Knowledge of pregnant women about measures of pain relief during childbirth

Conhecimento das gestantes acerca das medidas de alívio da dor durante o parto

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RESUMO

Objetivou-se analisar o conhecimento das gestantes primíparas acerca de métodos de alivio da dor no primeiro estágio do parto. Trata-se de estudo exploratório e transversal. Foram entrevistadas 49 gestantes cadastradas na rede municipal de Palmas, Tocantins. Os dados foram processados no programa estatístico Epi Info, versão 3.3 de 2004. A análise foi através de estatística descritiva simples. Os resultados mostram gestantes com 25,04 ±5,71 anos de idade, com parceiro fixo, ensino médio completo, renda média de 1473,14 ±936,18 e 7,02 ±2,03 consultas pré-natal, encontravam-se com 34,8±3,42 semanas de gestação. 100% afirmaram que o tema não foi abordado no acompanhamento pré-natal. 75,5% das gestantes foram classificadas com nenhum conhecimento. Concluiu-se que as gestantes apresentam necessidades de ter conhecimento sobre os métodos de alivio a dor, para o exercício do processo de parir de forma humanizada.

Palavras-chave: Primeira fase do Trabalho de Parto; Dor do Parto; Conhecimento.

ABSTRACT

The objective of this study was to analyze the knowledge of primiparous pregnant women about methods of pain relief in the first stage of labor. This is an exploratory and cross-sectional study. Forty-nine pregnant women registered in the municipal network of Palmas, Tocantins were interviewed. The data was processed in the statistical program Epi Info, version 3.3 of 2004. The analysis was through simple descriptive statistics. The results show pregnant women who were 25.04 ± 5.71 years old, with a fixed partner, complete high school, average income of 1473.14 ± 936.18 and 7.02 ± 2.03 prenatal consultations, were with 34.8 ± 3.42 weeks of gestation. 110% stated that the topic was not addressed in prenatal care. 75.5% of the pregnant women were classified with having no knowledge. It was concluded that the pregnant women present the need to be aware of the methods of pain relief, to exercise the process of giving birth in a humanized way.

Keywords: Labor Stage, First; Labor Pain; Knowledge.

NOTA

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INTRODUCTION

Parturients, especially primiparous women, are usually unaware about the physiological events that occur during labor, perhaps due to the pain caused by uterine contractions and, therefore, do not know the measures of pain relief in this period, which may turn this unique moment into a negative experience for the woman [1].

It is imperative that pregnant women and their caregivers – whether they are family members, family members, or friends – receive adequate information about pain relief measures to minimize physiological events at the time of delivery. This information should be transmitted through health education activities, as this is often the space in which doubts and experiences are shared that are not normally discussed in formal consultations within the health professionals' offices. These subjects should cover guidelines and encouragement for normal delivery, rescuing gestation, delivery, puerperium and breastfeeding as physiological processes and signs and symptoms of childbirth [1].

Regarding this, a study [2] points out the need for educational actions to prepare for childbirth, aimed at the humanization of care in order to promote positive experiences through the construction of critical knowledge, encouraging the autonomy of women during childbirth and exercise of citizenship.

Although parturients' access to non-pharmacological resources for pain relief in labor is recommended, their use in obstetric care is still not routine in the vast majority of the services, possibly because of the lack of knowledge of these resources and their possible benefits, both by health professionals and the population. The use of these resources in labor seeks to recover the physiological nature of parturition [3]. Prenatal care presents itself as an appropriate moment for these educational actions in health and it is expected that pregnant women will be aware of all the physiological events of childbirth and of methods or measures of pain relief [1].

Childbirth is a physiological event with onset characterized by uterine contractions and ending within the first hour after the placenta leaves. Didactically, it is divided into four stages / periods. The first period is the interval from the beginning of painful uterine contractions to full dilation. The second period comprises from complete dilation to the detachment of the fetus. The third is the time period between the birth of the fetus and the expulsion of the placenta. The fourth period is the first hour after expulsion of the placenta [4-5].

Among these stages, the first is the most critical, since the pains are more intense and frequent. Among the physiological events of the first stage, it is worth noting the dilation and erasure of the cervix, uterine contractions and the descent of the fetal presentation [6].

In the first stage, the application of measures of pain relief is recommended. To this end, the following methods are recommended: adopt varied postures and positions, ambulation, rhythmic and panting breathing, verbal and relaxing commands (these assist in diverting attention from pain), warm shower and / or soaking, massage and touch, use of birthing ball to minimize pain [3-7]. This information facilitates labor for both the parturient and the professionals involved, since having knowledge of these actions facilitates the development of this process.

Nurses must have adequate knowledge to be guiding the pregnant women about this information during prenatal consultations. The knowledge acquired by the nursing professional during his academic training process allows them to guide the onset of labor and its stages, aiming mainly at the first, since it is the period of the delivery itself, where the most intense pain occurs and all other events physiological parameters for the development of childbirth, as well as guidance on pain relieving methods. Thus, the lack of information from pregnant women about the physiological events that involve childbirth and the methods of pain relief help to a negative experience of this moment. With the guidance provided in the prenatal period, this acquired knowledge can make delivery a positive and unique experience in this woman's life [8].

In view of the above, that is, the fact that the first stage of childbirth is the most critical, interventions such as the application of non-pharmacological measures for pain relief, measures that are based on scientific evidence, justifies this study.

The guiding question of the study was: How much do pregnant women know about the measures of pain relief in the first period of childbirth? Answering this question will represent a progress in knowledge, since it will culminate in evidence for the reorientation of prenatal care, in order to identify gaps in the knowledge of these pregnant women who need greater emphasis on the aspects related to childbirth, so that they can present a satisfactory level of knowledge about the issues that involve the first stage of labor, this being the social relevance of the research.

The present study aimed to verify the level of knowledge about pain relief methods.

METHOD

This is an exploratory and cross-sectional study, carried out in the city of Palmas-TO, in five Community Health Centers (CSC), chosen for the convenience because they perform prenatal care, therefore making suitable places for this study.

The data collection took place between January and October 2015, a pre-established period, respecting the

deadline that the research had to be completed, since it is a study to complete the undergraduate nursing course. The person in charge of the data collection carried out the survey of the prenatal follow-up agenda, and on the days destined to these consultations, attended the place to collect data. All the pregnant women found in CSC during this period on the days established for data collection were approached and invited to participate in the study.

The pregnant women who accepted to participate were evaluated as to the fulfillment of the selection criteria of the sample. The criteria were: to be 18 years old or older; to be primigest; present Gestational Age (GA) equal to or greater than 30 weeks at the time of data collection; have had at least three prenatal follow-up visits. After applying the selection criteria, there were 49 pregnant women eligible for the survey.

The data collection was done through an interview, using a semi-structured form, prepared by the team, which guided the data collection. The instrument dealt with questions related to the characterization of the sample (age, union status, schooling, income and occupation); obstetric characterization (number of consultations and GA); knowledge about pain relief measures; prenatal approach to these measures; and if the pregnant woman considers herself informed about it.

It is noteworthy that the interview for data collection was only initiated after the pregnant women read and signed the Term of Free and Informed Consent.

The environment in which the data was collected was quiet and reserved, to maintain their privacy, in the CSC's own waiting room. The data collection did not affect the CSC routine, since it was performed when the women waited for the care, not compromising the assistance provided to the user.

The data were processed in the statistical program Epi Info, version 3.3 of 2004. The analysis was made through simple descriptive statistics, using absolute and relative frequency, mean, standard deviation.

To assess the women's knowledge, a scale adapted to the level of knowledge on preconception care and maternal and fetal risks in women with diabetes mellitus [9]. Such scale was chosen because it is an instrument of Nursing and has already been validated and accepted in the academic environment, which confers credibility to the scale.

The scale is composed of five items to evaluate the knowledge about pain relief methods: 1- NONE; 2- LIMITED; 3- MODERATE; 4- SUBSTANTIAL; 5- EXTENSIVE. These being adapted to the theme of the research in question, creating a system of punctuation of each item of the scale.

For this scale on methods of pain relief, eight criteria were adopted through a literature review, namely: Adopting postures, varied positions; Ambulation; Respiration rhythmic and breathless; Verbal and relaxing commands; Warm shower and soaking bath; Massages and touches; Use of birthing ball; Free liquid feeding during childbirth.

When the woman did not mention any method of pain relief, she received score 1 on the scale, that is, no knowledge. It was considered with limited knowledge, receiving score 2 from the scale, the woman who cited between one and three methods of relief. It was considered with moderate knowledge, receiving score 3 from the scale, the woman who cited four methods of relief. It was considered with a substantial level of knowledge, the woman who mentioned five to seven methods of relief, receiving the score 4 of the scale and was considered extensive, that is, the score 5 of the scale, when the woman mentioned the 8 evaluation criteria of the knowledge of established pain relief methods.

The project was submitted to the Research Ethics Committee of the Federal University of Tocantins under favorable opinion 069/2014.

RESULTS

The characterization of the sample is shown in table 1.

The occupation of the women showed that 18 (36.7%) worked in the private sector and 15 (30.6%) reported being housewives, these being the most frequent occupations. The other occupations that appeared in the data collection were, for 9 (18.4%) worked for the government and 7 (14.3%) who claimed to be students.

The obstetric characterization of the studied sample is presented in table 2.

The level of knowledge about the non-pharmacological measures of pain relief are described in table 3.

The distribution of the number of pregnant women according to the characterization of the knowledge source, prenatal approach and perception, in CSC de Palmas -TO, in this study showed that 49 (100%) of the pregnant women stated that the subject of this study was not approached in prenatal care. When questioned regarding feeling informed about the theme, 49 (100%) of the pregnant women stated that they did not feel informed.

DISCUSSION

Regarding the age of the pregnant women found in this study, a minimum age of 18 years old was expected, since this was one of the inclusion criteria of the study. The mean age found in this study is similar to that of other studies on measures of pain relief in pregnant women [10-11]. It can be seen that the majority of the people who were studied were of a recommended age to conceive, reducing risks to maternal-fetal health [12]. Research involving the characterization of prenatal care reveals that

TABLE 1 – Distribution of the number of pregnant women according to socio-demographic characteristics in CSC de Palmas -TO, Brazil, 2015.

Variables	n	%
Age ($\overline{x}$ = 25,04; *S*= 5,71)		
18 to 22	21	42,9
23 to 27	11	22,4
28 to 33	13	26,5
34 to 38	4	8,1
Condition of Union		
Fixed Partner	36	73,5
Eventual Partner	13	26,5
Schooling		
Incomplete Basic Education	1	2,0
Complete Basic Education	3	6,1
Incomplete High School	12	24,5
Complete High School	19	38,8
Incomplete Higher Education	8	16,3
Complete Higher Education	6	12,2
Income ($\overline{x}$ =1473,14; *S*= 936,18)		
724 to 1300	28	57,1
1400 to 2100	11	22,3
2300 to 5000	10	20,2

TABLE 2 – Distribution of the number of pregnant women according to number of visits and gestational age (GA) in CSC de Palmas -TO, Brazil, 2015.

Variables	n	%
Numer of consults ($\overline{x}$ =7,02; *S*=2,03)		
<6	11	22,4
6	12	24,5
>6	26	53,0
GA ($\overline{x}$ =34,81; *S*=3,42)		
30 to 33	20	40,9
34 to 37	16	32,6
38 to 40	13	27,4

the greater age of pregnant women is associated with greater prenatal adherence and greater knowledge about their impotence [13].

Marital stability was found in most of the interviewed pregnant women. Regarding this, marital stability is described in the literature as a positive influence, since the accompaniment of the companion is of fundamental importance for the success of prenatal and delivery [14].

As for schooling, the pregnant women were literate. The level of education should be analyzed during prenatal consultation, as it may influence the understanding of the information provided during the consultation, including about healthy living habits, reflecting on family care and gestation [12].

Regarding family income, it can be stated that women have low economic power, since the majority reported income of up to a little more than a minimum wage and some reported that they had no income whatsoever, which is considered a factor risk of complications during pregnancy and of having low or preterm infants [12].

Regarding the occupation, most of the pregnant women stated that they dedicate themselves to taking care of the home, reflecting the decrease in family income, corroborating with the findings of a study carried out in Fortaleza, Ceará [12]. On the other hand, this characteristic favors breastfeeding, since the insertion of women into the labor market is considered one

TABLE 3 – Distribution of the number of pregnant women according to the level of knowledge about the measures of pain relief, in CSC de Palmas -TO, Brazil, 2015.

Variables	n	%
Know some method of relief for labor pains		
Yes	12	24,5
No	37	75,5
Knowledge of methods		
Different positions		
Yes	3	6,1
No	46	93,9
Ambulation		
Yes	5	10,2
No	44	89,8
Breathing		
Yes	5	10,2
No	44	89,8
Relaxing verbal commands		
Yes	0	0
No	49	100,0
Warm bath		
Yes	5	10,2
No	44	89,8
Massage and touch		
Yes	1	2,0
No	48	98,0
Birthing ball		
Yes	0	0
No	49	100,0
Liquid injestion		
Yes	0	0
No	49	100,0
Scale	n	%
None	37	75,5
Limited	12	22,5
Moderate	1	2,0
Substantial	0	0
Extensive	0	0

of the reasons for early weaning, given that maternity leave is usually four months, and milking techniques and storage of breast milk are not widely disseminated and taught to mothers [12].

A study carried out with puerperae shows that prenatal adherence is greater the higher the level of schooling, it is that higher adherence has a direct relation as the family income and the occupation of pregnant women (15).

The characterization of the women of this study, in relation to age, schooling, and marital status showed predominance of young pregnant women, with companion and low to medium schooling.

Regarding prenatal consultations, the number of six prenatal consultations was taken as a parameter, since it is the minimum number of consultations recommended by the Ministry of Health as a minimum quality requirement, corroborating with the findings of other studies [16-18].

According to the Ministry of Health, every woman has the right to be informed about the changes and events to be given during the pregnancy-puerperal period, and the duty of this orientation lies with the health professionals involved in the care during that period. They should be performed early, consisting of therapeutic, educational and interdisciplinary meetings for a better understanding of the experiences, expression of feelings and doubts, evaluation of maternal-fetal well-being, preparation for childbirth, maternity and paternity; involve family relationships, conjugal, dialogues between pregnant women and professionals. These actions performed during the

prenatal period of the pregnant women would make them more informed about each moment of their gestation when they gave birth and the postpartum period, making them more proactive and less insecure during these periods.

Knowledge about non-pharmacological measures for pain relief at delivery was limited. There is evidence that these are effective methods to alleviate pain in labor, since in addition to diminishing the painful perception, they still reduce the levels of anxiety and stress of the woman [19].

Information on non-pharmacological methods of pain relief during labor reinforces the concern of healthcare professionals involved in care to provide comfort and support for parturients in coping with pain, as a guarantee of the reproductive right of this woman. The satisfaction of the woman with her delivery is not only related to the absence of pain, but to the conditions offered for her confrontation. The effects of women's support are associated with the duration of labor, the reduction of cesarean sections and instrumental vaginal deliveries, the use of intrapartum analgesia and better Apgar scores in the fifth minute [20].

A study carried out with the objective of evaluating the relationship between prenatal care and delivery guidelines in Primary Health Care showed that among the women who performed more than six visits, 81.7% reported not having received birth guidance during the prenatal care [18]. It is noteworthy that the data found were superior, since 100% of the pregnant women reported not having received prenatal orientation, thus reflecting the lack of safety in feeling informed about measures of pain relief at childbirth. Although the interviewees were still pregnant, the mean gestational age was 34.8 ± 3.42 weeks, that is, in the advanced gestational period, so they should have received information about the time of delivery.

The fact that 100% of the women do not receive any guidance regarding the non-pharmacological measures of pain relief during childbirth during prenatal care, points to the maintenance of a care paradigm centered on the patient's pathology and complaint, to the detriment of a pre- with the exchange of information on the issues of pregnancy, childbirth, puerperium and child care [16].

Faced with the major physiological changes during pregnancy, as well as their physiological resolution through delivery, health-care workers should be able to provide adequate prenatal care at all levels of women's health care, in order to identify the knowledge gaps of women and their appropriate management, clarifying, individually and / or collectively, their needs. It is important for health units to adjust the number of prenatal visits and educational groups in order to allow more time for clarification on gestation, childbirth and birth.

CONCLUSION

This research evidenced gaps in the knowledge level of pregnant women about measures of pain relief during childbirth. It is necessary that 100% of pregnant women have adequate and satisfactory knowledge about pain relief methods, since once they have mastered this issue, its benefits, ways and moments of being used by them become more confident. the moment of childbirth and more proactive in that moment of extreme importance in your life.

Health professionals need to be aware of this lack of knowledge, the need for such guidance and strategies for this knowledge to be adhered to and put into practice by all women.

The limitations of this study were the number of women found in the units. Therefore, it is important to carry out new studies with a larger number of pregnant women, analyzing the need to include in these studies educational strategies with the objective of raising the level of knowledge of these, promoting the practice of pain relief methods, consequently making delivery a more pleasurable time, such as decreased pain perception and less anxiety and stress.

The results evidenced the need for actions aimed at the health of women regarding prenatal care, including non-pharmacological methods for pain relief, among other subjects pertinent to the puerperal pregnancy cycle. Thus, avoiding possible negative experiences with childbirth that will impact not only on women's lives but also on the care offered and public health.

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