



Auriculotherapy in nursing care for women facing vaginal delivery: a narrative review of the literature

Auriculoterapia na assistência de enfermagem à mulher frente ao parto vaginal: revisão narrativa da literatura

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ABSTRACT

This study aimed to perform a narrative literature review through the identification of scientific research regarding the usage of auricular acupuncture in the treatment of nursing diagnoses during vaginal delivery. The cross-referencing descriptors were used in the following electronic databases BVS - BIREME and PUBMED: LILACS, MEDLINE, BDNF and Web of Science. After reviewing the found research, it was noticed that the practice of auriculotherapy is effective in relieving the discomforts presented by women during labor, however, the number of nursing diagnoses treated with auriculotherapy is scarce since different types of discomfort can be evidenced. From this, it is suggested in this paper auricular acupuncture points in the management of complaints that have not yet been treated with the technique, being of great value for future nursing interventions.

Keywords: Auriculotherapy, Labor, Humanized childbirth, Obstetric nursing, Obstetrics, Nursing diagnosis.

1 INTRODUCTION

Anxiety and insecurity related to labor (LW) is a common feeling among women, especially when they are in the final stretch of pregnancy. The practice of giving birth is submerged in several superstitious concepts where the woman needs to suffer violent pain, during the evolution of labor, for the fetal birth to happen, giving the impression that she will not be able to bear it. Such negative perceptions about vaginal delivery are often conceived due to the lack of information and clarification of doubts of the pregnant woman during prenatal consultations (TRAVANCAS; VARGENS, 2020; CARVALHO et al., 2018).

Even though it is a biologically natural event, "fear of the painful sensation is the most frequent cause of fear of childbirth and the main factor causing the choice of cesarean section, which often occurs electively and without obstetric indication" (MELLO et al., 2021). In this way, the narrative that the cesarean section scheduled in



advance will guarantee a "safe and painless" delivery is strengthened, leaving aside the woman's role in the physiology of her body and the benefits that surround them (TEIXEIRA et al, 2020).

According to the Ministry of Health (MS) about 3 million children are born throughout the country, 98% of which occur in hospital or maternity environments (BRASIL, 2017). In public hospitals 55% of births occur surgically and in private institutions caesarean surgeries grow to 88%. This percentage is far beyond that recommended by the World Health Organization (WHO), which recommends that the rate be below 15% due to the risks that the mother and baby are exposed to during the procedure (BRASIL, 2015; FEBRASGO, 2018; MENDES, 2018; PAHO, 2018; FIOCRUZ, 2021).

Currently, the improvement of the quality of care in obstetric centers has been gaining strength in order to reverse the high percentages of cesarean sections in Brazil. The insertion of techniques that promote maternal well-being by the MS, encourage the natural delivery route as the first option of choice. Among the strategies used are the Integrative and Complementary Practices (PICS) that are available in the Unified Health System (SUS). PICS have different non-pharmacological techniques that are supported by scientific evidence relevant to their effectiveness and safety, benefiting the quality of care provided (HANUM et al., 2017).

Complementary Integrative Practices (PICS) are based on the humanized care model, accessibility of the population considering the client at all levels of care including it in social, cultural and family spheres (SOUZA et al., 2012; MELO, 2017). PICS are composed of twenty-nine low-cost techniques with less invasive applications promoting comfort and the evolution of childbirth, an example of which is the use of auriculotherapy (MAFETONI, et al. 2018).

Auriculotherapy or auricular acupuncture is one of the therapeutic methods belonging to Traditional Chinese Medicine (TCM) that consists of acupuncture of the microsystem existing in the auricular pavilion. The mapped points have reflexes on the central nervous system that, when stimulated, release neurotransmitters such as endorphin, serotonin, dopamine and others allowing the treatment of disorders in organs and regions of the human body (BRASIL, 2018). There are several ways to perform these stimuli such as needles, moxibustion, bloodletting, miniventosas and mustard seeds in micropore, however, the placement of seeds is presented as a safer modality because it



does not cause risks of infections since the auricular pavilion is a region of great vascularization (MACIOCIA, 2007).

Some points described are able to assist in the induction of labor, pain relief and other discomforts, and can be an ally in obstetric care. (CONTIM; SANTO; MORETTO, 2020). According to the Federal Nursing Council, through Resolution No. 326/2008, the use of the technique by nurses aims to promote and recover the patient's health by complementing their care (COFEN, 2008). In addition, nursing intervention with auricular acupuncture is low cost and easy to apply (HOGA E REBERTE, 2006).

Considering this reference, it is possible to deduce that the nurse can use this strategy to treat some of the symptoms presented by the woman at the time of parturition. Therefore, in order to achieve positive results related to comfort during childbirth with auriculotherapy, it is necessary, initially, to identify nursing diagnoses through clinical reasoning based on data collection (BUFFON et al., 2021).

According to Horta (1974) the Nursing Diagnosis (ND) is the recognition of the basic needs affected and the definition of the severity of the client's need to support these needs. Therefore, for the classification of these phenomena to be safe, a Taxonomy was created. The International Taxonomy of the North American Nursing Diagnosis Association (NANDA), made it possible to order the EDs derived from the information collected related to the patient's health status and proposes the universalization of these definitions found in clients by the nursing team (UBALDO, 2013).

For the International Taxonomy of the North American Nursing Diagnosis Association (NANDA), the nursing diagnosis is "[...] a clinical judgment about the responses of the individual, family or community to real or potential diagnostic health problems/vital processes". In this way, the professional acquires a basis for evaluating and enabling appropriate interventions for the patient (CANABRAVA et al., 2012; BARROS, 2015).

In view of this, the nursing actions performed by the professional involve conducts based on scientific knowledge and the use of appropriate techniques through the formulation of strategies that contribute to the improvement of care. The identification of nursing diagnoses, planning and, subsequently, implementation of intervention measures are sets of important nursing practices for providing the uniqueness of care and the comfort of the parturient (MEDEIROS et al., 2016, MONTEIRO et al., 2020).

Nursing care for women in labor is essential for the humanization of the process and respect for the physiology of the female body since auriculotherapy can be a great



ally during labor in health institutions, especially when associated with nursing diagnoses. However, the lack of studies that show the effects on parturients limits the perception and use of the technique by the professional in obstetric practice.

In view of this, the present work aims to investigate in existing studies which nursing diagnoses were treated with auriculotherapy during vaginal PT, to specify the main nursing diagnoses presented by women during vaginal delivery that have not yet been treated using the technique and to suggest auricular acupuncture points for intervention of these diagnoses.

2 METHODS

This study is a narrative literature review (NLR) on the use of auriculotherapy by nurses in women during vaginal labor. Narrative literature reviews are comprehensive research capable of portraying and exposing the developments of a given theme. It comprises, above all, the investigation of the literature published in scientific articles of electronic or printed journals, books, from the perspective and individual critical evaluation of the author.

The research question was: Is auriculotherapy an effective nursing intervention to be used in nursing diagnoses during vaginal labor?

The search for articles integrated studies in the virtual databases being the Virtual Health Library (BVS - BIREME) and PUBMED: Latin American Literature in Health Sciences (LILACS), Online System for Search and Analysis of Medical Literature (MEDLINE), Nursing Database (BDENF) and Web of Science. The search was carried out between July and November 2022 using the Health Sciences Descriptors (DeCs) and MeSH (Medical Subject Headings): Auriculotherapy, Acupuncture, ear/ Auricular acupuncture, Labor/ labor, Nursing diagnosis and Obstetrics/ Obstetric. These descriptors were used with the Boolean operators "AND" and "OR", forming a search strategy for each base.

The inclusion criteria were: articles published in Portuguese, English and Spanish, which addressed the theme of nursing care during vaginal labor and the use of auriculotherapy in the treatment of nursing diagnoses in the management of this care, available online and in full for free between 2006 and 2022. The exclusion criteria were: incomplete texts and not freely available, studies that were not related to the guiding question, editorials, repeated documents.



Based on this research, a list was created with the articles selected to be included in the study. The abstracts, following the objectives of the proposed study, were gathered and directed to the construction of the article.

3 RESULTS

The searches in electronic journals were delimited between the years 2006 to 2022, considering the publication by the Ministry of Health of the PNPICs (Ordinance GM/MS no 971) that occurred in this period and in the following years it was possible to analyze the impacts of its new guidelines. Through the advanced search and the crossing of the delimiting terms, 265 articles were found in the initial sample. Through the Virtual Health Library Brazil (VHL) there was access to the LILACS databases, where 15 articles were found by crossing the descriptors, BDENF with 7 articles and MEDLINE with 6 articles. Other databases were accessed, other than through the VHL, such as PUBMED with 91 articles, SCIELO with 17 articles and Web Of Science with 102 articles.

For the screening of studies, the analysis followed the following sequence: title, abstract and full text. Gradually, studies that did not match the theme proposed in this research were excluded. Then, the articles that were repeated in the bases were discarded. Of the total of 265 studies analyzed, 15 articles were verified in full, of which 10 did not correspond to the inclusion criteria proposed in the methodology of the current study, for this reason and understanding the relevance of the articles to be compatible with the guiding question, the total of 5 articles elected was reached.

When verifying the places of publication of the selected articles, it was observed that three publications were in Brazilian journals and two were in Iranian journals. The publications made in Brazilian journals were: *Revista Latino Americano de Enfermagem* (1 article), *Revista Cogitare Enfermagem* (1 article) and *Acta Paulista de Enfermagem* (1 article). The foreign articles were published in the journals: *Journal of Education and Health Promotion* and *Journal of Family and Reproductive Health*. In the evaluation of the publication periods, it was found that the year with the highest number of publications was in 2018 being 40%, that is, (2 articles). One article was published in 2016, one in 2017 and the most recent published in 2019.

When evaluating the findings used in this study, it is seen that some articles used similar methodologies, but with some particularities such as: parallel and triple-blind randomized clinical trial, randomized clinical trial and clinical trial. The articles that did



not perform clinical trials used the methodologies: convergent care research and integrative literature review.

Among the selected studies, the use of auriculotherapy in the treatment of anxiety in women during labor, in pain control during labor, in pain relief in childbirth in primiparous women, in the duration of the active phase and episiotomy rate among Iranian women of reproductive age was verified, in addition to research in national and international literature on the effectiveness of non-pharmacological methods in reducing labor pain, which includes auriculotherapy as one of the methods.

In addition to these diagnoses mentioned, it is also known that, however, these selected articles treated only some of the diagnoses presented with auriculotherapy, which limits the insertion of treatments for other complaints that are commonly revealed during parturition.

Currently, it is known that there are other different types of symptoms that may arise during PT and present themselves in varying intensities according to the physiology of each woman, and it is up to the nurse to be aware of these signs and promote the necessary comfort. For this reason, it is evident the importance of highlighting other possible nursing diagnoses to provide comprehensive care. When analyzing the NANDA-I taxonomy on events during vaginal labor, it was possible to select the following nursing diagnoses shown in Table 1:

Table 1 - Nursing diagnoses during vaginal delivery by domains according to the NANDA-I 2018-2020 taxonomy. Niterói - Rio de Janeiro - Brazil, 2023.

Nursing diagnosis
Area 2 - nutrition
Unbalanced nutrition: lower than body needs related to lack of appetite and pain
Risk of unstable blood glucose: insufficient dietary intake
Risk of poor fluid volume
Risk of unbalanced fluid volume
Area 3 - disposal/exchange
Risk of poor fluid volume
Risk of pregnancy-related constipation
Bowel incontinence
Domain 4 - activity/rest



Deficit in self-care for bathing/hygiene related to pain
Risk of unstable blood pressure
Anxiety-related ineffective breathing pattern
Fatigue related to labor
Impaired physical mobility related to discomfort and pain
Sleep deprivation related to emotional and physical changes
Domain 5 - perception and cognition
Impaired verbal communication related to labor pain
Poor knowledge
Poor emotional control
Domain 8 - sexuality
Risk of disturbed mother-infant relationship
Domain 9 - coping/intolerance to stress
Anxiety related to labor
Fear
Domain 11 - Safety and Security
Risk of impaired skin integrity
Risk of imbalance in body temperature
Domain 12 - Comfort
Impaired comfort
Acute pain related to uterine contractions
Pain in labor related to uterine contractions
Nausea related to labor
Risk of loneliness

Source: Prepared by the author based on data from the NANDA Nursing Diagnoses, 2018 - 2020.

After identifying the nursing diagnoses, it is up to the nurse to analyze and offer the interventions that will bring the greatest benefits to the woman in the PT. The interventions carried out within the obstetric centers are still based on invasive interventionism that cause side effects and generate trauma to women, so inserting PICs as an alternative intervention of nursing diagnoses is necessary to break concepts that PT is something abnormal (SANTOS et al., 2013).



The practice of auricular points as a form of intervention favors enriches and benefits women's experiences, so it is up to nurses to make good use of the technique. Therefore, the recognition of EDs makes the service organized and can assist the steps that will take place within the delivery room. Therefore, the auricular acupuncture nurse needs, if the method is of the woman's choice, to define the points of auriculotherapy that are associated with nursing diagnoses to make the application and thus promote the comfort of this woman (MAFETONI, JACOB & SHIMO, 2016). Table 2, 3, 4, 5, 6 and 7 present and suggest the auriculotherapy points related to the nursing diagnoses of women in usual risk PT.

Table 2 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (continued) .

Nursing diagnoses	Point name	Location	Therapeutic effect
Unbalanced nutrition: lower than body needs related to lack of appetite and pain	Hunger point (zone: trago)	Found between the external nose and adrenal points.	Regulation of hunger.
Risk of unstable blood glucose: insufficient dietary intake	Endocrine glands point (area: inter-tragic notch points)	It lies between the inter-tragic notch and the concha cava.	It controls the release of insulin secretions.
	Subcortex point (area: antithreshold points)	It is located between the inter-tragic notch, near the insertion with the Concha Cava.	It controls insulin production and allows glucose to reach the blood.
	San jiao point	It lies below the external auditory canal, between the edge of the antitraumen and the subcortex point	Retains or eliminates body fluids
Risk of poor fluid volume	Headquarters point (zone: trago)	Found about 1mm superior to the medial space between the suprarenal and external nose points.	Regulation of thirst or dehydration.
Risk of unbalanced fluid volume	Kidney point (area: concha cimba) Triple heater point	It is located in the small hole below the lower cross of the anthelix at the same height at the pelvis point.	Stores vital life essence, controls body fluids.



Table 3 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (continued).

Nursing diagnoses	Point name	Location	Therapeutic effect
Risk of pregnancy-related constipation	Point inferiorly following the rectum (area: root of the helix).	It is located in the middle of the root of the helix between the intra-tragic notch and the uterine point.	Treats constipation.
Bowel incontinence	Small intestine point (area: points surrounding the root of the helix)	Located at the upper edge of the root of the helix, at the same height as the esophageal point.	Treats diarrhea.
Deficit in self-care for bathing/hygiene related to pain	Analgesia point (zone: concha cimba)	Located in the middle of the cimba shell, at the same level as the kidney point and shenmen point.	Used for analgesia in all types of pain.
Risk of unstable blood pressure	Hypertension point 3 (area: back of the auricle)	It is located 2mm from the auricular dorsum sulcus and 1mm below the level of the buccal region point.	Regulates atypical changes in BP.
	Sympathetic point (area: points of the lower root of the antihelix)	It is located in the middle of the lower root below the helix membrane.	Treats hypotension
Anxiety-related ineffective breathing pattern	Lung stitch (area: stitches on the back of the auricle)	It is located 3mm from the back point and 1mm from the depression of the auricular dorsum.	Relieves dyspnea
Fatigue related to labor	Kidney point (zone: concha cimba) Heart Point	It is located in the small hole below the lower cross of the anthelix at the same height at the pelvis point.	Stores vital essence of life, tones yang energy strengthens the lower back.

Table 4 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (continued).

Nursing diagnoses	Point name	Location	Therapeutic effect
Sleep deprivation related to emotional and physical changes	Shenmen points (area: triangular trench).	It is located between the hypotensive points and the pelvis point.	Treats insomnia, anxiety, calms the spirit.
Impaired verbal communication related to labor pain	Analgesia point (zone: concha cimba).	Located in the middle of the cimba shell, at the same level as the kidney point and shenmen point.	Used for analgesia in all types of pain.
Deficit in self-care for bathing/hygiene related to pain	Analgesia point (zone: concha cimba)	Located in the middle of the cimba shell, at the same level as the kidney point and shenmen point.	Used for analgesia in all types of pain.



Risk of unstable blood pressure	Hypertension point 3 (area: back of the auricle)	It is located 2mm from the auricular dorsum sulcus and 1mm below the level of the buccal region point.	Regulates atypical changes in BP.
	Sympathetic point (area: points of the lower root of the antihelix)	It is located in the middle of the lower root below the helix membrane.	Treats hypotension
Anxiety-related ineffective breathing pattern	Lung stitch (area: stitches on the back of the auricle)	It is located 3mm from the back point and 1mm from the depression of the auricular dorsum.	Relieves dyspnea
Fatigue related to labor	Kidney point (area: concha cimba)	It is located in the small hole below the lower cross of the anthelix at the same height at the pelvis point.	Stores vital essence of life, tones yang energy strengthens the lower back.
	Heart Point		
Impaired physical mobility related to discomfort and pain	Dull spot (area: concha cava).	It is located at the supra-external border of the concha cava between the stomach point and the intertragus fossa.	Treats lower back muscle activity, relieves low back pain and loss of muscle strength.

Table 5 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (continued).

Nursing diagnoses	Point name	Location	Therapeutic effect
Sleep deprivation related to emotional and physical changes	Shenmen points (area: triangular trench).	It is located between the hypotensive points and the pelvis point.	Treats insomnia, anxiety, calms the spirit.
Impaired verbal communication related to labor pain	Analgesia point (zone: concha cimba).	Located in the middle of the concha cimba, at the same level as the kidney and shemen point	Used for analgesia in all types of pain.
Poor knowledge	Front point (area: antithesis).	It is found in the antithorax at the end of the antero-inferior	Treats lack of concentration, awakens the mind
Poor emotional control	Shenmen point (area: triangular pit).	It is located between the hypotensive points and the pelvis point.	Soothing (calms dyspnea, diarrhea, hypotensive, calms the spirit) anti-inflammatory, treats insomnia, anxiety, sleeplessness and anxiety
Risk of disturbed mother-infant relationship	Brainstem point (area: superior antitracheal fossa).	Raised edge of the intertragus fossa.	Stimulates the mind and calms the spirit. Treats mental disorders
Anxiety related to labor	Anxiety point 1 (area: points on the back of the auricle).	It is located at the junction of the lobe and the back of the auricle.	Treats nervous tension, anxiety, insomnia, behavioral disorders.



	Shenmen point (area: triangular pit).	It is located at the junction of the lobe and the back of the auricle.	It is located at the junction of the lobe and the back of the auricle.
Fear	Anxiety point 1 (area: points on the back of the auricle).	It is located at the junction of the lobe and the back of the auricle.	Treats state of distress, state of fear and dread, insecurity, depression
	Shenmen point (area: triangular pit).	It is located between the hypotensive points and the pelvis point.	Analgesia (relieves pain), soothing, treats insomnia, anxiety, calms the spirit.

Table 6 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (continued).

Nursing diagnoses	Point name	Location	Therapeutic effect
Risk of impaired skin integrity	Perineal point (area: triangular fossa).	It lies at the lower edge of the Triangular Trench, on the same level as the Upper Pingchuan.	Treats localized pain in the perineum and recovery of the perineum.
	San Jiao Point	It lies below the external auditory canal, between the edge of the antitraumen and the subcortex point	Clears joints, soothes pain, regulates energies
	Pelvic cavity point (area: lower root of the antihelix).	It lies on the upper edge of the Lower Root of the Antihelix, at the same level as the Shenmen and Ischium point.	Treats pain in the pubic area, difficulty dilating in labor, pain in natural childbirth, pain in the perineum.
Impaired comfort	Shenmen point (area: triangular pit).	It is located between the hypotensive points and the pelvis point.	Analgesic (relieves pain). Soothing (calms dyspnea, diarrhea, hypotensive, calms the spirit). Anti-inflammatory
	Shenmen point (area: triangular pit).	It is located between the hypotensive points and the pelvis point.	Analgesic (relieves pain). Soothing (calms dyspnea, diarrhea, hypotensive, calms the spirit). Anti-inflammatory
Acute pain related to uterine contractions	Attachment point of the uterus (area: triangular fossa).	It is located between the internal genital points and pelvis in the posterior third	Used in the treatment of uterine changes, difficulty in labor, hemorrhage, placental retention.
	Point cervix (area: triangular fossa).	It is located between the internal genital points and pelvis in the anterior third.	Treats uterine changes, difficulty in labor, hemorrhage, placental retention.



Table 7 - Auriculotherapy points related to nursing diagnoses with therapeutic effects in usual risk PT. Niterói - Rio de Janeiro - Brazil, 2023 (conclusion).

Nursing diagnoses	Point name	Location	Therapeutic effect
Pain in labor related to uterine contractions	Lumbar region (area: anti-helix)	It is on top of the antihelix, which lies between the sacral and dorsal area.	It treats any pathological alteration of the lumbar region, and low back pain of any cause.
	Pituitary point (area: antitype points).	It lies below the antitype below the projection of the antitype.	Helps in labor, stimulates uterine contraction.
	Uterus point (zone: triangular fossa).	It is located between the internal genital points and pelvis in the anterior third.	Abnormal fetal position, retained fetus, retained placenta.
	Pelvis point (area: triangular fossa).	It is located at the point where the upper and lower crosses of the antihelix cross at the inner edge.	Treats lower abdominal pain, childbirth.
Nausea related to labor	Stomach point (zone: points surrounding the root of the helix).	It is located where the root of the helix is added.	It brings down energy and thus treats nausea and vomiting.
Risk of loneliness	Shenmen point (area: triangular pit).	It is located between the hypotensive points and the pelvis point.	It calms the spirit.

Source: Produced by the author based on data from the book *Treaties of Auriculotherapy*, 2013 and *NANDA Nursing Diagnoses*, 2018 - 2020.

4 DISCUSSION

Normal childbirth, when contrasted with cesarean section, is the most reliable way to give birth and gives shorter hospitalization. However, low schooling, primiparity and maternity hospitals with high rates of invasive and disrespectful medical interventions make coping with normal childbirth a torment (ABEDI et al., 2017). Therefore, implementing the use of non-pharmacological methods by care teams is undoubtedly one of the actions with a great impact on reducing caesarean sections and preventing obstetric violence (RAIMUNDA et al, 2016).

Auriculotherapy in women's health care in maternity hospitals is a differentiated therapeutic proposal and generally well accepted. The technique has been used in the treatment and in the usual interventions for providing an increase in the quality of life of this clientele. In addition, the insertion of integrative and complementary practices in hospital environments makes it possible to offer the client greater autonomy of choice during the birth of her child (CHEROBIN, OLIVEIRA & BRISOLA, 2016; MASCARENHAS et al., 2019).



After evaluating the articles found, different applications of auriculotherapy were perceived at the time of giving birth. According to the randomized clinical study by Mafetoni et. al. (2018), carried out at a University Hospital in São Paulo with the objective of evaluating the effectiveness of auricular acupuncture in assisting parturients, it was found that the delivery process is responsible for about 90% of cases of anxiety in pregnant women confirming that anxiety and anguish are frequent manifestations among parturients at the time of giving birth. These feelings, caused by fear and worry, bring with them physical and emotional disorders that can hinder the evolution and fetal birth in addition to impairing the experience of experiencing something as special as giving birth.

The study included 102 women who were divided into three groups: intervention group GI (auriculotherapy), placebo group (GP) and control group (CG). All members were in PT, and 92% of them had symptoms of anxiety. However, after stimulation of the auricular points such as shenmen, uterus, neurasthenia area and endocrine with crystal microspheres, the intervention group (GI) managed to maintain control of anxiety levels in the active phase of PT, which did not occur with GP and GC which did not have the same intervention (MAFETONI et. al., 2018).

In the research by Cherobin, Oliveira and Brizola (2016), carried out in 19 women admitted to PT in an obstetric center in Santa Catarina in 2015, auricular therapy was applied together with body acupuncture. The objective of the research was to evaluate the effects of the techniques mentioned in the control of pain in parturition at time intervals of 30 minutes through the visual analog scale (VAS). It was observed that 100% of the clients remained with auriculotherapy for longer, unlike body acupuncture being withdrawn as time went by during the intervals.

At the conclusion of the analysis, the researcher observed that 15 (79%) of the clients who received the techniques initially obtained attenuation of the painful sensations of PT. After two hours, only half reported worsening of the condition and the other half remained with the same levels of pain (CHEROBIN, OLIVEIRA & BRIZOLA 2016).

In an Iranian randomized clinical trial, conducted in 2017, it sought to define the efficiency of auricular therapy in the painful discomforts of the childbirth process in nulliparous women and with no comorbidities. The research included 84 primiparous women separated into two groups: intervention group (IG) with auriculotherapy with 42 clients and the control group (CG), also with 42 clients, who received routine nursing care. It was observed by the researchers that soon after the stimulation of the



predetermined auricular points, the first and second stage of PT, obtained significant results in the pain scores in the IG in relation to the CG. The IG had less discomfort from uterine contraction than the CG. In addition to this factor, when checking the time between the first and second stages of parturition, it was noticed that the GI had a shorter duration than the CG. However, the time in the third phase there were no significant differences between them (VALIANI et al, 2018).

The same experience was seen by Abedi et al (2017). In their study, 80 primiparous women with no comorbidities were also divided into two groups (GI auriculotherapy and CG control). The IG received treatment with auricular acupuncture during the parturition process and had lower pain scores compared to the CG, in addition the IG had the duration of the active phase shorter than the CG. It is worth noting that in this study it was also analyzed that the rate of vaginal delivery without lacerations or episiotomies and abnormal puerperal bleeding was lower in GI than in GC.

In the integrative literature review by Mascarenhas et al., (2019) it was identified that auricular acupuncture promotes the release of endorphins and these in turn act on the duration and intensity of the painful sensations of uterine contractions. In addition to the biological factors causing pain, it was also evidenced in this study that auricopuncture helps to improve emotional disorders caused by fear, uncertainties and beliefs of possible complications, which contribute to the worsening of the discomfort in the intrapartum period if they are not controlled.

However, in the selected articles, the application of auricular therapy in the intrapartum setting was largely for pain management highlighting this nursing diagnosis as the main focus of nursing care within obstetric rooms. The second placement was for the length of the active phase of labor along with the episiotomy rate and the third for anxiety relief. However, currently, it was realized in the course of this study, that other types of symptoms are also manifested that lead women to opt for cesarean surgery. Thus, it is up to the team to identify and give due attention to these complaints.

Therefore, as a way of expanding this research, there was a need to bring, throughout the work, different EDs that were not treated in selected articles and that are usually referred to by the usual risk parturient. Each ED identified has great relevance in the care offered because it is related to the symptoms presented that can bring some degree of discomfort during labor, becoming a potential problem for the evolution of the process.

Auricular acupuncture covers the body in its entirety, resulting in its balance. The realization of this therapy in a combined way meets several DEs in a harmonious way and



reduces several discomforts manifested by parturients, providing well-being and reducing anxiety by rescuing the biological character of parturition. Therefore, it is necessary that integrative and complementary practices become part of the routine of obstetric nursing care (MASCARENHAS et al., 2019).

In addition, it is worth remembering that, according to Cofen (2019), nursing is the profession that does the most research on integrative and complementary practices and their use to reduce medicalization and to promote the improvement of clients' quality of life.

The implementation of auriculotherapy in care practices is fundamental since it has great safety and causes minimal interventions. In addition, the look at the care of the obstetric nursing team, based on nursing diagnoses and the recovery of the physiology of childbirth and birth in the use of PICS, results in a new conception and performance of nurses, achieving greater effectiveness in health care, with more qualified, cautious and reflective professionals to improve their care.

5 CONCLUSION

When basing the theme of this narrative review, it is evident to understand how much the subject and the resources used in nursing care at the time of delivery are beneficial for women and their newcomers. The use of non-pharmacological methods, especially auriculotherapy, with nursing diagnoses at the time of delivery is crucial for assistance to be humanized, less traumatic, assertive and allows female protagonism over her own body. Another factor of great importance for the use of non-pharmacological methods is the encouragement to choose the vaginal delivery route, which is currently gaining strength in the Brazilian scenario.

In this study it is seen that the discomforts experienced by parturients are relative and these are often linked to the various biopsychosocial conditions to which it is inserted. Pain is the biggest cause of complaint among women in PT, however, when analyzing the level of education, social vulnerability, mental and emotional state, it is noticed that among the painful sensations of contractions there are other discomforts such as fear, anxiety, concerns about fetal vitality, strangeness of the maternity environment, in addition to other problems that were not addressed in the selected studies such as nausea, fecal incontinence, sleep deprivation, hunger, among others.

It was observed that to provide a humanized delivery and a birth marked by happy experiences, the professional nurse must have a careful look that seeks ways to support



the woman in all the needs that may arise in the middle of the process. According to Garcia (1999) and Souza (2013) auricular therapy is a resource that has treatment points for all the diagnoses selected in this study, which meets the other discomforts detected.

However, although this study identifies the benefits of auriculotherapy in the mother-baby binomial regarding intrapartum care, research with the technique is still limited. Currently, evidence-based obstetric studies with auriculotherapy are few and restricted only to the management of some of the diagnoses, even though the treatment is easy to apply and well accepted by parturients. Therefore, the current study proposes possible points of auriculotherapy to treat the nursing diagnoses identified in this research during vaginal labor that usually arise among women as discomfort at the time of labor in obstetric centers.

Thus, the EDs presented in this paper need further studies with auriculotherapy are: unbalanced nutrition: lower than body needs, risk of unstable glycemia: insufficient food intake, risk of deficient fluid volume, risk of unbalanced fluid volume, risk of deficient fluid volume, risk of constipation related to pregnancy, bowel incontinence at expulsive time, deficit in self-care for bathing/hygiene related to pain, risk of unstable blood pressure, ineffective breathing pattern related to anxiety, fatigue related to labor, impaired physical mobility related to pain, sleep deprivation related to emotional and physical changes, impaired verbal communication related to labor pain, labile emotional control, risk of disturbed mother-fetus binomial, anxiety related to labor, fear, risk of impaired skin integrity, risk of body temperature imbalance, impaired comfort, acute pain related to uterine contractions, labor pain related to uterine contractions, nausea related to labor, and risk of loneliness.



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