



USE OF PAIN RELIEF STRATEGIES DURING LABOR AND CHILDBIRTH BY NURSING

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ABSTRACT

Objective: to identify the challenges faced by the nursing team for the use of non-pharmacological pain relief strategies in labor and childbirth. **Method:** qualitative research, developed in March 2021, with 16 professionals who make up the nursing team of a hospital in the West Border of Rio Grande do Sul. The technique of semi-structured interview and thematic content analysis was adopted. **Results:** there was acceptance of the institution and most professionals regarding the use of non-pharmacological strategies. However, the nursing team still faces the resistance of parturient women and doctors to implement these techniques, as well as difficulties related to the physical structure and materials available in the service. It was signaled the need for training for greater theoretical basis in the use of these technologies. **Final Thoughts:** the nursing team uses non-pharmacological strategies for pain relief of childbirth, which correspond to good practices that approach the humanization of childbirth. However, the challenge remains in reconciling the routines of the service, so that bureaucratic work is not prioritized at the expense of direct care to parturient women.

Keywords: Labor pain. Pain management. Women's health. Nursing.

INTRODUCTION

Labor and childbirth can be classified as physiological events, which involve hormonal and mechanical changes, which are able to trigger anatomical changes in women. However, these processes are not only classified under the biological perspective, because the process of parturition also involve sociocultural aspects that influence the experience of each woman⁽¹⁻³⁾.

Considering that, during labor and childbirth, the parturient woman may experience painful perceptions and psychological changes, such as stress and fear, the World Health Organization (WHO) recommends offering emotional support and measures for pain management, which enable greater well-being to women, without

causing damage to their autonomy and protagonism⁽⁴⁾.

In this aspect, pain represents a subjective process, which varies its intensity according to the individual, his/her threshold and the conditions of the environment surrounding him/her. In relation to labor and childbirth pain, it constitutes stressful and traumatic events for the parturient woman when not properly managed, in a humanized and integrated way by health professionals⁽²⁻⁶⁾.

However, there are several strategies that can contribute to the comfort of the parturient woman, allowing her to re-signify this sensation and have a positive experience in labor and childbirth. These can be classified as pharmacological or non-pharmacological, and

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the latter stand out in the obstetric context for contributing to female protagonism in the parturition process⁽⁷⁾.

In this regard, it is possible to consider non-pharmacological pain relief strategies in labor and childbirth as light-hard technologies. Such technologies are based on structured knowledge, which does not require sophisticated technological resources to be executed, reducing the risk of exposure to drugs and invasive techniques during labor and childbirth⁽⁷⁾.

Among the most used are the sprinkling and immersion warm baths, massages, ambulation, change of position, breathing exercises, Swiss ball, music therapy, acupuncture, cryotherapy, among others, which can be applied in isolation or combined^(5,8). These strategies are recommended by the National Guidelines for Assistance to Normal Childbirth, which emphasize the need to offer these resources to the parturient woman before the use of pharmacological technologies⁽⁸⁾.

In addition, it is noteworthy that, in the context of childbirth care, these strategies are usually guided, stimulated and practiced by the nursing team, based on behaviors that respect the female physiology and seek to approach the principles of humanization⁽⁹⁾. It is noteworthy that the performance of the nursing team contributes to the natural experience of the parturition process, using non-invasive practices for the comfort and pain relief of the parturient woman, which guarantee her protagonism and autonomy⁽⁶⁾.

Moreover, the scientific production on non-pharmacological strategies for pain relief in labor and childbirth focuses on the perspective of parturient women^(3-4,7), or from the experiences of nurses^(1-2,6). There is a gap in knowledge regarding the perception of the nursing team, covering the population of technicians and nurses, associated with non-pharmacological strategies for pain relief in a context of parturition. Thus, this study aimed to identify the challenges faced by the nursing team in the use of non-pharmacological pain relief strategies in labor and childbirth, through the following research question: "What are the challenges faced by the nursing team to use non-pharmacological pain relief strategies in labor and childbirth?"

METHOD

Field study, with qualitative character of the exploratory and descriptive type. The Consolidated Criteria for Reporting Qualitative research (COREQ) was used to guide the description of the methodological conduction¹⁰.

The study was conducted in the maternity hospital located in the Western Border of Rio Grande do Sul, in March 2021. The maternity in question is composed of 31 beds, 17 belonging to the Unified Health System (UHS), and 14 divided into private and semi-private. According to the Department of Informatics of the Unified Health System (DATASUS), in this maternity hospital, in 2017, there was an average of 1,793 births, with 719 vaginal childbirth and 1,075 cesarean sections.

The participants of the research were the nursing technicians and nurses who worked in the study scenario, in the three work shifts, selected by convenience. The inclusion criteria were the professionals who worked in the maternity hospital, in any work shift, for at least one month, because it is assumed that, in this period, they could have already experienced, used or observed the use of pain relief strategies during labor and childbirth. Nursing technicians and nurses who were on vacation and/or leave during the period provided for the data production were excluded.

The number of participants was determined according to the criterion of data saturation⁽¹¹⁾. There was no refusal.

Data collection was developed in a private room in the hospital institution itself, by students of the nursing course, with previous experience with the semi-structured interview technique. A script prepared by the main author was used, composed of closed questions addressing sociodemographic characteristics and open questions related to the research question. The average length of the interviews was 10 minutes, with audio recording. At the time of collection, only one of the nursing students and the participant were in the room.

The participants were approached personally by the nursing students. At the time, they were invited to participate in the study, with a brief explanation of the objectives and operationalization of data collection.

The technique of thematic content analysis was used⁽¹¹⁾, having as a starting point the organization and reading of the transcripts of the interviews, distributed in Microsoft Word files. Next, the exploration of the materials was carried out, gathering the speeches according to their similarities and discrepancies. Then, using the highlighting tools with different colors of the text program, there was the classification of the data, originating two thematic categories. Finally, the data were interpreted in the light of the references of the obstetric area.

The research project was approved by the Research Ethics Committee on July 26, 2020, with Certificate of Presentation for Ethical Assessment (CAAE) 35070620.7.0000.5323 and opinion number 4,174,030. The Informed Consent Form was also presented and appreciated, which, in addition to being signed, was made available to participants, as recommended by Resolution n. 466/2012. To preserve the anonymity of the participants, the letter "I" of the interviewee was used, followed by the Arabic number corresponding to the order of the interviews.

RESULTS

The research participants were 12 nursing technicians and four nurses who worked in the study scenario, in the three work shifts. They were in the age group between 25 and 53 years. The time of work in maternity ranged from one month to 13 years.

Challenges faced by the nursing team in using strategies to alleviate pain during childbirth

The use of non-pharmacological pain relief strategies during labor and childbirth may be accompanied by some challenges and difficulties. In the study, participants reported obstacles associated with the resistance of the parturient woman regarding the use of these strategies.

Sometimes I have difficulty with some patients who do not want to use pain relief methods in childbirth (I2)

I've had trouble implementing pain relief methods. I went to put the "little bean" [bean ball] and she [parturient woman] did not want [...] I

also massaged her and she also did not it (I7)

I only find it difficult to implement the methods of pain relief in childbirth when they [pregnant women] are afraid, but it is a matter of conversation (I6)

Sometimes they want to, accept the methods of pain relief, and others do not want at all. They want to lie down, quietly and without anyone touching them (I8)

They mention that some of these situations are linked to the impositions of patients. Among these, the fact that parturient women do not want or show fear in using these strategies in the parturition process, adopting a little participatory and/or collaborative posture.

The nursing team also mentions that the refusal of patients for the use of non-pharmacological strategies for pain relief in childbirth is associated with maternal desire for the surgical route of birth. Thus, the nursing team finds it difficult to promote the technologies of relief and comfort to patients.

I have difficulty with women who have the fixed idea that cesarean is the best method for them. Sometimes we even understand. They already have that planned in your head. It gets harder to deploy something (I3)

In addition to the parturient women, one can also observe the resistance of the medical team in the use of these strategies. One of the participants mentioned that, although these professionals do not oppose the interventions of the nursing team, they also do not encourage the use of these strategies in labor and childbirth.

There's a doctor who doesn't like the idea of using pain relief methods, but he never took it off the ball because I did. But we [nursing team] have to take the initiative, because they [doctors] do not put (I6)

Some old obstetricians still do not like us [nursing staff] to implement these pain relief techniques (I13)

Other participants mention difficulties related to the physical structure and materials available in the service. They state that these aspects impair the implementation of these strategies in routine care. Due to these limitations, they justify, for example, the restriction of the stay of male companions during labor and childbirth.

However, they also reinforce the search for improvements in the sector.

What we feel a little difficult, for example, is that there's only one bathroom. So if you have more than one in labor, you can only use that bathroom. If you have a male partner along with another patient, it gets a little complicated, because it's not all closed. There's only one little curtain around. You have to be all the time closing, but they're practically naked there. Kind of complicated. So, we end up requesting a female partner to give a help in this situation. But some have no other option, so we end up trying to adapt. (I4)

There is also the physical part, the bathtub, these things we do not have, the structure itself, but we keep searching, now we have already made the request. (I13)

Participant I4 also highlights the difficulty of implementing pain comfort technologies due to the work shift. According to her, in the night shift, it is possible to be closer to patients and offer this care continuously, which does not happen during the day, when the demands are higher.

At night, when we are with a patient, we can spend more time with her, because the demands in this side of the maternity hospital reduce. So, during the day, I believe it's a bit heavier. (I4)

Despite all these obstacles and/or limitations, one of the participants ponders some advances in the service. She points out that there are still challenges, but that many achievements have already been achieved.

At first, I had a hard time implementing the methods. In fact, when we come with another head, with another look, the beginning is always difficult. We will always find resistance [...] But as well as assistance with the pregnant woman, working with other professionals is also a relationship of trust, it shows that you are there to do work with commitment [...] From that, you can gain the confidence of professionals. [...] Today, it is still far from having an obstetric care model. I think we have a lot to go through [...] we have a service that can offer, through UHS, various methods and we can make the professionals who are here also look at another way. In the past, doctors did not let patients walk [...] so, we can already take the patient [from the bed] to put in a bath. We can put her sitting on the ball sometimes, lowering the light in the environment

[...] it is a job that we build. (I5)

From the continuous and constant work, the nursing team can demonstrate to other health professionals the importance of using strategies to relieve pain in childbirth. According to the participant, some professionals in the medical team showed greater acceptance for the use of these strategies in obstetric care.

“We always need to improve”: perspectives on the use of labor and childbirth pain relief strategies

Given these reports that reveal the obstacles in nursing care, the participants signaled the need for training on pain relief strategies in labor and childbirth. One of them considers that training can contribute both to the greater adherence of the team to the use of these strategies and to a greater appropriation of this knowledge.

It would be necessary to have more training in this issue. (I1)

I think there should be a training, because every day science evolves more and more. (I2)

I think we always have things to improve. We never know everything. I think our job here today is to try to make professionals more aware [...] there are quite resistant people and, when I say this, it is not only the medical team, the technical team too [...] I think the teams need to be better trained, which is something that we are not having much time to do, but it is something that is always required, that we will try to improve. (I5)

I think a training would be interesting for a better understanding, because the girls [nursing techniques] know what they have to do, which is to relieve pain, but they do not know where to move, why it helps. Perhaps it would take something more specific for them to understand. (I6)

Even with all these manifestations indicating the challenges and needs for improvements in the use of non-pharmacological pain relief strategies in labor and childbirth, some participants still disagree with the others. They consider that there is no difficulty in using these strategies or the need for change.

I never had difficulty implementing the methods. We have all the equipment [...] I do not believe

that it is necessary to change anything to use the methods of pain relief in labor and childbirth in service. (I9)

I've had patients that I put in the shower, took the other patient to the room. I stayed from one room to the other. I've never had difficulty implementing [...] I think there is nothing to change. (I12)

These fragments show that most participants indicate difficulties in the implementation of non-pharmacological strategies for childbirth pain relief. However, some professionals, such as I9 and I12, do not experience any obstacles in the use of these measures during their professional performance.

DISCUSSION

In the study, there were challenges in the use of non-pharmacological pain relief strategies. According to the participants, one of the challenges is associated with the lack of knowledge about these technologies.

A study carried out in a public maternity hospital is consistent with this finding by mentioning that 70% of the participating women were unaware of the meaning and existence of these strategies⁽⁷⁾. In contrast, a study conducted at the Joint Accommodation of the *Hospital de Clínicas de Uberlândia* found that 78% of the parturient women, installed in a joint accommodation of a philanthropic hospital, previously knew the measures of pain relief in childbirth and that 92,7% of them were informed about these in the hospital⁽¹²⁾.

Knowledge about pain relief strategies in labor and childbirth may vary among parturient women. As a justification for this variation, study indicates a lack of guidance on the subject during gestational follow-up, due to communication difficulties, lack of interest and little disclosure about the effectiveness of these strategies⁽¹³⁾.

Therefore, the need for health professionals to guide women on these measures is recognized⁽¹⁴⁾. This is justified by the fact that, by not receiving these guidelines, parturient women may be more anxious and stressed in childbirth⁽¹⁵⁾. In the present study, for example, they were fearful, little participatory and/or collaborative. Therefore, female empowerment

on this theme can allow greater acceptance regarding its use in the parturition process, providing a calmer moment for the mother-baby binomial⁽¹⁶⁾.

In this context, the prenatal period is recognized as the most favorable time for sharing information on strategies for pain relief in childbirth. Nevertheless, the study indicates that health education actions during pregnancy have been shown to fall short of expectations⁽¹⁵⁾.

In this way, the need for health professionals who carry out prenatal care to prepare women for childbirth is reinforced. In this preparation, it is possible to clarify the symptoms of true labor, warning signs, childbirth care practices and their indications/contraindications, as well as the strategies available to promote comfort and alleviate pain in this process^(15,16).

There was also resistance of the medical team regarding the use of non-pharmacological pain relief strategies in labor and childbirth. The research found a similar result when verifying that these technologies were not well accepted by doctors, because, for them, these techniques constitute precarious and primitive approaches, which are opposed to current and modern technologies involving the obstetric scenario⁽¹⁷⁾.

Nevertheless, a cross-sectional study conducted in a university hospital in Rio Grande do Sul highlights that, in the environment of parturition, hard technologies and excessive medicalization still prevail, marked by unnecessary interventions. In this direction, the attention to childbirth still remains centered on the figure of the doctor⁽¹⁸⁾.

The current context of cesarean section epidemic worldwide is a reflection of this interventionist and medicalizing model, in which women demonstrate little or no autonomy and protagonism during the process of childbirth and birth⁽¹⁹⁾. From this, one can also relate the findings of the present study, in which the nursing team signaled that women refused to use the non-pharmacological strategies of pain relief in childbirth due to the desire for the birth surgical route.

Another difficulty mentioned by the participants involves the routines assigned for each work shift. In this sense, one of the participants points out that, in the night shift, the implementation of non-pharmacological

strategies is more feasible, which does not happen during the day, although the demands of the team are higher.

No specific data were found on how the routine of each shift influences the nursing care of women in labor and childbirth. However, studies suggest the relationship of the occurrence of cesarean sections with the period of the day, due to the desire of the medical team to prevent the parturition process from extending until the next shift. On the other hand, during the night, the opposite is observed, with a higher occurrence of vaginal childbirth⁽¹⁹⁻²⁰⁾. Thus, at night, the nursing team may be closer to the patients, without the interference of other professionals, offering pain relief measures continuously and contributing to births by vaginal route.

As for the difficulty of the nursing team in implementing non-pharmacological strategies during the day, it is also necessary to consider the challenges related to the management of care and service. Therefore, although there are usually more routines to be followed in the morning and afternoon shifts, the Nurse, in particular, needs to manage the work of the team, so that nursing and other health professionals prioritize direct care to parturient women⁽²¹⁾. In this case, it is necessary to ensure that other activities do not take time that would be necessary and relevant for the assistance to women and the implementation of non-pharmacological pain relief strategies.

Moreover, for the use of non-pharmacological strategies, participants mentioned that, in some cases, the limitations imposed by physical structure lead to the need to restrict the permanence of male companions during labor and childbirth. They explain that this conduct is adopted to preserve the privacy and intimacy of other parturient women, especially when they want to use the warm bath.

Thus, Law 11,108 stands out, enacted in April 2005, which advocates the presence of a companion during labor, childbirth and immediate postpartum period and does not mention the gender of this individual⁽²²⁾. However, despite the existence of this legal apparatus, the study reinforces that the presence of a companion is still non-compliant in several hospital institutions that develop care for

childbirth and birth⁽¹⁷⁾.

Nevertheless, it is necessary to highlight the benefits of the presence of the companion in the environment of parturition. A study conducted at the Joint Accommodation of the *Hospital de Clínicas de Uberlândia* emphasizes that the execution of non-pharmacological strategies of pain relief in labor in 46.4% of cases was guaranteed by the companion⁽¹²⁾. Furthermore, a survey conducted with 344 parturient women, in a Maternal and Child Nursing Service in southern Brazil, showed that 81.7% of the companions assisted in the implementation of pain relief strategies during labor and that 68.3% of these were instructed by health professionals on how to assist the parturient woman⁽¹³⁾.

Therefore, the companion is an indispensable figure in this process, especially the one who already has a previous bond with the parturient woman. The companion can offer comfort, confidence, emotional support, tranquility, as well as effectively contribute to pain relief and facilitate communication between team and patient⁽²³⁾.

Faced with the challenges mentioned, the participants recognize the need for training to provide greater theoretical basis in the use of technologies for pain relief in childbirth. This finding is highlighted in a study conducted with nursing professionals in southern Brazil, which recognized the importance of creating care protocols focused on good obstetric practices in the process of parturition. Study conducted with 36 nursing professionals from an Obstetric and Gynecological Surgical Center of a university hospital in southern Brazil, aiming to build with Nursing professionals care protocol to guide Nursing care in the process of parturition, based on good practices of care for childbirth and birth, highlighted the need to train health professionals through permanent education, aiming at ensuring safe, humanized and evidence-based assistance⁽²⁴⁾.

Finally, some participants mentioned that they did not experience difficulties in implementing strategies to relieve labor pain or the need for changes in service. This finding can be justified by the fact that, in general, there is the acceptance of professionals regarding the use of these technologies in the process of parturition.

The use of non-pharmacological strategies for pain relief in childbirth is not a reality in all obstetric care contexts. A study conducted in two high-risk maternity-schools in a capital city in northeastern Brazil found that less than half of the parturient women assisted had access to non-pharmacological techniques, although institutions were able to offer them⁽²⁵⁾.

Thus, there is need for preparation of health professionals for the use of non-pharmacological methods of pain relief in labor and childbirth, since they influence the evolution of labor and, consequently, the choice of the birth route. Obstetric nursing has been recognized for its humanized conduct, marked by the provision of emotional support to women, respecting the physiological process of childbirth⁽²⁰⁾.

This research considered the perspective of nurses and nursing techniques, and may represent a contribution to the construction of knowledge, since the scientific production on this object of study focuses on women or nurses specifically, not addressing the nursing team in its entirety.

Among the limitations, it is necessary to consider that the participants did not mention whether more than one attempt was made to guide women and implement non-pharmacological strategies for pain relief of childbirth. Therefore, it is worth considering the need for studies that indicate the way in which parturient women are approached and the guidelines shared by the nursing team about these technologies.

Thus, it would be possible to assess whether women, in fact, resist the use of pain relief measures guided by the nursing team, complying only with medical conduct. Or if, in some cases,

health professionals fail to provide this care stating that the parturient women do not show interest in these measures. Such behavior could justify women's lack of knowledge about pain relief strategies, mentioned in some studies^(7,12).

FINAL THOUGHTS

The findings show that the nursing team faces the resistance of parturient women and doctors to implement non-pharmacological strategies for pain relief in labor and childbirth, in addition to difficulties related to the physical structure and materials available in the service. They also indicate the need for training for greater theoretical basis in the use of these technologies.

Still, it is necessary to reinforce that, in the care of parturient women, the nursing team promotes good practices that approach the humanization of childbirth, especially non-pharmacological strategies. Thus, the relevant role played by nursing is highlighted by allowing/ensuring respect for the physiology of the parturition process. Moreover, it should be considered that, when the team is available and responsive to the needs of women, one can break with resistance in the use of non-pharmacological strategies.

Regarding care, the study considers the need for the nursing team to reconcile the routines of the service with the assistance provided to parturient women. In the management of work and care, the nurse has the challenge of seeking harmony in the actions to be provided by the team, so that bureaucratic work is not prioritized at the expense of direct care to women in the process of parturition.

UTILIZAÇÃO DE ESTRATÉGIAS DE ALÍVIO DA DOR DURANTE TRABALHO DE PARTO E PARTO PELA ENFERMAGEM

RESUMO

Objetivo: identificar os desafios enfrentados pela equipe de enfermagem para a utilização de estratégias não farmacológicas de alívio da dor no trabalho de parto e parto. **Método:** pesquisa qualitativa, desenvolvida em março de 2021, com 16 profissionais que compõem a equipe de enfermagem de um hospital na Fronteira Oeste do Rio Grande do Sul. Adotou-se a técnica de entrevista semiestruturada e análise de conteúdo temática. **Resultados:** verificou-se aceitação da instituição e da maior parte dos profissionais quanto ao uso de estratégias não farmacológicas. Contudo, a equipe de enfermagem ainda enfrenta a resistência de parturientes e médicos para implementação dessas técnicas, além de dificuldades relacionadas com a estrutura física e materiais disponíveis no serviço. Foi sinalizada a necessidade de capacitações para maior embasamento teórico no uso dessas tecnologias. **Considerações Finais:** a equipe de enfermagem utiliza as estratégias não farmacológicas de alívio da dor do parto, os quais correspondem às boas práticas que se aproximam da humanização do parto.

Entretanto, permanece o desafio em conciliar as rotinas do serviço, de modo que o trabalho burocrático não seja priorizado em detrimento do cuidado direto às parturientes.

Palavras-chave: Dor do parto. Manejo da dor. Saúde da mulher. Enfermagem.

UTILIZACIÓN DE ESTRATEGIAS DE ALIVIO DEL DOLOR DURANTE EL TRABAJO DE PARTO Y EL PARTO POR PARTE DE LA ENFERMERÍA

RESUMEN

Objetivo: identificar los desafíos enfrentados por el equipo de enfermería para la utilización de estrategias no farmacológicas de alivio del dolor en el trabajo de parto y parto. **Método:** investigación cualitativa, desarrollada en marzo de 2021, con 16 profesionales que componen el equipo de enfermería de un hospital en la Frontera Oeste de Rio Grande do Sul-Brasil. Se adoptó la técnica de entrevista semiestructurada y el análisis de contenido temático. **Resultados:** se verificó aceptación de la institución y de la mayoría de los profesionales en cuanto al uso de estrategias no farmacológicas. Sin embargo, el equipo de enfermería aún enfrenta la resistencia de parturientas y médicos para implementación de esas técnicas, además de dificultades relacionadas con estructura física y materiales disponibles en el servicio. Se señaló la necesidad de capacitaciones para mayor basamento teórico en el uso de esas tecnologías. **Consideraciones finales:** el equipo de enfermería utiliza las estrategias no farmacológicas de alivio del dolor del parto, los cuales corresponden a las buenas prácticas que se aproximan a la humanización del parto. No obstante, sigue el desafío en conciliar las rutinas del servicio, de modo que el trabajo burocrático no sea priorizado en detrimento del cuidado directo a las parturientas.

Palabras clave: Dolor del parto. Manejo del dolor. Salud de la mujer. Enfermería.

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