CASE REPORT ARTICLE

CHILDBIRTH AND BIRTH HUMANIZATION: APPLICATION OF NO PHARMACOLOGICAL STRATEGIES EFFECTIVE IN THIS PROCESS

HUMANIZAÇÃO DO TRABALHO DE PARTO E NASCIMENTO: APLICAÇÃO DE ESTRATÉGIAS NÃO FARMACOLÓGICAS EFETIVAS NESSE PROCESSO

RESUMO

Objetivo: relatar a experiência do partear pela equipe de saúde e pelo acompanhante com a prática efetiva de estratégias não farmacológicas de alívio da dor. Método: estudo exploratório e descriptivo, tipo relato de experiência, desenvolvido em hospital universitário materno-infantil, localizado no município de Santa Cruz-RN, no período de março de 2013 a dezembro de 2014, desenvolvido em quatro etapas: capacitação dos discentes, acolhimento da parturiente e acompanhante, implementação dos métodos não-farmacológicos e avaliação do projeto. Resultados: o acolhimento da parturiente e acompanhante proporcionou boas relações entre profissionais e clientes, essencial para alcance da humanização plena da assistência obstétrica, como também a massagem, utilização da bola de Bobath e banho de chuverinho. Conclusão: as parturientes tiveram oportunidade de vivenciar a experiência de parir como evento fisiológico, sendo protagonistas de seu parto. Descriptores: Normal Childbirth; Humanized Childbirth; Childbirth Pain; Complementary Therapies; Obstetric Nursing.

RESUMEN

Objetivo: relatar la experiencia de parir por el equipo de salud y por el acompanante con la practica efectiva de estrategias no farmacologicas de alivio del dolor. Metodo: estudio exploratorio y descriptivo, tipo relato de experiencia, desarrollado en un hospital universitario materno-infantil, localizado en la ciudad de Santa Cruz-RN, en el periodo de marzo de 2013 a diciembre de 2014, desarrollado en cuatro etapas: capacitacion de los discentes, acogimiento de la parturiente y del acompanante, implementacion de los metodos no-farmacologicos y evaluacion del proyecto. Resultados: el acogimiento de la parturiente y del acompanante proporciono buenas relaciones entre profesionales y clientes, esencial para alcance de la humanizacion plena de la asistencia obstetrica, como tambien el masaje, utilizacion de la bola de Bobath y banho de chuveiro. Conclusión: las parturientes tuvieron oportunidad de vivir la experiencia de parir como evento fisiologico, siendo protagonistas de su parto. Descriptores: Normal parto; Nacimiento Humanizado; Dolor de parto; Terapias Complementarias; Enfermagem Obstetrica.

Childbirth and birth humanization: application of non-pharmacological strategies effective in this process

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ABSTRACT

Objective: to report the experience of midwifery by the health team and the caregiver with the effective practice of non-pharmacological strategies for pain relief. Method: an exploratory and descriptive study, experience report type, developed in a maternal and child university hospital, located in Santa Cruz-RN, from March 2013 to December 2014, developed in four stages: training of students, reception for the mother and caregiver, implementation of non-pharmacological methods and evaluation of the project. Results: the reception of the mother and the caregiver had good relations between professionals and clients, essential to reach full humanization of obstetric care, as well as massage, use of Bobath ball and warm shower showing to be effective in reducing pain, relaxation and comfort for these clients. Conclusion: the mothers had the opportunity to live the experience of giving birth as a physiological event, being protagonists of their childbirth. Descriptors: Normal Childbirth; Humanized Childbirth; Childbirth Pain; Complementary Therapies; Obstetric Nursing.

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INTRODUCTION

The childbirth care is object of medicalization and the birth scenario became an unknown place for pregnant women. However, it is convenient for health professionals. Due to this reality and the growing number of caesarean sections, the Ministry of Health has created in 2012 the “Cegonha” network, in order to strengthen the program for Humanization of Prenatal and Birth (PHPN) as well as to structure and organize maternal and child health care in the country.

This strategy aims to implement a network of care, highlighting the humanized care for the delivery and postpartum, as well as ensuring children’s right for a secure birth. With this, the “Cegonha” network advocates the humanization of birth based on best practices, which is a set of care measures and activities in order to offer a safe delivery and birth, offering the woman to live this experience as a physiological process, feeling protagonist and empowered of this moment. The childbirth humanization includes two important aspects, among others. The first one refers to the belief that it is the duty of health units to receive laboring women and family with dignity with ethical and supportive attitudes from professionals and the institution, creating cozy atmosphere and behaviors breaking the isolation of women in labor. The second aspect is about the adoption of beneficial measures and procedures for monitoring the labor and birth, avoiding unnecessary interventionist practices that although traditionally held, they do not benefit the mother, leading to greater risks in the delivery process. Furthermore, the presence of a free choice of the woman’s caregiver throughout the period of birth was established in 2005 by the Federal Government, through Law number 11,108/05. Thus, the “Cegonha” network aims to ensure the exercise of this right, since scientific studies show evidence that births attended by caregivers bring benefits and prevent health problems of pregnant women, including greater peace and security for women throughout the parturition process, strengthening the family bond, reduction of labor time and reducing the number of caesarean sections.

From this perspective, obstetric assistance by the team should be focused on women’s needs, with empathy and respect, always considering their opinions, beliefs and preferences, based not only on established technical procedures and standards, but in appreciation of individuality, as that the human being has specific features such as character, personality, feelings, beliefs, opinions, desires, aspirations, own values, dignity and sense of justice that must be respected, considered and valued.

Thus, to resolve the discomforts relevant to the labor period, professionals should implement non-pharmacological techniques such as bath or shower, massage the lower back, patterned breathing, conditioning and verbal relaxation during the birth process, because they are able to promote relief to the pregnant woman. Such actions should be encouraged with the presence of a caregiver that will enable emotional support, as well as postponing the use of drugs for pain control, where the health professional should emerge in the humanization of assistance to childbirth and birth.

Humanizing in obstetrics is also promoting quality monitoring to women with the use of techniques for relieving pain, physical and emotional comfort, offering freedom of choice on how they want to give birth, giving necessary supporting for the mother, baby and caregiver to experience the whole process in a peaceful and happy way. In this context, health professionals play an important role in this experience and have the opportunity to practice their knowledge to the welfare of women, caregiver and newborn, recognizing the critical moments and necessary interventions to minimize pain with the host, midwifery, comfort, enlighten, guide, help to give birth. However, in the daily life of health services experienced by the authors, teams prioritize the technical assistance, due to the demand of responsibilities and insufficient human resources, and are unable to provide the care recommended by the Ministry of Health of Brazil essential to the care process in health. When considering the importance of humanizing the childbirth, by hosting the woman and giving continuous emotional support during labor, this study aim to report experience of midwifery by the health team and the caregiver with effective practice of non-pharmacological strategies for pain relief.

METHOD

Exploratory and descriptive study, experience report type about the experience of nurses, physiotherapists, obstetricians and graduates of nursing programs, physical therapy and medicine belonging to the Federal University of Rio Grande do Norte - UFRN for actions undertaken in the extension...
Childbirth and birth humanization: application of innovative and best practices in care of delivery and birth.

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- Training of students
  Before acting in the project, participants students received theoretical and practical training of 12 hours/class, taught by teachers and tutors of the project, which include medical professionals, nurses and physiotherapists. In these meetings there were lectures on physiology of birth, birth humanization, physical therapy during labor and non-pharmacological strategies for pain relief. Later, the students held theoretical and practical actions together with the tutors in the DPP sector.

- Host of the mother and caregiver
  After admission of the mother in the DPP sector, the project’s participants performed her and her caregiver hosting, reporting on the project objectives and methodology, oriented on the sector’s routine and explained the role of the caregiver at that time. The guidelines were strengthened by explanatory folders delivery. Later, through a tablet, an educational video was shown with the stages of labor and delivery, interactivity, and stimulating dialogue with the subjects. On that occasion, women and caregivers reported their doubts and feelings about the time they were experiencing. Thus, there were good relationships between professional and patient, essential to reach full humanization of obstetric care, trust established, through qualified listening, responsible and committed to the needs and expectations of the women.

Thus, the importance of professional support to the mother during labor is emphasized because the woman experience at that time can be pleasant or traumatic, depending on personal experiences that can be directly related to the care received in the prenatal and during the delivery.

The main questions arose about the labor time, dilation, the episiotomy and the fetal well-being in the uterus. Such doubts may suggest that relevant points about the birth process were not adequately addressed in the prenatal, highlighting the importance of the pregnant women having previous knowledge about labor and delivery to reach the maternity to give birth. This fact is observed frequently, which complicates the work of maternity professionals, who have to pass a lot of information in a short time and at a

RESULTS AND DISCUSSION

The project focused on two subjects: the mother in labor and the caregiver, contributing to that moment being experienced in a unique and special way. The project owned transdisciplinary character and worked on three perspectives: empowering women to be active subject of her birth; providing the caregivers understanding of their role and conditions for them to become collaborators of the process; and finally, applying non-pharmacological strategies for pain relief.

In line with the policies, programs and ministerial decrees, the study place institutionalized best practices of care during labor and birth from the perspective of humanized care. Thus, in January 2014 the maternity replaced the traditional model of antepartum sector operating and delivery room for the implementation of DPP suites (Delivery, Pre-natal and post-partum), in order to humanize care, preserving the privacy of the mother, and enabling an environment of innovative and best practices in care of delivery and birth.

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critical moment where the woman feels pain, and often fear.

The Humanization Program of Prenatal and Birth aims to host and prepare the expectant mother and family for the birth. This woman must be motivated from prenatal to be protagonist of her birth, so she can be empowered to analyze the health team situations involving this moment.\(^1\)

Also, insecurities in hospital behaviors were observed in some pregnant women and caregivers, especially when the project began its operations during the labor. This may be associated with prior knowledge, culture and beliefs about labor and the medical and nursing errors that are exploited by the media, as well as the lack of connection with the maternity team, which is not the same of the prenatal care in the basic unit.

Thus, being in the care of strangers during labor can arouse negative feelings in women. However, the presence of the caregiver softens the feeling of fear, providing more security in the birth\(^6\) and facilitates the establishment of communication and relationship with the team.\(^7\) One of the principles of “Cegonha” network is the mother’s attachment from pre-natal to the place where the birth will take place. It is believed that the feasibility of hospital visits as recommended by the network, decrease anxiety and fear of pregnant women.\(^2\)

It is highlighted that when participants were active in the project from the beginning of the labor, giving directions, answering questions and strengthening the mother-caregiver-team communication, subjects showed more calm and confidence in the work of professionals of the institution.

- Implementation of non-pharmacological methods

The mothers were encouraged to walk and to adopt positions they deemed more comfortable, making them active during this time. There were also explanations by the multidisciplinary team about the importance of non-pharmacological strategies for pain relief in the active phase of labor such as breathing exercises, muscle relaxation, lumbosacral massage, walking, maternal mobility, pelvic rocking, Bobath Ball, birth stool, Ling ladder, warm bath shower for relief. Subsequently, the methods in accordance with the choice, the woman’s consent and the phase of labor were applied.

The caregiver was inserted in care, encouraged and guided to midwifery and to assist in the implementation of these resources, emphasizing their active participation in the project, especially in emotional support, support for walking and performing the lumbosacral massage. Thus, when the caregiver interacts and is active, monitoring becomes more broad and significant for the pregnant women.\(^6\)

Regarding the adherence of the pregnant women to non-pharmacological strategies for pain relief, there was greater interest in massage, using of Bobath ball and warm shower, and poor acceptance by walking, even after clarification of their benefits. In addition, the method in which women reported more pain relief was the warm shower, confirmed by other studies\(^9,10\) in which this strategy was relevant among the others, demonstrating effectiveness in reducing pain, relaxation and comfort to the patient.

Furthermore, the use of Bobath ball combined with the bath, besides reducing pain, stress and anxiety of the mother, it also helps in the evolution of labor by working the pelvic floor muscles.\(^10\) The lumbosacral massage was also referenced as an effective method of pain relief. Several studies have highlighted excellent results in associated application of two or more non-pharmacological strategies.\(^12,13\)

- Project evaluation

Finally, the evaluation of the project was made through monthly meetings with students and discussions with staff to assess the views of professionals on the students and the project’s impact on service routine.

Students reported good hosting by the team and reported great satisfaction with the project, since they could better assimilate the theory offered in the classroom and learn more on the topic from interdisciplinary work with the students and collaborators of other professions. The only male student reported that participation in the project led him to understand the meaning of being a woman and mother.

Despite the project being focused on labor, students and collaborators reported that often the mothers requested their presence during childbirth probably due to bond and trust in those who heard them, calmed down and gave direct assistance during times of pain and expectation. This also suggests a good level of patients’ satisfaction.

Several professionals reported satisfaction for having observed that mothers accompanied by the project were more peaceful and collaborative as well as less anxious caregivers. Two obstetricians mentioned that labor seemed to be less
durable in those women who adhered to non-pharmacological methods of pain relief applied by project’s participants.

CONCLUSION

The project provided to women the opportunity to experience of giving birth as a physiological event, inviting them to become protagonists of their births and their caregivers to be collaborators of that process, thus the birth process gave confidence and mother’s adherence to methods non-pharmacological pain relief and favored the bond of professionals between the women and families, however, some women resistance was observed to take active part in labor, probably because the culture of medicalization in pregnancy.

It was noticed that the caregiver, when properly oriented, understands the birth process and the importance of his role in emotional support to the woman and becomes allied to the health team. In addition, the completeness of obstetric care allows the exchange of knowledge between the different professions. Furthermore, the project encouraged the team to incorporate daily activities for the humanization of birth and provided students with practical experience in order to develop skills to act in transforming and humane way in obstetrics.

By working as a team in the use of soft technologies, the benefits are higher, minimizing the chances of unnecessary interventions in the obstetric practice. Therefore, it is up to the team trying to overcome the difficulties of the service to promote a humanized care, which in addition to benefiting the assisted patients, will cause positive changes in the team, by motivating the reflection of their practice and the institution by favoring a review of its way of managing health care.

REFERENCES


