Experience report

Insertion and performance of the resident physiotherapist in an obstetric center: experience report

Inserção e atuação do fisioterapeuta residente em um centro obstétrico: relato de experiência

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ABSTRACT | INTRODUCTION: The obstetric center (OC) is a sector designed to welcome pregnant women in labor to undergo natural childbirth or cesarean section. Physiotherapeutic intervention helps the woman in labor to deal with the changes that occur in the body during childbirth, using non-pharmacological techniques and resources to alleviate pain, as well as suggesting childbirth postures. **OBJECTIVE:** This study aimed to report on the insertion and performance of a physiotherapist resident in OC. **MATERIAL AND METHODS:** This is an experience report from a physiotherapist resident of the Multiprofessional Residency Program in Hospital Health, in the OC sector. It was carried out between September and October 2023, at the HGRS maternity ward, in the city of Salvador - Bahia. **RESULTS:** The resident physiotherapist was added to the multidisciplinary team, working under the supervision of the physiotherapist/preceptor, scheduled on the day of the shift. During labor, non-pharmacological measures were offered to alleviate pain and pelvic mobility exercises were suggested, as well as childbirth postures. In the immediate childbirth period, many parturient women reported how important it was to have a physiotherapist at this point in their lives, making comparisons with previous childbirths in which they did not have this type of assistance. **FINAL CONSIDERATIONS:** The resident physiotherapist had complete autonomy to suggest actions to parturient women, combining theory and practice, resulting in effective labor childbirth, contributing to the quality of the service provided. This experience also contributed to professional growth and awakening to a field of physiotherapy that is still little explored.

KEYWORDS: Physical Therapy Modalities. Labor. Obstetric. Delivery Rooms.

RESUMO | INTRODUÇÃO: O centro obstétrico (CO) é um setor destinado a acolher gestantes em trabalho de parto para serem submetidas ao parto normal ou parto cesáreo. A intervenção fisioterapêutica ajuda a parturiente a lidar com as mudanças que ocorrem no corpo durante o parto, utilizando técnicas e recursos não farmacológicos para amenizar a dor, assim como sugerir posturas de parto. **OBJETIVO:** Esse estudo teve como objetivo relatar sobre a inserção e atuação de uma fisioterapeuta residente no CO. **MATERIAL E MÉTODOS:** Trata-se de um relato de experiência, de uma fisioterapeuta residente do Programa de Residência Multiprofissional em Saúde Hospitalar, no setor CO. Foi realizado entre setembro e outubro de 2023, na maternidade do HGRS, na cidade de Salvador-Bahia. **RESULTADOS:** A fisioterapeuta residente foi inserida à equipe multiprofissional, atuando sob supervisão da fisioterapeuta/preceptora, escalada no dia do plantão. Durante o trabalho de parto foram ofertadas medidas não farmacológicas para alivio da dor e sugeridos exercícios de mobilidade pélvica, somado as posturas de parto. No pós parto imediato, muitas parturientes relataram o quanto foi importante ter uma fisioterapeuta nesse momento de suas vidas, fazendo comparações com os partos anteriores ao qual não tiveram esse tipo de assistência. **CONSIDERAÇÕES FINAIS:** A fisioterapeuta residente teve total autonomia para sugerir condutas às parturientes, associando teoria e prática, resultando em um trabalho de parto efetivo, contribuindo para o qualidade do serviço prestado. Essa vivência ainda contribuiu para o crescimento profissional e o despertar para um campo de atuação da fisioterapia ainda pouco explorado.

PALAVRAS-CHAVE: Modalidades de Fisioterapia. Trabalho de Parto. Centro Obstétrico.

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1. Introduction

The obstetric center (OC) is a sector located within a hospital, designed to welcome pregnant women who are in labor to undergo normal childbirth or cesarean section in a humanized and safe way, or to attend to any obstetric surgical complications. It is generally installed close to a surgical center.[1]

The structure of this place is designed so that the woman in labor can experience the three stages of childbirth - pre-childbirth, childbirth and post-childbirth (PPP) - without the need to move to other rooms or sectors. It is still possible to offer non-pharmacological methods (NPM) for pain relief, which facilitates the process of normal childbirth. In addition to providing a comfortable environment, also ensuring the presence of a companion of the patient's choice ensures a much calmer and safer labor.[2]

Throughout pregnancy, several physiological changes occur in a woman's body, involving the following systems: digestive, circulatory, urological, respiratory and musculoskeletal. These changes are associated with hormonal instabilities that can cause discomfort, movement limitations, fatigue, edema and pain.[3]

According to the "Normal Birth Care Guideline", it is extremely important to understand the physiological characteristics of labor, which is subdivided into periods.[4] In the first period of labor, there is a latent phase and an active phase.[4,5]

The latent phase is defined by painful uterine contractions and variable changes in the cervix, with some degree of effacement and slower progression of dilation of up to 5 cm, for nulliparous and multiparous women.[4,5]

The active phase, also known as the dilation phase, is described by regular painful uterine contractions, with a considerable degree of effacement and faster cervical dilation, from 5 cm to full dilation.[4,5]

The second stage of labor is characterized by the time between complete cervical dilation and birth. The expulsive period is divided into the initial or passive phase, which is full dilation of the cervix, but without the sensation of involuntary pushing, and the active phase, when full dilation of the cervix occurs and pushing to expel the fetus can be observed.[4-6]

The third period begins after the removal of the newborn and ends after the delivery of the placenta and membranes. This period must undergo rigorous evaluation in order to minimize possible complications, such as postpartum hemorrhage.[4-8]

COFFITO Resolution No. 372 of November 6th, 2009, in Article 2, recognizes the specialty of Physiotherapy in Women's Health for the physiotherapist professional, who has the autonomy to prescribe and apply physiotherapeutic techniques and resources for analgesia during labor and childbirth; work in the pre-delivery room, parturient ward, obstetric ward and puerperal ward; and provide guidance and assistance with breastfeeding, among others.[9]

Physiotherapy intervention is highly relevant within an OC, as it helps the parturient to understand and deal with the physical changes that occur in the body during childbirth, in addition to using techniques that allow for pain relief using non-pharmacological resources, explaining the anatomy of the pelvis and suggesting exercises for each phase of uterine dilation and making suggestions for childbirth postures.[10,11] It also acts as emotional support for the parturients.[12]

Based on this assumption, the objective of this article is to report on the insertion and performance of a physiotherapist residing in the OC, aiming to describe the physiotherapist's performance in this location.

2. Materials and methods

This study is a descriptive report of the experience of a Physiotherapy resident in the Integrated Multiprofessional Residency Program in Hospital Health, as part of the multidisciplinary team, in the OC sector.

It was carried out between September and October of 2023, in the HGRS maternity ward, which is a public hospital, located in the city of Salvador, Bahia.

This experience report complied with all ethical requirements, without disclosing or identifying any professional, patient or companion involved in the entire process, highlighting the objective and relevance of this type of research.

This study was limited by the days of service, as it was only during the day and from Mondays to Fridays.

The HGRS Multiprofessional Health Residency is structured in accordance with the regulations established by the Comissão Nacional de Residência Multiprofissional em Saúde – CNRMS (National Commission for Residency in Professional Health Areas) and the COREMU/HGRS Regulations that provide for the operating standards and regulations for the Multiprofessional Residency Program in Health and in the Professional Area of the HGRS, subject to the standards of the SUS, SESAB and HGRS.

3. Results and discussions

The HGRS Multiprofessional Health Residency makes it possible to carry out internships/optionals in other institutions, as well as receiving residents from partner institutions. To carry out this internship, the resident must be in the 2nd year of residency. During this period, a request is sent to the coordinator (institutional representative) of the HGRS residency program, who will continue with the necessary procedures to carry out the internship in the desired location.

After the approval of the Comissão de Residência Multiprofissional - COREMU (Multiprofessional Health Residency Commission), since the field was not part of the scope of the rotation of fields of activity of the Integrated Multiprofessional Program in Hospital Health, it was possible to prepare this study, carried out in the HGRS maternity ward.

With the procedures completed and approved, the unit's supervising physiotherapist, together with the assistant physiotherapists, created a study schedule so that the resident involved would have a better understanding of the physiotherapist's role in the OC and the care flow of the maternity ward studied.

The flow established in the aforementioned OC began with the reception of pregnant women who underwent a triage process carried out by an obstetric nurse, who were then evaluated by the obstetrician and, depending on the clinical picture presented, were referred to the sectors called PP1 or PP2, where PP1 was the location designated for those parturients who were already in the active phase of labor childbirth, that is, with dilation of 6 cm or more and present uterine dynamics (UD), and PP2 was the location designated for pregnant women with some obstetric emergency.

The physiotherapists of this unit worked with the parturients admitted to PP1, whether due to low or high-risk pregnancies, together with the multidisciplinary team, using physiotherapeutic techniques to speed up labor childbirth, as well as performing NPM during contractions and providing the parturient a childbirth less painful and shorter delivery, meeting their physical and emotional demands. They also performed the admission and progress in the electronic medical record of each patient treated, describing the physiotherapeutic procedures performed, together with filling out the spreadsheet of indicators related to NPM, the childbirth positions and the vertical postures experienced.

The resident physiotherapist was included in the multidisciplinary team, acting as a professional, with daily support and monitoring from the physiotherapist/preceptor, scheduled on the day of the shift, and, in addition to practical activities, discussions took place on topics related to her area of expertise, and free or pre-defined topics were also addressed according to the unit's demand.

During the consultations, NPM were offered during labor, such as: breathing techniques and suggestion to lie on the side, with the aim of minimizing stress for the parturient and improving oxygenation of the fetus and the woman; suggestion of a shower bath, which contributed to reducing the perception of pain and providing greater freedom of movement; local thermotherapy was also performed, both in the lumbar region and perineum, during the expulsive period, which reduced the sensation of pain, according to reports from the parturients; lumbosacral massage at the time of contractions, with the aim of achieving muscle relaxation, aiming to promote relief and decrease muscle fatigue; music therapy and dim light as a way to provide rest during pauses in contractions.[13] Gallo et al state that these techniques provide a significant reduction in pain intensity, as well as a decrease and delay in the use of analgesics, anticipation of the expulsion period, improvement of neonatal well-being and better maternal comfort.[14]

Along with the NPM, exercises were suggested for the purpose of pelvic mobilization, such as: walking; active kinesiotherapy, including alternating lateral pelvic tilt; internal and external rotation of the lower limbs; counternutation or sacral nutation movements; squatting; pelvic circumference, depending on the stage of labor childbirth in which the parturient is, based on the medical evaluation, the dilation of the cervix, the De Lee plane (measurement of the height of the fetal presentation) and the signs and symptoms reported by the parturient.

Following the guidelines for vertical postures, possible birthing positions were suggested for better positioning of the pelvis to widen the pelvic inlet (upper, middle or lower), which were: orthostatic position, sitting on a horse or Swiss ball; squatting position; semi-sitting position or 4 supports, always supervised by the physiotherapist Swiss ball and the multidisciplinary team.

Patients who were hospitalized in PP2 were also seen, after medical request, emphasizing that if they had little dilation, ruptured waters or signs of premature labor, only guidance was given on free movement, walking around the unit and on the physical sensation and physiological of childbirth, as an educational measure.

In the immediate post-childbirth period, many women were grateful for the care they received, reporting how important it was to have a physiotherapist at this time in their lives, making comparisons with previous childbirths in which they did not have this type of assistance.

Studies[12,15] show that the presence of a physiotherapist during labor childbirth contributes to the confidence and safety of the woman in labor during the evolution of childbirth, provides emotional support for the woman in labor and also helps reduce labor time through guidance on mobility and vertical postures.

It is therefore important to highlight the campaign "For more Physiotherapists in Maternity Wards" by the Associação Brasileira de Fisioterapia em Saúde da Mulher - ABRAFISM (Brazilian Association of Physiotherapy in Women's Health), which emphasizes the importance/relevance of the physiotherapist in the composition of interprofessional teams. This professional is designated for physiotherapy assessment and diagnosis for the prescription and application of resources for pain relief and for the progression of labor childbirth (kinesiotherapy, massage therapy, electrotherapy, thermotherapy, hydrotherapy, etc.); using MNF for pain relief during labor childbirth and post-childbirth (preparation of protocols, guidance for companions and the entire interprofessional team).[3] As well as postural guidance related to the work of the obstetrics team, contributing to the rapport, satisfaction and comfort of the group.[3]

4. Final considerations

The resident physiotherapist working at the OC had complete autonomy to suggest procedures to the women in labor, combining theory and practice, resulting in effective labor childbirth and contributing to the quality of the service provided.

It is hoped that this report on the development of the insertion and performance of the resident physiotherapist in the sector addressed will serve as a reflection and inspiration for more physiotherapists, not just residents, to enter this field of activity and that maternity hospital managements will become aware of the importance of having a physiotherapist as part of the multidisciplinary team in the OC.

It is concluded that this experience contributed to professional growth and awakening to this field of physiotherapy that is still little explored. It is also suggested to expand the number of physiotherapists in the OC, so that more days of care can be covered, and the inclusion of night shifts and weekends, so that pregnant and parturient women can receive more assistance. And also the inclusion of the OC sector as a field of practice for physiotherapists in the rotations of the HGRS Multiprofessional Residency Programs, as a way of expanding the fields of practice.

Author's contributions

The authors declared having made substantial contributions to the work in terms of the conception or design of the research; the acquisition, analysis or interpretation of data for work; and writing or critically reviewing relevant intellectual content. All authors approved the final version to be published and agreed to assume public responsibility for all aspects of the study.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private corporations and foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to, grants and financing, advisory board participation, study design, preparation manuscript, statistical analysis, etc.).

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