Non-pharmacological methods in home...



NON-PHARMACOLOGICAL METHODS IN HOME BIRTH MÉTODOS NÃO FARMACOLÓGICOS NO PARTO DOMICILIAR

METODOS NAO FARMACOLOGICOS NO PARTO DOMICILIAR
MÉTODOS NO FARMACOLÓGICOS EN EL PARTO CASERO

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ABSTRACT

Objective: to discuss about the non-pharmacological methods for pain relief in the home birth. *Method:* a qualitative study, reflective analysis, originated in the scientific initiation of the nursing undergraduate course, through the following steps: search in data bases, reading of the selected material, movement of the analytic praxis of the theme and formulation of written material. *Results:* there is a range of methods used in the home environment for the relief of pain, as the sprinkling/immersion, swiss ball, method "horse", "U" stool, music therapy, aromatherapy, massage, acupressure and ambulation. In this way, these practices contribute to inhibition of painful stimuli and promote the comfort for the child birth process. *Conclusion:* the home birth emerges with the purpose of bringing back the autonomy of the woman on her body, protagonism, safeguarding her right to a respectful birth, and these practices would not allow pharmacological women experiencing the birth of humanized and respectful way. *Descriptors:* Natural Childbirth; Labor, Obstetric; Home Childbirth; Humanizing Birth; Obstetrics; Obstetric Nursing.

RESUMO

Objetivo: discutir acerca dos métodos não farmacológicos para alívio da dor no parto domiciliar. *Método*: estudo qualitativo tipo análise reflexiva originado na iniciação científica do curso de graduação em enfermagem, mediante as seguintes etapas: busca nas bases de dados, leitura do material selecionado, movimento da práxis analítica da temática e formulação do material escrito. *Resultados*: há uma gama de métodos utilizados no ambiente domiciliar para o alívio da dor, como o banho de aspersão/imersão, bola suíça, método "cavalinho", "banquinho U", musicoterapia, aromaterapia, massagens, acupressão e deambulação. Desse modo, essas práticas contribuem para inibição de estímulos dolorosos e promovendo o conforto para o processo parturitivo. *Conclusão*: o parto domiciliar surge com o propósito de trazer de volta a autonomia da mulher sobre seu corpo, protagonismo, resguardando seu direito a um parto respeitoso e essas práticas não farmacológicas permitem a mulher vivenciar o parto de forma humanizada e respeitosa. *Descritores*: Parto Normal; Trabalho de Parto; Parto Domiciliar; Parto Humanizado; Obstetrícia; Enfermagem Obstétrica.

RESUMEN

Objetivo: discutir acerca de los métodos no farmacológicos para el alivio del dolor en el parto en casa. *Método:* estudio cualitativo, análisis reflexivo, originado en la iniciación científica del curso de pregrado en enfermería, a través de los siguientes pasos: búsqueda en bases de datos, la lectura del material seleccionado, el movimiento de la praxis analítica del tema, y elaboración de material escrito. *Resultados:* existe una variedad de métodos utilizados en el ambiente del hogar para el alivio del dolor, como la aspersión o inmersión, balón suizo, el método "caballo", "U" heces, musicoterapia, aromaterapia, masajes, acupuntura y la deambulación. De esta forma, estas prácticas contribuyen a la inhibición de estímulos dolorosos, y la promoción de la comodidad durante el proceso de nacimiento del niño. *Conclusión:* la casa nacimiento surge con la finalidad de devolver la autonomía de la mujer sobre su cuerpo, el protagonismo, la protección de su derecho a un parto respetuoso y estas prácticas no farmacológicas permiten a las mujeres que sufren el nacimiento humanizado y de manera respetuosa. *Descriptores:* Parto Normal; Trabajo de Parto; Parto Domiciliario; Parto Humanizado; Enfermería Obstétrica.

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INTRODUCTION

This article has as its object of study the non-pharmacological methods of pain relief in home birth. For echo on the contemporary practice of obstetric nurse in the Brazilian reality it is necessary to understand the process of generating such a profession.¹

To redeem the history of the development of the labor and birth is called initially the setting of the figure of the midwife as responsible for the process of labor and birth, and within the context of the home birth, with the employment of numerous humanized practices and holistic care to women. Until the 18th century, childbirth was considered a rite of passage for women and not a medical act, since they had no knowledge about pregnancy. At the end of the 19th century, with the top of the medical practice in the context of the process of gestate and birth, as a consequence of technological advances in health to employ women, and to transform a physiological event, with something pathological. Then, in the first half of the 20th century by the process institutionalization of labor ceases to be a private place and to passes institutionalized, with the creation of sectors such as the maternity, creating an event controlled, and the household ends up being extinguished.2

In this sense, the creation of specific hospitals for the vaginal labor (maternities) aimed to create both a space of teaching and practice of medicine as a place where women feel safe to give birth. The change of home birth, assisted by midwives for the hospital childbirth, conducted by doctors, gave the obstetric care new meanings and paradigms in the care of the woman. Of physiological event, literacy, family and social life, childbirth and birth to become a medical act (male), in which the risk of diseases and complications became the rule and not the exception. Thus, introducing the technocratic model of assistance to childbirth.²

In Brazil, the normal labor is associated with the imaginary pain and suffering that, by physiological nature of the event, imposes on women a behavior of overcoming the pain of labor. Interpreted socially as "physiological", or whether, as part of the nature of the event, generates conflicts of affective nature, emotional and metabolic, exposes the fragility of women regarding their personal perception and favors the female representation of labor based on fears and myths as, for example, the belief that the cesarean section decided and

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scheduled in advance will provide birth without pain.³

The intensity of pain in childbirth experienced by women is widely variable and is subject to psychic influences (behavioral), moody (motivation), cultural (education), organic (genetic constitution) and the possible deviations from normality (stress), in addition to other factors such as distractions, which may increase it, and release of endorphins, which can decrease it.⁴ These facts, cause many negative experiences of childbirth and culminating in beliefs and meanings that childbirth is a painful event, which are shared by its network of support, and even by health professionals.

To mitigate these negative experiences of childbirth in a hospital environment, women, especially the middle class has sought alternatives for the parturition, as the home birth.⁵ However, the idea shared in the Brazilian society that home birth is an event insecure and numerous risks. But, when the home birth occurs in a planned manner, with accompaniment of professionals represents lower risk maternal and neonatal adverse outcomes, making it as safe as in a hospital environment, and should be offered as an option for women, who wanted. Since the World Health Organization (WHO) points out that the best place to occur labor is where the woman feels safer.

Thus, before the assistance to home birth occurs the employment of numerous practices for the relief of pain, with the use of non-pharmacological methods as substitutes for drugs for the relief of pain in childbirth.⁷⁻⁸

OBJECTIVE

• To discuss about non-pharmacological methods for pain relief in the home birth.

METHOD

A qualitative study, reflective analysis, from biographical narrative review elaborated by means of scientific articles, manuals of the Ministry of Health, books, supported in the assistance offered to women in labor and birth focused on the humanization of care, developed as a scientific initiation project in the area of women's health, the nursing course at the University Center Anhanguera (UNIAN), with the purpose to answer the following guiding question: "How do I configure the use of non-pharmacological methods for pain relief in the context of home birth?"

collection of information performed in the period from August to December 2016. The following controlled descriptors were used: "Labor"; "humanized childbirth"; "humanization of assistance"; "obstetric nursing". Articles were selected by of databases: Literature American and Caribbean Health Sciences (LILACS), data bases in Nursing (BDENF), and the virtual library Scientific Electronic Library (SciELo) available electronically, published in Portuguese, English and Spanish; in the period from 2006 to 2016.

For the elaboration of the study there were checked articles with information related to assist the process of abortion, followed by reading and analysis of the material, which allowed the identification of which would be used; and subsequently the fitting of the study in question, in accordance with all the reflections.

RESULTS AND DISCUSSION

Pain during labor is something that is part of human nature and the antagonistic of what happens when a person has some pathology and feels some type of acute or chronic pain. The pain of childbirth is not associated with the pathology; pain is part of the design of a new being. However, the majority of women define as the worst pain ever felt, and even usually be surplus to expectation. There are various types of births, and in home birth women have a natural childbirth where everything will happen so innate and with the smallest number of techniques that will interfere with the birth, only technical measures will be applicable in this process. 8-9

There are several non-pharmacological methods for pain relief during labor among them the realization of massages, wheelie method and the stool U, immersion baths and spraying, using the Swiss ball, use of music and other relaxation techniques such as aromatherapy, very probably the woman will feel more relieved, both by the effect of the techniques, as well as by effective monitoring in home birth. In this way, the same may involve themselves in their labor more participatory, having their autonomy and freedom, and so that women feel "owner" of their body.⁹

The sprinkling/immersion that works by means of the stimulus that the hot water makes us thermos-receptors the epidermis by stimulating the arrival of the message so quickly to the brain than the stimulus of pain, so that there is a blockage in an effective way. The heat promotes increased blood circulation and inhibiting the stressor agents

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motivated by contraction during labor, due to contact with the tissue is capable of a certain improvement in metabolism and the elasticity by reducing the prelude of pain. Normally, the sprinkling/immersion should therapeutic applicability that requires that the water temperature remains around 37 to 38°C, and it is essential that the woman stay by a constant 20 minutes in the bathroom, positioning the repression in the region in which there is pain, but common in the lumbar region or lower abdominal, process will contribute to inhibition of pain, and your relaxation is caused by the release of endorphins in the process that this practice provides. 10-11

The use of the Swiss ball, also called ball from birth by the parturient is a method that encourages you to adopt a position more hierarchical and also allows the freedom to adopt different positions; in addition, the Swiss ball promotes the exercise of the pelvic region and constitutes a method with low financial cost. The exercises with the ball during pregnancy and labor have as main benefits the relaxation and stretching, posture correction and the strengthening of the muscles. When the exercise with the ball is held in a vertical position, i.e., seated works the musculature of the pelvic floor, and still provides the change in position to the parturient. This way, when the movement of the pelvis, consequently there is relaxation of the muscles and widening of the pelvis, soon will help in the descent of the fetal presenting part in the birth canal. 12-13

The method "horse" and the "stool U" are used in the pre-partum with the purpose of promoting relaxation, increase the dilation and decrease pain. The "horse" is a device similar to a chair seat with inverted, in which the pregnant woman supports the arms and chest forward relieving the back. During labor when the contractions, the parturient woman can choose to stay in this position to receive massage in the lumbar region, with the aim of relax and reduce the pain of labor. While the "U" stool it is a seat quietly which is used under the shower with warm water to encourage dilation. These practices have intuited provide relaxation during the period of dilation and expulsion of childbirth, and contributing to the humanization of care. 14

The therapy is a technique qualified to decrease anxiety, grief, stress, fear and panic of the woman in labor, and has had an intuition to provide relief to painful stimuli, increasing the degree of courage and force, resulting in the reduction of the pulse rate, respiratory efforts and generating the relief in

pain. The therapy is able to provide a relief for the woman through the reduction of stress. The use of music during labor and birth for women becomes an act of humanization, praising the woman with all its human greatness. The method around different areas of the brain, activating regions linked to the emotional part and the circuit of rewards, the same is engaged when the influence of any incitement associated with survival, as sexuality, power.¹⁵

Aromatherapy complementary is a treatment does not medicalized, applied using the senses of touch and smell; increasingly using essential oils, with a delicate aroma, slightly sweet, sometimes velvety, citric, and woody. As the lavender, eucalyptus, jasmine, pink and orange, are bringing significant effects in the perception of pain, the anxiety of the parturient and consequently in the duration of the phases of child birth process, when you choose well applied inspires a touch of sensitivity and flavors. To be inhaled stimulates the sensory receptors through the brain, involving specific neurological parts and substances that harmonize so intoxicating physical resulting in and psychological changes. Getting effective results in the reduction of pain and anxiety.16

The essences can be applied in differently; in massotherapy, in use of incense, in the bath or in the simple inhalation. The Salvia, for example, can be used in gastrointestinal discomfort, in strengthening the immune system, in hot flushes of menopause, but is contraindicated for anyone who suffers from during the first trimester of epilepsy, gestation and lactation period. The Jasmine effects analgesics, sedatives, antidepressant properties. Lavender brings relaxing effects and tranquilizers, where studies indicate its use for reducing pain, creating calm along birth. 17

The massage is also an effective nonpharmacological method for pain relief during labor, as it benefits the promotion of blood relaxation, increased flow consequently the oxygenation of the tissues, as well as reduces the emotional stress, soon, all these benefits become fundamental to reduce the pain that the parturient woman feels during labor. This method can be combined with other therapies (for example, the music therapy) for that relaxation is achieved with more accuracy. In labor, the realization of the massage by companion, makes the patient feel the sense of relief as proximity with the person who is doing the massage, because it is a way to promote Non-pharmacological methods in home...

sensory stimulation through touch, systemic and manipulation of tissues.^{8,10,18}

The acupressure is used throughout the process of birth relieves pain. It is applied using the tip of your finger to put pressure on specific points of the body. You can increase the intensity of uterine contractions without affecting its duration and regular intervals. Distinct points can be used in labor for induction of labor and reduction of pain, as the point Hugo (LI4) or large intestine (4), which are one of the 14 main meridians points in the body. If associated with the cold therapy the results are even better. It is usually used with association of massages in labor. 19

The ambulation should be encouraged, because it is a method that aims at reducing the duration of labor, by means of ambulation occurs greater pelvic mobility that helps accelerate the cervical dilation as well as the fetal descent, in addition, ambulation promotes an increased tolerance of the parturient regarding pain in childbirth. It should be emphasized that, although the ambulation is a method that accelerates the work of childbirth, for some women this method can increase pain, and in these cases it is necessary that the sensation of pain felt by the parturient do not exceed their limits for the process of labor is not impaired. ¹⁰

In this way, home birth is a modality of assistance in the empowerment of women is present and through this process the use of non-pharmacological methods for pain relief allows the aggregation of expectations ahead to their satisfaction and favoring a quality of care, with the focus on the humanization of assistance, in particular to the home birth, in which the woman has this differentiated service with non-pharmacological practices for pain relief.

CONCLUSION

For the implementation of non-pharmacological methods for pain relief in the home birth is of utmost importance, since these methods help in comfort and decreases anxiety, fear, distress of the parturient and consequently reduces the pain. It is the use of non-pharmacological methods, labor becomes less painful, and so, the woman shall bear more pain.

The use of methods such as sprinkling/immersion bath, music therapy and aromatherapy, the use of the ball, method wheelie, stool U, massages, and ambulation allows the parturient to experience their role and inhibit the stressful stimuli of childbirth.

The home birth emerges with the purpose of bringing back the autonomy of the woman on her body, protagonism, safeguarding her right to a respectful delivery, and these practices would not allow pharmacological women experiencing the birth of humanized and respectful way.

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