with the help of health professionals or even their families.

METHODOLOGY

Since the proposed research, we chose to develop a review, which is appropriate to examine publications to identify, among other things, regular types, matters considered and methods employed (LEOPARDI, 2001).

This is a literature review which aims to explain a problem from theoretical references to published documents, seeking to understand and analyze scientific contributions and cultural differences on a particular theme, not merely repeating what has been said or described, but allows the examination of a subject under new approach or approach and innovative conclusions (MARCONI and LAKATOS, 2001).

For the development of this research, we sought to publications available in BIREME, specifically in the databases of the literature Latin American and Caribbean Health Sciences (LILACS) and international literature in Health Sciences (MEDLINE), the period the years 2000 to 2007. The choice of these two databases is due to the fact that they are widely used by health professionals. The search was made through the junction of the keywords "labor, "relief", "pain", "labor" and "delivery" available in Descriptors in Health Sciences (DECS).

Exclusion criteria have focused for the studies that did not respond to the research objective. The cutting time research is warranted to ensure the timeliness of the data, focusing on trends in research analyzed.

To collect the data from the reading of selected articles which contain non-pharmacological strategies for pain relief during labor, we used a script containing the following items taken from articles and abstracts found in the databases mentioned: lumbosacral massage, exercise breathing, walking, relaxation, freedom of position, shower and Bobath Ball, analyzed using descriptive statistics, using SPSS 14.0 and stored in databases.

RESULTS AND DISCUSSION

LUMBOSACRAL MASSAGE

The lumbosacral massage is beneficial in relieving pain caused by nerve impulses generated in certain regions of the body of the mother, competing with the pain message being sent to the nerve endings in the brain. There are several points of access to such relief as the feet, hands, which act as technical back-pressure during uterine contractions and the time from the top edge of the pelvis. When massage is applied on the shoulders and neck, there is a better beneficial effect between contractions that aid in relaxation and smooth the tummy, arms and legs give the sensation of physical support and companionship (CHAN, WANG, CHEN, 2002).

The massage when performed by a companion or by health professionals at the time of uterine contractions stimulates the release of endorphins and there will be more intensified for the relief of pain. Therefore, it is a safe, noninvasive, non-drug that can relieve pain during labor. To receive the lumbosacral massage the laboring woman may be lying in lateral decumbency, standing or squatting, where the companion / partner or health care provider with a steady hand, put pressure on the lumbar region, causing the fabric to move over the bones (BRASIL, 2003).

In 2006, a study aimed at characterizing the pain during labor with or without lumbosacral massage in the three stages of cervical dilation is in phase 1 (3-4 cm), stage 2 (5-7 cm) and stage 3 (8-10 cm). It was a randomized, controlled study and the results indicated that massage lumbosacral probably not change the characteristics of pain experienced by pregnant women, however, can be effective in reducing pain intensity in phase 1 and 2 of cervical dilation during labor. It was also observed in the study that the use of this technique is effective to help reduce the intensity of pain during the birth process (LEEMAN et al., 2003).

Similarly, can be considered as work with other therapy techniques using massage, which are related to the decrease in intensity, frequency and duration, as well as better development of the musculoskeletal discomforts of pregnancy and delivery (DE CONTI et al. 2003; CHANG, CHEN, HUANG, 2006).

A research using the ice massage to the level of L14 of pregnant women to reduce the pain of contractions during labor, found that the mothers of the study reported significant reduction in pain. The lumbosacral massage with the use of ice is safe, noninvasive, nonpharmacological and is an alternative method for relief of labor pain (WATERS and RAISLER, 2003).

In southern Taiwan, in 2000 conducted a randomized study of 60 pregnant women, which demonstrated that effective intervention strategy for pain relief of search (CHAN, WANG, CHEN, 2002), along with another study supported by researchers who reported that the lumbosacral massage has therapeutic value in promoting relaxation, comfort and relief in the birth process (SILVEIRA, CAMPOS, FERNANDES, 2002).

A randomized study conducted in 2007 among pregnant women in the active phase of labor with the application of combined non-pharmacological strategies such as breathing exercises, muscle relaxation, lumbosacral massage and shower, a significant ($\rho = 0.000$) in pain relief of pregnant women studied and it could be argued that the implementation of these strategies are effective in relieving pain relief for women during the active phase of labor. Our findings point to the need for further clinical trials that focus on the use of these and other non-pharmacological strategies for effective pain relief for childbirth, humanized actions aimed at assisting the parturient (DAVIM and TORRES, 2007).

BREATHING EXERCISES

According to the literature, another effective method to relieve the pain of childbirth is related to breathing exercises. A woman should get in touch with your inner self and, when deemed necessary, use diaphragmatic breathing by focusing on the exhalation, keeping the body relaxed, especially the shoulders, and when uterine contractions become too strong, she should make sounds on the expiry helping to relieve pain. The emission of sounds, along with the expiration, will boost production of hormones similar to the endorphins that act as natural painkillers and domestic help in modifying the level of consciousness. Therefore, to better lung function during uterine contractions, respiratory movements should be similar to normal breaths, slow and draws the nose and exhaling through the mouth, thus increasing the capacity for pain relief in childbirth. Thus, breathing exercises are designed to help women in the control of contractions during labor, changing the attitude of herself and his or her companion, instead of linking birth to fear and pain, come to accept it with security, tranquility and active participation. In this sense, the use of breathing techniques during

labor to mass sufficient oxygen to the uterus, the relaxation of tension in the vegetative system, making labor faster and less painful (BRANDEN, 2000, BRASIL, 2003).

Therefore, abdominal breathing slow and deep is useful between contractions, especially in the first phase (acceleration) of labor, avoiding the same, painful spasms of the abdominal muscles. The thoracic breathing fast and shallow is useful when the contractions are more intense, special for the second phase (maximum gradient) of labor. These controlled breathing, conscious and voluntary, they may even inhibit pain perception (BRANDEN, 2000, BRASIL, 2003, IARA, SPERANDIO, SANTOS, 2007).

A survey conducted in 2006 using the breathing techniques for pain relief of parturients, found that this technique did not reduce pain intensity, but promoted the maintenance of low anxiety levels of pregnant women for a longer time during labor delivery (ALMEIDA et al., 2005). However, another study conducted in Goiânia, in the period 2000/2001 with pregnant women using the same breathing technique, we observed an increase in the feeling of pain tolerance, encouragement, and force the pregnant women experience their labor through the well fitness and psycho (ALMEIDA et al., 2004).

WALKING

In a review of the literature on movement / walking during labor, it was found that the effects of walking / freedom of movement and position of women during labor were used and preferred since ancient times, allowing less pain, reducing the time of labor, improvement in uterine contractility and provides more comfort and also ensure the exchange maternal-fetal-placental longer, thus reducing the risk of fetal distress (MAMEDE, ALMEIDA, CLAPIS, 2004).

In other experiments it was observed that walking helps in pain relief of parturients when associated with other non-pharmacological techniques such as, for example, pelvic balance, promoting a better outcome for women in labor, pain relief, comfort and relaxation (BALASKAS, 1993).In the analytical study of intervention, quasi-experimental with pregnant women in labor in order to analyze the effects of walking in the active phase of labor, they found that the amount of time distance walked during the first 3 hours in this phase is associated with shortening the duration of labor, and the 100 meter race, a decrease of 22 minutes in the first hour, 10 minutes on second and 6 minutes in the third hour. The pain scores, scores increased as the cervical dilatation progressed, there was a significant positive correlation with only 5 cm dilated, since the greater the distance walked, the greater the pain scores for women in labor study (MAMEDE, 2005).

MUSCLE RELAXATION

In general, muscle relaxation techniques allow the parturient to recognize parts of your body and its sensations, and therefore there is a difference between relaxation and contraction of the uterus, increasing the woman distracts the relief and pain control, facilitating sleep and home (BALASKAS, 1993).

Among the techniques that promote relaxation, we have the distraction, progressive muscle relaxation that causes the perception of pain relief, yawning, controlled breathing, imagery, touch and music therapy. The relaxation exercise also aims to meet the state of muscle tension and improve oxygenation of the uterus, contributing in the same way in saving energy for the psychic control and useful between contractions (BRANDEN, 2000).

In intervention study, the techniques are applied to progressive muscle relaxation in women during labor, researchers found that this technique causes the perception of pain relief demonstrated by pregnant women. This is relevant as the effects of interference by the researchers to gather data for application of the technique have shown significant reduction in pain levels of pregnant women in the study (PAULA, CARVALHO, SANTOS, 2002).

FREEDOM OF POSITION

The reports in the literature regarding the best maternal position during labor are varied. Depending on the capabilities and experience of professional accompanying the parturient with a certain position, it is generally agreed that the horizontal should be avoided to prevent the effects of exchange difficulties maternal-fetal. The advantage of the upright position or side slope on the horizontal is less discomfort and less difficulty in "maternal pull-ps", pain less intensely and less risk of vaginal or perineal trauma. Therefore, the lie most of the time during labor, can cause unnecessary pain. In this case, various locations can ease the pain of the mother, such as to kneel with the body bent forward, standing, squatting or sitting, and especially walking to help relieve the pain of the birth process (BALASKAS, 1993).

Therefore, the general recommendation, opinion widely shared among the researchers, is to avoid the supine position, accepting the recommendations of the Ministry of Health, which is to facilitate and promote the adoption of the parturient in upright position. Above all, health professionals must respect the woman in recognizing the potential benefits of this high position for delivery, and these babies are trained to use it (CECATTI and CALDERÓN, 2005).

It is worth noting that freedom of position improves blood circulation and increase muscle balance, reduces swelling, soothes the intestinal discomfort, relieves cramps, strengthens the abdominal muscles and therefore help in the recovery of post-partum (HANLON, 1999).

BATH SHOWER

About the shower, it is important to state that the relaxing effect of water reduces the sensation of pain caused by uterine contractions, relaxed the muscles of the perineum. Plus that provides security to the laboring woman is when the water falling on your body, especially on the lower back, is like a painkiller thus relieving soreness, relieving pain and discomfort caused by strong contractions (BALASKAS, 1993).

A study of 40 pregnant women aimed at evaluating the effects of a shower over the pain of pregnant women during the active period of expansion and the sensations reported by these women during the bath. It was found four dimensions of pain: intensity, using the numerical scale and the cups; manifestation of behavior, location and characterization, using the McGill Pain Questionnaire. The results showed that the shower in the active phase of labor does not lessen the pain, however promoting feelings of well-being and comfort, and relief, relaxation, improvement and revitalization (OCHIAI and GUALDA, 2000).

A survey of qualitative methodological approach aimed at analyzing the impact of the warm bath to reduce the time of labor during its active phase. As a result, it was reported that the warm bath allowed the mothers, level of consciousness of its power in the development of labor, with relief of pain sensation, relaxation and well-being. There is, however, a certain time for the laboring woman remains in the shower, as long as the water has a temperature of at least bearable (MEDINA, 2000).

A clinical randomized controlled trial conducted with 108 women in labor at the Birth Center Maternal Support, to evaluate the effect of immersion baths on the magnitude of pain and examine its effect on the duration of the first stage of labor, but the frequency and duration of contractions during labor. Data collection was from October 2002 to June 2003 and as its main achievements, identified the bath showed no influence on the duration of labor was similar in both groups ($\rho = 0.885$). The magnitude of pain in the third evaluation, the experimental group showed significantly lower than the control group ($\rho = 0.001$), both numerical scale as the behavioral index. There was no statistical difference in frequency, however, the duration of contractions was lower in the experimental group, the authors concluded that the bath is an alternative to the comfort of the mother, relieving pain without interfering with the progression of labor (SILVA and OLIVEIRA, 2006).

BOBATH BALL

The ball was considered as non-pharmacological resources to assist in the physiological process of birth. In the shower, the ball should be used laying the parturient on the same letting the water fall on the painful sites during contractions. Outside the shower, the ball can be associated with massage for pain relief or just for the parturient sit more comfortably (LOPES, 2000).

A study in pre-delivery of Hospital Sofia Fieldman, used the Bobath Ball (or Swiss Ball), also known as the birth ball with pregnant women in the period of expansion, and identified as using the ball brought more comfort during and between contractions. They also concluded that the use of the ball can be associated with other resources for the relief of pain, as the hot bath and massage shower in the lumbar (LOPES, 2000).

An experiment carried out with the Bobath Ball in a Primary Care Nursing in 2006, a new mother and her partner used this ball in various positions during labor, in order to help in time of birth and a minimum of pain. With the cooperation of the partner, the birth occurred in a safe and smooth, offering the couple a unique and satisfying experience (CHANG and GAU, 2006).

CONCLUSIONS

Based on the results of these studies being based this study, we observed that the lumbosacral massage, breathing exercises, walking, relaxation, freedom of position, shower and Bobath Ball, these methods are effective in relieving pain and comfort of parturients labor, in its active phase. Therefore, nowadays, the use of non-pharmacological strategies for the relief and comfort from the pain of childbirth is attracting the classes of health care, particularly obstetrics, becoming, in some way relevant issue in health care maternal and perinatal. It is expected therefore that the findings can contribute to the improvement of obstetric practice focused on labor in order to relieve the pain of these women in the labor process.

Other expected results are targeted to prenatal care in the approach to the mother-partner family-health services, with specific information in the preparation of the couple and family for the birth.

For nursing and health may contribute to the theoretical development to broaden the knowledge about the practice in midwifery, and to raise awareness and awareness of health professionals involved in the team and the direction of knowledge management practices appropriate to the actual conditions woman in labor.

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OBSTETRIC NURSES MAKING THE DIFFERENCE IN THE HUMANITARIAN CHILDBIRTH

ABSTRACT

Humanizing childbirth involves the relationship between health professionals, mothers, relatives, associates, technical procedures appropriate to the physical structure and hospital equipment, as well as the change of positions and attitudes of those involved in the birth process. A hospital physical fitness is required for the laboring woman has a companion during labor to perform procedures with regard to pain relief, promotion of healthy labor and delivery and the prevention of maternal and perinatal morbidity. The health care team should provide a safe environment, and the doubts of pregnant women answered in a clear and accessible. The laboring woman should not live in a hostile, with strict routines and focus only on the interests of the service and health team, should feel in a place where you can express your feelings, anxieties and fears, safe and supported. Thus, this study aimed to identify the literature

and describe the effective non-pharmacological strategies that may help in parturient pain relief during labor. This is a literature review, searching for the publications available at BIREME, in the databases LILACS and MEDLINE, from 2000 to 2007, using the keywords "labor," delivery", "relief", "pain" and "labor", "delivery", "relief ", "pain". To collect the data from the reading of selected articles which contain non-pharmacological strategies for pain relief during labor, we used a script with the following strategies: lumbosacral massage, breathing exercises, walking, relaxation, freedom of position, shower and Bobath Ball. Based on the results of these studies being based this study, we observed that the lumbosacral massage, breathing exercises, walking, relaxation, freedom of position, shower and Bobath Ball, these methods are effective in relieving pain and comfort of parturients labor.

KEYWORDS: Labor, Relief, Pain.

INFIRMIÈRES OBSTÉTRIENNES QUI FONT LA DIFFÉRENCE DANS L´HUMANISATION À L´ACCOUCHEMENT ET LA NAISSANCE

RÉSUMÈ

Humaniser l´accouchement concerne des rapports entre des professionnels de la santé, des femmes en couches, des relations parentales, des accompagnateurs, des procédures téchniques adéquates à la structure physique et des équipements hospitaliers, ainsi comme le changement de postures et attitudes des personnes prises dans le processus de travail d´accouchement. L´adéquation physique hospitalière est nécessaire pour que la femme en couches dispose d´accompagnement au travail d´accouchement avec la réalisation de procédures par rapport au soulagement de la douleur, à la promotion à l´accouchement et à la naissance salutaires et à la prévention de la morbimortalité maternelle et périnatale. L´équipe de santé doit proportionner un environnement assuré et répondre aux doutes de façon claire et accessible. La femme en couches ne doit pas cohabiter en lieu hostile, avec des routines et normes rigides ne centrées qu´à l´intérêt du service et de l´équipe de santé, doit se sentir dans un lieu où elle peut manifester ses sentiments, angoisses et peurs, assurée et protégée. Dans ce sens, cette étude a eu comme objectif identifier dans la littérature et décrire les stratégies non pharmacologiques effectives qui peuvent aider la femme en couches avec le soulagement de la douleur pendant le travail d´accouchement. Il s´agit d´une révision de littérature, en cherchant des publications disponibles à la Bireme, dans les bases de données Lilacs et Medline, dans la période entre 2000 à 2007, en utilisant les descripteurs “travail d´accouchement” “accouchement”, “soulagement” “douleur” et “labor”, “delivery”, “relief”,“pain”. Pour collecter les données originées de la lecture des articles séllectionés, lesquels contenaient des stratégies non pharmacologiques pour le soulagement de la douleur pendant le travail d´accouchement, on a utilisé un guide avec les stratégies suivantes: massage lombo-sacré, exercices respiratoires, flânerie, relaxation musculaire, liberté de position, douche et Ballon de Bobath. D´après les résultats de ces recherches qui donnent la base à cette étude, on observe que le massage lombo-sacré, les exercices respiratoires, la flânerie, la relaxation musculaire, la liberté de position, la douche et le Ballon de Bobath, sont des techniques effectives au soulagement et confort de la douleur des femmes en couches au travail d´accouchement.

MOTS-CLÉS: Travail d´accouchement , Accouchement, Soulagement, Douleur.

ENFERMERAS OBSTÉTRICAS HACIENDO LA DIFERENCIA EN LA HUMANIZACIÓN AL ALUMBRAMIENTO Y NACIMIENTO

RESUMEN

Humanizar el alumbramiento involucra relaciones entre profesionales de la salud, parturientas, familiares, chaperones, procedimientos técnicos adecuados a la estructura física y equipos hospitalarios, como también la mudanza de posturas y actitudes de los involucrados en el proceso del parto. La adecuación física hospitalaria es necesaria para que la parturienta disponga de chaperón en el trabajo de alumbramiento con realización de procedimientos en lo que se refiere al alivio del dolor, promoción al alumbramiento y nacimiento saludables y prevención de la enfermidad y mortalidad materna y de lo recién nacido en los primeros treinta días. El equipo de salud debe proporcionar ambiente seguro, teniendo las dudas de las parturientas contestadas de forma clara y accesible. La parturienta no debe convivir en local hostil, con rutinas y normas rígidas centradas solamente en el interés del servicio y del equipo de salud, debe sentirse en lugar donde podrá manifestar sus sentimientos, angustias y miedos, segura y amparada. En este sentido, este estudio tuvo como objetivo identificar en la literatura y describir las estrategias no farmacológicas efectivas que puedan ayudar la parturienta en el alivio del dolor durante el trabajo de alumbramiento. Se trata de una revisión de literatura, buscándose por publicaciones disponibles en la Bireme, en las bases de dados Lilacs y Medline, en el período entre 2000 a 2007, utilizándose los descriptores “trabajo de alumbramiento,” “alumbramiento”, “alivio” “dolor” y “labor”, “delivery”, “relief”,“pain”. Para colectar los datos procedentes de la lectura de los artículos seleccionados quiénes contenían estrategias no farmacológicas para el alivio del dolor durante el trabajo de alumbramiento, se utilizó un protocolo con las siguientes estrategias: masaje lumbosacral, ejercicios respiratorios, caminata, relajamiento muscular, libertad de posición, baño de ducha y Pelota de Bobath. Con base en los resultados de esas pesquisas que fundamentaran este estudio, se observa que el masaje lumbosacral, ejercicios respiratorios, caminata, relajamiento muscular, libertad de posición, baño de ducha y la Pelota de Bobath, son técnicas efectivas en el alivio y confort del dolor de parturientas en trabajo de alumbramiento.

PALABRAS LLAVE: Trabajo de alumbramiento, Alumbramiento, Alivio, Dolor.

ENFERMEIRAS OBSTÉTRICAS FAZENDO A DIFERENÇA NA HUMANIZAÇÃO AO PARTO E NASCIMENTO

RESUMO

Humanizar o parto envolve relações entre profissionais da saúde, parturientes, familiares, acompanhantes, procedimentos técnicos adequados à estrutura física e equipamentos hospitalares, como também a mudança de posturas e atitudes dos envolvidos no processo parturitivo. A adequação física hospitalar é necessária para que a parturiente disponha de acompanhante no trabalho de parto com realização de procedimentos no que se refere ao alívio da dor, promoção ao parto e nascimento saudáveis e prevenção da morbimortalidade materna e perinatal. A equipe de saúde deve proporcionar ambiente seguro, tendo as dúvidas das parturientes respondidas de forma clara e acessível. A parturiente não deve conviver em local hostil, com rotinas e normas rígidas centradas somente no interesse do serviço e da equipe de saúde, deve sentir-se em lugar onde poderá manifestar seus sentimentos, angústias e medos, segura e amparada. Neste sentido, este estudo teve como objetivo identificar na literatura e descrever as estratégias não farmacológicas efetivas que possam ajudar a parturiente no alívio da dor durante o trabalho de parto. Trata-se de uma revisão de literatura, buscando-se por publicações disponíveis na Bireme, nas bases de dados Lilacs e Medline, no período entre 2000 a 2007, utilizando-se os descritores “trabalho de parto,” “parto”, “alívio” “dor” e “labor”, “delivery”, “relief”,“pain”. Para coletar os dados advindos da leitura dos artigos selecionados os quais continham estratégias não farmacológicas para o alívio da dor durante o trabalho de parto, utilizou-se um roteiro com as seguintes estratégias: massagem lombossacral, exercícios respiratórios, deambulação, relaxamento muscular, liberdade de posição, banho de chuveiro e Bola de Bobath. Com base nos resultados dessas pesquisas embasando este estudo, observa-se que a massagem lombossacral, exercícios respiratórios, deambulação, relaxamento muscular, liberdade de posição, banho de chuveiro e a Bola de Bobath, são técnicas efetivas no alívio e conforto da dor de parturientes em trabalho de parto.

PALAVRAS CHAVE: TRABALHO DE PARTO, PARTO, ALÍVIO, Dor.

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