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INTEGRATIVE REVIEW ARTICLE

USE OF NON-PHARMACOLOGICAL METHODS FOR PROVIDING PAIN RELIEF DURING THE NATURAL CHILDBIRTH: REVISÃO INTEGRATIVA

USO DE MÉTODOS NÃO FARMACOLÓGICOS PARA O ALÍVIO DA DOR DURANTE O TRABALHO DE PARTO NORMAL: INTEGRATIVE REVIEW

USO DE MÉTODOS NO FARMACOLÓGICOS PARA EL ALIVIO DEL DOLOR DURANTE EL TRABAJO DE PARTO NORMAL: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to present a literature review on the non-pharmacological methods for providing pain relief during the natural childbirth. **Method:** this is an integrative review conducted in the Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences (LILACS) and Brazilian Nursing Database (BDENF) with sights to answer one of the research questions << *What are the non-pharmacological methods for providing pain relief during the labor discussed in scientific investigations?* >>. We have selected 21 papers published between 2000 and 2011. For analysis, we have used an adapted tool, which included: article title, author names; studied intervention and final considerations/conclusions. **Results:** we have identified as non-pharmacological methods in relieving the pain during the natural childbirth: hydrotherapy, deambulation, relaxation exercises and breathing, massage, Bobath ball, electrical stimulation and cryotherapy. **Conclusion:** we have observed that non-pharmacological methods have been winning strength through the movements in favor of the childbirth humanization practices. **Descriptors:** Natural Childbirth; Childbirth Pain; Obstetric Nursing.

RESUMO

Objetivo: apresentar a revisão de literatura sobre os métodos não farmacológicos no alívio da dor no parto normal. **Método:** revisão integrativa realizada na *Scientific Eletronic Library Online* (SciELO), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Base de dados em Enfermagem (BDENF) para responder a uma das questões de pesquisa << Quais são os métodos não farmacológicos para o alívio da dor durante o trabalho de parto que são abordados nas investigações científicas? >>. Foram selecionados 21 artigos publicados entre 2000 e 2011. Para a análise, utilizou-se um instrumento adaptado, que contemplou: título do artigo; nome dos autores; intervenção estudada; resultados e considerações finais/conclusões. **Resultados:** identificaram-se como métodos não farmacológicos no alívio da dor no parto normal: hidroterapia, deambulação, exercícios de relaxamento e respiração, massagem, bola de parto, estimulação elétrica e crioterapia. **Conclusão:** observou-se que os métodos não farmacológicos vêm se destacando pelos movimentos em favor das práticas de humanização do parto. **Descritores:** Parto Normal; Dor do Parto; Enfermagem Obstétrica.

RESUMEN

Objetivos: presentar una revisión de literatura sobre los métodos no farmacológicos para el alivio del dolor en parto normal. **Método:** revisión integrativa realizada en la *ScientificElectronic Library Online* (SciELO), *Literatura Latinoamericana y del Caribe en Ciencias de la Salud* (LILACS) y *Base de datos en Enfermería* (BDNEF) para responder a una de las cuestiones de investigación << ¿Cuáles son los métodos no farmacológicos para el alivio del dolor durante el trabajo de parto abordados en las investigaciones científicas? >>. Se seleccionaron 21 artículos publicados entre 2000 y 2001. Para el análisis se utilizó un instrumento adaptado, que contempló: título del artículo; nombre de los autores; intervención estudiada; resultados y consideraciones finales/conclusiones. **Resultados:** se identificaron como métodos no farmacológicos en el alivio del dolor en el parto normal: hidroterapia, deambulación, ejercicios de relajación y respiración, masaje, bola de parto, estimulación eléctrica y crioterapia. **Conclusión:** se observó que los métodos no farmacológicos se vienen destacando por los movimientos a favor de las prácticas de humanización del parto. **Descriptores:** Parto Normal; Dolor del Parto; Enfermería Obstétrica.

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INTRODUCTION

Since the early days of mankind, the natural childbirth has always been considered an extremely painful process whereby the woman must be subjected to be able to give birth to their children. The lack of clarification regarding the labor, fear, stress, tension, cold, hunger, loneliness, social and affective abandonment, ignorance with reference to what has been happening and being in a different environment and with strange people, are considered factors that increase the painful perception during the childbirth process.¹⁻²

Due to the pain, we should note that the number of caesarean surgeries and the excessive use of pharmacological methods are increasingly growing every day, but without a necessary reason.³ The Brazil has the title of world champion of caesarean sections performed by health plans. In 2008, such surgeries accounted for 85% of deliveries made through health insurance covenants, according to the National Supplementary Health Agency.⁴

Given this reality of increasing use of unnecessary surgical interventions, there was a large increase in the use of pharmacological methods developed to provide tolerance to the childbirth pains and discomforts.⁵⁻⁶ Nonetheless, non-pharmacological methods can reduce the painful perception in relieving the labor pain; thus, they might also be considered as non-invasive shares.⁷⁻⁸

Alternative therapies might include acupuncture, aromatherapy, hydrotherapy (which comprises aspersion and immersion baths) homeopathy, magnetic applications (such as transcutaneous electrical stimulation or TENS) and the Swiss ball usage (also known as Bobath ball or, even, birth ball).⁹⁻¹⁰

Although the effectiveness of some options has not yet been demonstrated, there is reliable evidence regarding the safety and effectiveness of several techniques that can be used during the labor, which increases the parturient's comfort.¹¹

From the understanding of the importance of implementing these methods in the reality of the Brazilian delivery rooms, the obstetrician nurses might feel more encouraged to stimulate the parturients to put into practice the methods that better meet their requirements.

This study is justified by the need to intensify efforts to propagate the applicability of non-pharmacological strategies for pain relief during the natural childbirth - in the obstetric nurse practice - in order to

demonstrate a greater amount of evidence relating to the investigated issue, by optimizing its importance in the study for the nursing science.

OBJECTIVES

- To show a literature review on the non-pharmacological methods for pain relief during the natural childbirth;
- To discuss about the negative interference of the medications used in this process and highlight the importance of obstetric nurse in guiding and implementing effective pain relief measures.

METHOD

In accordance with the investigation proposal, we chose to develop a bibliographic survey of the integrative literature review type. For elaborating this study, we ran across the following stages: establishment of the hypothesis and goal of the integrative literature review; establishment of criteria for inclusion and exclusion of papers; definition of information to be extracted from the selected papers; analysis of results; results presentation and discussion and, finally, the review presentation.

To guide this research, we have formulated the following questions: What are the non-pharmacological methods for providing pain relief during the labor discussed in scientific investigations? Does the use of medications for relieving pain in the labor process cause negative interference to the woman and the fetus? How important is the obstetric nurse in guiding and implementing effective pain relief measures?

Data collection was conducted in January 2012, by means of the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences (LILACS) and Brazilian Nursing Database (BDENF).

The descriptors used for data collection were: natural childbirth, childbirth pain and obstetric nursing. All of them were in line with the Medical Subjects Heading classification (MeSH).

The criteria for including papers in this literature review pointed to studies on the theme: non-pharmacological methods for pain relief during the childbirth, published between 2000 and 2011, written in Portuguese and in full text form. Thus, we have excluded the international studies, papers with publication year lower than 2000 and duplications; we also made use of reference books in the obstetric field that addressed the

issue of non-pharmacological methods for pain relief during the labor, in order to supplement the discussion of results, due to the scarcity of Brazilian scientific papers on the study object addressed in this investigation.

For performing the analysis of the sample, we have used an adapted tool¹², which included the following aspects: article title, author names; studied intervention and final considerations/conclusions.

Accordingly, the critical analysis of the included studies was based in accordance with the objectives of this research as it sought: to present a literature review on the non-pharmacological methods for pain relief during the natural childbirth, discuss the negative interference of the medications used in this process and highlight the importance of obstetric nurse in guiding and implementing effective pain relief measures.

The authors consulted in this study were properly referenced, by respecting and identifying the research sources, observing ethical rigor concerning the intellectual property of the scientific texts that were analyzed, with regard to the content usage and citation of parts of the consulted works.

After complete reading of the papers, by highlighting the objectives, results and final considerations, the publications were quantified and classified into thematic categories. These categories were selected to better represent the obtained, studied and discussed results, answering the raised questions research, as well as in seeking to meet the objectives of this current investigation.

With a view to maintaining quality studies in this investigation, the pre-selected papers were assessed as relevant and methodologically suitable, by using the form for doing study assessments prepared by the Critical Appraisal Skills Programme (CASP).¹³ The studies which reached a score of seven, given the maximum possibility of ten points, were included in this sample.

RESULTS AND DISCUSSION

We have identified 33 papers, but considering the aforementioned inclusion criteria, 21 papers were selected.

• Non-pharmacological methods for pain relief and their effectiveness in caring for the natural childbirth

We cite the most used non-pharmacological methods, according to the surveyed literature, which show considerable effectiveness in helping women during the labor, namely:

• Hydrotherapy

The hydrotherapy refers to aspersion and immersion baths. It is considered an alternative for comforting the woman in labor, since offers relief without interfering with the progression of labor and without harming the newborn. It is identified as a non-pharmacological measure, in which the parturient is immersed in warm water (immersion) for relaxing and relieving the discomfort.¹⁴

Upon immersing in the heated water, the heat and fluctuation help to release the muscle tension and impart a sense of welfare. The hot water provides a soothing stimulation to the skin nerves, which promotes vasodilation, sympathetic nerve response reversion and catecholamines reduction. In general, the contractions are less painful in the heated water, as the heat and the fluctuation in water provide a relaxing effect.¹⁴

The hydrotherapy in the shower might be used in association to the Bobath ball, by placing the parturient on the same and letting the water at room temperature falls on the painful locations during the contractions.¹⁵

There are many options of hydrotherapy, from common bathtubs to hydromassage bathtubs and showers, combined with low-light conditions and associated to other methods such as Bobath ball and music.

The hydrotherapy is recommended for the customer who is in active labor (> 5 cm dilated) to avoid the deceleration in the labor contractions secondary to the muscle relaxation. The amniotic membranes might be preserved or shattered. The customer is encouraged to stay in the bathtub or under a shower as she wants or feels comfortable. The water temperature should not exceed the body temperature and the time bath is typically limited between one and two hours.¹⁴

• Deambulation and position changes

Deambulation and position changes during the labor are another extremely useful comfort measures.¹⁵⁻⁷ Historically, women have adopted several positions for the childbirth moment and, until recently, they seldom used the supine position (lithotomy position). Doctors prefer the supine position during the labor, but there is no evidence to demonstrate its suitability.^{1,14}

To frequently perform position change (every 30 minutes), by sitting, walking, kneeling, standing, lying down, getting on all fours, helps to relieve the pain. The position changes might also help to accelerate the

labor as they add the benefits of the gravity and the alterations in the pelvis format. If the labor is slowly progressing, the deambulation can accelerate it again. Researches state that the position and the frequency of position changes exert profound effects on the uterine activity and efficiency. To allow the client to obtain a comfortable position often facilitates a favorable fetal rotation, due to changing the alignment of the presentation part with the pelvis. As far as the mother continues to perform change position to seek comfort, she obtains the optimal adjustment.^{3,14}

Furthermore, regarding the benefits of the positions changes, it should be noted that the nurse must suggest that the mother performs position changes, and that, during the lag phase and the initial active stage of the labor, the patient must be encouraged to walk. In the upright position, the patient will have more strong, regular and frequent contractions, since the gravity aligns the fetus with the pelvic angle, as the uterus leans forward with each contraction. The maintenance of this position can shorten the labor and reduce the pain and the need to use painkillers.¹⁸

During the second stage of labor, it is important to encourage the patient to assume the squatting position or lateral position to push out the baby. Some obstetric tables have bars for the squatting position, which allow the pregnant woman to assume more comfortable and favorable positions to the baby birth. After a contraction, the patient can support her back in a corner or on a pillow, until the next contraction starts.¹⁰

Importantly, the lateral position can delay the fetal descent in the second stage of labor, but provides more relief for the lumbar pain than the squatting position.¹⁸

The position of getting on all fours or “*doggy position*” combined with the pelvic rotation facilitates the fetal rotation and decreases the pain. The squatting or kneeling position might also be combined with the pelvic rotation, but these positions are uncomfortable and tiresome for the patient who is not accustomed to them.¹⁸

• Relaxation exercises

Relaxation exercises are designed to allow women to recognize the body parts and their sensations, especially the differences between relaxation and contraction, as well as the best positions to relax and use during the labor.¹⁹ The relaxation techniques are also widely used where it becomes applicable a set of exercises aimed at relaxing the several muscle groups, particularly the pelvic and perineal muscles.²⁰

The relaxation techniques objective is to reduce the anxiety and the muscle tension, thereby reassuring the mind and relaxing the muscles. Some studies indicate that the relaxation reduces the oxygen consumption, heart rate, breathing rate, lactate concentration in the arterial blood and the sympathetic nervous system activity.¹⁰

In general, the relaxation techniques distract the patient, increase her sense of pain control and facilitate the sleep and the rest. Nevertheless, it is known that not all techniques work with all pregnant women, because some patients need to try to relax several times before achieving some relief. Even when the relaxation method is successful, the fatigue relief might be extended for only 20 minutes. Although these methods can reduce the anguish, they do not alleviate the pain itself, but promote distraction, which shifts the pain focus.¹⁰

• Breathing techniques

The breathing techniques brought about another way to combat the childbirth pains, for example, the breathing gymnastics has been a triggering factor of the balance in the labor¹⁶, the breathing control goes through the establishment of a conditioned reflex, contraction/breathing, by bringing in evidence the “*doggy*” breathing and seeking the hyperventilation during the contractions, which is capable of oxygenating the fetus.²¹

It should be highlighted that the care is needed in managing this breathing technique, since the hyperventilation can become a problem with the fast breathing if this latter is not sufficiently shallow or if the panting is prolonged. Hence, when the breathing rate increases from 5 to 20 times higher than the normal level, it results in severe breathing alkalosis. This excessive maternal hyperventilation produces a significant drop in PaCO₂, uterine vasoconstriction and lower release of O₂ for the fetus.²²

The correct breathing technique occurs when the woman realizes the need to accelerate the breathing during the acme of each contraction, by changing the breathing type from slow panting to the acceleration and deceleration breathing technique. Thus, the mother uses the thoracic breathing - fast and shallow - which accelerates and decelerates according to the duration and intensity of each contraction. The pregnant accelerates her breathing when the contraction increases and reaches the maximum level, and reduces it when the contraction begins to decrease. It is useful that the woman has the assistance of someone to check the suitability of her breathing

techniques, it is important that her breathing remains cursory and shallow to avoid the hyperventilation.⁷

Most methods of childbirth preparation recommend that the woman inhales and exhales deeply at the beginning of each contraction, before starting the series of shallow breathings used during the contraction phase.²³⁻⁶ They also recommend that she deeply inhales at the end of the contraction and, then, slowly exhales and relaxes such as in a moment of sigh, thus making a good start to a relaxation between the contractions.²⁴ The deep inhalations and exhalations used at the beginning and end of each contraction are called complete breathing or of cleaning. The slow and deep breathing provides a good exchange of oxygen and carbon dioxide before and after the shallow breathing performed during the contraction.⁷

The breathing techniques associated to the muscle relaxation are attractive for their simplicity and due to allowing the parturient to perform an active participation during the parturition process, as well as having autonomy in controlling the pain.²³ They also allow professionals, who promote obstetric care, to seek simple and effective ways to reduce the childbirth anxiety and pain, without causing side effects and generate burden to the institution.²⁴

Accordingly, it should be demonstrated the importance of the courses for pregnant women offered during the prenatal period, which help to educate these women, including in relation to the act of breathing during the childbirth process.

● **Massage**

The massage is a simple and low-cost therapy, which associated to the breathing, position and deambulation, might be pretty helpful in the childbirth process.^{1-2,15-8,27} Studies demonstrate the applicability of the practice of manual massages, through the tennis ball usage, self-massage and massage practiced by the caregiver.¹⁻² This technique promotes the body awareness, particularly concerning the tensions. This awareness favors the learning relating to the resources for their mitigation, given that its deployment provides relief from the tensions, by minimizing the discomfort caused by the childbirth pain.

● **Birth ball**

The birth ball, also known as Swiss ball or Bobath ball, allows the position change, by decreasing the painful sensation arising from the uterine contraction, stimulates

spontaneous and unusual movements, besides enabling the woman to move forward and backward (rocking chair) and help in the rotation and in fetal descent. Women feel more secure and relaxed, which brings consequent benefits in the labor evolution.²⁰ Thus, the ball movements from one side to the other, swinging or doing other rhythmic movements might be comforting. To adopt orthostatic positions, such as tilting your body forward or using the birth ball as support during the contractions, make the most women to reach a greater sense of control and active movement than just the act of keeping lain down.¹⁴

● **Music therapy**

Music therapy is the improvement of human capabilities through the organized use of music influences on the human brain function. Some researchers argue that the use of music enhances the results, because it is considered a very effective focus of attention, given that it is a means of distraction that does not reduce the pain, but provokes a pleasant stimulus to the brain, by diverting the mother's attention at the pain time.⁸

The music therapist begins the session at the childbirth time. In the moment in which one asks the mother to make efforts with each contraction, the music time, intensity and energy increase together to help the mother and give her more energy.⁸

The music therapy, such as an organized science in the XX century, studies the therapeutic effects of music on human beings. The use of music is inexpensive and easy to apply, besides being a non-pharmacologic and non-invasive care modality.²⁹ The music effects, used as non-pharmacological method against the labor pain with sights to provide pain relief, might interfere with the vicious cycle fear-tension-pain, in a relaxing way, in order to break this cycle and, consequently, minimizing the pain.³⁰

● **Transcutaneous electrical stimulation**

The transcutaneous electrical stimulation consists of a method for providing pain relief^{11,31}, which stimulates the endogenous opioid system¹⁴, by justifying the decreased use of painkillers and anesthetics during the labor. However, authors demonstrate that the use of electrodes during the labor causes discomfort and nuisance.^{11,31}

Another study examined the use of cryotherapy for providing pain relief during the active phase of the dilation period.³² This method was used through ice packs, applied on the lumbar region, in the left lateral position, for a time period of 20 minutes. The

therapeutic did not affect the quality of the uterine dynamics and, significantly, promoted pain relief for the parturients, by demonstrating that the 85,71% reported having an improvement in their conditions to endure the contractions, as well as pain relief.³² Thus, the treatment with the topical application of ice has a counter-irritating action and the ability to promote the release of endorphins.³³

Given these techniques mentioned throughout this study, it is important to cite that from the implementation of non-pharmacological strategies, the labor process might be less painful, less stressful, since the parturients need attention, counseling, as well as communication skills. With that, one of the most important tasks of women's caregivers during the childbirth is to provide tolerance towards the pain and the discomfort; however, from the obstetric nursing, we can work intended for reducing the factors that increase the pain and make use of the factors that mitigate them.³⁴

Besides all the aforementioned measures, one should provide a welcoming, comfortable and quiet environment with sights to drive the woman to the psychophysical relaxation, which gives quality towards the assistance. Moreover, it is essential having the presence of the spouse, mother or a loved one that gives her emotional security, so that she stare this process with confidence and autonomy.²⁰

• The negative interference of medications used for providing pain relief in the childbirth process.

In fact, whether to produce analgesia or induce the childbirth, in general, the health team uses procedures and methods to accelerate the delivery process, thereby generating a conflict of interest, since the professional receives a set of measures to be performed. Furthermore, the use of these drugs can lead to several complications, which can simultaneously harm the mother and child, as well as the labor itself, by making it less natural.⁶

We can use the example of the misuse of oxytocin in high dosages, where this act leads the woman to a level of stress and tension that could be avoided if the involved professionals were really trained to conduct such a procedure within the humanization scope. It should be considered that, in the natural childbirth context, it becomes important to use non-pharmacological methods, i.e., natural methods for providing pain relief, but without intention of accelerating the labor process and,

consequently, provide a delivery without dystocia, both for mother and the baby.

In practice, it is not easy to distinguish which childbirths are “induced” and which childbirths are “accelerated”, by taking into account that the definition of the labor beginning is quite inaccurate.⁶ It is also probable that other hospital interventions such as amniotomy (membranes rupture), are performed on women who are not yet in the labor itself, but with some cervical dilation and contractions (Braxton-Hicks), i.e., still in the pregnancy preterm condition. Such procedures lead to a “rushing delivery”, followed by the use of oxytocin, not to induce the labor - but to accelerate it, since the amniotomy makes the delivery an inevitable fact at a certain number of hours, regardless of the woman is actually in labor or not.³⁵

Regarding the use of anesthetics, it is emphasized that they can provoke changes in the uterine blood flow by interfering with the venous or arterial pressure of this organ or, even, indirectly, by acting on the vascular tone and in its own contractions of the uterine musculature.²¹ The arterial hypotension arising from a wrong anesthesia, or possibly associated with sympathetic blockade or excessively deep levels of general anesthesia, might cause drop in the perfusion pressure and decreased uterine blood flow.²²

In the case of the pregnant woman's airways, the same author mentions that there are anatomical changes due to the capillary engorgement across the mucosa and the breathing tract, being that they will present themselves quite swollen. The manipulation of these “sensitive” airways might result in bleeding and worsening of the edema, by requiring extreme delicacy from the anesthetist. Certain situations might exacerbate the laryngeal edema of these patients to the point of making the intubation an impossible procedure. Thus, it should be verified that the incidence of unfeasible intubation ranges from 1 in 200 to 1 in 300 cases, i.e., ten times higher than what occurs in non-obstetric patients. The maternal death due to anesthetic reason is the sixth leading cause of pregnancy-related death in the United States. The risk of death in the obstetrics area by general anesthesia complications affects 17 times more than in cases of regional anesthesia.²¹

Another risk factor related to the anesthesia is the incidence of aspiration pneumonia arising from the induction of general anesthesia or even during deep sedation, which is associated to blockages, this is because there is considerable delay in

the gastric emptying and increased tendency to vomiting and regurgitation in pregnant women.²²

The opioids are among the most used medications, which have side effects such as: breathing depression, itching, nausea and vomiting. If are offered before the beginning of the active phase, these drugs can delay the labor. Some synthetic opioids such as Fentanyl, which is derived from Morphine, have pretty short duration and produces severe breathing depression in comparison with other opioids. For it to be used, we need to necessarily have the availability of ventilatory support methods.²¹

Hence, prior to the appointment of analgesia for the vaginal delivery, it is recommended to assess the most suitable technique for providing pain relief, as well as the individual conditions of the parturient.³⁶

• The importance of the obstetric nurse in guiding and implementing effective pain relief measures

In 1998, the Brazilian Ministry of Health (MS) recognized the humanized care provided by the obstetric nurse in public hospitals, by including the procedure of normal delivery without dystocia performed by this professional in the table of the Hospital Information System of the SUS. The MS also proposed, in 1999, the establishment of the Natural Childbirth Centers (known as CPN) for the cases of low-risk labors outside the health institutions, coordinated by obstetric nurses, who provide all care to the women and newborns.³⁷

The obstetric nurse is usually responsible for the care of the woman in labor and her fetus. The safety thereof depends on the ability of the obstetric nurse to recognize the initial signs of deviations from the normal standard, by making an accurate clinical judgment and, then, seeking a medical advice, or acting in cases of emergency. Likewise, this professional must be able to determine the physical and emotional needs of the pregnant woman during the labor, sometimes, long and boring, by satisfying them through an individualized care.⁷

The same author states that, to do this, it is necessary having the understanding of the psychosocial principles that often support the effective nursing in all situations, in its broadest sense, during this crucial period of labor. For this purpose, the encouragement and the tranquility from a skilled obstetric nurse might have a significant influence to reduce the emotional stress and the physical discomfort resulting from the labor.⁷

Another author reinforces the importance of the obstetric nurse's conduct during the labor and recommends that the methods used by health professionals should include comfort measures, emotional support, information and instructions, as well as support for the caregiver. Therefore, the obstetric nurse, in order to provide quality care to women in labor, must have skills and abilities regarding the various pharmacological and non-pharmacological methods to relieve and control the pain during the labor. Importantly, this study has been primarily addressed to the non-pharmacological methods.¹⁴

Accordingly, the obstetric nurse must review the parturient's medical history, especially when investigating factors such as drug allergies, obstetric problems which might influence in the choice of methods used to alleviate the pain, the user knowledge about the childbirth process, past experiences of pain and analgesic agents already used, but also assess the current pain level by means of multidimensional tools. Thus, this professional must take into consideration the woman's obstetric history, when it is assessing the need to implement measures to alleviate the pain.¹⁹

The topics pertaining to this assessment are: the length of previous labors, the user's perception about the pain of the previous childbirth; the measures used to alleviate the pain in previous childbirths and the woman's impression about the effectiveness of these measures. The same author reinforces that it is a task of the obstetric nurse to ascertain if the parturient knows the relaxation techniques and comfort positions. Some women consider these measures sufficient to maintain their comfort throughout the labor.¹⁹

The childbirth care humanization implies that obstetric nurses respect the aspects of the female physiology - without unnecessary interventions -, recognize the social and cultural aspects of labor and birth and offer emotional support to the puerperal woman and her family, by assuring the citizenship rights.³⁷

It is known that the professional attitude has relevant appreciation in assisting the parturient, given that a multiplicity of actions might be done, in addition to the empathetic approach, by involving the use of appropriate strategies aimed at alleviating the strong pain present in pregnant women, with a view to keeping the interpersonal relationships in the interaction professional-parturient-family.¹⁸

Importantly, the obstetric nurse has participated in the main discussions on women's health, along with feminist social movements, in defense of the Prenatal and

Birth Humanization Program. Given this, the MS has created ordinances that foster the performance of this professional in the comprehensive care of the women's health, by highlighting the pregnancy and puerperal periods, since it understands that these measures are essential for reducing interventions and risks, as well as promoting a consequent care humanization, both in hospitals and in birth centers.²⁰

CONCLUSION

It is possible to conclude from this work that the non-pharmacological methods to relieve the childbirth pain have been winning strength through the movements in favor of the care humanization practices, and that the dedication of the obstetric nurse who assists the parturient at the welcoming time is a key factor with regard to the holistic care. It is important to consider this woman as the main subject and not just as someone who has no opinion and passively obeys to the instructions of those who hold the power of knowledge, without any questioning.

The selected studies of this research have addressed as non-pharmacological methods for providing pain relief in the natural childbirth: hydrotherapy, deambulation and position changes, relaxation exercises, breathing techniques, therapeutic massage, Bobath ball usage, transcutaneous electrical stimulation and cryotherapy.

The study also allowed us to observe that, despite the practice of humanizing the childbirth process is on the rise, by increasingly include surveys regarding the various non-pharmacological techniques used during the labor, it is still quite common to identify that this process remains linked to the biomedical and interventionist model. This model fragments the human being, contributes to the medicalization, induction, procedures and inappropriate interventions, and might cause iatrogenic damages, by subjecting the woman and the fetus to unnecessary risks. In fact, the survey also showed that drugs used for medicating the woman in labor can cause some type of morbidity and, even, mortality after the interventions.

It is crucial to note that from the completion of this study, we have found that the use of non-pharmacological methods for providing pain relief during the labor is an issue that arouses interest, especially in the nursing scope.

Finally, it should be emphasized the importance of further exploratory studies on the subject at stake, with a view to

highlighting the importance of this issue in the obstetric nurse practice, who cares and welcomes the woman in labor, thus making a difference in the childbirth process.

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