

The role of the obstetric nurse in the use of non-pharmacological methods during labor*El papel de la enfermera obstétrica en el uso de métodos no farmacológicos durante el parto**A atuação do enfermeiro obstetra na utilização dos métodos não farmacológicos durante o trabalho de parto***Renata Souza Alves Maia¹**

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The aim was to verify the role of nurses in the use of non-pharmacological methods of pain relief during labor. This is an integrative review study, which aims to find the results of research on the proposed topic and synthesize them in a systematic and ordered way. The Virtual Health Library (BVS) database was used to search for articles/studies, covering the period of January and February 2023, with publications in the last seven years (2016-2023), in full-text format, in Portuguese, English, and Spanish. Nine articles were selected for analysis, forming three categories: Autonomy and Difficulty of the Nurse, Role of the Nurse in the Use of Non-Pharmacological Methods, and the Pregnant/Postpartum Woman's View of Nursing Care. The study showed positive results regarding the role of the nurse during labor, as well as the satisfaction of the parturients during the nursing team's care.

Descriptors: Obstetric Nurse; Humanized Childbirth; Nursing Care; Labor and Delivery; Woman's Health.**How to cite this article:**

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Resumén

El objetivo fue verificar el rol del personal de enfermería en el uso de métodos no farmacológicos para el alivio del dolor durante el parto. Se trata de un estudio de revisión integradora, cuyo objetivo es encontrar los resultados de investigaciones sobre el tema propuesto y sintetizarlos de forma sistemática y ordenada. Se utilizó la base de datos de la Biblioteca Virtual en Salud (BVS) para la búsqueda de artículos/estudios, que abarcaron el período de enero a febrero de 2023, con publicaciones de los últimos siete años (2016-2023), en formato de texto completo, en portugués, inglés y español. Se seleccionaron nueve artículos para su análisis, conformados en tres categorías: Autonomía y Dificultad del Enfermero, Rol del Enfermero en el Uso de Métodos No Farmacológicos y Visión de la Mujer Embarazada/Puerpera sobre los Cuidados de Enfermería. El estudio mostró resultados positivos en cuanto al rol del enfermero durante el parto, así como en la satisfacción de las parturientas con la atención del equipo de enfermería.

Descriptor: Enfermero Obstétrico; Parto Humanizado; Atención de Enfermería; Trabajo de Parto y Nacimiento; Salud de la Mujer.

Resumo

Objetivou-se verificar o papel do enfermeiro na utilização dos métodos não farmacológicos de alívio da dor no trabalho de parto. Trata-se de um estudo de revisão integrativa, cujo objetivo é buscar os resultados da pesquisa sobre o tema proposto e sintetizá-los de forma sistemática e ordenada. Foi utilizado para busca dos artigos/estudos à base de dados Biblioteca Virtual em Saúde (BVS), no período de janeiro e fevereiro de 2023, com publicações nos últimos sete anos (2016-2023), em formato de texto completo, nos idiomas português, inglês e espanhol. Foram selecionados nove artigos para análise, formando três categorias: Autonomia e Dificuldade do Enfermeiro, Papel do Enfermeiro no Uso dos Métodos Não Farmacológicos e Visão da gestante/puérpera na Assistência do enfermeiro. O estudo mostrou-se positivo quanto ao papel do enfermeiro no trabalho de parto, bem como quanto à satisfação das parturientes durante a assistência da equipe de enfermagem.

Descritores: Enfermeiro Obstétrico; Parto Humanizado; Assistência de Enfermagem; Trabalho de Parto; Saúde da Mulher.

Introduction

Over time, the assistance given to normal childbirth underwent some modifications. Between the 16th and 17th centuries, the surgeon entered the picture, included to reduce maternal mortality. They were responsible for performing cesarean sections, using their instruments, and thus began the medicalization of childbirth, known as a biomedical model. This model is related to the health/disease process and focuses on an individualistic, technocratic, curative, and hospital-centric approach. This surgeon replaced the midwives who had a stronger bond with pregnant women, using methods such as talismans, prayers, and magical remedies to alleviate the pain of contractions¹.

According to the Ministry of Health, in 2000, through Ordinance No. 569 of June 1, 2000, the Humanization Program in Prenatal and Birth was instituted. Its objective was to ensure improved access, coverage, and quality of prenatal care, childbirth assistance, and postpartum care for pregnant women and newborns, which, according to Article 2 of Ordinance No. 569/2000, is a right of pregnant women, as it reduces maternal and infant morbidity and mortality rates. Within the context of the SUS (Brazilian Unified Health System), through Ordinance No. 1,459 of June 24, 2011, a network called the Stork Network was created, allowing for expanded access to healthcare for pregnant women and newborns; this network remains in effect to this day^{2,3}.

According to the Ministry of Health, humanization is the quality in promoting, recognizing, and respecting women's rights, ensuring the well-being and comprehensive health of women, going beyond procedures and techniques. It refers to the importance of the professional's relationship with the parents, respecting the woman's freedom of choice, controlling her own labor, and choosing her own delivery method³.

The first postgraduate course in obstetric nursing began in 1947 at the Anna Nery School of Nursing in Rio de Janeiro, targeting professors interested in postgraduate studies. The following year, in 1948, a specialization course in obstetrics began to be offered, and in 1949, nursing schools officially trained obstetric nurses. Thus, the title previously held by midwives became that of obstetric nurses, who were responsible for prenatal care, normal deliveries without dystocia, and the postpartum period⁴.

Thus, nursing care plays a role in several aspects during labor; these include: the Normal Delivery Center (CNP), which was implemented and authorized by Ordinance No. 11, of January 7, 2015, within the scope of the SUS (Brazilian Public Health System). And also in home care, where, according to the Brazilian Association of Obstetricians and Obstetric Nurses (ABENFO), it reduces interventions and cesarean sections, improving the health of both mother and baby⁵.

Therefore, the nurse acts in these locations, using some important non-pharmacological methods during labor,



with the aim of relieving pain, promoting muscle relaxation, increasing dilation, improving the mother's O₂ saturation, reducing anxiety, and helping the baby descend. Among these methods are body massages, breathing exercises, warm shower, birthing ball, and birthing stool^{6,7}.

Given this, the guiding question of this study is: "How has the nurse been acting in the use of non-pharmacological methods during labor?". Its general objective is to verify the role of the nurse in the use of non-pharmacological methods of pain relief during labor, and its specific objectives are: to identify the non-pharmacological methods of pain relief during labor used by nurses, to assess the degree of autonomy of nurses during labor care, and to identify the degree of satisfaction of pregnant/postpartum women with the nurse's care during labor.

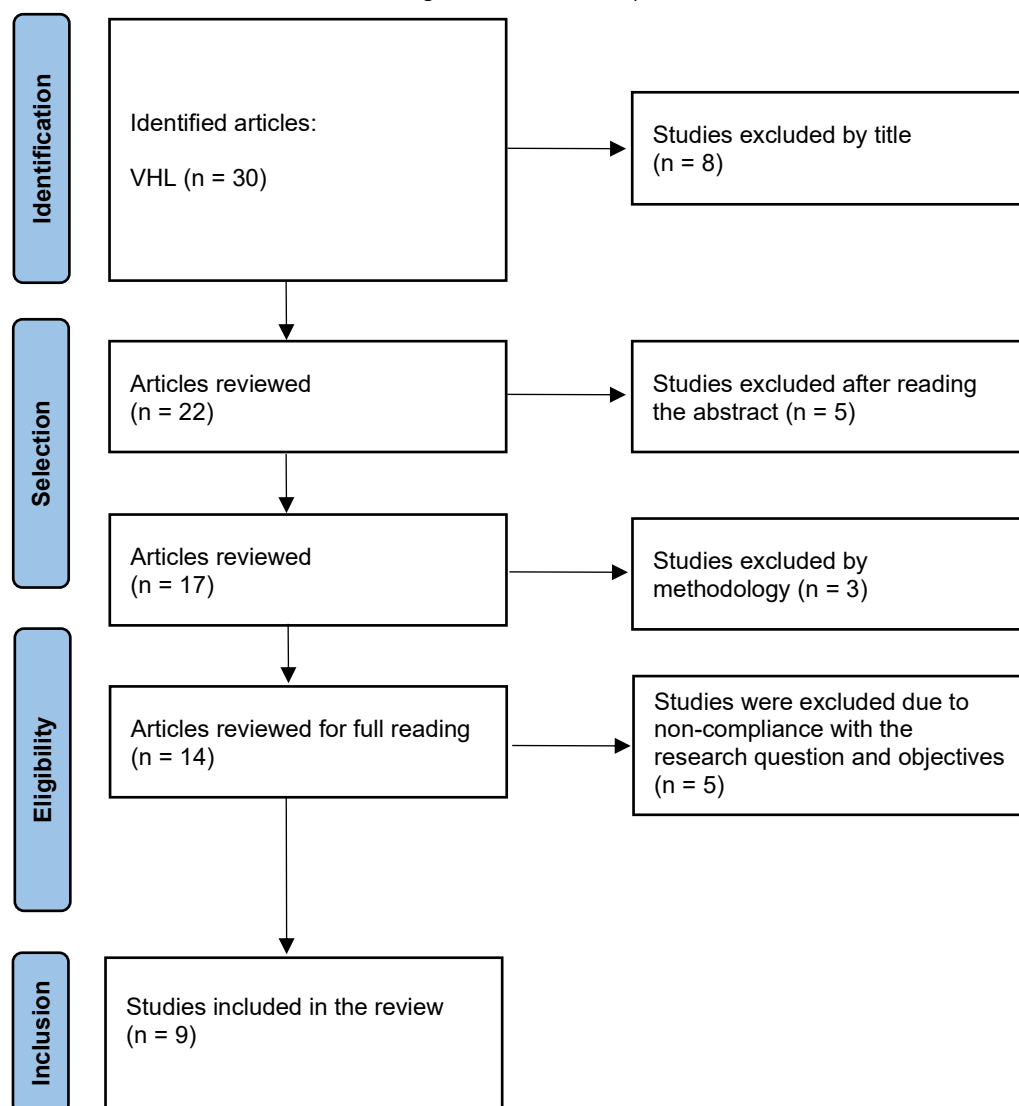
Methodology

This was an integrative review study method that aimed to find research results on the proposed topic and

synthesize them in a systematic and organized way. In this way, it allows for the search of various studies to generate conclusions about the subject. The components of the integrative review go through six stages: identification of the topic and selection of the hypothesis or research question; establishment of criteria for inclusion and exclusion of studies/sampling or literature search; definition of the information to be extracted from the selected studies/categorization of studies; evaluation of the studies included in the integrative review; interpretation of the results and presentation of the review/synthesis of knowledge⁸.

The Virtual Health Library (BVS) database was used to search for articles/studies, covering the period of January and February 2023, applying the following descriptors: "Obstetric Nurse", "Midwife", "Parteira", "Humanized Birth", "Nascimento Humanizado", "Nursing Care", "Cuidado de Enfermería", "Trabalho de Parto", "Labor" and "Parto", combining the Boolean operators: "AND" and "OR".

Figure 1. Article selection process. Rio de Janeiro, RJ, Brazil, 2023



The selection of articles using the inclusion criteria were articles available in Portuguese, English, and Spanish, in full text format, published in the last seven years (2016-

2023) that addressed the chosen theme. The exclusion criteria were articles that did not answer the research

question. Finally, they were organized into a table for analysis and selection by title, abstract, and full text.

Results and Discussão

According to the flowchart presented in Figure 1, 30 articles were selected. From these, eight were excluded based on title selection, five based on abstract reading, three

based on methodology reading, and five based on full article reading. This left nine studies for discussion in the review.

Within the studies found, we selected those from the years 2016 (n=1), 2017 (n=2), 2018 (n=2), 2019 (n=1), and 2020 (n=3). In this review, all selected journals are from the national territory. Below is a chart characterizing the selected studies, showing title, methodology, authors, year, journal, categorization, and a summary of the results.

Chart 1. Characterization of the selected studies. Rio de Janeiro, RJ, Brazil, 2023

Title	Methodology	Authors/Year	Journal	Category	Summary of results
Potencialidades e limitações da atuação do enfermeiro no Centro Parto Normal	A qualitative, exploratory approach.	Ferreira Júnior et al. 2020	Revista Anna Nery	Autonomy and Challenges for Nurses	The autonomy of nurses during labor, providing reassurance, guidance, and a sense of security; however, the workload becomes excessive, as the nurse is responsible for both the bureaucratic and care-related aspects.
Dificuldades da assistência ao parto domiciliar na ótica de enfermeiras obstetras	A descriptive study with a qualitative approach.	Pascoto et al. 2020	Revista Baiana de Enfermagem	Autonomy and Challenges for Nurses	Rejection experienced during transfer from home birth to hospital; difficulties faced by nurses requesting laboratory services.
Práticas assistenciais em partos de risco habitual assistidos por enfermeiras obstétricas	Cross-sectional, retrospective, and analytical study.	Ritter et al. 2020	Acta Paulista de Enfermagem	The Role of the Nurse in the Use of Non-Pharmacological Methods	Evolution of the use of non-pharmacological methods from 2013 to 2016.
Atuação de enfermeiras residentes em obstetrícia na assistência ao parto	Descriptive cross-sectional study with a quantitative approach.	Santana et al. 2019	Revista Brasileira de Saúde Materno Infantil	The Role of the Nurse in the Use of Non-Pharmacological Methods	Comparison of the use of non-pharmacological methods between primiparous and multiparous women; analysis of the interventions used during childbirth care.
Contentamento de puérperas assistidas por enfermeiros obstetras	Quantitative, descriptive, and exploratory study.	Ribeiro et al. 2018	Revista de Enfermagem UFPE online	The Pregnant/Postpartum Woman's Perspective on Nursing Care	Experience and satisfaction of postpartum women during labor and guidance provided by the nursing team.
Atuação da enfermeira obstetra no desenrolar do trabalho de parto e parto	Descriptive, exploratory research with a qualitative approach.	Alves et al. 2018	Revista Enfermagem Health Care	Autonomy and Challenges for Nurses	The role of nursing in humanizing childbirth care: a challenge faced by nurses related to family acceptance of childbirth.
Satisfação das puérperas atendidas em um centro de parto normal	Qualitative, descriptive, and exploratory study.	Soares et al. 2017	Revista de Enfermagem UFPE online	The Pregnant/Postpartum Woman's Perspective on Nursing Care	The nursing relationship with the parturient woman is related to promoting and humanizing labor.
Práticas de assistência ao parto normal: formação na modalidade de residência	Descriptive, exploratory, documentary study with a quantitative approach.	Santos et al. 2017	Revista de Enfermagem UFPE online	The Role of the Nurse in the Use of Non-Pharmacological Methods	Non-pharmacological methods used by resident nurses during labor for pain relief and the most common positions.
O cuidado de enfermagem vivenciado por mulheres durante o parto na perspectiva da humanização	Exploratory-descriptive study with a qualitative approach.	Silva et al. 2016	Revista de Enfermagem UFPE online	The Pregnant/Postpartum Woman's Perspective on Nursing Care	Experiences of the nursing team related to the criticisms of women in labor regarding labor assistance.

For the analysis, the studies were divided into three categories: Autonomy and Difficulties of the Nurse, Role of the Nurse in the Use of Non-Pharmacological Methods, and the Pregnant/Postpartum Woman's Perspective on Nursing Care.

The category of Autonomy and Difficulty for Nurses addresses three studies⁹⁻¹¹. Research⁹ emphasizes that the role of the nurse during labor in a Natural Birthing Center is of paramount importance for both the pregnant woman and the well-being of the baby. Nurses during labor demonstrate

that they promote tranquility through guidance on the entire process, thus providing security for the mother and her companion.

On the other hand, study¹⁰ addresses the rejection experienced by the nursing staff with the transfer of home births to the hospital, as well as the difficulty in requesting laboratory tests, since many times the arrival of a home birth in a hospital environment generates a blockage in health professionals due to a lack of knowledge of the importance



of a humanized home birth assisted by a nurse, as well as the assumption that it is a risky birth.

In other words, the study¹¹ demonstrates the relevance of nursing professionals providing humanized care during labor, that is, providing assistance from prenatal care in primary care, upon arrival at the hospital, during labor, until the end of the mother's and newborn's stay in the hospital unit. This shows agreement between the two authors^{9,10}, because they report on the autonomy of care, where the nursing staff will observe the pregnant woman, guide her, reassure her, provide security, and avoid a surgical delivery, thus bringing benefits to both mother and baby.

In general, the three studies highlight the difficulties faced by obstetric nurses. The first challenge concerns the workload of this team, as the nurse is responsible not only for assisting the parturient woman but also for bureaucratic matters. Furthermore, there is a lack of knowledge among pregnant women and their families regarding humanized childbirth assisted by a nurse, given that it is a somewhat new and unfamiliar environment due to the way childbirth is usually performed⁹⁻¹¹.

In the second category, the three studies¹²⁻¹⁴ discuss the non-pharmacological methods used by nurses during labor. For study¹², there were changes between 2013 and 2016, with an increase in the following methods used: changing the position during labor (40.6%), rebozo (16.4%), and therapeutic massage (20.4%), but there was a reduction in some methods, such as the lithotomy position (31.1%) and pain relief medication (23.1%).

Comparing the authors^{13,14}, we saw that 100% of women used this method for ambulation, while only 51% opted for it according to the other author. Regarding the birthing ball, the percentages for both are quite low, at 22% and 2%, respectively. As for therapeutic massage during labor, the results were very close, at 36% and 34%. And lastly, we have the shower bath, with a significant difference of 37% between the two authors, at 82% and 45% respectively.

Thus, we can analyze that the authors complement each other, logically, with some differences in the percentages of method utilization, but the vast majority report an increased preference for a humanized birth with the use of non-pharmacological methods employed by the nursing team.

In the third category, the three studies¹⁵⁻¹⁷ regard the perspective of pregnant/postpartum women on nursing care during labor; the articles address satisfaction with nursing care, but also present criticisms faced by nurses.

According to the study¹⁵, more than half of the women expressed satisfaction with the information provided by the nursing staff, through the welcoming atmosphere, the explanation of labor and delivery, the safety and identification of the professional, and the motivation for expelling the baby, through breathing techniques, therapeutic massages, the use of the rebozo, shower baths, and others. For research¹⁵, there is not much divergence in relation to that of the authors¹⁶, the women in labor demonstrated great satisfaction with the care provided by the nursing staff and also spoke about the bond between the nursing professional and them, thus providing tranquility and security during labor.

Unlike the other authors, research¹⁷ cites complaints from women in labor regarding the lack of ethics of the nursing staff during labor, where the professionals demonstrated a lack of training related to a lack of information about the labor process, indifference to the professional/patient relationship, where they did not ask what the woman needed, what she felt, and also the non-use of techniques for pain relief.

Conclusion

Based on this study, the performance of obstetric nurses during labor proved positive for the women interviewed throughout the studies, thus utilizing the most commonly used non-pharmacological methods, such as therapeutic massage, rebozo, shower bath, and changing positions during labor. Despite the recognition of nurses, an overload is observed in relation to professionals regarding labor assistance and bureaucratic issues; however, in terms of assistance, the nurse shows confidence, guiding and transmitting security to the woman in labor.

Finally, the studies indicate that nurses need recognition from women in labor and health professionals during labor in the use of non-pharmacological methods, because, due to a lack of information, they still receive criticism regarding their performance.

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