

43 - IMPORTANCE OF GESTATIONAL OF MOTHERS PROFILE FOR PROPER APPLICATION OF PHYSICAL THERAPY IN OBSTETRICS

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INTRODUCTION:

The pregnancy is a new experience that changes the whole human body to address the multiple necessities of fetal growth and development (DUARTE, 2002).

The anatomical, physiological and biochemical adaptations are deep, changing that affect women in the short time of pregnancy. That influence on the musculoskeletal system is those that involve more physical therapists directly (DE CONTI et al, 2003). First, to try to avoid disturbances that result, then, if problems arise, to treat them. Lima and Oliveira (2005) add that about twenty-five percent of them have at least a temporary symptom.

Because it is a phase of great changes, the woman, in general, finds receptive to information, learning and adopting new lifestyle habits that benefit your health and the baby, making pregnancy a time for the physical therapy (BARACHO, 2007).

Not long ago, the pregnant women were forbidden to exercise at potential risk of complications for mother and fetus. Prohibited from performing an activity, the sedentary women had a substantial decline in physical condition during pregnancy (DERTKIGIL, 2005). The lack of regular physical activity is one of the factors associated with an increased susceptibility to disturbances during and after pregnancy (LIMA and OLIVEIRA, 2005). Taking account of these disturbances, the physiotherapist carefully implements a therapeutic exercise program that is safe for both mother and fetus as described by Duarte (2002)

Even though the physical therapy recommended as the first choice of treatment, which may target the promotion, prevention and rehabilitation of pregnant and postpartum women realize that this care is not commonly found in hospital routine of most hospitals or in physical therapy before and after natal (ABRAMS, 2005).

Therefore, this study was to characterize the profile of gestational mothers in the city of Viçosa, in order to justify the need for Physiotherapy in Obstetrics.

METHODOLOGY

This study is a descriptive cross. The sample consisted of fifty mothers, primiparous, with an average age of twenty-two years who attended the San Sebastian Hospital, Health Post and Post Vaccination of Viçosa-MG, in the period September to December 2008. The study included women postpartum or late primiparae child under one year of age and who signed the Participation Consentida. We excluded pregnant women, primiparae with son over a year old, primiparas who had abortions before, multiparous, or who have declined to participate.

This study attended guidelines for conducting research on humans, Resolution 196/96 of the National Health Council, 10/10/1996 (BRAZIL, 1996), was also submitted and approved by the Ethics in Research Involving Human Subjects of the UNIVIÇOSA.

Data collection was performed with the questionnaires only once for each interviewee. It was administered three questionnaires: Topography and intensity Pain (MENDES & LEITE, 2008), Questionnaire of Physical Activity and Work (TAKITA, BENICIO & LATORRE, 2005) and Questionnaire for Identification of Gestational disorders. The first questionnaire assessed the presence of pain and its location by means of a schematic drawing of the human body in front and back views. The women were instructed to identify the drawing, the location of your symptoms and just above it, using a visual analogue scale, they gave a note to the intensity of the pain he was feeling at that location. Being considered "0" (zero) the absence of pain, and "10" (ten) extreme pain. The second questionnaire has thirty-three open and closed questions divided into the following areas: labor and physical activity, which evaluated whether women postpartum or later are sedentary or active and worked during pregnancy. The final questionnaire has fourteen closed-ended questions related to pregnancy disorders such as pains, dyspnea, constipation, hemorrhoids, edema, varicose veins, cellulite, urinary incontinence, urinary tract infection, insomnia and numbness.

RESULTS AND DISCUSSION

Figure 1 shows the frequency characteristics reported by the mothers.

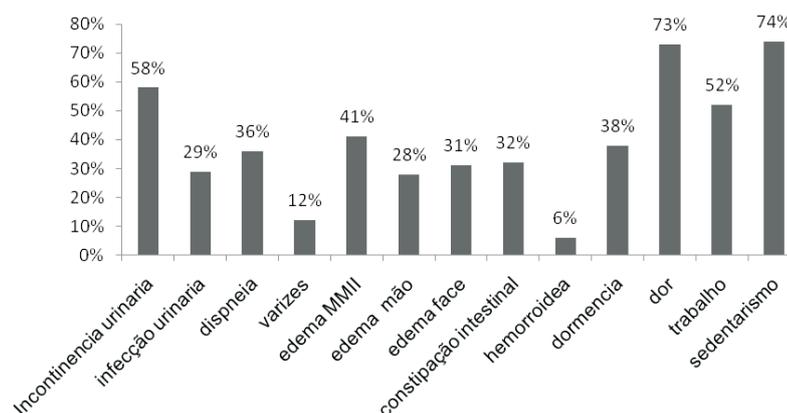


Figure - Frequency of the characteristics presented by the women (N = 50), VIÇOSA-MG, 2008.

It was found that 58% of the women had urinary incontinence. This involvement is similar to that presented by Baracho (2007) that reports that there is a desire and urinary incontinence during pregnancy feature. This occurs as a result of developing uterine pregnancy pressing the bladder (JACOBIUNAS, 2007).

The intra-abdominal pressure caused by coughing and sneezing, increases the probability of urinary incontinence of stress, in pregnant women with weak pelvic floor muscles and abdominal muscles (DUARTE, 2002).

The implementation of physiotherapy with pelvic floor muscle designed to increase the muscle surface that supports the bladder, vagina, uterus and rectum, preventing this framework (DE CONTI, 2003).

Furthermore, a strong pelvic floor can demonstrate a coordinated and better control and relaxation during the second stage of labor and postpartum recovery (BARACHO, 2007).

It was found that 29% had urinary infection. The urinary infection affecting pregnant women is caused by increased and enlargement uterine that cause the ureters enter the bladder at a perpendicular angle, which results in reflux of urine so there is a greater likelihood of urinary tract infections in pregnancy (JACOBIUNAS, 2007). To prevent complications of urinary infection, Duarte et al. (2002) suggests the medical monitoring because the symptom of low back pain present in acute urinary tract infection can be confused with low back pain.

The dyspnea was frequent in 36% of postpartum women. This result corroborates with Batista (2003), who report that dyspnea is an early sign of pregnancy due to hormonal changes caused by the increase of fifteen to twenty percent in the consumption of oxygen and hyperventilation in the first weeks of pregnancy to facilitate the transport of oxygen to the fetus. De Conti et al. (2003) adds that dyspnea increases as uterine growth in which pushes the diaphragm upward, causing this discomfort. Physical therapy works to decrease this discomfort breathing.

It's observed the presence of varices in 12% of the women, which corroborates with Landi (2004) reported that after the onset of these second half of pregnancy being affected by poor venous drainage. Changes such as peripheral vasodilation induced by the hormones of pregnancy, excessive weight gain, compression of the pregnant uterus and genetics, are interrelated.

The gestational edema was reported by 64% of postpartum women. There are several factors that lead to edema as pregnancy, increased capillary permeability, increased capillary pressure and hypoproteinemia, and increased water retention (HALL and GUYTON, 2006).

Regarding the place, we can see that edema occurred in 41% of the lower limbs, on hands 28% and on face 31%. The moderate edema of the lower extremities is a common condition of pregnancy, resulting from the pressure of the expanding uterus on the inferior vena cava (LIMA and OLIVEIRA, 2005).

The lymphatic drainage is used to help venous return, and kinesiotherapy to prevent or treat edema.

The intestinal constipation was observed in 32% and 6% haemorrhoids, consistent with Hall and Guyton (2006) reported that uterine growth during pregnancy, where the intestines are displaced which causes indigestion and frequent regurgitation. Consequently constipation, there may be the appearance of haemorrhoids arising as a result of peripheral vasodilation and increased pressure on the rectal veins due to compression of the return circulation. Associated with this, a reduction of tone and gastrointestinal motility resulting in a prolongation of gastric emptying, cause a slow passage of food through the intestine, with increased water absorption, causing the stools become dry, hard and difficult to expel. (BARACHO, 2007).

The numbness was observed in 38% of the women interviewed. According to Lima and Oliveira (2005), the peripheral nervous system may be affected during pregnancy, especially in traction or compression of the median nerve (carpal tunnel syndrome) and sciatic nerve (sciatica neuritis). In both cases, the numbness as a symptom appears. However, it was not evaluated in this study that the condition which caused the numbness reported.

This study presented the pain as higher incidence of abuse, being reported in 73% of postpartum women. The duration of pain reported was a month or more in 54% of the women interviewed.

Regarding intensity, it was moderate to strong in 74% of the women. The sites most affected were the lumbar spine in the first place with 32% followed by the lower abdomen with 25%, legs 19%, 12% head, feet at 7% and 5% thoracic spine.

Regarding the incidence of low back pain, this study confirms Takito (2005), who reported that musculoskeletal changes have increased the fragility of compensatory muscles, causing back pain, neck pain.

According Baracho (2007) the posture of the pregnant woman is affected by the change in the center of gravity with a tendency to shift forward due to the growth of the uterus and breast enlargement. To compensate, the body increases the cervical and lumbar lordosis, thoracic kyphosis, which causes a protrusion of the shoulders with internal rotation of the same. In the lower limbs, the pelvis is anterovertida the hyperextended knee, foot and decrease their longitudinal arch is an extension of its support base.

According to this study, 52% of mothers worked during pregnancy. The work during pregnancy should be encouraged, because pregnancy is not a disease. According to Dertkigil (2005), sedentary women show a considerable decline in physical fitness during pregnancy. Takito (2005) emphasizes the importance of a more active lifestyle such as physical activity and daily work that would better health of the pregnant woman.

Regarding the practice of physical activity, 74% of the women did not undergo any kind. Landi (2004) stresses that the practice of regular physical activity promotes a healthy cardiovascular system, which is important because the blood must be efficiently transported to the placenta, which provides better oxygenation and nutrition to the fetus.

Kinesiotherapy well-targeted benefits to pregnant women because it improves muscle strength and flexibility and, consequently, the mother supports better weight gain, reduces the postural changes, resulting from this period and consequently the pains related. Although there is improvement in the perception and control of the pelvic floor muscles to prevent urinary incontinence, upper limbs prepares for the demands to care for the baby and the emotional aspects (ABRAMS, 2005; JACOBIUNAS, 2007). The authors add that the physical therapy program facilitates the expulsion of the fetus, making your delivery faster and less painful with a quicker recovery postpartum, less hospitalization, less risk of premature birth, and shortest course of labor.

CONCLUSION

Checked the predominance of urinary incontinence, dyspnea, edema of the lower limbs, numbness, algia in spine and lower abdomen, and sedentary work during pregnancy.

The physiotherapy in Obstetrics is able to minimize or prevent these disorders of pregnancy, improving the quality of life for pregnant and postpartum women.

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IMPORTANCE OF GESTATIONAL OF MOTHERS PROFILE FOR PROPER APPLICATION OF PHYSICAL THERAPY IN OBSTETRICS

ABSTRACT

This study aimed to characterize the profile of gestational mothers of Viçosa - MG, in order to justify the need for Physiotherapy in Obstetrics. The sample consisted of fifty women postpartum or late first calf, with an average age of twenty-two years who attended the San Sebastian Hospital, Health Post and Post Vaccination of Viçosa, MG. For its realization, we applied only once, three questionnaires: Topography and intensity Pain Questionnaire, Physical Activity and Work Questionnaire for Identifying and Gestational Disorders. The characteristic were presented with 58% urinary incontinence, urinary tract infection 29%, dyspnea 36%, 12% with varicose veins, edema at 64%, 32% constipation, hemorrhoids with 6%, 38% pain with numbness and 73% sedentary 74% and 52% worked during pregnancy. From the data collected, we can conclude that is indicated and necessary to minimize Physiotherapy in Obstetrics and / or prevent disorders of pregnancy, improving the quality of life for pregnant and postpartum women.

KEYWORDS: postpartum, Profile Gestational, physiotherapy in obstetrics

IMPORTANCE DE GESTATIONNEL DES MÈRES PROFIL POUR UNE BONNE APPLICATION DE PHYSIOTHÉRAPIE EN OBSTÉTRIQUE

RÉSUMÉ

Cette étude visait à caractériser le profil des gestatrices de Viçosa - MG, afin de justifier la nécessité de physiothérapie en obstétrique. L'échantillon se composait de cinquante femmes post-partum ou la fin de premier veau, avec une moyenne d'âge de vingt-deux ans qui ont participé à la San Sebastian Hôpital, Santé des postes et post-vaccination de Viçosa, MG. Pour sa réalisation, nous avons appliqué une seule fois, trois questionnaires: topographie et l'intensité Pain Questionnaire, l'activité physique et le travail Questionnaire pour l'identification et les troubles gestationnel. La caractéristique ont été présentés à l'incontinence urinaire 58%, infection des voies urinaires 29%, la dyspnée 36%, 12% avec des varices, oedèmes à 64%, 32% de la constipation, les hémorroïdes avec 6%, 38% la douleur avec engourdissement et 73% sédentaire 74% et 52% ont travaillé pendant la grossesse. D'après les données recueillies, nous pouvons conclure que est indiqué et nécessaire afin de minimiser la physiothérapie en obstétrique et / ou prévenir les troubles de la grossesse, l'amélioration de la qualité de vie pour les femmes enceintes et post-partum.

MOTS-CLÉS: post-partum, le profil, la gestation, la physiothérapie en obstétrique

IMPORTANCIA DE GESTACIÓN DE LAS MADRES PERFIL PARA LA CORRECTA APLICACIÓN DE FISIOTERAPIA EN OBSTETRICIA

RESUMEN

Este estudio tuvo como objetivo caracterizar el perfil de las madres gestacional de Viçosa - MG, con el fin de justificar la necesidad de Fisioterapia en Obstetricia. La muestra está formada por cincuenta mujeres después del parto o la pantorrilla primera tarde, con una media de edad de veintidós años de edad que asistieron al Hospital de San Sebastián, puesto de salud y después de la vacunación de Viçosa, MG. Para su realización, se aplicó una sola vez, tres cuestionarios: Topografía y la intensidad del dolor Cuestionario, Actividad Física y el Cuestionario de trabajo para identificar y enfermedades de la gestación. La característica se presenta con un 58% la incontinencia urinaria, infección del tracto urinario 29%, disnea 36%, 12% con venas varicosas, edema en el 64%, 32% el estreñimiento, las hemorroides con un 6%, 38% dolor con entumecimiento y el 73% sedentaria 74% y 52% trabajó durante el embarazo. De los datos recogidos, se puede concluir que está indicado y necesario para reducir al mínimo Fisioterapia en Obstetricia y / o prevenir los trastornos del embarazo, la mejora de la calidad de vida de las mujeres embarazadas y posparto.

PALABRAS CLAVE: después del parto, Perfil, la gestación, la fisioterapia en obstetricia

IMPORTÂNCIA DO PERFIL GESTACIONAL DE PUÉRPERAS, PARA APLICAÇÃO ADEQUADA DA FISIOTERAPIA EM OBSTETRÍCIA**RESUMO**

Este estudo teve como objetivo caracterizar o perfil gestacional de puérperas da cidade de Viçosa – MG, para assim justificar a necessidade da Fisioterapia em Obstetria. A amostra foi composta por cinquenta mulheres no puerpério imediato ou tardio, primíparas, com idade média de vinte e dois anos que freqüentavam o Hospital São Sebastião, Posto de Saúde e Posto de Vacinação da cidade de Viçosa, MG. Para sua realização, aplicou-se uma única vez, três questionários: Topografia e Intensidade da Dor, Questionário de Atividade Física e Trabalho e Questionário para Identificação dos Distúrbios Gestacionais. As características apresentadas foram incontinência urinária com 58%, infecção urinária com 29%, dispnéia com 36%, varizes com 12%, edema com 64%, constipação intestinal com 32%, hemorróida com 6%, dormência com 38% dor com 73% sedentarismo 74% e 52% trabalhavam durante a gestação. A partir dos dados coletados, pode-se concluir que é indicado e necessário a Fisioterapia em Obstetria para minimizar e/ou prevenir distúrbios gestacionais, melhorando a qualidade de vida de gestantes e puérperas.

PALAVRAS-CHAVE: Puérperas, Perfil Gestacional, fisioterapia em obstetria