

20 - Of PHYSIOTHERAPY INTERVENTION IN LABOR

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The role of physiotherapy in labor represents a new way of seeing how to "watch", including interpersonal relationships with the woman with the newborn, with the attendant, with colleagues from the team and the institution. (BASILE, 2004).

Physical therapy during childbirth expansion accelerates and enhances the expulsion of the baby. In addition, massage, stretching and exercises for the spine and hip disengage the thought of the woman's pain, relaxes muscles, improves respiration and gives more security to the woman, who does not feel alone at that time (Sternfeld, 1995).

Care humanization of childbirth favors the use of all technology and obstetric techniques available, making the benefits to be gained outweigh the risks to be incurred (BASILE, 2004).

The parturient has reasonable grounds to seek a safe place to take your child, with the assistance of other professionals to get your son. For despite being a natural physiologic process, culminating in a moment of special happiness for the family, which is the birth of a baby, labor is accompanied by intense pain for many women (Orange et al., 2003).

This study aimed to describe some main methods used by physical therapy during labor and its importance to the welfare of the mother.

METHODS

This is a review conducted by surveying literary books, journals and scientific articles published in the last 14 years. The literature review was conducted during September and October 2009, in addition to books and magazines, studies indexed in international databases in the collection Scientific Electronic Library Online (SCIELO) after consultation with health terminology to be used on the basis of descriptors the Virtual Health Library (VHL) Bireme (DECS) and Pubmed. The keywords used were: physical therapy, natural childbirth, birthing techniques, active labor, performance of physiotherapy in natural childbirth, exercise during childbirth. Selected articles were national and international published in Portuguese and English in the period mentioned above concerning the role of physiotherapy in the labor available in the library of Assisi School Gurgacz and the Internet. Were adopted as criteria for inclusion articles published in full in the period between 1995 and 2009, in Portuguese and English languages, the series with some selected descriptors and articles available in Brazil. Since exclusion criteria they were classified abstracts and articles not available in Brazil and articles in languages other than Portuguese or English, or with publication dates prior to 1995. The material was analyzed and categorized for the classification and design of the studies, observing: publication year, source, format and origin of the author/researcher, object of study, study population, exposure time/publication. As this is a review article, no need for submission of this study to the Committee of Ethics in Research.

RESULTS AND DISCUSSION

Currently, normal delivery is called vaginal addressed, namely, that monitoring is conducted with the woman pinned, semi or immobilized, and in the lithotomy position in the second stage, deprived of food and fluids orally, using drugs for induction or acceleration of labor, with the possible use of forceps and the use of routine episiotomy and perineal suture (Diniz, 2000).

However, vaginal delivery can be understood as that which occurs as the physiology, without unnecessary interventions or sequelae. Vaginal delivery guided by a medical-surgical and the technocratic model described above, including a number of unnecessary interventions that can leave serious physical and more emotional distress of women with experience, should be called "typical birth" to by their geographical variability, because the definition of "normal" varies with the country or the service (LEO and BASTOS, 2001).

At the end of the twentieth century spread worldwide movement that was to offer a health care based on empirical evidence of safety of 3 procedures and affection in all medical specialties. This concern has become even more evident in the care of pregnancy and childbirth, since, unlike other specialties, such practices act on women and children in a supposedly healthy and supposedly normal process, childbirth (DAVIM et al., 2007).

According to COFFITO (Federal Council of Physical Therapy and Ocupcional), physical therapy is one area of health knowledge, which studies the kinetic and synergistic disturbances that occur in organs and body systems, promoted by genetic abnormalities, trauma, or acquired conditions. As the pregnancy is considered a status acquired by women of childbearing age, which in turn causes changes in the female body, began contributing to growth as a profession, this area of physiotherapy in women's health and obstetrics, thus giving rights to the physiotherapist treat possible musculoskeletal disorders, relieve chronic pain and existing guidance on the implementation of daily physical activities, thus improving the quality of life of pregnant women. (Polden & Mantle, 1997 and Souza, 1999; ROCK & SOUZA, 1999; JOURNAL FISIOPRASIL, 2003; JOURNAL The COFFITO, 2003).

Physical therapy in labor covers a specific area of operation of boom today, aimed at providing better conditions for pregnant women and quality during all phases of labor. This is possible through the use of obstetric interventions suited to each woman in labor, with goals of reducing musculoskeletal discomforts, preparing women for childbirth, as well as learning breathing techniques that will help them in this period (Ocanha, 2003).

Breathing promotes and restores self-control and maternal and fetal oxygenation. Should be encouraged spontaneous breathing during contractions. If women find difficulty in breathing during contractions, should be encouraged to breathe slowly to restore normal breathing. A deep breath after the contraction should be encouraged to promote relaxation and reoxygenation of the placenta. (BASILE, 2004).

It is therefore function of the physiotherapist, working individually or in groups with pregnant women, inform it and to bring awareness to develop all the potential of your muscles, which control and coordination will be required at that time (BARACHO, 2002).

Among the behaviors performed during labor, we found that the hot bath is one of the most used. Contact with hot or

warm water can be in the bathtub, shower or even in basins or bowls. Michel Odent says that all forms are accepted, they bring benefits such as promoting good circulation, reduce discomfort of pain, regular contractions, helping promote relaxation dilation and decreasing the time of labor (Moreno, 2009).

The use of water in labor parturient gives the feeling of something natural, safe and effective method of pain relief (Mackey 2001 apud MOURA 2007).

The reviewed literature on walking and positions taken by the woman during labor and delivery points to a number of advantages and benefits to mother and child, as described above. This evidence allows us to agree with authors who draw attention to the fact that freedom of position and the patient's ambulation throughout the course of labor are forms of care that probably are beneficial for women during childbirth (LEO and Bastos, 2001).

For improvement occurs in the uterine contractions, decreased the need to use oxcitocina and analgesia, and lower rates of instrumental vaginal delivery as forceps, vacuum extraction, episiotomy, and others (Bloom et al., 1998 apud MAMEDE et al. 2007).

Studies have shown that, physiologically, is much better for the mother and the fetus when a woman keeps moving during labor, because the uterus contracts more effectively, blood flow that reaches the baby through the placenta is more abundant, the labor it is becoming shorter and the pain is less intense. Add to that the fact that, in the supine position, the adaptation of the fetal presentation to the narrow basin will be facilitated by maternal posture, and thus can prevent complications of the path (Silveira et al., 2002).

The massage relieves tension points and promotes relaxation, and to encourage spontaneous urination during labor decreases urinary retention and discomfort in contractions (MORENO, 2009).

In Brazil, exercises during labor are restricted to a few medical centers that encourage childbirth, but in countries like Britain and Germany have been in place for over 40 years. In France, all pregnant women are advised to have a therapist to guide and lead it to exercicios ideal for every stage of delivery (Silveira, 2003).

CONCLUSION

In Brazil, the Obstetric Physiotherapy is still framed as one of the areas of most recent within the profession. Its routine practice was first deployed in the outpatient clinic of the Maternity School Hilda Brandão, Minas Gerais, in 1988, and aimed to meet both the pregnant women in prenatal care, childbirth and postpartum. But it is an area that is not firmly established the framework for dexterous professionals who work in women's health, let the therapist without a clear role in teams that help pregnant women (Souza, 1999; The COFFITO JOURNAL, 2003).

Although physical therapy has much to offer other professionals in the health and the pregnant woman, there is little literature on the role of physiotherapy in obstetrics. This shortage of publications diminishes the credibility of the therapist as well as growth in the area within the profession, aiming the necessary changes in the vision of all professionals in this area (REVISED FISIOPRASIL, 2003; O'CONNOR & Stephenson, 2004).

Unfortunately, there is still an inadequate number of hospitals to include in its professional staff assistance from the physiotherapist at the time of labor. As a result, the physical therapist should be able to advise their patients during prenatal care which are the best positions to take, in order to also minimize tensions also provide positions that increase labor (BARACHO, 2002).

Isuggest that other work related to performance of physical therapy during labor are made to improve the effectiveness of each of the methods of non-pharmacological assistance. Thus, also works to draw attention to the importance of humane treatment in care for assisted vaginal delivery.

BASILE A.L.O.; PINHEIRO M.S.B. **Centro de Parto Normal: O Futuro no Presente.** São Paulo: Jica, 2004, 46-52 p.

BARACHO, E. *Fisioterapia Aplicada à Obstetrícia. Aspectos de Ginecologia e Neopnatologia.* 3ed. Rio de Janeiro: Medsi, 2002

DAVIM, R.M.B; TORRES, G.V; MELO, E.S. Estratégias mão farmacológicas no alívio de dor durante o trabalho de: pré teste de um instrumento. Disponível em < http://www.revistasusp.sibi.usp.br/pdf/r/lae/v15n6/pt_14.pdf> Acesso em 21 de setembro de 2009.

DINIZ CSG. **Entre a técnica e os direitos humanos, possibilidades e limites da humanização da assistência ao parto.** São Paulo: USP, 2001. Originalmente apresentada como tese, Universidade de São Paulo, 2000. Disponível em: <<http://www.mulheres.org.br/parto/>>. Acesso em: 24 de setembro 2009.

LEÃO, M.R.C; BASTOS, M.A.R. **Doulas apoiando mulheres durante o trabalho de parto: experiência do hospital Sofia Feldman.** Disponível em

< <http://www.scielo.br/pdf/r/lae/v9n3/11504.pdf>> Acesso em 17 de setembro de 2009.

MAMEDE, F.V; ALMEIDA, A.M; NAKANO, A.M.S; GOMES, F.A; PANOBLANCO, M.S. **O efeito da deambulação na duração da fase ativa do trabalho de parto.** Disponível em < http://www.scielo.br/scielo.php?pid=S0100-72032006000600012&script=sci_arttext> Acesso em 17 de setembro de 2009.

MORENO, L. A. *Fisioterapia em Uroginecologia.* 2ed. São Paulo: Manole, 2009

MOURA, D.M. **Dor no trabalho de parto – influência na satisfação com o trabalho de parto e métodos utilizados para o seu controle em três maternidades do sul do Brasil.** Disponível em < www.bibliomed.ccs.ufsc.br/TO0387.pdf> Acesso em 20 setembro de 2009.

POLDEN, M.; MANTLE, J. **Fisioterapia em Ginecologia e Obstetrícia.** 2ed. São Paulo: Santos, 1997.

REVISTA FISIOPRASIL. Rio de Janeiro: Gráfica Lisboa, n.61, set./out.2003.

REVISTA O COFFITO. São Paulo: Seta. n.19, jun./jul./ago.2003.

ROCHA, M.F.; SOUZA, E.L.B.L. Atuação do fisioterapeuta no pré-natal. In: SOUZA, E.L.B.L. **Fisioterapia aplicada à Obstetrícia e Aspectos de Neonatologia: Uma visão multidisciplinar.** 2ed. rev. e amp. Belo Horizonte: Helth, 1999, p.89-104.

SOUZA, E.L.B.L. **Considerações de um fisioterapeuta obstetra.** In: SOUZA, E.L.B.L. *Fisioterapia aplicada à Obstetrícia e Aspectos de Neonatologia: Uma visão multidisciplinar.* 2ed. rev. e amp. Belo Horizonte: Helth, 1999, p.19-21.

OCANHAS, M.C.B. O Papel da Fisioterapia. *Revista Gravidez & Gestação.* São Paulo: Ed. Minuano, n.1, ago.2003.

O'CONNOR, L.J.; STEPHENSON, R.G. **Fisioterapia aplicada à Ginecologia e Obstetrícia.** 2ed. São Paulo: Manole, 2004, p.153-227.

STERNFELD, B. et al. **Exercise during Pregnancy and Pregnancy Outcome.** *Med Sci Sports Exerc*, [SI], v.27, n.5, p.634-640, 1995.

SILVEIRA, S. **Fisioterapia em Obstetrícia,** São Paulo, 2003. Disponível em:

<http://www.planeta.terra.com.br/saude/phisiosan/fobst.htm>. Acesso em: 01 outubro 2009.

SILVEIRA, IP; CAMPOS, ACS; FERNANDES, AFC; **O contato terapêutico durante o trabalho de parto: fonte de bem estar e relacionamento.** Revista RENE. Janeiro-junho 2002; 3(1): 67-72.

ORANGE FA, AMORIN, MMR, LIMA, L. Uso da eletroestimulação transcutânea para alívio da dor durante o trabalho de parto em uma maternidade-escola: ensaio clínico controlado –Rev. Bras. Ginecol. Obstet. 2003 Fev; 25(1):45-52.

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ABSTRACT

The physical therapy during labor procedure is a growing method which aims the improvement of labor conditions for both, pregnant woman and baby. This article talks about a few techniques used by physical therapy during labor. Researches on literacy books, newspapers and magazines was done in order to write this article. Studies show that practicing physical therapy exercises during active labor helps to relieve labor pain, to reduce the use of drugs, as well as shortening labor time. Although physical therapy has a wide field to be applied in another medical fields, not much specific information could be found relative to physical therapy and obstetrics

Key words: physical therapy, intervention, labor

RÉSUMÉ

La kinésithérapie dans le labor sur un domaine spécifique de l'exploitation de boom actuel, qui vise à fournir aux femmes enceintes et une meilleure qualité durant toutes les phases du labor. Cet article décrit certaines des méthodes utilisées par la thérapie physique pendant le travail et son importance. Il s'agit d'une étude documentaire réalisée par des livres littéraires, revues et articles. On croit que la pratique de la kinésithérapie pendant la phase active du le labor accroît la tolérance à la douleur, de réduire la consommation de drogue et diminue le temps jusqu'à la naissance du bébé. Bien que la kinésithérapie a beaucoup à offrir aux autres professionnels de la santé et de la femme enceinte, il ya peu de littérature sur le rôle de la kinésithérapie en obstétrique.

Mots-clés: kinésithérapie, intervention, labor

RESUMEN

La fisioterapia en el trabajo de parto abarca un área de actuación específica de grande expansión actualmente, que visa proporcionar a La embarazada mejores condiciones y calidad durante todas las fases Del trabajo de parto. Este artículo describio algunos métodos utilizadas de La fisioterapia durante El trabajo de parto, asi como su importancia. Se trata de una revisión bibliográfica hecha em libros, revistas y artículos. Se cree que La práctica de ejercicios fisioterapêuticos durante La fase activa Del trabajo de parto aumente La tolerancia AL dolor, reduzca El uso de productos farmacêuticos y disminuya El tiempo hasta El nacimiento Del bebe. Sin embargo La fisioterapia tenga mucho a ofrecer a los otros profesionales de La área de La salud, bien como a La embarazada, existe pouca literatura sobre La actuación de La fisioterapia en la obstetricia.

Palabras-clave: fisioterapia, intervención, parto

RESUMO

A fisioterapia no trabalho de parto abrange uma área de atuação específica de grande expansão atualmente, que visa proporcionar a gestante melhores condições e qualidade durante todas as fases do trabalho de parto. Este artigo descreveu alguns métodos utilizados pela fisioterapia durante o trabalho de parto, bem como sua importância. Trata-se de uma revisão bibliográfica realizada por levantamento literário em livros, revistas e artigos. Acredita-se que a prática de exercícios fisioterápicos durante a fase ativa do trabalho de parto aumente a tolerância a dor, reduz o uso de fármacos e diminui o tempo até o nascimento do bebê. Embora a fisioterapia tenha muito a oferecer aos outros profissionais da área da saúde, bem como a gestante, existe pouca literatura sobre a atuação da fisioterapia na obstetricia.

Palavras-chave: fisioterapia, intervenção, parto

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