Original Article

Pain as motive to search for hospital labor assistance

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ABSTRACT

The study aimed to comprehend the pain influence as a motive to search for hospital labor assistance. We used a social-existential phenomenological approach proposed by Schütz. Nine pregnant women conducted to the maternity participated in the study, from February to June of 2013. The interview was guided by the questions: Tell me how the pain influenced your decision of looking for a hospital. What is meaning of pain to you in this phase of your pregnancy? The speeches were submitted to ideographic and nomothetic analysis that resulted in the following categories: pain identification, pain with vaginal losses, pain permanence and progression, influence of family members to identify pain. The study allowed comprehending the influence of pain in the complexity of labor, considering its subjectivity and its multi-factors. It was also seen that it is not always possible to rationalize about pain considering the socio-cultural environment in where the pregnant women are.

Descriptors: Labor, Obstetric; Pregnant Women; Pain; Obstetric Nursing.

INTRODUCTION

Historically, since the early times, the pregnancy, birth, and labor of human beings were always situations for personal and social mobilization, involved by taboos, rites and prejudice, and presenting a great meaning and fascination, as they are related to the continuity of life and species perpetuation[(1)].

Beliefs about pregnancy are considered to influence how the pregnant cares for herself and how she is cared by the family and people of her social conviviality. Thus, when the woman finds out about pregnancy, follows a series of norms that are culturally conceived[(2)].

Physiologically, the end of the pregnancy is characterized by contraction pains[(3)]. The pregnant uterus presents contractions since the beginning and, from the 28th to the 30th week, the pregnant starts to perceive

them, still painless. These are the Braxton-Hicks contractions. At the measure that the pregnancy evolves, contractions are more frequent and coordinated for the maturation of the uterine cervix[4].

The actual labor happens with the paced uterine contractions in regular intervals that increase in frequency and intensity, not decreasing with rest. It presents the erection of the uterine cervix, cervix dilation, formation of water pockets, emission of mucus and paced contractions, with two contractions occurring in 10 minutes, with a duration of 20 to 60 seconds[5].

In pain related to the false labor, there is the discomfort sensation, but it does not progress in intensity, duration, and dilation of the uterine cervix[6]. However, the pain identified by the pregnant is, many times, unknown and it can motivate her to search for hospital assistance earlier. Besides, is it important to consider that the labor pain is a unique experience, subjective and influenced by socioeconomic and cultural factors. Thus, regardless of the relevance of the theme, this is still a little explored in the literature, and consequently, it is little valued by health professionals.

Thus, the question arises: What are the motives that lead pregnant women to look for obstetric assistance before the actual labor? What are the signals identified by expectant mothers that lead them to ask for a Mobile Urgency Assistance Service (SAMU)?

Our study aimed to comprehend the influence of pain as a motive to search for hospital labor assistance.

METHODS

We structured this study from the qualitative approach from a design grounded on the social phenomenology, once the research interest is in the process and how the phenomenon manifests. The qualitative research incorporates the meaning and intentionality as inherent from acts, relationships and social structures[7].

We used the thoughts of Alfred Schütz to conduct the comprehension of meanings, for whom the human conduct is a straightforward and particular science[8]. For this author, the human action is projected by the man in a conscientious and intentional way, and it carries two motives: “motives for” that instigate action and therefore are directed to a future and, “motives why”, that are evident in facts that occurred and are unchangeable, but they influence the present action[9].

Thus, the social phenomenology tries to understand and organize what is experienced by individuals in their daily relationships, in their understandings and disagreements, which configures a social group with specificities[8].

We conducted this study in 2013 in a nonprofit hospital in a city located in São Paulo state that attends pregnant women with low obstetric risk. Expectant mothers who finished their prenatal consultations and that were taken to maternity by the SAMU, because they noticed to be in labor, constituted our study sample.

We conducted semi-structured interviews in the meeting room at the maternity, after the obstetric consultation, using the guiding questions: Tell me how the pain influenced your decision to look for the

hospital. What is the pain meaning to you in this phase of pregnancy? The interviews were recorded after participants signed the Free and Informed Consent Term. The study was approved by the Ethics in Research Committee from the study city, under the registration nº 597/08. We stopped the data collection when the interviews did not point to any new element, following the theoretical saturation criteria[10].

We first analysed the interviews by the attentive reading of speeches with the intention to apprehend the full meaning. After, the speeches were re-read to create units of meanings and for phenomenological reduction, which is the creation of the researcher language. Following, we conducted the ideographical analysis, the individual and nomothetic analysis, and the general analysis of speeches, resulting in convergences, divergences, and idiosyncrasies[10].

RESULTS

Pregnant women aged between 20 and 22 years constituted the sample, and most of them were in a stable relationship and on the 39th week. One in every two were in their first pregnancy, all of them went to more than six prenatal consultations, but only one participated in a preparation course for labor.

Regarding the frequency that they went to the maternity in false labor, most of them were going for the third time.

In their interviews, the pain was a relevant indication for the decision making based on previous experiences, revealing the "motive why" or the action reason that motivated them to search for hospital assistance.

From the women's narrative about the reason for an early search for the maternity related to the labor pain, four categories emerged, and they are reported below:

Category 1. Pain identification

The results obtained allowed us to note the existence of storage of knowledge in hands, previously constituted, that guides their actions in the search for the maternity, as it can be apprehended from the speeches:

I was doing laundry, after lunch, and I felt that little pain. I've already woken up weird; it felt like it was opening my back, the belly was hard. I did not lose liquid, but I thought: I think it's time (I1).
I was with pain at dawn, lower here. Then, I told my friend: I think the time is coming; it's a pain that seems like he wants to come out. Today I'm feeling pain at the bottom of my belly and it goes to my back (I3).
[...] *it is the third time that I come and the doctor said that it needs to get stronger, that the pain was too weak* (I5).

In the speeches of the pregnant women, it is possible to notice the influence of information received by health professionals about the signals of labor and how this influenced the search for hospital assistance.

[...] *the doctor from the basic health unit explained that it was a pain that comes from the back, and this is the pain that I'm feeling. I thought: if it's this pain, I have to go.* (E5).

Category 2. Pain with vaginal losses

The women express that the pain felt, besides being more intense than what they can support, it involves a limiting character when impeding them to conduct daily tasks and to meet their basic human needs, as follows:

I came with pain. It already started today, but it was weak. At dinner, I didn't even want to eat, I felt the strong pain again. Then, I was sure that I had to come here; I took a quick shower and I asked my mom to call the ambulance (I8).
[...] *contraction, but very spaced one from the other. Then I stayed until night with this little pain, like one hour. Then I went to church, and when I got there, I went to the bathroom, then a mucus came out, like, transparent* (I6).
I've already came, because I was losing liquid, I didn't feel pain, no. Then I thought: I think this is the water that broke. Then, I came and they said it was only that discharge, that one, how do you call, that vaginal discharge? (I7)
In this side here, I can't move, I go straight to the bathroom to pee, straight, and this pain doesn't stop; it is getting stronger; the vaginal discharge came out first, like mucus, and after it came water out, I need to be going to the bathroom all the time (I9).

Category 3. Pain permanence and progression

To recognize the labor, after moments of doubt and reflection, was a result of the pain permanence or progress, even after the coping strategies that tried to find in their baggage, the knowledge acquired. Rest, hydrotherapy resources, and even medications were used for this purpose, as follows:

[...] *then, I arrived home, took a shower and laid down. But the pain was getting worse; I was getting agitated, rolling in pain. Then, I couldn't handle it; I came here again* (I7).
This is the third time that I come. The doctor said that it needed to get stronger. When it was late night, it pressed more, but now in the morning, I couldn't stand. Then, I thought: I won't handle it. Then I came. It's a pain that starts really weak on my back, it comes to the belly, and my belly starts to get hard, like this, and the pain keeps increasing (I5).
Yes, I came, but they told me to go back…I didn't want to go back home like this; I wanted to deliver and that's it, to end up with this sooner…it is too heavy, I'm tired. I can't handle anymore this heat…I want to deliver soon (I1).
[...] *I thought that I was in labor, but they told me to wait for the stronger pains, that it is possible to break the water, or not (…) but I'm having pain since yesterday* (I1).
[...] *then when it was late night it pressed more; then I waited until the morning (…) but now in the morning, I couldn't handle; then I came. It is a weak pain that starts in the back, comes to the belly and starts to get hard like this, and then the pain increases!* (I5)
[…] *then, at the time that we were going up, the pain increased. When I arrived at my friend's house, it had increased a lot. It was hurting very strong; then it was because of the contraction; it hurts in the back then it hardens with the stronger pain…* (I4).

The women believed that, at that moment of searching for the maternity, they were in real labor, which it was not diagnosed in the obstetric exam, configuring the false labor, having the pain as a signal.

Category 4. Influence of family members to identify the pain

During pregnancy, women receive information about the labor pain, but the popular knowledge transmitted from family members and friends have an important cultural value, and it is determinant in many situations.

I came because I have pain, here at the bottom of my belly. It is because she (grandmother) says: "the pain is a colic, but

it's stronger", and I, as I have had colic and I used to be on bed rest, then I thought: I think it's that (I3).
My mother-in-law said that when she had hers, the water broke, the water ran through her legs. She came, gave three pains, and he was born. Almost didn't have time (I5).

Women with family relationships or friendships bonds that had already experienced the pain transmit their experience and even in a negative way:

[…] *Everybody talks about labor pain, that hurts, that is the death pain, that you die and is born again: even my mom says that she feels bad for me, but then she says that after it's worthy; the baby is born and the pain is over, but I am still afraid* (I2).
[...] *I fear this strong pain that they talk about; I'm alone* (I7).
So, I imagine that this belly pain will be different than the labor pain, but what my sister says is that she had a belly pain and kept going to the bathroom all the time, and the had to evacuate. Then, when she arrived at the doctor, she already was with ten fingers (I6).
[...] *my sister-in-law says that it hurt, that she felt like beating everyone; each person says one thing, and I stay like that, with fear, worried* (I5).

DISCUSSION

Regardless of the technological advances in obstetrics and the assistance resources for labor, this is still scary, due to the many meanings allied to pain, to suffering and anguish[11].

During labor and birth, the uterine contraction, commonly known as labor pain, is a biological and physiological component of the parturition process. Because it is a universal phenomenon and present in our daily lives, the presence of the painful sensation is the cause most frequently pointed by people as the motive to search for medical assistance. It is perceived as a symptom, therefore, a unique and exclusive phenomenon of the parturient[12].

The women participating in this study perceived pain in the most various intensities as the start to search the maternity. The women believed that vaginal losses, the permanent pain and pain progression, signalized the actual labor. The loss of the Schoeder stopper, the mucus secretion that during all pregnancy protects the cervix and that can be perceived as a vaginal loss until two weeks before labor, was identified as the precursors of the labor process.

Women see labor pain as a natural step in the delivery process, and that motivates them to search for hospital assistance. It is noteworthy that multiple information sources they receive and that interfere in this process, influence their decision making[13-14]. Besides, it is important to consider the existing gap between the preconized consultation in the primary attention network at the prenatal and the birth. In this period, the woman is co-dependent on the system, requiring a more affectionate relationship that minimizes the anxiety at that moment[15].

In this context, the information provided by health professionals during prenatal stages is of fundamental importance[16]. On the other hand, we perceive insufficient information by women's speeches, putting them in a fragility situation and dependence on health services, especially during this interval between the conclusion of the prenatal and the wait until the labor. Thus, effective communication is

primordial with accessible and interactive language between professionals and users, creating bonds, so doubts are clarified and resignified[16].

However, our study unveiled the influence of lay people in this process of recognition of signs and symptoms and, also the search for assistance. Family members have an important role not only as transmitting information but also by the reception and tranquility that the provide to the woman considering the feelings resulted from the proximity of the labor[17]. Family members who transmit negative information about the labor pain, based on their experiences, are those whose women search for support.

A study conducted in Egypt showed that most pregnant women fall back on family members and friends as the primary source of information[18]. However, their insecurity and the influence of family members and friends at this moment take them to a trajectory that produces a suffered and unnecessary journey[19].

The information content about labor pain perceived by pregnant women, from the social environment, daily routine and from their family relationships can result in many feelings, as doubt, disbelief, incredulity, curiosity, fear, and resignation. These feelings related to labor pain and identified by women are constantly changing, one substituting the other in a dynamic manner, always depending on the information obtained and/or experienced by women throughout the pregnancy. There is an alternation of feelings. Therefore, the labor pain is more frequently characterized as being extremely negative and, as a consequence, the fear permeates[20].

Despite the advances in medicine allowing the labor pain to be minimized, it still is a taboo and reality to be coped[21]. In a qualitative study conducted with 31 pregnant women in Sweden, the fear was unveiled as a strong feeling linked to labor[22].

In another study carried out with 45 women at the last trimester of pregnancy, during the prenatal attention in a city at Santa Catarina State, it was seen that pain labor was strongly represented in the women's imaginary and it transformed as the labor was coming up[23], as corroborated in our study.

The fact that pregnant women looked for health services believing to be in labor and after the assessment of a health professional being dismissed to return to their homes, as found in their speeches, configured that they were in false labor. However, it is important to clarify that their medical records were not checked to check their gestational situation.

In a study conducted with adolescents at their first pregnancy, at the third trimester, the false labor was one of the most reported motives by girls that were not immediately admitted in the institutions. The motivation that leads them to search for the maternity earlier can be related to the difficulty to recognize the ideal moment to seek professional attention at the delivery moment[24].

The delivery refers to an unknown situation in which they have no control. Therefore, it requires specific care so that it is possible to distinguish between false and true labor. This care is indispensable at the moments anticipating the labor and birth, as the mother's emotional state, in most times, is extremely vulnerable to the conditions presented by the environment and by the relationships with people surrounding

them, as the anxiety also takes over those that are around[13].

Through those speeches, we apprehended in our study that each woman experiences this process differently, once there are an interaction of the emotional, physiological, social and cultural factors that guarantee the individual character of the labor.

FINAL CONSIDERATIONS

The social phenomenology of Alfred Schütz allowed comprehending the actions of women that experienced maternity in a particular context, answering the study questions.

The data analysis allowed understanding the pain influence in the complexity of labor, considering its subjectivity and its multi-factors that are tangled and that get confused. We also saw that it is not always possible to rationalize about pain due to the sociocultural environment in which the pregnant woman is.

Considering the existing gap between the last prenatal consultation and the delivery resolution, it is indispensable for the woman to be receved in the health service assisted by a nurse who is capable of providing individual care and particular of this woman in a vulnerability condition considering the pain and uncertainties of the moment.

The study limitations refer to the qualitative design which does not allow the generalizability of results, but enable us to comprehend the individuals in their context. Besides, we have to consider that information from medical records was not consulted for data collection referring to the pregnancy and labor.

At last, the results will be able to contribute to the reflection on the nursing practice, assistances and, the enhancement of the work process directed to prenatal integral and humanized assistance during prenatal.

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