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# Social representation of non-pharmacological methods for pain relief during child labor

Representação social dos métodos não-farmacológicos para alívio da dor durante o trabalho de parto

Representación social de métodos no farmacológicos para el alivio del dolor durante el trabajo infantil

## RESUMO

Objetivo: Identificar a representação social dos métodos não-farmacológicos para alívio da dor durante o trabalho de parto. Método: Estudo descritivo, de abordagem quantiqualitativa, realizado em uma maternidade de Colatina/ES. Realizou-se a gravação das entrevistas através da aplicação de um formulário semiestruturado e transcrição na íntegra para análises semânticas das informações e extraídas as evocações. Resultado: Para as participantes, as representações sociais acerca do termo "método não farmacológico (MNF)" se estruturaram em um tronco principal representado pelos termos "Conforto", "Relaxante", "Bom", "Alívio" e "Carinho", demonstrando o reconhecimento dos benefícios da utilização dos métodos durante o trabalho de parto, desencadeando sentimentos positivos durante a parturição. Conclusão: Resta admitir que os MNFs possuem grande potencialidade no atendimento as parturientes, pois os benefícios alcançados são evidenciados no estudo e compreender sua importância nas salas de parto é imprescindível para a qualidade da assistência à saúde da mulher.

**DESCRIÇÕES:** Parto normal; Dor; Enfermeiras obstétricas; Saúde da mulher.

## ABSTRACT

Objective: To identify the social representation of non-pharmacological methods for pain relief during labor. Method: Descriptive study, with a quantitative and qualitative approach, carried out in a maternity hospital in Colatina/ES. Interviews were recorded through the application of a semi-structured form and full transcription for semantic analysis of the information and evocations were extracted. Result: For the participants, the social representations about the term "non-pharmacological method (NFM)" were structured in a main trunk represented by the terms "Comfort", "Relaxing", "Good", "Relief" and "Care", demonstrating the recognition of the benefits of using the methods during labor, triggering positive feelings during parturition. Conclusion: It remains to be admitted that the NFMs have great potential in assisting parturient women, as the benefits achieved are evidenced in the study and understanding their importance in the delivery rooms is essential for the quality of women's health care.

**DESCRIPTORS:** Natural Childbirth, Pain, Nurse Midwives, Women's Health.

## RESUMEN

Objetivo: Identificar la representación social de métodos no farmacológicos para el alivio del dolor durante el trabajo de parto. Método: Estudio descriptivo, con abordaje cuantitativo y cualitativo, realizado en una unidad de maternidad de Colatina / ES. Las entrevistas se realizaron mediante la aplicación de un formulario semiestruturado y se extrajo la transcripción completa para el análisis semántico de la información y las evocaciones. Resultado: Para los participantes, las representaciones sociales sobre el término "método no farmacológico (NFM)" se estructuraron en un tronco principal representado por los términos "Confort", "Relajante", "Bien", "Alivio" y "Cuidado", demostrando el reconocimiento de los beneficios de usar los métodos y provocando sentimientos positivos durante el parto. Conclusión: Queda por admitir que las MNF tienen un gran potencial para asistir a las parturientas, ya que los beneficios logrados se evidencian en el estudio y comprender su importancia en las salas de parto es fundamental para la calidad de la atención de salud de la mujer.

**DESCRIPTORES:** Parto normal, dolor, enfermeras obstétricas, salud de la mujer.

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## INTRODUCTION

Integrative practices are able to contribute to ensuring humanization, sustaining pain control, emotions and actions during labor, as it is a unique moment for the woman and her family. 1,2

Since the 60s, non-pharmacological methods for pain relief have been the subject of studies, however their implementation process in Brazilian maternity hospitals only began to exist in the 90s, through the movement of humanization of birth, as well as the recommendations of the Ministry of Health (MH). 2,3

Access to pharmacological and non-pharmacological therapies is of paramount importance for pain relief during labor, as it provides some autonomy to the parturient, allowing an effective participation in the choice of the type of delivery, both for the pregnant woman and for the others involved. 1,2,3

The practices that provide a greater bond between the nursing team and the parturient are expressed through effective listening and an attentive bond between those involved, recognizing the unique situations related to being a woman, with the objective that their applications respond to the specific expectations of each one of them. 2,3

Currently, some non-pharmacological techniques, although not yet scientifically proven, can be launched with the aim of helping to reduce pain during labor, as they are related to an action of both psychologi-

cal and emotional comfort. 2,4

It is also timely to mention that, in view of the use in the practice of the obstetric nurse and the multidisciplinary team in the care of pregnant women in labor, the guiding question was: What are the benefits of non-pharmacological methods for pain relief during the process of parturition? As well as its importance for the female population; and its influences on improving care during labor.

This research aims to identify the social representation of non-pharmacological methods for pain relief during labor in a teaching hospital in Colatina/ES.

## METHOD

This is a descriptive study, with a quantitative and qualitative approach, carried out between June and November 2020, with 100 parturients assisted in a maternity hospital in Colatina/ES, which has previously structured delivery rooms to offer non-pharmacological methods for pain relief during the labor.

In order to direct the research, it was decided to cover the use of six specific non-pharmacological methods, namely: Swiss Ball, Warm Aspersion Bath, Music Therapy, Lumbar Massage, Deambulation and Aromatherapy.

The following inclusion criteria were adopted: women who went into labor and used at least one of the six non-pharmacological methods for pain relief during the parturition process, previously established;

not being under the effect of analgesics.

All participations took place voluntarily, permission was requested to use the recorder to enable the recording and subsequent analysis of their statements in full. All participants signed the Free and Informed Consent Term (FICF), as determined by Resolution 466/12 of the Ministry of Health, as well as the Code of Ethics for Nursing Professionals. In the case of underage participants (12 to 17 years old) or legally incapable, the Assent Term was also made available, in accordance with the provisions of CNS Resolution 466/2012, item II.2 and item II.24. In both documents, participants were informed about the nature of the research, its objectives, methods, expected benefits, potential risks and the inconvenience that this may cause them, as far as their understanding and their singularities were respected. The interview began after formal authorization by signing the consent form and the Assent Term (if necessary).

In order to maintain privacy, the participants were named "Participant (01), Participant (02)", and so on, successively, according to the number of women who agreed to participate in the research. And in order to preserve the spontaneous character of the speeches, the texts did not undergo linguistic/grammatical corrections.

The information was obtained through the collection of qualitative data through the application of recorded interviews using a semi-structured form as a script, aiming to identify the sociodemographic data and the social representation of the

non-pharmacological methods for pain relief used by the parturients. Initially, a pre-test of the questionnaire was carried out to make possible adjustments that might be necessary.

To analyze the results, the quantitative data were organized in the Excel program to calculate the percentage rates of the obstetric clinical profile.

Qualitative data were treated after the application of recorded interviews, which were digitized, transcribed for semantic analysis of the information and evocations were extracted, which were elucidated using the software IRaMuTeQ version 0.7 Alpha 2, from the Leras laboratory. In the textual analyses, the occurrence rates of the words evoked in the responses were verified. Within the speech analysis project, names and meanings mentioned by the participants were added in order to make the wordcloud and similarity analyses, ending with the discussion of the social representations obtained.

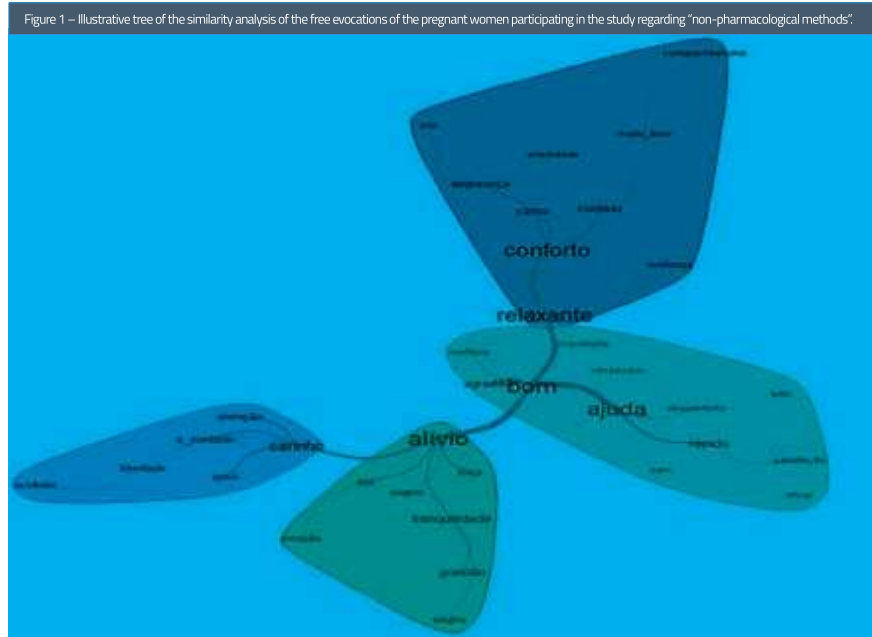
The theory of social representations is a construction that the subject makes to understand the world and to communicate. The study of social representations brings in its scope some important concerns, making it possible to understand how knowledge and values about the other infer in everyday practices (MOSCOVICI, 1979).

The Wordcloud is a methodology that allows for a more simplified analysis, in which terms are grouped and organized according to their frequency, which is the determining factor in the size of the words obtained from the interviews.

This research was submitted to the Research Ethics Committee of the University Center of Espírito Santo (UNESC), obtaining the certificate of presentation for ethical review (CAAE) number 33802020.5.0000.5062, and approved opinion under number 4.154,775, meeting the criteria designed by the National Research Ethics Commission (CONEP - Comissão Nacional de Ética em Pesquisa).

## RESULTS

When asked if they received infor-



Source: Analysis corpus processed by IRaMuTeQ software version 0.7 Alpha 2

mation about NPMs for pain relief, only 32% reported having been informed about the methods in prenatal care and 68%, representing the majority, did not receive information about it. The results corroborate a study that revealed that only 23,3% of the women interviewed said they knew about non-pharmacological methods of pain relief during childbirth and 76,7% of them were unaware of these methods, a fact that demonstrates a deficiency in the propagation of their existence and benefits of NPMs. 5 In another study, most interviewees had information on at least one of the methods experienced during labor and delivery. 6

Of the 100 participants interviewed, 79% evolved to vaginal delivery and 29% to cesarean, it is clear that the values are within the recommendations, so that only 15% of the total number are not normal deliveries. 7

The most used method, representing 89% of the participants, was the warm aspersions bath. The second most used NFM, representing 75% of use, was walking. Music therapy, massage and aromatherapy were used respectively in 63%, 62% and 49% of the participants. The Swiss ball was

used by 59% of the participants.

In response to the stimulus "non-pharmacological method", the pregnant women evoked 467 words or terms. In order to identify the connection of the elements considered as structuring social representations, the same free evocations were subjected to similarity analysis through the tree (Figure 1) resulting from processing by the IRAMUTEQ software.

For the participants, the evocations related to the non-pharmacological method used were structured in a main trunk represented by the terms "Comfort", "Relaxing", "Good", "Relief" and "Affection", demonstrating the recognition of the benefits of using the methods during labor, triggering positive feelings during parturition.

The terms "Comfort", "Relaxing", "Good", "Relief" and "Fondness" were the ones with the highest representation, and the terms "Relief", "Good", "Comfort" and "Relaxing" were evoked 37, 36, 32 and 31 times, respectively, which demonstrates the strong positive impact associated with the use of NPMs. From the element "Comfort" emerged the elements "Calm, Care, Security, Anxiety, Very Good, Fellowship and Peace".

## DISCUSSION

Although some non-pharmacological techniques are not yet scientifically proven, they can be launched with the aim of helping to reduce pain during labor, as they are related to an action of both psychological and emotional comfort. 4 Women expressed that they felt much more comfortable with the employability of these technological care strategies. 4,6

From the element "Comfort" emerged the elements "Calm, Care, Security, Anxiety, Very Good, Fellowship and Peace". Associated with the term "Comfort" emerged an arm represented by the term "Trust", showing that in addition to comforting the patient in a moment of pain, non-pharmacological methods generate a feeling of confidence, which allows the woman to empower and actively participate in the work of childbirth. The NPMs bring improvements that are able to assist in the use of care strategies that meet the specific needs of parturients, promoting comfort and safety, reducing the level of anxiety. 1,8

The "Help" element was directly and more intensely linked to the term "Good", signaling that NPMs are good, as they help patients to overcome their pain. Six terms were listed for the "Help" component: discomfort, fast, everything, satisfaction, effective and good. It is noteworthy that the use of non-invasive technologies for pain relief during labor and delivery was expressively responsible for the promotion of women's well-being. These technologies provided, in addition to pain relief, comfort and perception of reduced labor time. 1,3,9

The element "Caring" gave rise to five terms: "attention, ease, support, freedom and welcomed". This association leads us to think that another benefit of using the NPM is to provide a greater bond between the health team and the parturient, through a caring bond during a unique period in a woman's life.

In order to understand the context of the studied representations, the free interviews were analyzed, from which a central theme emerged: Participants' perception of

the efficiency of non-pharmacological methods for pain relief.

The non-pharmacological methods used during labor had satisfactory effects, leaving them calmer, minimizing the painful sensation and promoting relaxation, as shown in the reports below:

*"{...} it helped me a lot at the time of contraction, it helped me to reduce it, it helped me to relax more. Because help was essential for me, right? Because the other time I suffered a lot, without support, this time not, everyone was there, the girls sat on the floor there to help me. So, as much as we feel pain, we feel accompanied, right." (Part. 7)*

*"{...} I felt comfortable there, I felt good, comfortable." (Part. 12)*

*"{...} I felt safe, right? Welcome... I had a lot of attention. It alleviated the pain of contraction, right? And freedom, too, right? Of having space. Because welcoming is the basis of everything, right? You arrive at the place, and you are welcomed. You feel good. You feel safe, right? You feel at ease." (Part. 29)*

*"{...} I felt strong, safe, free and completely supported." (Part. 92)*

## CONCLUSION

Initially, it is necessary to emphasize that the modification of the parturition care paradigm for a physiological and humanized process provides benefits for the binomial, since both are protagonists of the birth process.

Participants recognize non-pharmacological methods as effective in terms of their function and associate feelings of satisfaction, relaxation and tranquility with them. In this sense, care technologies for pain relief during labor offer women a qualified and safe parturition process, easing it. These technologies help the mother to relax, relieve pain and bring pleasant feelings,

both for the team and for the family.

It should also be said that it is necessary to teach and guide the parturients about the use of care strategies, because even though they are low cost and easy to handle, it is still a care gap and needs to be strengthened. It is also timely to mention that prenatal care is a unique phase, in which health professionals can offer information and guidance relevant to the parturition process, including the applicability of non-pharmacological technologies for pain relief during labor and childbirth.

Therefore, it remains to be admitted that the relevance of studies on the importance of the role of a qualified multidisciplinary team in prenatal care, during labor and delivery, can change the reality of daily practice, offering quality care to women during the moment of giving birth and being born.

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