18 - MONITORING OF PHYSICAL THERAPIST IN PREGNANT WOMEN IN THE DELIVERY ROOM

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INTRODUCTION

For many years, obstetricians seek ways to lessen the pain of childbirth. Even with all developments in the delivery of specialized hospitals, women have no preparation for the birth of their children. It is important to have a comprehensive care delivery process that can be accomplished for a follow-up of pregnant women in it. A physical therapist specializing in the field of obstetrics can perform exercises and techniques with pregnant women in delivery rooms, causing the process have a better outcome with great benefits.

Physical therapy may act through breathing exercises; these exercises are beneficial as they make pregnant women have self-control, and higher maternal fetal oxygenation. The walking speeds up contractions and decreases the length of labor favoring the descent of the fetus. The point massage relieves tension and promotes relaxation, exercises with a Swiss ball work pelvic mobility and decreases the time of labor. Although there are many other techniques including changes in position, baths, use of transcutaneous neurostimulation (TENS) and so on.

He tried to work through that address the role of the physiotherapist on the needs of pregnant women in the delivery room. Presenting the advantages of professional intervention during labor and delivery, where the woman becomes more active and interact more with your body, relying wholly on their potential to give birth.

Labor and delivery

In ancient times the delivery was carried out by midwives or by even his own mother, usually performed in a squatting position. The mothers cut the umbilical cord with bamboo splinters and tied with twine or cord roots. Soon the mother and the newborn using the nearest river to bathe. The entire process of childbirth was about beliefs and doctrines not very friendly to women. In the seventeenth and eighteenth centuries, the labor performed by surgery was introduced to medicine. The school leader obstetric French, François Mauriceau introduced the horizontal part, which was performed because of the large amount of maternal and child deaths due to complications of pregnancies that were greater before. Currently only 20% of pregnant women develop complications, most of which can control or cure even before birth. (CONCEIÇÃO, 2007; MACEDO, 2007; GRAZZIOLIN, 2007).

The church was one of those responsible for transferring the power from midwives to doctors to perform the delivery, because this time the woman's body was associated with sin, was seen as defective, it was subject to surgical medicine.(CONCEIÇÃO, 2007; MACEDO, 2007; GRAZZIOLIN, 2007).

Once deployed horizontally childbirth, the woman participates in the delivery of less active form. For three decades professionals try to redeploy the bodily freedom of women during labor, to promote normal birth. In Brazil, since 2000, the World Health Organisation's program through the humanization of labor and birth, or encourage more active participation of pregnant women seeking behaviors proven through studies to encourage vaginal delivery. (BARAVESCO et al, 2009).

INTERNSHIPS AND DIAGNOSIS OF LABOUR.

The labor (TP) is defined as repeated uterine contractions frequency, intensity and duration sufficient to cause dilation of the cervix. (HOPKINS, 2006).

The stages and phases of labor are divided into four periods. The first period is called dilation, which is the range that starts the TP to full dilatation. This period is divided into a latent phase and active. The latent phase is slow dilation of the cervix dilates about 1.0 cm / h and goes up to 3.0 cm, with irregular contractions. In the active phase, dilatation occurs rapidly, with regular and painful contractions. The second is the period of expulsion, it's between full dilatation and detachment of the fetus. Occurs soon after the expulsion of the fetus and placenta, so the third period to dequitação. And finally, the fourth period is the first hour after birth. (FREITAS, 2006).

The mechanisms of seven TP are related and are due to changes of the fetal head during the passage of the birth canal to the cephalic presentation. The mechanisms are embedding, descent, flexion, internal rotation, extension, external rotation, and expulsion. The embedding is the first mechanism occurs when the fetal head fits on top of the pelvis occurs before starting the TP changes occur in the patients abdomen and relieved breath. The drop occurs when the fetal head passes into the pelvic floor. Soon is the flexion of the fetal head, allowing it to appear in the maternal pelvis. Then there is the internal rotation where the fetal occipto wheel from its original position toward the pubic symphysis. To the extent the fetal head is flexed to extended position, rotating around the symphysis pubis. In external rotation the fetus reassume the position of the front face, with the vertebral occipto and settler in the same plane. The latter mechanism is expulsion, which is the detachment of the shoulder under the symphysis pubis, and the rest of the body is rapidly excreted. (HOPKINS, 2006).

MONITORING OF PREGNANT IN CHILDBIRTH.

The monitoring of pregnant women in the room during labor aims to monitor the progression of PD, monitoring of maternal and fetal health. The TP is accompanied by anxiety and fear, pregnant women come to imagine the death and destruction of the genitals, so it is important to provide an escort for a pregnant woman emotional support.

Since 1933 Read already spoke of emotional factors in PD, describing a vicious circle initiated by the triad suggestion, initiated by lack of knowledge and loneliness, causing fear, tension and pain. It was observed that the support given by health professionals pregnant women decreases the need for pain medications, decreases rates of operative delivery, cesarean section and Apgar scores greater than 7 in the fifth minute. (HODNETT, 2002).

Accompaniments of physiotherapy in the delivery room

The therapist accompanies the pregnant women in the delivery room, making this process has a better outcome with

great benefits. Physical therapy will work through breathing exercises, exercises with a Swiss ball, encourage walking, massage, stimulating baths, guidance on the position of labor, use of transcutaneous neurostimulation (TENS) and others. (MAZZALI, 2008)

Some techniques and procedures can be performed in the delivery room including the changes in position. The upright and walking should be encouraged by the physiotherapist, where studies show that pregnant women have proven that remain in this position and has a birth move faster, because it facilitates the expansion in this position since the angle of the head and shaft diameters of the pelvis are improved. (BIO, 2007).

In a study of 145 mothers and 224 in a vertical position in the supine position, patients who remained upright able to reduce the active phase of labor an average of 2 hours. It was also noted in a study of 14 women, where eight and walked six were in bed using oxytocin, this study showed a better evolution in the active phase on uterine contractions in pregnant women who were in motion. The walking was as effective as the use of oxytocin. (BIO, 2007).

Johnson et al in 1991, conducted a literature review and selected eight positions that can be used during labor. The selected locations are: lateral, Trendelenburg position, walking, sitting, kneeling position, fours and squatting. The results showed that uterine contraction is frequent and intense upright than in supine and walking in the descent of the head is particularly favored by the movement of the pelvis. (BIO, 2007).

Another procedure used for decades to exercise and physical therapists is by using the Swiss ball that currently can also be used to assist in childbirth. Studies show that the use of the ball has an important role in childbirth, where women assist their breathing, pelvic mobility, the possibility for pregnant women to stay in more favorable positions and helps in the comfort of it. (SILVA, 2010).

According Carriére (1999), the ball can prevent muscle tension, and bring other benefits such as reducing the burden on the body, improving the pain and fatigue.Another author says that it is also possible to perform exercises to assist in the progression of labor. Zwelling (2010) cites some exercises for childbirth, one of which happens when the patient is on the ball with upper body leaning, standing beside the bed during uterine contractions. This position is more comfortable and promotes a vertical position. In another exercise the mother sits on the ball with your knees apart making circular movements with your hips. The exercise held this position facilitates the action of gravity, the contractions become more controlled and less painful, increase the diameters of the pelvis and encourages fetal descent and rotation. (SILVA, 2010).

The use of the ball must be used in the first stage of labor. These techniques together with breathing exercises lead to overall relaxation of the pregnant woman, thus reducing tension. (BAVARESCO et al, 2007).

The exercises in which breathing is carried out can be used during childbirth, but physical therapists can teach these exercises from the third month of pregnancy so that women can perform the exercises in childbirth, thereby improving oxygenation and blood of the pregnant self. There are breathing exercises specific to the delivery, but some scholars argue some breathing patterns for childbirth. The broad chest breathing should be performed during contractions because it relieves pressure on the uterus of the diaphragm and maintains blood oxygenation. Diaphragmatic breathing should be performed in the interval between contractions to be more calm and that kind of deep breathing causes greater relaxation. In the period of expulsion shall be oriented in a deep breath, followed by apnea, to expel the baby (BAVARESCO et al, 2009; MAZZALLI, 2008).

Massage also important to relax the muscles, the therapist may massage the lower back with friction techniques, effeurage and light touch. Already massage with firmer pressure should be applied to the legs, abdomen and lower back pain relief. The perineal area can be massaged to relax the fibers and therefore the tension and avoid cuts that may occur in the way of delivery (BARACHO, 2006; SANTOS 2007).

A study in Taiwan showed that massage performed on pregnant women was effective in reducing anxiety and pain among pregnant women not receiving the technique. (BAVARESCO, et al, 2009).

Another method used by non-pharmacological therapy is the use in trancutanea neurostimulation (TENS). You activate the peripheral sensory receptors, increases the production of endorphins and decreases pain. The electrodes must be placed in the phase of expansion in the region from T1 to L1 and the other pair in the sacroiliac region. Other parameters must be adapted according to stage of labor and the sensitivity of the pregnant woman. (BAVARESCO et al, 2009).

In a review cochraine available in the library, with 19 included trials with 1671 pregnant women showed that pregnant women who used TENS at acupuncture points had decreased pain compared to control. (PORTO; AMORIM, 2010).

The bath or hot shower can be performed during the TP, always accompanied by obstetric physiotherapist. The hot water relaxes the muscles, reducing tension and pain. The bath can be performed in conventional shower or bathtub in places that have better infrastructure. (POLDEN, 2000).

In a review study involving 11 clinical trials showed that immersion in water in pregnant women reduces the use of analgesia, without affecting the delivery and neonatal well-being. (PORTO; AMORIM; SOUZA, 2010).

There are many other techniques to accomplish during labor, but those described above are the most used. They all aim to improve the conditions of labor, reducing the time, fear, tension and pain. And that makes childbirth a moment of pleasure for the woman. (HODNETT, 2002).

The role of physical therapy goes beyond the guidance in prenatal care. The monitoring should be performed for pregnant women throughout pregnancy, childbirth and postpartum, with the aim of correcting antalgic postures, teaching positions during childbirth, relieve tension, promote muscle relaxation and comfort pregnant women. (CANESIN, 2010; AMARAL, 2010).

FINAL

It is important to note that to occur during physical therapy intervention in labor, the professional to understand the different feelings of the woman during this process. The work with pregnant women should be conducted with the consent of women, besides having an appropriate environment to better meet, the needs of pregnant women.

Although not very common that product, process knowledge is required to work in this little explored area of Physiotherapy. The resources used as changing attitudes, using the Swiss ball, breathing exercises, massage, use of TENS, bath and hot shower, and their physiological effects in the peri home are proven by studies. However the intervention of physiotherapy in peri home has greater benefits when a follow-up of pregnant women in prenatal, natal and postnatal Peri.

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SUMMARY

This study is an update of the actions of physiotherapy in the delivery room. It will examine the key features of physiotherapy intervention adopted to decrease the time of labor, fear, tension and pain. The main focus of this review article has been monitoring the obstetric physiotherapist in pregnant women in delivery rooms, the techniques used during labor and the benefits that are obtained with these techniques when applied. The role of physiotherapy in this process is important because this professional is qualified to work in care for pregnant women, improving conditions of labor and humanizing the process even more.

KEYWORDS: Monitoring of the physical therapist, childbirth, exercise.

SUIVI DE PHYSIOTHERAPIE LES FEMMES ENCEINTES DANS LA SALLE D'ACCOUCHEMENT

SOMMAIRE

Cette étude est une mise à jour des actions de la physiothérapie dans la salle d'accouchement. Il examinera les principales caractéristiques de l'intervention en physiothérapie adoptées pour diminuer le temps de travail, la peur, la tension et la douleur. L'objectif principal de cet article de revue a été suivi de la physiothérapeute obstétriques chez les femmes enceintes dans les salles d'accouchement, les techniques utilisées pendant le travail et les avantages qui sont obtenus avec ces techniques lorsqu'il est appliqué. Le rôle de la kinésithérapie dans ce processus est importante parce que ce professionnel est qualifié pour travailler dans les soins aux femmes enceintes, l'amélioration des conditions de travail et de l'humanisation du processus encore plus.

MOTS-CLÉS: Suivi de la physiothérapeute, l'accouchement, de l'exercice.

SEGUIMIENTO DE LA FISIOTERAPIA EN LA MUJER EMBARAZADA EN LA SALA DE ENTREGA

RESUMEN

Este estudio es una actualización de las acciones de la fisioterapia en la sala de partos. En él se examinarán las principales características de la intervención de fisioterapia adoptadas para disminuir el tiempo de trabajo, el miedo, la tensión y el dolor. El objetivo principal de esta revisión ha sido el control de la fisioterapeuta obstétrico en las mujeres embarazadas en las salas de parto, las técnicas utilizadas durante el parto y los beneficios que se obtienen con estas técnicas cuando se aplican. El papel de la fisioterapia en este proceso es importante, ya que este profesional está capacitado para trabajar en el cuidado de mujeres embarazadas, mejorar las condiciones de trabajo y humanizar el proceso aún más.

PALABRAS-CLAVE: Seguimiento de la fisioterapeuta, el parto, el ejercicio.

ACOMPANHAMENTO DA FISIOTERAPIA EM GESTANTES NA SALA DE PARTO

RESUMO

Este estudo é uma atualização das ações da fisioterapia na sala de parto. Serão abordados os principais recursos de intervenção fisioterapeutica adotadas a fim de diminuir o tempo de trabalho de parto, o medo, a tensão e a dor. O foco principal deste artigo de revisão foi o acompanhamento do fisioterapeuta obstétrico em gestantes nas salas de parto, as técnicas utilizadas durante o trabalho de parto e os benefícios que são obtidos com essas técnicas quando aplicadas. O papel da fisioterapia é importante nesse processo, pois esse profissional tem qualificação para atuar na assistência à gestante, melhorando as condições de parto e humanizando esse processo cada vez mais.

PALAVRAS-CHAVE: Acompanhamento do fisioterapeuta, parto, exercícios.