REVIEW ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

NON-PHARMACOLOGICAL METHODS FOR PAIN RELIEF DURING LABOR

MÉTODOS NO FARMACOLÓGICOS PARA ALIVIAR EL DOLOR DURANTE EL PARTO

MÉTODOS NÃO FARMACOLÓGICOS PARA O ALÍVIO DA DOR DURANTE O TRABALHO DE PARTO

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ABSTRACT
Labor pain is a multifactorial phenomenon involving physical, emotional, and social aspects, and is considered one of the most intense experiences in a woman's life. **Objective:** To analyze the scientific literature on non-pharmacological methods used for pain relief during labor, identifying the main practices employed and their effects on pain experience and maternal well-being. **Methods:** Integrative Literature Review conducted in six methodological steps. The PRISMA protocol was followed for article selection, and the PICo strategy was used to formulate the guiding question. Descriptors from DeCS and MeSH were combined using the Boolean operator AND: labor pain, labor, obstetric, pregnant women, complementary therapies, obstetric nursing. The search was conducted in the LILACS, Web of Science, MEDLINE, and SciELO databases, focusing on publications from the last six years. The final sample included 12 articles. **Results:** The most used non-pharmacological methods were floral therapy, hydrotherapy, birthing ball, ambulation, sacral massage, auriculotherapy, and ice massage at the SP6 point. Studies demonstrated effectiveness in reducing pain, anxiety, and labor duration, while promoting physical and emotional comfort. Positive maternal perceptions and the emphasis on women's protagonism were recurrent findings. **Final considerations:** This study aims to support the expansion of integrative practices in obstetric care, fostering more humanized, respectful, and woman-centered assistance, and guiding actions to strengthen professional training and public policies for childbirth humanization.
Keywords: Pain During Childbirth; Pregnant Women; Complementary Therapies; Nursing; Obstetrics.

RESUMEN
El dolor del parto es un fenómeno multifactorial que involucra aspectos físicos, emocionales y sociales, y se considera una de las experiencias más intensas en la vida de la mujer. **Objetivo:** Analizar la producción científica sobre los métodos no farmacológicos utilizados para aliviar el dolor durante el trabajo de parto, identificando las principales prácticas empleadas y sus efectos en la experiencia del dolor y el bienestar de las gestantes. **Métodos:** Revisión Integrativa de la Literatura, realizada en seis etapas metodológicas. Se siguió el protocolo PRISMA para la selección de artículos y la estrategia PICo para la construcción de la pregunta orientadora. Se utilizaron los descriptores DeCS y MeSH, combinados con el operador booleano AND: dolor de parto, trabajo de parto, personas embarazadas, terapias complementarias, enfermería obstétrica. La búsqueda se realizó en las bases LILACS, Web of Science, MEDLINE y SciELO, con publicaciones de los últimos seis años. La muestra final incluyó 12 artículos. **Resultados:** Los métodos no farmacológicos más utilizados fueron la terapia floral, la hidroterapia, la pelota de parto, la deambulación, el masaje sacro, la auriculoterapia y el masaje con hielo en el punto SP6. Los estudios demostraron eficacia en la reducción del dolor, la ansiedad y la duración del parto, además de promover el confort físico y emocional. La percepción positiva de las mujeres y la valorización del protagonismo femenino fueron hallazgos recurrentes. **Consideraciones finales:** Se espera que este estudio contribuya a ampliar el uso de prácticas integrativas en la atención obstétrica, promoviendo un cuidado más humanizado, respetuoso y centrado en la mujer, además de orientar acciones que fortalezcan la capacitación profesional y las políticas públicas para la humanización del parto.
Palabras clave: Dolor del Parto; Mujeres Embarazadas; Terapias Complementarias; Enfermería; Obstetricia.

RESUMO
A dor do parto é um fenômeno multifatorial que envolve aspectos físicos, emocionais e sociais, sendo considerada uma das experiências mais intensas na vida da mulher. **Objetivo**: Analisar a produção científica sobre os métodos não farmacológicos utilizados para o alívio da dor durante o trabalho de parto, identificando as principais práticas empregadas e seus efeitos na experiência da dor e no bem-estar das gestantes. **Métodos**: Revisão Integrativa da Literatura, conduzida em seis etapas metodológicas. Seguiu-se o protocolo PRISMA para seleção dos artigos e a estratégia PICo para construção da pergunta norteadora. Utilizaram-se os descritores DeCS e MeSH, cruzados com o operador booleano AND, sendo: Dor do parto, trabalho de parto, gestantes, terapias complementares, enfermagem obstétrica/*Labor pain*, *labor*, *obstetric*, *pregnant women*, *complementary therapies*, *obstetric nursing*. A busca foi realizada nas bases LILACS, *Web of Science*, MEDLINE e *SciELO*, com publicações dos últimos seis anos. A amostra final foi composta por 12 artigos. **Resultados**: Os métodos não farmacológicos mais utilizados foram terapia floral, hidroterapia, bola suíça, deambulação, massagem sacral, auriculoterapia e massagem com gelo no ponto SP6. Os estudos demonstraram eficácia na redução da dor, ansiedade e tempo de parto, além de promoverem conforto físico e emocional. A percepção positiva das mulheres e a valorização do protagonismo feminino foram aspectos recorrentes. **Considerações finais**: Espera-se que esta pesquisa contribua para a ampliação do uso de práticas integrativas na assistência obstétrica, promovendo um cuidado mais humanizado, respeitoso e centrado na mulher, além de subsidiar ações que fortaleçam a capacitação profissional e a implementação de políticas públicas voltadas à humanização do parto.
Palavras-chave: Dor do Parto; Gestantes; Terapias Complementares; Enfermagem; Obstetrícia.

REVISTA ENFERMAGEM ATUAL IN DERME

INTRODUCTION

Labor is a complex biological and psychosocial phenomenon that represents the final stage of gestation, during which intense physiological changes occur to enable birth[1]. This process is accompanied by a series of emotional and physical reactions that make the experience unique for each woman. The onset of uterine contractions, cervical dilation, and fetal descent demand effort and endurance, often accompanied by intense pain, considered one of the most significant in human experience[2].

The pain felt during childbirth is multifactorial, influenced by aspects such as individual sensitivity, the duration of labor, the care environment, and the level of emotional support available[3]. More than a physical symptom, pain is intertwined with the woman's psychological sphere and can be intensified by feelings of fear, insecurity, or lack of preparedness. Thus, pain management is an essential condition to ensure a birth with less suffering and better well-being for the parturient[4].

Pain, as described by the World Health Organization (WHO) and the International Association for the Study of Pain (IASP), is an unwanted sensory and emotional experience resulting from tissue damage, whether actual or merely threatened. This definition recognizes pain as a multifaceted phenomenon that goes beyond the physical dimension, including subjective aspects that vary from person to person [5].

Traditionally, pharmacological methods are widely used in obstetrics to promote pain relief, including systemic analgesia and regional anesthesia, such as epidural anesthesia (6). Although effective, these resources can have side effects, negatively influence the physiological progression of labor, and limit the woman's mobility, interfering with her autonomy during the process. For this reason, there is a growing appreciation for alternative approaches that respect the nature of the body and promote the humanization of care [2].

In this context, non-pharmacological methods have gained ground by offering safe, accessible, and woman-centered strategies [1]. These practices activate natural pain relief mechanisms, such as the release of endorphins and sensory distraction, in addition to promoting physical comfort and emotional security [7].

Beyond clinical benefits, non-pharmacological methods contribute directly to building a more humanized care environment, where women's decisions are respected and their protagonism is guaranteed [8]. The application of these techniques is aligned with international guidelines that recommend childbirth practices centered on natural physiology and respect for the parturient's values and choices. Therefore, their use represents an advance in the quality of obstetric care and in the promotion of more positive and healthy births [9].

Despite the growing recognition of non-pharmacological methods in obstetric care, gaps still persist in the organization and understanding

REVISTA ENFERMAGEM ATUAL IN DERME

of scientific knowledge related to these practices. Aspects such as the types of methods used, the approaches applied, their clinical effectiveness, applicability in different contexts, and the level of acceptance by health professionals still require further investigation [10]. This scenario highlights the need to gather and systematize scientific evidence that clarifies these practices, supporting more assertive clinical conduct and expanding the offer of humanized, respectful care that is consistent with the individual needs of women in labor [11].

Given this reality, the present study aims to analyze the scientific production on non-pharmacological methods used for pain relief during labor, identifying the main practices employed and their effects on the pain experience and well-being of pregnant women.

METHODS

This research was conducted through an Integrative Literature Review (ILR), highlighting it as an essential strategy to strengthen the use of scientific knowledge applicable to professional practice in health and to boost academic development in the area. The review followed six sequential and interconnected methodological steps: definition of the theme and formulation of the central research question; delimitation of the inclusion and exclusion criteria of the studies; organization and categorization of the selected materials; critical analysis of the included texts; interpretation of the findings obtained; and, finally, the integration of the information that will compose the synthesis of the generated knowledge[12].

To ensure transparency and methodological consistency, the guidelines established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol were adopted[13]. The study was guided by a guiding question constructed from the PICo strategy[14]: What non-pharmacological methods will be used during labor to relieve pain in parturient women? The components of the PICo structure are defined as: P (Population) – women in labor; I (Intervention/Interest) – non-pharmacological methods aimed at pain relief; and Co (Context) – environments intended for childbirth assistance.

Data collection was conducted through consultation of widely recognized scientific databases in the health field. The Latin American and Caribbean Literature in Health Sciences (LILACS), Web of Science, Medical Literature Online (MEDLINE), and the Scientific Electronic Library Online (SciELO) digital library were selected for their relevance, scope, and quality in indexing scientific studies related to the proposed theme. The construction of search strategies involved the controlled vocabularies Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS), combined with the Boolean operator AND, as detailed in Table 1 of the research.

REVISTA ENFERMAGEM ATUAL IN DERME

Table 1 - Search strategies for retrieving publications. Manaus - AM, Brazil, 2025

Search	Strategy
LILACS	Dor *AND* Saúde da Mulher *AND* Trabalho de Parto
Web of Science	*Pain AND Labor Pain AND Women's Health*
MEDLINE	Trabalho de Parto *AND* Dor do Parto *AND* Dor *AND* Parto Normal
SciELO	*Labor Pain AND* Dor

Source: Authors' own work

The inclusion criteria were established considering research that directly addresses the guiding question, is fully available online, freely accessible, published in the last six years, and written in Portuguese, English, or Spanish. Theses, dissertations, monographs, editorials, abstracts of scientific events, and duplicate articles were excluded. The selection of articles will be presented in Table 2, containing the final composition of the studies chosen from the consulted databases.

Table 2 - Databases and number of selected articles. Manaus - AM, Brazil, 2025

Database	Totality	After criteria	Final number	%
LILACS	91	98	4	33,3
Web of Science	51	70	2	24,9
MEDLINE	270	127	3	24,9
SciELO	117	108	3	16,9
Total	**529**	**403**	**12**	**100%**

Source: Authors' own work

During the analysis phase, a summary table was constructed containing the main information extracted from the selected studies, with the aim of avoiding errors and inconsistencies in the research data. This table will include elements such as: study code, author(s), year of publication, language, objective, type of study, and main results. Respect for copyright will be ensured, as established by Law No. 9.610/1998, guaranteeing that all content used complies with current legal precepts.

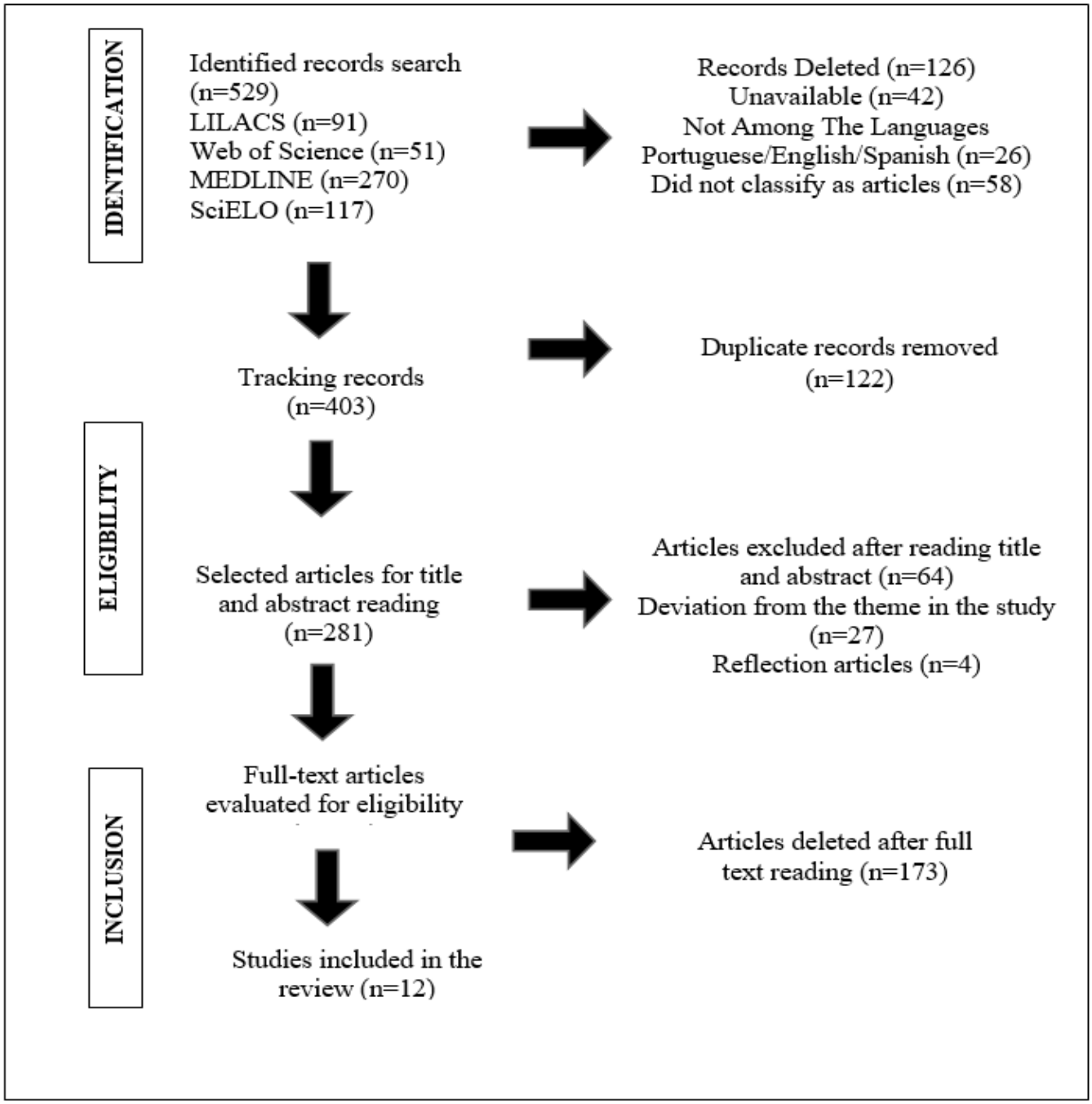
RESULTS

In this work, 529 studies were initially identified. After applying the previously established inclusion and exclusion criteria, this number was reduced to 403. In the next step, 185 titles and abstracts were analyzed in order to eliminate those that did not answer the guiding

REVISTA ENFERMAGEM ATUAL IN DERME

question. Finally, after a critical reading and in-depth interpretation of the eligible works, 12 articles were selected to compose the present study, as shown in Figure 1.

Figure 1 - Flowchart of study selection, adapted from the PRISMA recommendation. Manaus - AM, Brazil, 2025.



Source: Authors' Own Data

The year with the highest concentration of publications was 2020, with four studies, followed by 2022, with three studies. Regarding the location of the studies, Brazil stood out as the main setting for the investigations, accounting for nine of the twelve included studies. Despite

REVISTA ENFERMAGEM ATUAL IN DERME

this, three studies were published in English. As for the methodological design, there was a predominance of randomized clinical trials, with or without placebo control, in addition to quasi-experimental, descriptive quantitative, and exploratory qualitative studies.

The non-pharmacological practices investigated were varied, including flower therapy (present in four studies), warm baths, Swiss ball therapy, hydrotherapy, ambulation, sacral massage, auriculotherapy, use of a birthing ball, and ice massage at point SP6. Table 1 was constructed to present a synthesis of the studies included in the review.

Table 1 - Characterization of the studies analyzed in the review. Manaus-AM, Brazil, 2025.

N	Authors	Year / Language	Title	Type of Study	Main Results	Periodical
1	Bruna Euzebio Klein e Helga Geremias Gouveia[15]	2022 / Portuguese	Utilização de métodos não farmacológicos para alívio da dor no trabalho de parto	Quantitative, descriptive, cross-sectional	29.3% of women in labor used non-lethal methods. Hydrotherapy, position changes, and breathing exercises were the most commonly used. A significant association was found with type of delivery, gestation period, and parity. Combined use showed greater comfort.	Cogitare Enfermagem
2	Elaine Cristina Ribeiro Balbino *et al*[16]	2020 / Portuguese	Uso de métodos não farmacológicos no alívio da dor no trabalho de parto: a percepção de mulheres no pós-parto	Qualitative, exploratory, cross-sectional	70% were unaware of MNF (Mental Health and Nutrition) before delivery. 80% reported satisfaction. Nurses were the most frequently mentioned. Lack of guidance during prenatal care compromises empowerment.	Revista Brasileira Multidisciplinar – ReBraM
3	Jianfang Wang *et al*[17]	2020 / Inglês	The effectiveness of delivery ball use versus conventional nursing care during delivery of primiparae	Quantitativo, comparativo, randomizado	Menor dor, maior conforto, menor tempo de parto e hemorragia. Maior taxa de parto vaginal. Método eficaz para parto humanizado.	Pakistan Journal of Medical Sciences
4	Semra Akköz Çevik e Serap	2019 / English	The effect of sacral massage	Experimental, randomized	Significant reduction in pain and anxiety. Safe and	Japan Journal of Nursing

	Karaduman[18].		on labor pain and anxiety: A randomized controlled trial	and controlled	effective technique. Greater satisfaction with childbirth.	Science (Wiley)
5	*Hülya Türkmen et al*[19]	2024 / English	The Effect of Ice Massage Applied to the SP6 Point on Labor Pain, Labor Comfort, Labor Duration, and Anxiety	Randomized, clinical, controlled, masked	Reduced pain and increased comfort. No adverse effects. Accessible and effective technique.	Journal of Midwifery & Women's Health (Wiley)
6	Sonia Regina Godinho de Lara *et al*[20]	2021 / Portuguese	Efeitos da terapia floral no trabalho de parto e nascimento: ensaio clínico randomizado	Randomized, triple-blind clinical trial	Pain reduction and shorter labor time. Emotional balance and coping with fear. A safe and promising technique.	Revista Brasileira de Enfermagem – REBEn
7	Sonia Regina Godinho de Lara *et al*[21]	2022 / Portuguese	Efetividade das essências florais no trabalho de parto e nascimento	Randomized, placebo-controlled clinical trial	Increased beta-endorphin levels and stable cortisol levels. Reduced labor time. Lower rate of cesarean sections due to functional dystocia.	Acta Paulista de Enfermagem – Acta Paul Enferm
8	Sonia Regina Godinho de Lara *et al*[22]	2020 / Portuguese	Vivência de mulheres em trabalho de parto com o uso de Essências Florais	Qualitative, descriptive, exploratory	Reduction of fear, tension, and stress. Women became the protagonists of childbirth. The floral group had more emotional control.	Revista Online de Pesquisa Cuidado é Fundamental – UNIRIO
9	Karem Cristina Mielke *et al*[23]	2019 / Portuguese	A prática de métodos não farmacológicos para o alívio da dor de parto	Quantitative, cross-sectional, descriptive	77.9% used non-facial medicine (NFM). Bathing and ambulation were the most well-known methods. 89.4% reported benefits. The use of multiple methods was common.	Avances en Enfermería – Av Enferm
10	Patrícia de Souza Melo *et al*[24]	2020 / Portuguese	Parâmetros maternos e perinatais após intervenções não	Randomized, controlled clinical trial	A warm bath and a Swiss ball did not cause adverse effects. They increased contractions and dilation. Safe and recommended	Acta Paulista de Enfermagem – Acta Paul Enferm

			farmacológicas		methods.	
11	Reginaldo Roque Mafetoni *et al*[25]	2019 / Portuguese	Efetividade da auriculoterapia sobre a dor no trabalho de parto	Randomized, triple-blind clinical trial	Significant pain reduction after 60 and 120 minutes. Lower risk of perceived pain worsening. Effective and safe technique. 61.8% reported pain improvement.	Texto & Contexto Enfermagem – UFSC
12	Erica de Brito Pitilin *et al*[26]	2022 / Portuguese	Terapia floral na evolução do parto e na tríade dor-ansiedade-estresse: estudo quase-experimental	Quasi-experimental, randomized, controlled	• Significant reduction in labor time (6.7h vs. 9.4h). Increased cervical dilation and uterine contractions. Reduced cortisol in the floral therapy group. Lower cesarean section rate (RR=2.34 in the placebo group). No adverse neonatal effects. Safe, effective, and promising technique as an integrative practice.	Acta Paulista de Enfermagem – Acta Paul Enferm

DISCUSSION

The discussion on non-pharmacological methods for pain relief during labor has gained prominence in the scientific literature, especially in studies that seek to promote more humanized obstetric care. Although several techniques are available, only 29.3% of women in labor used some non-pharmacological method, with hydrotherapy, position changes, and breathing exercises being the most frequent [15]. This low adherence may be related to a lack of adequate guidance during prenatal care, as also pointed out in another study [16], which identified that 70% of women were unaware of these practices before delivery.

The positive perception of women who used non-pharmacological methods is a point of convergence among the studies. One study [16] highlighted that 80% of postpartum women reported satisfaction with the methods used, reinforcing the importance of the care provided by nursing professionals. This emphasis on humanized care is also observed in another study [17], which showed that the use of a birthing ball and free positions during labor resulted in less

REVISTA ENFERMAGEM ATUAL IN DERME

pain, greater comfort, and a higher rate of vaginal delivery, demonstrating the effectiveness of the intervention.

On the other hand, sacral massage as a pain and anxiety relief technique obtained significant results in reducing both symptoms [18]. The technique proved to be safe and well-accepted by women, which corroborates another finding [19], who used ice massage on the SP6 point and observed a reduction in pain and an increase in comfort. Both techniques, although distinct, share the principle of localized sensory stimulation, which suggests that tactile interventions can be effective in pain management.

Flower therapy has been extensively investigated in several studies [20,21,26]. The results point to emotional and physiological benefits, such as reduced pain, labor time, and stress, as well as increased cervical dilation and uterine contractions. However, while one study [22] emphasizes the subjective experience of women, highlighting female protagonism and emotional control, another [26] presents objective data that reinforce the effectiveness of flower therapy in the pain-anxiety-stress triad, with a significant reduction in cortisol and a lower cesarean section rate.

Despite the positive results, it is important to consider that not all studies found significant differences in all outcomes. For example, they did not observe a significant reduction in pain and anxiety between the flower and placebo groups, although they identified improvement in labor progression and stress reduction [26]. This divergence may be related to the subjectivity of pain and the complexity of the emotional factors involved in labor [22].

Auriculotherapy, investigated in one study [25], showed promising results in reducing pain after 60 and 120 minutes of application, with 61.8% of women reporting improvement. This technique, based on the stimulation of auricular points, reinforces the idea that non-invasive interventions can be effective in pain management, especially when applied with technical knowledge and sensitivity to the emotional context of the parturient.

Two studies [24,27] explored the combined use of warm baths and Swiss balls, demonstrating that these practices increased cervical dilation, the frequency of contractions, and contributed to women's well-being. The studies did not identify adverse effects, which reinforces the safety of these interventions. The combination of techniques seems to potentiate the positive effects, which observed an average use of 1.93 methods per woman, with a high satisfaction rate [23].

The discussion between the studies reveals that, although different in approach and technique, they all converge on valuing women's autonomy and promoting a more natural and less medicalized childbirth. The diversity of non-pharmacological methods allows women to choose, in an informed way, the strategy that best suits their needs and preferences, provided there is adequate guidance from healthcare professionals.

REVISTA ENFERMAGEM ATUAL IN DERME

However, the implementation of these practices still faces challenges, such as the lack of training for professionals, the absence of standardized protocols, and institutional resistance to the adoption of integrative approaches. Brazilian studies, in particular, point to the need to strengthen public policies aimed at humanizing childbirth and including integrative practices in the Unified Health System (SUS), as advocated by the Ministry of Health[28].

FINAL CONSIDERATIONS

Non-pharmacological methods for pain relief during labor demonstrate efficacy, safety, and wide acceptance among women, being recognized as valuable strategies in promoting a more humanized and respectful childbirth. In addition to contributing to pain and anxiety reduction, these practices promote physical and emotional comfort, strengthen the bond between the woman and healthcare professionals, and contribute to better obstetric outcomes, such as shorter labor times and fewer invasive interventions.

The literature reviewed reinforces the importance of expanding access to these practices at all levels of healthcare, especially in public services, where they are often still underutilized. To this end, it is essential to invest in the continuous training of healthcare professionals, especially obstetric nurses and physicians, so that they are able to offer these interventions with competence, sensitivity, and scientific basis.

Furthermore, it is fundamental to promote woman-centered care that respects her individuality, her desires, and her protagonism in the birthing process. Recognizing women as active and conscious agents in their choices during childbirth is a decisive step towards building a more ethical, empathetic, and effective care model. Therefore, non-pharmacological methods should be incorporated as an integral part of good obstetric practices, aligned with the guidelines of humanization and the valuing of female autonomy.

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