Birth position-related tract laceration

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1 INTRODUCTION

Since the 1930s, obstetric care in Brazil has undergone several changes where the delivery scenario has shifted from homes to hospitals. The midwives were responsible for the care, becoming exclusively doctors. Although the change in the scenario was favorable for the reduction of maternal and neonatal mortality, unnecessary and excessive interventions such as episiotomy began to appear, in which the physiology of childbirth became dangerous for professionals (ALÍPIO, MADEIRA, SILVA, 2021).

With the development of technology, the practice of cesarean deliveries has become routine. Cesarean deliveries have the highest rates of maternal and perinatal morbidity and mortality in the world. We will present important factors such as the choice of the best position to prevent severe lacerations and episiotomy, the importance of carrying out scientific evidence to arrive at the quality of maternal and child health practice in the health routine (ROCHA et al, 2020).

Observe the difficulty in applying good practices combined with knowledge due to barriers in the work process of professionals as a factor the reduction in the number of beds and professionals, training of professionals and limited physical structure to meet the high demands of childbirth. Present the so-called vertical positions and horizontal lithotomy positions. The choices adopted by the pregnant woman spontaneously will remain, as well as showing the importance of the support of health professionals in the humanization of childbirth (ROCHA et al, 2020).

According to data from the Birth in Brazil Survey, a national hospital-based study conducted in February 2011 to October 2012, where 23,894 women were interviewed by the Oswaldo Cruz Foundation (Fiocruz), 54% of vaginal deliveries in the country showed that women are subjected to unnecessary procedures. There is no agreement on an adequate rate of episiotomy, but rather that the restrictive and non-liberal use of intervention in health services should be practiced (ALÍPIO, MADEIRA, SILVA, 2021).

Brazil is pursuing public policies that tend to reduce maternal and neonatal risks, thus humanizing the care model where we can highlight the Program for Humanization of Childbirth and Birth (PHPN) and the National Policy for Integral Attention to Women's Health (PNAISM) from aspects characteristic of maternal and child health. For WHO, the best conduct for normal delivery by health professionals and especially nurses is to carry out their practices based on scientific evidence and support freedom of choice in vertical positions by women, where they should be the main character (ROCHA et al, 2020).

Conditions of health services with great demand in assistance, overload of professionals, smaller numbers of professionals, lack of qualification hinder the practice of humanization combined with clinical knowledge. A barrier related to the medical area is observed due to the difficulty of adopting good practices and because they are maintaining care practices prior to humanization, causing resistance to encourage vertical positions and promote comfort in labor (ROCHA et al, 2020).

2 OBJECTIVE

To relate the position of delivery with laceration of tract without episiotomy, to identify which position is more common in first degree laceration, to guide on perineal preparation in the prevention of laceration in vaginal delivery and to highlight good practices in labor.

3 METHODOLOGY

This study is a narrative literature review, which according to Rother (2007), are publications used to describe and discuss a particular topic. Narrative studies do not inform sources from which information, methodologies or criteria used in the selection of works are extracted. They are literature reviews published in books, articles from printed and/or electronic journals in the author's interpretation and critical and personal analysis. The search for articles took place between July and August 2022, in databases and virtual libraries: VHL Regional Portal and Latin American and Caribbean Health Sciences (LILACS).

As inclusion criteria, articles published in Portuguese, Spanish and English were selected, with a time frame of publication from 2017 to 2022, available in full, free of charge and online to relate the delivery position with laceration of the path without episiotomy. As exclusion criteria, articles older than 6 years were excluded, as well as articles that did not meet the guiding question. 248 articles were found in Portuguese, Spanish and English, in which only 9 articles in Portuguese, Spanish and English met the inclusion criteria.

4 DEVELOPMENT

In this study, it is estimated that more than 85% of women suffer from perineal trauma at delivery, which is caused by episiotomy or due to spontaneous rupture of tissues during the passage of the baby through the vagina (LOPES, LEISTER, RIESCO, 2019).

Obstetric damage and common perineal injuries occur when soft tissues (skin, fascia, muscles, mucosa) do not reach their distension, which will promote the passage of the fetus without causing such damage (MENDES, MAZZAIA, ZANETTI, 2018).

Perineal lacerations in women who had vaginal delivery are frequent and may be related to conditions such as maternal gyneco-obstetric characteristics, fetal size, and obstetric interventions during delivery (SOUZA et al, 2019).

Perineal lacerations are classified in degrees, such as 1st degree laceration when it reaches the frenulum of the labia minora, the skin of the perineum and the vaginal mucosa, it also includes Peri urethral lacerations, which can bleed intensely, 2nd degree lacerations also reaches the fascia and muscles of the perineal body, but does not reach the anal sphincter. A 3rd degree laceration extends to the external anal sphincter. The 4th degree laceration crosses the entire rectal mucosa with exposure of the lumen, implying rupture of the internal and external anal sphincters (SOUZA et al, 2019).

The episiotomy is a surgical procedure used to cut the perineum and that, generates laceration of 2nd degree by itself, extensive and reaches up to five muscle groups. Its recommendations in the obstetric field have delivery criteria: of macrosomic and pelvic fetuses, premature fetuses, instrumentalized and with shoulder dystocias, aims to prevent severe perineal trauma (3rd and 4th degree) or according to criteria evaluated by the Obstetrician (ALÍPIO, MADEIRA, SILVA, 2021).

Vertical positions can be encouraged by obstetric nurses, which are (sitting, squatting, kneeling, standing or squatting, and four supports) constitute one of the good practices of care for labor and birth and its justification for health professionals to encourage the use of vertical positions, is due to the gravitational action that will contribute to the exit of the fetus. It is extremely important to affirm the role of obstetric nurses in changing paradigms always based on scientific knowledge (ROCHA et al, 2020).

Certain practices are being analyzed for the prevention of trauma such as the use of PPE-No, the use of PPE-No to strengthen the muscles of the perineal region can be used as prevention of laceration (MENDES, MAZZAIA, ZANETTI, 2018).

Prenatal digital perineal massage and pelvic floor training programs and stimulating the use of perineal massage associated with the most appropriate position that the parturient finds comfortable can prevent laceration and would be one of the most efficient and cost-effective methods, approaching this practice correctly will obtain optimal results without needing many concerns (MONGUILHOTT et al, 2022).

Good practices may also be related to the freedom of choice of position, to the professional who can and should encourage pregnant women to have free will in choosing the position or changing it and the initiative of health education where one can inform about the risk and benefit of the best choice of positions at the time of delivery, making the best position the main determinant for the professional's assistance (ROCHA et al, 2020).

It is worth emphasizing the importance of implementing practices based on scientific evidence in the qualification of maternal and child health practice. Understanding childbirth as a positive, natural and human experience for both the woman, the NB and the family (ROCHA et al, 2020).

5 FINAL CONSIDERATIONS

The vertical positions are one of the good practices of attention to labor and birth and it promotes gravitational actions facilitating the passage, where it does not present severe perineal trauma and consequently reduction of the unnecessary practice of episiotomies. Prevention with the practice of massage in the perineum preparing the place for the baby's passage prevents lacerations of greater degree, providing a better quality of life in the postpartum period and in its routine. The knowledge of professionals offers the best treatment and decision making according to scientific evidence, allowing women to take the lead in childbirth, respecting their legal rights, through the humanization of obstetric care.

REFERENCES

1.Alípio LA, Madeira LM, Silva FA. **Integridade perineal em partos vaginais: fatores maternos, neonatais e relacionados à assistência**. Enferm Foco. 2021;12(4):739-45. DOI: https://doi.org/10.21675/2357-707X.2021.v12.n4.4512

2.Camargo JCS, Varela V, Ferreira FM, Chofakian CBN, Osava RH, Araújo NM, Narchi N, Santos ME, Nené M, **Grande C. Perineal outcomes and its associated variables of water births versus non-water births: a cross-sectional study**. Rev. Bras. Saúde Mater. Infant., Recife, 19 (4): 787-796 out-dez., 2019 http://dx.doi.org/10.1590/1806-93042019000400003

3.Carneiro, M. y Ferreira Couto, C.M. 2017. **Prevención del trauma perineal: una revisión integradora de la literatura. Enfermería Global**. 16, 3 (jun. 2017), 539–575. DOI:https://doi.org/10.6018/eglobal.16.3.252131.

4.Lopes GA, Leister N, Riesco MLG. **Desfechos e cuidados perineais em centro de parto normal**. Texto Contexto Enferm [Internet]. 2019 [acesso MÊS ANO DIA]; 28:e20180168. Disponível em: http://dx.doi.org/10.1590/1980-265X-TCE-2018-0168

5.Mendes, N. A., Mazzaia, M. C., & Zanetti, M. R. D. (2018). **Critical analysis on the use of Epi-No in pregnancy and delivery**. ABCS Health Sciences, 43(2). https://doi.org/10.7322/abcshs.v43i2.1091

6.Monguilhott JJ, Brüggemann OM, Velho MB, Knobel R, Costa R. **Massagem perineal pré-natal para prevenção do trauma: piloto de ensaio clínico randomizado**. Acta Paul Enferm. 2022;35:eAPE0381345. DOI: http://dx.doi.org/10.37689/acta-ape/2022AO0381345

7.Rocha BD, Zamberlan C, Pivetta HMF, Santos BZ, Antunes BS. **Upright positions in childbirth and the prevention of perineal lacerations: a systematic review and meta-analysis**. Rev Esc Enferm USP. 2020;54:e03610. doi: https://doi.org/10.1590/S1980-220X2018027503610

8.Rocha BD da, Zamberlan C. Prevenção perineais e episiotomia: evidências para a prática clínica. Rev enferm UFPE on line., Recife, 12(2):489-98, fev., 2018. DOI: https://doi.org/10.5205/1981-8963-v12i2a230478p489-498-2018

9.Souza MRT, Farias LMVC, Ribeiro GL, Coelho TS, Costa CC, Damasceno AKC. **Factors related to perineal outcome after vaginal delivery in primiparas: a cross-sectional study**. Rev Esc Enferm USP. 2020;54:e03549. DOI: http://dx.doi.org/10.1590/S1980-220X2018043503549