

Non-pharmacological methods for pain relief during childbirth: workshops for Nursing**Métodos não farmacológicos para alívio da dor no trabalho de parto: oficinas para Enfermagem****Métodos no farmacológicos para alívio del dolor en el parto: talleres para Enfermería**Daysa Araújo Ferreira Pinto¹Aline de Paula²Beatriz Hartz Liebl³Gabriela Augustin Coelho⁴Tatiane Herreira Trigueiro⁵Silvana Regina Rossi Kissula Souza⁶

Received: 31/07/2020

Approved: 11/03/2021

Published: 21/08/2021

This is a descriptive research with a qualitative approach carried out in the obstetric center of a public maternity hospital in Southern Brazil, from September to December 2017. It aimed to demonstrate changes in the perception and practice of nursing staff after continuing education activity about the use of non-pharmacological methods for pain relief during childbirth. Audiorecorded workshops were used and the data were interpreted through thematic content analysis. Eight workshops were held in the unit's four shifts with 21 professionals, four nurses and 17 nursing technicians. Three categories emerged: "*Permanent education*", which was considered deficient; "*Benefits for the parturient*", with the reduction of unnecessary interventions and "*Changes in daily practice*", which requires updates. There was a need to expand educational activities that enable theoretical and practical reflection, in order to integrate teaching and service, improving quality of care and ensuring women's rights to a humanized birth.

Descriptors: Nursing; Labor, Obstetric; Pain; Education, Continuig; Humanization of assistance.

Esta é uma pesquisa descritiva de abordagem qualitativa realizada no centro obstétrico de uma maternidade pública na região Sul do Brasil, no período de setembro a dezembro de 2017, que teve como objetivo demonstrar mudanças na percepção e prática da equipe de enfermagem após atividade de educação permanente acerca do uso de métodos não farmacológicos para alívio da dor no trabalho de parto. Utilizou-se oficinas audiogravadas e interpretou-se os dados pela análise de conteúdo temática. Realizou-se oito oficinas nos quatro turnos da unidade com 21 profissionais, sendo quatro enfermeiras e 17 técnicas de enfermagem. Emergiram três categorias: "*Educação permanente*" destacada como deficitária; "*Benefícios à parturiente*", com a diminuição das intervenções desnecessárias e "*Mudanças na prática cotidiana*" que requer atualizações. Constatou-se a necessidade de ampliar as atividades educativas que possibilitem a reflexão teórico-prática, de maneira a integrar o ensino e serviço, melhorando a qualidade da assistência e assegurando os direitos das mulheres a um trabalho de parto humanizado.

Descritores: Enfermagem; Trabalho de parto; Dor; Educação continuada; Humanização da assistência.

Esta es una investigación descriptiva de enfoque cualitativo realizada en el centro obstétrico de una maternidad pública de la región sur de Brasil, en el período de septiembre a diciembre de 2017, que tuvo como objetivo demostrar los cambios en la percepción y la práctica del equipo de enfermería después de la actividad de educación permanente sobre el uso de métodos no farmacológicos para el alivio del dolor en el parto. Se utilizó talleres audiogravados e se interpretó los datos para el análisis del contenido temático. Se realizaron ocho talleres en los cuatro turnos de la unidad con 21 profesionales, cuatro enfermeras y 17 técnicas de enfermería. Se han establecido tres categorías: "*Educación permanente*", que se considera deficiente; "*Beneficios para la parturienta*", con la reducción de intervenciones innecesarias y "*Cambios en la práctica diaria*" que requiere actualizaciones. Se constató la necesidad de ampliar las actividades educativas que permiten la reflexión teórica y práctica, con el fin de integrar la enseñanza y el servicio, mejorando la calidad de la atención y garantizando los derechos de las mujeres a un trabajo de parto humanizado.

Descritores: Enfermería; Trabajo de parto; Dolor; Educación continua; Humanización de la atención.

1. Nurse. Specializing in Integrated Multiprofessional Hospital Residency in Women's Health (IMHRWH) at the Hospital de Clínicas of the Universidade Federal do Paraná (HC/UFPR), Curitiba, PR, Brazil. ORCID: 0000-0001-7569-5861 E-mail: dayaaafp15@gmail.com

2. Nurse. Specializing in the IMHRWH modality at HC/UFPR, Curitiba, PR, Brazil. ORCID: 0000-0003-0479-6010 E-mail: aline.paula@hc.ufpr.br

3. Nurse at the Municipal Health Department of São Bento do Sul. Professor of the Nursing Technician course at the National Trade Service (SENAC), São Bento do Sul, SC, Brazil. ORCID: 0000-0002-7906-4028 E-mail: lieblbeatriz@gmail.com

4. Nurse. Resident in Urgent and Emergency Nursing at the Municipal Health Department, Curitiba, PR, Brazil. ORCID: 0000-0002-5824-5081 E-mail: gabrielaacoelho07@gmail.com

5. Nurse. Specialist in Obstetric Nursing. Master and PhD in Nursing. Post Doctorate in Health Sciences. Adjunct Professor of the Nursing Course at UFPR, Curitiba, PR, Brazil. ORCID: 0000-0003-3681-4244 E-mail: tatiherreira@ufpr.br

6. Nurse. Specialist in Obstetric Nursing. Master in Production Engineering. PhD in Nursing. Post Doctorate in Sciences. Adjunct Professor of the Undergraduate Nursing Course at UFPR, Curitiba, PR, Brazil. ORCID: 0000-0002-1679-4007 E-mail: skissula@ufpr.br

INTRODUCTION

The delivery care model has undergone significant changes throughout history and, with these changes, the childbearing process is no longer an intimate, familial and female event. Instead, it has become a medicalized process with several interventions, marked by the professional-authoritarian user, with trivialization of pain and suffering, associating vaginal birth with a traumatic experience¹.

In order to change this biomedical model and make the parturient the protagonist of this process once again, changes have been reestablished in obstetric routines that point to improvements² based on the emergence of new proposals and public policies that improve quality of care during labor and childbirth. In this direction, the World Health Organization published the Guide to Good Practices in Childbirth Care in 1996, and it is now being replaced by the guide "Intrapartum Care: For a Positive Childbirth Experience"³.

The use of non-pharmacological methods for pain relief during labor, which are recommended in this guide³, provide assistance that increases the woman's autonomy during the birth process. These methods are accessible, inexpensive and beneficial not only for pain relief, but also for reducing stress and anxiety levels⁴.

In a survey carried out in Brazil between 2011 and 2012 with 23,940 women, it was identified that, of the 56.8% pregnant women at usual risk, less than a third received care in accordance with good practices⁵ recommended by the World Health Organization; of that, the use of non-pharmacological methods for pain relief during labor reached only 26.7% of women, and the presence of an obstetric nurse in direct delivery care increased the rates of application of these methods⁵.

In Brazil, professional nurses specialized in Obstetrics are legally supported to act in the care of women in the delivery and birth process. Therefore, they play an important role in the provision of non-pharmacological methods, relieving pain and promoting autonomy of the mother in terms of her choices^{6,7}. The latest WHO Childbirth Care Report recommends and encourages the use of non-pharmacological techniques for relaxation and pain relief in labor for a positive experience. Brazilian public policies for care during normal birth also point to the need to apply non-pharmacological methods to relieve pain during labor, in order to counteract the care that intervenes with invasive technologies⁸.

A systematic review published in Cochrane emphasizes that relaxation techniques, yoga and music can play a role in reducing pain and increasing satisfaction through pain relief in labor, however more randomized clinical trials are needed to increase evidence⁹. In this sense, given the need for research related to the theme, it is important to implement the Brazilian policy on permanent education, which suggests that theory and practices of activities of health professionals are intertwined in their daily lives, and that situations may emerge from this to be problematized, so that learning is meaningful, allowing for reflection and transformation of the care provided¹⁰. Therefore, this research aimed to show changes in the perception and practice of nursing teams after continuing education activities about the use of non-pharmacological methods for pain relief in labor.

METHODS

This is a descriptive research with a qualitative approach carried out with the nursing team of the obstetric center of a public maternity hospital in Southern Brazil, from September to December 2017. The inclusion criteria were: being part of the nursing team, work in the obstetric center and be available for the workshops.

To carry out the workshops, an adapted methodology was used¹¹. At work, learning and experience took place from the daily lives of professionals, which can provide transformations and benefit continuing education, since during the workshops, reflection on non-pharmacological methods for pain relief in the work of childbirth, such as: massage, breathing

technique, exercise ball, immersion and aspersion bath, herbal medicine and aromatherapy, music therapy, relaxation techniques, maternal mobility, birthing chair, foot reflexology and application of heat or cold, and on practice.

The workshops were audio-recorded and later transcribed in full. Participants were coded by alphanumeric codes, to ensure anonymity and the letter N, designated to Nurses and the acronym NT to Nursing Technicians. The transcripts were analyzed through content analysis, of the thematic type¹², which is organized into three stages: pre-analysis; exploration of the material and treatment, inference and interpretation.

The research was approved by the Ethics Committee of the Health Sciences Sector of the Universidade Federal do Paraná, under No. 2.063.525 and complied with the ethical precepts of research in resolution 466/2012 involving human beings.

RESULTS

95.4% of the sector's professionals or 21 professionals participated in the total daytime teams, being 17 Nursing Technicians and four Obstetric Nurses, divided into four shifts: a morning team, an afternoon team and two night teams.

There were eight workshops, two in each shift so as not to jeopardize work. The workshops took place at the rest room for the professional team from the random delivery, to each participant, of a form that described a non-pharmacological method, addressing its mechanism of action, benefits to the parturient, the recommendations and how to apply.

In the activity itself, it was requested to read the method, aloud, in order to discern and share their perceptions, experiences and reports, interacting and explaining their reflections with their work team. After exposing the topic, the team was first oriented to reflect on the role of Nursing in labor, corroborating the Brazilian legal aspects that support the application of non-pharmacological methods.

At the end of each workshop, the following question was asked: *"How can your work benefit from the application of non-pharmacological methods to relieve pain in labor?"*. This approach was intended to evaluate the activity performed. There was good use and the opportunity to update.

Three categories emerged: *"Permanent education"*; *"Benefits for the parturient"* and *"Changes in daily practice"*

Permanent education

Participants reported a deficit in terms of professional and institution preparation for the correct application of non-pharmacological methods of pain relief during labor. They also referred to the workshop as a training opportunity that would help in decision making:

Having this type of training strengthens the knowledge we already have, for us to say: No, that's right, we are on the right path. And it adds things I didn't know about, more specific things for each method. (N1)

We don't go in here and someone gives a course or something saying: Look, this is a non-pharmacological method, you have to do it like this, so and such. You get in here and pick up the routine, ask each other and you learn by word of mouth, not from someone teaching you. (NT1)

When performing an intervention in practice, we need to base our actions on some theory, which shows evidence based risks and benefits. (N2)

Benefits for the parturient

Here, the possibility of a time for exchanging information was evidenced, which provided greater affinity with the topic and how to facilitate its applicability:

I think everything we learn when exchanging information is really cool. Sometimes we think it's right to do it one way and then see that it's not, that if we do it another way, it will be more effective for the patient. Everything we learn is cool. (NT5)

You are bringing news, you were looking for new things for us, there is a lot that we already knew, but you are looking for different things to make our work easier, to make it easier for the patient, to make it a more pleasant environment, I thought the workshop was good. (NT6)

These are things that we can take to the patients, they are not absurd things that are beyond our work, so you can be sure that they contributed a lot to our knowledge and to our work, and especially to the patients. (N2)

Changes in daily practices

It was verified by the reports the importance of the theoretical-practical correlation, in the provision of assistance with theoretical basis:

The workshop was very valid because you bring up the question of what we are doing, if it is correct with the literature, sometimes we pass something on to them, and they do not even know if they are saying the right thing, if they are indicating the right thing. (NT1)

Because we're seeing a theory, but in our practice we'll be able to assimilate theory and practice and do it better, so it's the idea that through knowledge you can't lose sensitivity, but with knowledge, you can increasingly add it and know how to use and how to put the methods. (NT7)

DISCUSSION

Assistance during labor by the Nursing team is recommended because they are professionals with less invasive actions, with low intervention rates, such as analgesics, instrumentalization of childbirth, amniotomy and episiotomy¹³. For better and adequate care, the Nursing team needs training when offering non-pharmacological methods for pain relief during labor.

Regarding the implementation of non-pharmacological methods, in a survey conducted at the maternity hospital in the northern region of the state of Minas Gerais, with 40 postpartum women, it was observed that the non-pharmacological methods used during labor had satisfactory effects, minimizing painful sensation, making them more calm and relaxed, the most used being the spray bath¹⁴. And the partner's collaboration and the guidance and support received from nursing professionals for the use of these methods provided comfort, support, strength, tranquility, confidence and help to women during labor¹⁴. Another study carried out in 2018, which evaluated 15 articles, on the effects of relaxation techniques to control pain during labor, showed that relaxation, yoga, music reduced pain and increased satisfaction with pain relief⁹.

Continuing education is an instrument for learning and updating at work, aiming to intervene in daily life, in order to raise awareness and change in practice, through the construction of knowledge and considering the experience of professionals and encouraging active participation in activities that should be carried out in the work institution¹⁵. Continuing education is a means of effecting the professionals' learning process, as the thematic workshops enable dialogue, reflection and review of practices, providing subsidies for the systematization of humanized care¹⁶.

"Permanent Education" is a tool to improve services, throughout teaching integrated with routine actions, which provides the development of skills that improve care, prompting reflection on the practice performed^{10,17}. The participants in this study demonstrated the need for the institution to help them in the search for knowledge, promoting educational activities that favor work, so that common sense is demystified and actions are based on scientific knowledge, which provides better care for parturients.

Nurses need to use continuing education as a tool and, along institutions, promote updates and awareness of professionals regarding the perceived needs to improve in-service actions^{15,17}. Continuing education modifies the assistance provided, generating reflection on the lived experiences and the information transformed from scientific knowledge, ensuring improvement and security for carrying out the actions¹⁸⁻²⁰.

With the second category "*Benefits to parturients*", it can be said that the educational actions that combine theory and practice led professionals to reflect on the care provided to parturients, through the knowledge produced during the workshops. Knowing the non-pharmacological methods for pain relief during labor, their benefits and the proper way to use them, make the birth experience more positive for parturients²¹.

The direct contact of nursing professionals with the patient, the transfer of information and guidance require constant updates so that care is carried out safely and effectively. The workshops revealed the concern to improve assistance to parturients for pain relief during

labor, based on non-pharmacological methods, making learning more meaningful. When reflecting the reality about educational activities, the participants report that the greatest beneficiary is the patient.

As for the category “*Changes in daily practice*”, the transformation of the practice stands out due to the awareness of new possibilities of assistance. Professionals report that theory helps in the correct way to use non-pharmacological methods in order to make the work developed safer and more effective for parturients. Reflection on knowledge and experience in labor makes professionals more active, as it provides confidence and security in the actions performed, leaving common sense aside¹⁹.

CONCLUSION

This study showed the importance of continuing education actions as a tool for raising awareness and valuing the experiences of nursing professionals, as well as the need to critically reflect the care given to parturients.

By reflecting the information and experiences in the course of the workshops, changes were observed in care linked to pre-existing knowledge, stimulating the perception of the importance of non-pharmacological methods for pain relief, essential for women in the process of pregnancy and childbirth.

Institutions, in general, should promote more educational activities in order to provide updates on the new resources available, ensuring quality care. They must ensure the means for the professionals to feel that their work is valued and that they act in the most beneficial way for the parturients.

It is believed that awareness occurred, as the topic is relevant to professional practice. The information could encourage the use of non-pharmacological methods for pain relief, aiming to ensure the scientific nature of nursing care.

The study had as limitations the lower participation of night shift teams in relation to daytime due to absences in this shift, in addition to the fact that the research was carried out in a maternity hospital belonging to a teaching hospital, which can bring differences in relation to private or philanthropic.

On the other hand, this continuing education activity allowed us to verify that more studies of this nature are needed in the area of Obstetrics, in order to integrate teaching and work, raising the quality of care and ensuring the rights of women, and also in private and philanthropic.

REFERENCES

1. Nicida LRA. A medicalização do parto no Brasil a partir do estudo de manuais de obstetrícia. *Hist Ciênc Saúde-Manguinhos* [Internet]. 2018 [cited in 14 May 2020]; 25(4):1147-54. DOI: <https://doi.org/10.1590/S0104-59702018000500012>
2. Santos RAAS, Melo MCP, Cruz DD. Trajetória de humanização do parto no Brasil a partir de uma revisão integrativa de literatura. *Cad Cult Ciência* [Internet]. 2015 [cited in 18 Feb 2020]; 13(2):76-89. DOI: 10.14295/cad.cult.cienc.v13i2.838
3. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience [Internet]. Geneva: WHO; 2018 [cited in 28 June 2021]. 210p. Available from: <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>
4. Mafetoni RR, Shimo AKK. Métodos não farmacológicos para alívio da dor no trabalho de parto: revisão integrativa. *Rev Min Enferm.* [Internet]. 2015 [cited in 13 Jan 2019]; 18(2):505-12. DOI: 10.1590/S010407072010000400022
5. Souza ENS, Aguiar MGG, Silva BSM. Métodos não farmacológicos no alívio da dor: equipe de enfermagem na assistência a parturiente em trabalho de parto e parto. *Enferm Rev.* [Internet].

- 2015 [cited in 9 Dec 2019]; 18(Supl2):42-56. Available from: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/11693>
6. Presidência da República (Brasil). Lei n. 7.498, de 25 de julho de 1986. Dispõe sobre o exercício da enfermagem, e dá outras providências. Brasília, DF: Câmara dos Deputados; 25 jun 1986. Available from: <https://www2.camara.leg.br/legin/fed/lei/1980-1987/lei-7498-25-junho-1986-368005-publicacaooriginal-1-pl.html>
7. Conselho Federal de Enfermagem (Brasil). Resolução n. 516, de 12 de julho de 2016. Normatiza a atuação e a responsabilidade do Enfermeiro, Enfermeiro Obstetra e Obstetriz na assistência às gestantes, parturientes, puérperas e recém-nascidos nos Serviços de Obstetrícia, Centros de Parto Normal e/ou Casas de Parto e outros locais onde ocorra essa assistência; estabelece critérios para registro de títulos de Enfermeiro Obstetra e Obstetriz no âmbito do Sistema Cofen/Conselhos Regionais de Enfermagem, e dá outras providências. Brasília, DF: COFEN; 24 jul 2016. Available from: http://www.cofen.gov.br/resolucao-cofen-no-05162016_41989.html
8. Ministério da Saúde (Brasil). Enfermagem na cena do parto. In: Ministério da Saúde (Brasil). Humanização do parto e nascimento [Internet]. Brasília, DF: Ministério da Saúde; 2014 [cited in 28 June 2021]. 476p. (Cadernos HumanizaSUS; 4). Available from: https://www.redehumanizaus.net/sites/default/files/caderno_humanizaus_v4_humanizacao_parto.pdf
9. Smith CA, Levett KM, Collins CT, Armor M, Dahlen HG, Sukanuma M. Relaxation techniques for pain management in labour. *Cochrane Database Syst Rev*. [Internet]. 2018 [cited in 05 Jan 2020]; 28(3):1-80. DOI: <https://doi.org/10.1002/14651858.CD009514.pub2>
10. Ministério da Saúde (Br), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde [Internet]. Brasília, DF: Ministério da Saúde; 2009 [cited in 28 June 2021]. (Série B. Textos básicos de saúde. Pactos pela saúde 2006; 9). Available from: https://bvsms.saude.gov.br/bvs/publicacoes/pacto_saude_volume9.pdf
11. Afonso MLM, organizador. Oficinas em dinâmica de grupo na área da saúde. 2ed. São Paulo: Casa do Psicólogo; 2010. 389p.
12. Bardin L, organizador. Análise de conteúdo. 4ed. Lisboa: Edições 70; 2016. 223p.
13. Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database Syst Rev*. [Internet]. 2016 [cited in 12 Dec 2019]; 28(4):1-3. DOI: 10.1002/14651858
14. Dias EG, Ferreira ARM, Martins AMC, Nunes MM, Alves JCS. Eficiência de métodos não farmacológicos para alívio da dor no trabalho de parto normal. *Enferm Foco (Brasília)* [Internet]. 2018 [cited in 23 Nov 2019]; 9(Supl2):35-9. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/1398/442>
15. Puggina CC, Amestoy SC, Fernandes HN, Carvalho LA, Bão ACP, Alves FO. Educação permanente em saúde: instrumento de transformação do trabalho de enfermeiros. *Rev Espaço Saúde* [Internet]. 2015 [cited in 16 Aug 2019]; 16(4):87-97. DOI: <https://doi.org/10.22421/15177130-2015v16n4p87>
16. Piler AA, Wall ML, Aldrighi JD, Benedet DCF, Silva LR, Szpin CC. Protocolo de boas práticas obstétricas para os cuidados de enfermagem no processo de parturição. *Rev Min Enferm*. [Internet]. 2019 [cited in 05 Feb 2020]; 1-9. DOI: 10.5935/1415-2762.20190102
17. Sade PMC, Peres AM. Desenvolvimento de competências gerenciais do enfermeiro: diretriz para serviços de educação permanente. *Rev Esc Enferm USP* [Internet]. 2015 [cited in 18 Feb 2020]; 49(6):988-94. DOI: <https://doi.org/10.1590/S0080-623420150000600016>
18. Silva DSJR, Duarte LR. Educação permanente em saúde. *Rev Fac Ciênc Méd Sorocaba* [Internet]. 2015 [cited in 27 Feb 2020]; 17(Supl2):104-5. Available from: <https://revistas.pucsp.br/index.php/RFCMS/article/view/23470/pdf>

19. Ribeiro WJ. A capacitação como processo de educação permanente e qualidade do trabalho [Internet]. (final paper). São Luís, MA: UNA-SUS, Universidade Federal do Maranhão; 2015 [cited in 28 June 2021]. 40p. Available from: <https://ares.unasus.gov.br/acervo/handle/ARES/3311>
20. Lopes AG, Santos G, Ramos MM, Meira VF, Maia LFS. O desafio da educação permanente no trabalho da Enfermagem. REMECS [Internet]. 2016 [cited in 04 Mar 2020]; 1(Supl1):13-23. Available from: <https://www.revistaremeccs.com.br/index.php/remecs/article/view/2/pdf>
21. Prata ARPG. Medidas não farmacológicas no alívio da dor no trabalho de parto [dissertation]. Viseu, Portugal: Instituto Politécnico de Viseu, Escola Superior de Saúde; 2015. 104p.

Associate Editor: Vania Del Arco Paschoal

CONTRIBUTIONS

Aline de Paula and **Beatriz Hertz Liebl** contributed to the design, collection and analysis of data and writing. **Daysa Araújo Ferreira Pinto** collaborated in the design and writing. **Gabriela Augustin Coelho** and **Silvana Regina Rossi Kissula Souza** participated in the design, collection and analysis of data, writing and reviewing. **Tatiane Herreira Trigueiro** worked in the design, writing and reviewing.

How to cite this article (Vancouver)

Pinto DAF, Paula A, Liebl BH, Coelho GA, Trigueiro TH, Souza SRRK. Non-pharmacological methods for pain relief during childbirth: workshops for Nursing. REFACS [Internet]. 2021 [cited in *insert day, month and year of access*]; 9(Suppl. 2):779-785. Available from: *insert access link*. DOI: *insert DOI link*

How to cite this article (ABNT)

PINTO, D. A. F.; PAULA, A.; LIEBL, B. H.; COELHO, G. A.; TRIGUEIRO, T. H.; SOUZA, S. R. R. K. Non-pharmacological methods for pain relief during childbirth: workshops for Nursing. REFACS, Uberaba, MG, v. 9, Suppl. 2, p. 779-785, 2021. DOI: *insert DOI link*. Available from: *insert access link*. Access in: *insert day, month and year of access*.

How to cite this article (APA)

Pinto, D.A.F., Paula, A., Liebl, BH, Coelho, G.A., Trigueiro, T.H., & Souza, S.R.R.K. (2021). Non-pharmacological methods for pain relief during childbirth: workshops for Nursing. REFACS, 9(Suppl. 2), 779-785. Retrieved in *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.

