

The meaning of music for puerperal women regarding the prepartum experience**O significado da música para puérperas acerca da vivência no pré-parto****El significado de la música para puérperas acerca de la vivencia pre-parto****Received: 29/09/2018****Approved: 04/04/2019****Published: 01/07/2019****Patrícia Costa dos Santos da Silva¹**
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The objective of this study was to know the meaning of music for puerperal women during labor. This is a descriptive and exploratory study with a qualitative approach, conducted in a hospital located in the Triângulo Mineiro region with eight women who participated in musical encounters during the labor period. Data was collected after birth using a semi-structured interview technique and organized through thematic content analysis. Three categorical units were found: the influence of music on pain reduction; the use of music in the reduction of anxiety and stress related to labor; and music as a strategy of embracement. The meaning of music from the perspective of these women was that of a therapeutic resource that minimizes pain in labor, relieves the anxiety and stress generated at this unique moment in life, and fosters a welcoming environment.

Descriptors: Music; Music therapy; Nursing; Humanization of assistance.

O objetivo deste estudo foi conhecer o significado da música para puérperas acerca da vivência do trabalho de parto. Trata-se de estudo de abordagem qualitativa, descritiva e exploratória, realizado em um hospital situado na região do Triângulo Mineiro com oito mulheres, que participaram de encontros musicais durante o período de trabalho de parto. A coleta de dados ocorreu após o parto, por meio da técnica de entrevista semiestruturada e os dados foram organizados pela análise de conteúdo temática. Três unidades categóricas foram construídas: a influência da música na redução algica; a utilização da música na redução de ansiedade e estresse relacionados ao parto; e a música como estratégia de acolhimento. O significado da música na perspectiva destas mulheres constituiu-se num recurso terapêutico que minimiza a dor no trabalho de parto, alivia a ansiedade e o estresse gerado nesse momento ímpar na vida, além de promover um ambiente de acolhimento.

Descritores: Música; Musicoterapia; Enfermagem; Humanização da assistência.

El objetivo de este estudio fue conocer el significado de la música para puérperas acerca de la vivencia del trabajo de parto. Se trata de un estudio de abordaje cualitativo, descriptivo y exploratorio, realizado en un hospital situado en la región del Triângulo Mineiro con ocho mujeres que participaron de encuentros musicales durante el periodo de trabajo de parto. La colecta de datos ocurrió después del parto, por medio de la técnica de entrevista semiestruturada y los datos fueron organizados por el análisis de contenido temático. Tres unidades categóricas fueron construidas: la influencia de la música en la reducción del dolor; la utilización de la música en la reducción de ansiedad y estrés relacionados al parto; y la música como estrategia de acogimiento. El significado de la música en la perspectiva de estas mujeres se constituye en un recurso terapêutico que minimiza el dolor en el trabajo de parto, alivia la ansiedad y el estrés generado en este momento único de la vida, además de promover un ambiente de acogimiento.

Descriptoros: Música; Musicoterapia; Enfermería; Humanización de la atención.

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INTRODUCTION

In hospitals and maternity wards, childbirth is a frequent event. However, every woman should receive an individualized care, since this process is subjectively experienced by each woman. In this sense, the assistance and care provided in this period should be considered in a holistic and humanized way for each woman¹.

In the hospital environment, there is a predominance of a care model based on technology and medicalization, while obstetric nurses, regarding delivery and labor, work from a holistic and humanized perspective and have been an important element in the de-medicalization of this process. This is because they lead to a substitution of practices and interventions considered routine, but that influence heavily in the process of parturition, by other practices and care that do not interfere with the physiological development of labor and delivery, and which provide participation of parturient women and their companions².

In this setting, the nursing field is important for the execution of public policies of Labor and Birth Humanization prescribed by the Brazilian Ministry of Health, taking into account the recommendations made by the World Health Organization in order to increase normal vaginal delivery and decrease maternal, perinatal, and neonatal morbidity and mortality³.

One of the practices for the humanization of the moments that precede birth is the use of music, which has been an element capable of alleviating pain during contractions, helps reducing tension and fear, and to make the woman feel better in the environment of the hospital, besides giving encouragement through the search for spirituality, a unique benefit for the patients⁴.

In order to broaden the understanding of the meaning of music for women who experience labor, it is necessary to carry out researches that can elucidate how music is seen by them in this period that naturally implies greater vulnerability and physiological changes. Thus, this study aims to understand the

meaning of music for the experience of puerperal women during labor.

METHOD

This is a descriptive and exploratory study with a qualitative approach, that was carried out at the Obstetric Ward of a Public Teaching Hospital that attends medium and high complexity cases, located in the countryside of Minas Gerais. This study was approved by the Research Ethics Committee of the Universidade Federal de Uberlândia, under protocol 1.833.534. The participants were oriented about the research, its objective and that collected information is confidential and can be used for scientific purposes. Besides reading and signing the Free and Informed Consent Form. This hospital was chosen because it has groups of volunteers linked to extension activities that perform weekly musical meetings/activities.

Data collection was done through interviews, from June to August 2017 and from April to May 2018, using questions for the socioeconomic characterization of the group studied (marital status, conjugal status, educational level, and family income) and a semi-structured script for the interview. This script had guiding questions (knowledge of the activities developed by the music group, what they felt and what was the meaning of the music) and was built by the researchers.

The participants were identified by feminine biblical names, seeking to keep their identity and anonymity.

Participants who were in the prepartum period and hospitalized at the Obstetric Center and obeyed the inclusion and exclusion criteria were addressed via verbal invitation and recruited, thus composing the sample of the present study. It was possible to verify, through the criterion of data saturation⁴, when the information obtained did not present new data.

The speeches obtained in the interviews were registered and recorded through a *Samsung-Galaxy Ace GTS5830B*® voice app, transcribed and analyzed according to the thematic modality proposed by Minayo⁵, where

Units of Meanings are determined and the categorization of the data of the reports is performed.

The interview was performed only once, within the first 24 hours after delivery, and lasted approximately 40 minutes for each participant in the study. The inclusion criteria were: participants over 18 years old who participated in at least one musical meeting developed by the group of volunteers of the hospital during their labor process.

Among the exclusion criteria: mothers who did not respond to the socioeconomic questionnaire completely, and those who presented low cognitive capacity according to the Mini-Mental State Examination (MMSE).

The MMSE is an instrument composed of 30 questions, with a score ranging from zero to 30, where zero is equivalent to a higher degree of cognitive impairment and 30 to a better cognitive capacity. The cutoff point should be adjusted according to the educational level as such: for people without schooling, 13 points or more; from one to eight years, 18 points or more; and, for those with more than eight years of study, 26 points or more⁷.

The steps used to analyze the material collected, according to the Content Analysis - Thematic Modality proposed by Minayo were: 1) pre-analysis; 2) material exploration; and 3) treatment and interpretation of the results⁶.

RESULTS

Fifteen parturients were approached and eight women participated. In the socioeconomic evaluation, were prevalent: family incomes of one to two minimum wages followed by three wages, married or stable union marital status and complete high school education. Six women had low-risk pregnancies and two had high risk ones. Five were submitted to c-sections and three to natural vaginal deliveries.

After the analyses of the transcriptions, three categories were created: *The influence of music on pain reduction*; *The use of music in reducing anxiety and the stress related to labor*; and, *Music as an embracement strategy*.

The influence of music on pain reduction

According to the participants, music has a therapeutic influence in the reduction of the pain of patients during labor, thus the use of this resource is essential in the care practice, as observed in the speeches below:

"... besides helping you to relax about the pain you are feeling ... it helps to ease the situation that we are going through, the difficult moment that are the contractions because of the pain." (Maria)

"The music has at least helped to minimize the pain and we sing and get a little happier." (Maria)

Talita's speech shows that the labor process is disconnected from emotion as a result of the intensity of pain, but from the moment the music comes in on the scene, there is an improvement in this situation, and in this specific statement she compared this delivery to her previous one, in which there was no music:

"[...] in fact we don't have a lot of feelings because it hurts so much, yesterday it was better than my other son, [...] we had music [...]" (Talita)

The use of music in reducing anxiety and the stress related to labor

For the women, music made possible the reduction of anxiety and stress:

"[...] I just wanted to have my baby, I was already anxious because of that, and the music was good, it was very reassuring, because we were waiting [...]" (Ruth)

"It took some of the anxiety away, took my mind away from going down; to give birth it calmed me down [...]" (Ruth)

"Yes, I was worried because they were thinking about turning him around, but they warned me that there was a risk of going into an emergency caesarean, but after [the song] I was very calm, it was very reassuring." (Débora)

"(The music) helped me a lot, I was calm, peaceful, it brought tranquility for me and for him too (the companion), the tension left, brought more love, because it is tense inside, becomes more cozy, brings tranquility to the heart, because it's complicated." (Ruth)

In Ana's view, referring to the birth of her baby, labor produces stress and music brings inner relaxation and emotion:

"[...] emotionally, it was good in the room, I was also very sleepy, it relieved a good amount of stress, it was very relaxing and I like music, and the baby likes it too ... don't you baby." (Ana)

Music as an embracement strategy

The music seems to be embracing during the labor period, which can be evidenced in the

answer of the parturient below, when asked about how she felt about the experience with music at that moment, bringing to the surface an issue that happens with several women, the fact that they are alone, without a companion. The music provides comfort, that is, they feel embraced:

"I think it's perfect, you get there, put the songs, talk, pay attention, ask, there are women who are not accompanied, they have no companion, they are alone, the project helps a lot, the songs and the company." (Ruth)

DISCUSSION

The present study aimed to know the meaning of music for pregnant women during labor and thus allowed the construction of three categories that reveal the importance of music in the obstetric setting.

Regarding sociodemographic data, it was found that the majority of women who participated in this study had cesarean sections. A study⁸ showed that the main reason for the choice of the c-section is still the fear of pain during labor and the desire to undergo tubal ligation⁸.

In the first category, the statements of the women show that the music represents an element of relaxation and relief of the pain caused by uterine contractions. These results are in accordance with studies that point to music as a non-pharmacological therapeutic method that influences pain reduction^{4,9,10}.

The feeling of relaxation produced by music during labor makes uterine contractions more bearable, due to the pleasant stimulation in different brain areas, activating regions linked to emotion and the reward circuit parts, which significantly reduces the stress during the labor process. In addition, it is capable of stimulating the release of endorphins, a neuropeptide produced naturally by the pituitary gland that acts effectively in reducing pain^{4,9,10}.

In the first phase of childbirth, women who received musical stimulation started natural birth with less medication than those who were not musically stimulated¹¹. In addition, music at labor is an instrument of

relaxation and minimization of fear, tension and pain, which may limit suffering and enhance the sense of well-being¹²⁻¹³.

In another study, the results suggest that music, when used intraoperatively, promoted a feeling of well-being, relaxation, and even pain reduction. In addition, music causes sensations and feelings of joy for human beings, which reduce or even eliminate the characteristic tension of pre-operative and intra-operative periods. From this perspective, music becomes a simple and innovative technology tool that began to be used over the years in several health services¹⁴.

In addition to the pain reduction reported by the parturients, it can be observed in the interviews that music reduces anxiety and the stress related to childbirth, allowing the parturients to express their concerns about the labor process, thus giving space to sensations and to the active participation of women in the birth process. The moment of labor generates stress, and music can minimize muscular tensions when it presents soft timbres, slow rhythms, and harmonious combinations¹³.

Regarding the category Music as an embracement strategy, it can be noted that music contributes to the sense of tranquility by allowing women to feel embraced, since it complements the absence of relatives at the time of delivery. Embracement is an essential guideline of the care model established by the Unified Health System (SUS), as it favors the strengthening of relationships. Also, listening and attention are important for health services to be able to solve user demands¹⁵.

This moment of welcoming is an opportunity for the multiprofessional team to establish bonds, therapeutic listening, and integral care, aiming to meet the expectations of the parturients and their families, clarifying doubts related to gestation and childbirth. This makes the embracement a tool that facilitates the relationship of the parturient with the professionals, thus avoiding situations of stress and anguish for the women and their families.

Studies indicate music as the instrument that contributes to the strengthening of bonds

by stimulating communication between the patient, the family and the multiprofessional team, leading to a holistic and humanized assistance^{15,16}.

CONCLUSION

The study allowed to identify the meaning of music during labor from the perspective of parturients, through the construction of three categories: the influence of music on pain reduction; the use of music in reducing anxiety and the stress related to childbirth; and music as an embracement strategy.

In order for the multiprofessional team to offer a humanized birth and delivery, it is necessary to use non-pharmacological techniques, such as music, that allow the creation of a setting that seeks to create bonds in the environment and to offer a warm embrace and respect for women's rights.

The study also provoked important reflections about the holistic care offered to the parturients, discussing forms of care that contribute to their main role. At the same time, the study is expected to be an instrument not only for nurses, but for all health professionals, in order to formulate strategies for the humanization of care for women and their families.

On the other hand, it is important to point out that this research was developed with parturients of a specific institution, which may represent a limitation and, thus, does not allow the generalization of the results. Therefore, new studies aiming to know the perspective of other parturients, in different institutions and contexts, with the involvement of a larger number of women, could broaden this perspective and help to understand different aspects of the issue in question.

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CONTRIBUTIONS

All the authors contributed equally to the study design, data collection, data analysis, writing and review.

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