OBSTETRIC NURSES' PERSPECTIVE: USE OF NON-PHARMACOLOGICAL METHODS FOR THE RELIEF OF LABOR PAIN

PERSPECTIVA DE ENFERMEIRAS OBSTETRAS: UTILIZAÇÃO DE MÉTODOS NÃO FARMACOLÓGICOS PARA ALIVIO DA DOR DO PARTO

PERSPECTIVA DEL PERSONAL DE ENFERMERÍA OBSTÉTRICA: USO DE MÉTODOS NO FARMACOLÓGICOS PARA EL ALIVIO DEL DOLOR DE PARTO

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ABSTRACT

Objectives: To understand the perspective of obstetric nurses on the use of non-pharmacological methods for the relief of labor pain. Method: This is a qualitative, descriptive and exploratory research, conducted with obstetric nurses, invited electronically and interviewed via Google Duo. Data were analyzed using IRAMUTEQ software and submitted to the content analysis technique. Results: Nine nurses participated in the research, and the words that occurred the most were: natural childbirth, humanized, massage, nursing, ball, relief, shower, and companion. In the content analysis three categories emerged: Importance of natural childbirth; Methods that humanize childbirth; Pain relief; Importance of nursing in humanized childbirth. Conclusion: Natural childbirth offers benefits even though it is the most painful route, so the use of methods that humanize childbirth decreases pain, tension, assists in relaxation, accelerates the latent and active phases, also favoring a positive birth experience. Descriptors: Labor Pain; Humanized Childbirth; Obstetric Nursing; Pregnancy; Women's Health.

RESUMO
Objetivos: Compreender a perspectiva de enfermeiras obstetras sobre a utilização de métodos não farmacológicos para alívio da dor do parto. Métodos: Trata-se de uma pesquisa qualitativa, descritiva e exploratória, realizada com enfermeiras obstetras, convidadas por meio eletrônico e entrevistadas via Google Duo. Os dados foram analisados pelo software IRAMUTEQ e submetidos à técnica de análise de conteúdo. Resultados: Participaram da pesquisa nove enfermeiras, nas falas as palavras que mais ocorreram foram: parto natural, humanizado, massagem, enfermagem, bola, alívio, chuveiro e acompanhante. Na análise de conteúdo surgiram três categorias: Importância do parto natural; Métodos que humanizam o parto; Alívio da dor; Importância da enfermagem no parto humanizado. Conclusão: O parto natural oferece benefícios mesmo sendo a via mais dolorosa, por isso, a utilização dos métodos que humanizam o parto diminui a dor, a tensão, auxiliam no relaxamento, aceleram as fases latente e ativa, também favorecendo uma experiência de parto positiva.
Descritores: Dor do parto; Parto Humanizado; Enfermagem Obstétrica; Gravidez; Saúde da Mulher.

RESUMEN
Objetivos: Comprender la perspectiva de las enfermeras obstetras sobre el uso de métodos no farmacológicos para el alivio del dolor de parto. Método: Se trata de una investigación cualitativa, descriptiva y exploratoria, realizada con enfermeras obstétricas, convocadas por vía electrónica y entrevistadas vía Google Duo. Los datos se analizaron con el software IRAMUTEQ y se sometieron a la técnica de análisis de contenido. Resultados: Participaron de la pesquisa nueve enfermeras, en las cuales las palabras que más aparecieron fueron: parto natural, humanizado, masaje, enfermería, bola, alivio, chuveiro y acompañante. En el análisis de contenido surgieron tres categorías: Importancia del parto natural; Métodos que humanizan parto; Alivio del dolor; Importancia de la enfermería en el parto humanizado. Conclusión: El parto natural ofrece beneficios aunque la via sea más dolorosa, por lo que la utilización de los métodos que humanizan el parto disminuyen el dolor, la tensión, ayudan a la relaxación, aceleran las fases latentes y activas, favoreciendo también una experiencia de parto positiva.
Descritores: Dolor de parto; Parto humanizado; Enfermería obstétrica; Embarazo; Salud de la mujer.

INTRODUCTION

The fear of pain is a feeling put on the woman through stories of family members, friends and the culture in which she is inserted. Pain is characterized as one of the building elements of female social representations about childbirth, fear influences the pregnant woman's behavior and becomes the source of other aversive emotions and concerns about childbirth. birth have been the subject of studies in several countries, making it essential to qualify pregnant women's care in order to ensure that the decision on the mode of delivery considers health gains and possible risks.2,4

Fear of pain emerges as the main reason for wanting to have a cesarean section or to justify the change of opinion regarding the mode of delivery during the
course of pregnancy, since cesarean section is mainly encouraged in a private institution, in which the woman has the power to decide for surgical delivery even in situations in which it is not indicated. This fear associated with the lack of information about the methods of delivery leads to the thought that natural childbirth is associated with suffering and pain.\(^5\)

Therefore, it is the nurse's role to demystify these taboos, guiding which pharmacological and non-pharmacological methods can be used to relieve pain during labor, offering continuous support, encouraging natural childbirth and explaining its benefits for the mother and her fetus.\(^6\) When properly offered by the nursing team and respecting the woman's will, Non-Pharmacological Methods (NPM) for pain relief can bring a state of well-being to the parturient and put pain in the background. However, it is a job that must be carried out since the prenatal period, reducing anxiety and the feeling of inability to give birth.\(^7\)

In this sense, the importance of the performance of obstetric nurses in health promotion, guidance, quality care, following good practices throughout the prenatal and parturition process is highlighted. Favoring to improve the realities of obstetric practice and promote humanized care based on scientific evidence. Also, seeking to rescue the role of women in the parturition process, providing quality care to pregnant women during the time of delivery and to the newborn at birth.\(^8,9\)

Furthermore, the pain of childbirth, like any other pain, must be treated individually, not only by the nursing team, but by all professionals.\(^9\) Because, most of the time, negative reports of natural childbirth are caused by violence obstetric, making the quality of care fail.\(^10,11\)

Considering the above, one can see the importance of a positive childbirth experience, which includes minimizing the pain of childbirth. Therefore, the present study intends to understand the perspective of obstetric nurses on the use of non-pharmacological methods to relieve labor pain.

**METHOD**

This is a qualitative, descriptive and exploratory research, to understand the perspective of obstetric nurses on the use of non-pharmacological methods to relieve labor pain. This study was carried out through semi-structured interviews, active obstetric nurses were included as participants in the profession, with at least one year of experience in the obstetric area, and could be both female and male, however, only women agreed to
participate in the study. The sample was for convenience and the number of nurses interviewed was defined through saturation sampling.

The interviews were carried out via Google Duo, the researchers asked the nurses to choose an environment in which they felt comfortable, with as little external noise as possible, to avoid interference during the interview. Data collection was carried out from May 2022 to July 2022. The survey was disseminated by electronic means such as email, chat application and social networks, explaining the survey and providing a link as an invitation to participate in the search.

The link redirected the nurses to a Google Forms form, containing the informed consent form that explained the purpose of the research, method, risks and benefits arising from participation in the study. The nurse who agreed to participate, wrote her data on the form entitled pre-interview, as it contained some semi-structured questions, so that the researchers could later get in touch to schedule the interview via Google Duo.

Data collection was performed through an interview via Google Duo and recorded, containing guiding questions about the importance of natural childbirth; essential practices to humanize childbirth; whether non-pharmacological methods help to make childbirth less painful; which methods are used most frequently by nurses and the importance of nursing in natural childbirth. Subsequently, the nurses' speeches were transcribed and analyzed by the researchers. The anonymity of the participants was maintained, their statements being identified by codes, E1, E2, E3 and so on.

The data were first analyzed by the IRAMUTEQ software, through the frequency of appearance of words and similarity analysis, generating a cloud of words. Subsequently, content analysis was carried out, according to the technique proposed by Laurence Bardin. It should be noted that this research complies with Resolution 466/12 of the National Health Council, being approved by the Research Ethics Committee of Faculdade Unicesumar under CAAE nº 58567422.4.0000.5539.

RESULTS

Nine professionals participated in this study, all female and from different cities: Salvador (BA), Goiânia (GO), São Paulo (SP), Passo Fundo (RS), Pato Branco (PR), Ponta Grossa (PR), Pinhalão (PR) and two nurses from Curitiba (PR). As for the age range, it ranged from 24 to
45 years, with the highest frequency being between 29 and 35 years. With regard to education, four nurse midwives have a master's degree. With regard to the time of operation in the concept of normal delivery center (NCP), it ranged from two years to 22 years.

As for the processing of information in the IRAMUTEQ software, the content analyzed through the word cloud, the frequency of appearance of the words were as follows: natural, nursing and method cited 19 times; massage, shower, environment, penumbra and ball 17 times; humanized, companion, physiology and water 15 times and relief, comfort, movement and respect 14 times, generating the word cloud below.
Figure 1: Cloud of words presenting the ones that occurred most in the interviews.
Source: Prepared by the authors, 2022.
From the relationship between the results of the words, it can be seen that the cloud of words corroborates the results explained by the similarity analysis. It can be seen in Figure 1 that the words are randomly arranged so that the most frequent ones appear larger than the others, exposing their prominence in the research analysis corpus. From this relationship, three categories of analysis emerge: Importance of natural childbirth; methods that humanize childbirth; pain relief; importance of nursing in humanized childbirth. It is evident that all categories are related to the mode of delivery that causes the most pain and the non-pharmacological methods that favor the relief of this sensation.

Category 1: Non-pharmacological methods that relieve labor pain

The category concerns methods that humanize childbirth, which help to favor the dilation of childbirth, also relax and calm the pregnant woman, with a consequent feeling of pain reduction. Through content analysis, it was found that the participants humanized childbirth with the use of shower, bathtub, aromatherapy, penumbra, pilates ball, massage, environment, rockin birthing chair, freedom of position, moxibustion, essential oil, music therapy, color therapy, acupuncture are the most cited practices that are part of a humanized assistance.

She usually uses a lot of hot water, swimming pool, pilates ball, but mainly freedom, because when we leave her free she chooses the position that helps relieve her pain (...) we use massage, compresses, but mainly the environment, whim enough to have a calm and peaceful environment. (E5)

(...) so when you bend down it will help with the contractions and you will feel uncomfortable, but this will help you in the development of your labor (...) I say to the companion: “look, remember that when the contraction comes the pain for her to start breathing deeply (...) ball, rocking birthing chair, chromotherapy create a very pleasant scenario in the dark, presence of the companion, music, shower and massage. These are measures that do not involve any technology, are not expensive and should be discussed more. (E9)

The bath is essential, not necessarily the immersion bath, as the aspersión bath brings a lot of comfort and is one of the practices I like to adopt when it is very uncomfortable (...) to give freedom to the woman to choose the position in that the baby will be born. (E6)

I attend home births, (...) so I use all the possible and appropriate ways that the woman chooses, I don't see myself in care without a pharmacological method, without aromatherapy, acupuncture, moxibustion, swimming pool (...) for long deliveries that demand more energy from the mother, where she can rest and relax. Within home care, it is a very good and real perspective, because we can experience non-pharmacological methods (...) The hospital environment is more limited, but it is possible to take advantage of non-pharmacological methods, if we think about showering with water it's paramount, penumbra and freedom of position, food and privacy, respecting choices, before doing anything ask if it's good. (E7)

Category 2: Perspectives of obstetric nurses on the use of NFM

This category addresses the importance of using the methods described in category 1 throughout childbirth. It is evident that non-pharmacological measures, if used correctly, promote pain relief in times of
greater difficulty for women, however, they do not remove pain from the physiological process.

According to scientific evidence, yes, in my experience as an obstetric nurse, we have reports from patients that the non-pharmacological method helps (...). (E1)

I believe that non-pharmacological methods help during the dilation process in the active latent period it is very efficient, during the expulsive period I do not see much effect anymore, when the baby is there touching the pubic symphysis in the Dee Lee plane zero does not have how to give relief, just the birth itself. However, to give birth, we need to go through the process, so methods are essential. (E7)

Makes it, of course, helps the woman to go through childbirth in a more positive way, but welcomed, cared for (...). (E3)

I certainly see effectiveness in practice, the more we see it works, the more we want to use it. (E2)

Category 3: Importance of nursing in normal delivery

This category demonstrates the importance of the nursing team and especially the obstetric nurse during natural childbirth care. Identifying this professional as fundamental in the process of giving birth, as they use methods that humanize childbirth, providing relief from pain, tension and favoring the woman to have a positive childbirth experience.

The main importance of nursing when specialized in natural childbirth is protection against obstetric violence, guaranteeing women's rights and wishes. (E8)

Nursing is everything in childbirth, because the doctor does not have availability like the nurse has, he does not have the preparation for the humanized delivery that the nurse has (...) so we came to humanize the deliveries even to make the moment more special because we have more time, we renew these methods. (E7)

Nursing has a view of comprehensive care, we have this view since training (...) it has a comprehensive view of the woman because we are able to assist her much better in a physiological labor and without interventions, so Nursing has a role fundamental if you think about a hospital environment, this woman is welcomed from the technicians to the obstetric nurse from the beginning of the delivery until breastfeeding, so nursing has a fundamental role in these practices. (E4)

DISCUSSION

Aiming to implement the use of good practices based on scientific evidence, the World Health Organization (WHO) developed the document of care recommendations for a positive delivery experience, which reinforces the use of NFM during labor. The present research, is in line with what is recommended by the WHO, as it highlights the importance of these practices. Pointing out the beneficial effect of NFM for pregnant women, such as respect for the physiology of childbirth, reduction of clinical interventions, favoring the woman's recovery during the puerperium and increased satisfaction with the birth experience.

According to the WHO, the inclusion of obstetrical nursing in the delivery scene is an important strategy to reduce cesarean sections, and its team acts in a humane way, using non-invasive pain
relief practices, thus stimulating women's autonomy and physiological delivery.4 Similar to this, the present study encourages natural childbirth, making it clear that the woman's body was made to give birth, respecting the physiology and time of each parturient.

In reporting the experiences of obstetric nurses, the effectiveness of NFM for pain relief and to favor a positive experience of childbirth for women was observed. Corroborating these data, a correlational descriptive approach study showed that the use of non-pharmacological methods was a positive factor due to pain relief or the absence of other discomforts. use of NFM for pain relief, favoring faster deliveries, with autonomy and less professional interventions.8,13-15

In addition, studies claim that non-pharmacological therapies performed in combination and not in isolation, make a faster delivery evolution compared to their isolated use.14 As mentioned several times by the interviewees, NFM relieve the pain of childbirth and this is scientifically evidenced, however, despite being simple and most often accessible practices, they must be properly applied by qualified professionals so that there is effectiveness, making it possible to humanize childbirth.

Labor pain is a nursing diagnosis defined as a sensorial and emotional experience, which varies from pleasant to unpleasant. However, the non-pharmacological techniques used in pre-delivery and delivery bring a satisfactory experience for mothers, decreasing the intensity of pain, duration of labor, better fetal vitality and greater maternal satisfaction with childbirth and the second stage.16-18

As mentioned by the interviewees, the delivery process is painful, but the NFM accelerate the process, alleviate the pain, bring comfort and security for the parturient to face the delivery in a less painful and traumatic way. In this perspective, the importance of the performance of the obstetrician nurse in the scenario of childbirth care and birth at normal risk is emphasized. In addition to less interventionist care, inherent to their training, nursing is more instigated to promote the use of evidence-based practices and sensitized to the rescue of women's role in the parturition process.9

The benefits of non-pharmacological methods offered by the obstetric team go beyond stress relief, increased dilation and the number of contractions.19 Thus, the importance of obstetric care is understood and the presence of an obstetric nurse is increasingly necessary in the monitoring of natural childbirth, as a guarantee of a
humanized childbirth, putting into practice the methods that best benefit the parturients.

CONCLUSIONS

This study clarifies the experience of obstetric nurses regarding the use of NFM to relieve labor pain. It evidences that the methods reduce pain, tension and help in physical relaxation, making it accelerate the latent and active phases of labor, for the arrival of the expulsive stage. In this way, nursing care for humanized childbirth is essential, since the professional nurse acts based on scientific evidence, thus being qualified to accompany the usual risk childbirth, temporarily bringing the methods and wishes of the woman as a benefit, so that the parturients feel comfortable and safe.

In the question that elucidates the frequent use of methods, it is noted that many practices considered important are put into practice. However, there is still much to improve, especially with regard to the continuing education of the nursing team and the hospital environment, which requires the use of methods in a more limited way. Therefore, even with difficulties, nurses manage to implement non-pharmacological methods in a way that helps in pain relief, benefiting parturients and bringing a positive delivery experience, without the use of methods considered invasive.

As a limitation of the study, the difficulty in collecting data is pointed out, due to the reality of double working hours and the extensive workload of obstetric nurses, making it difficult to schedule and carry out the interviews through Google Duo. It can also be pointed out that the results only reflect the perspectives of these nurses and do not represent the different realities of Brazil, although it was a heterogeneous sample, it is still insufficient to express about the use of non-pharmacological methods for pain relief in childbirth, considering the different regions and cultures of Brazil.

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