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RESEARCH

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EXPERIENCE OF WOMEN IN LABOR WITH THE USE OF FLOWERS ESSENCES

Vivência de mulheres em trabalho de parto com o uso de Essências florais

Vivencia de mujeres en trabajo de parto con el uso de esencias florales

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ABSTRACT

Objective: the study describes the experience of women submitted to the use of flower essences as non-pharmacological therapy for the relief of pain and anxiety during labor. Method: a qualitative and descriptive exploratory research with 30 parturients was performed in a regular public birth center in the city of São Paulo. **Results:** it was verified that the effects of the floral therapy acted in synergy on the reduction of the symptoms of stress, fear and tension, besides the increase of the emotional well-being, giving the parturients the opportunity to perform their own labor and delivery. **Conclusion:** it was concluded that the use of floral essence during labor provided calm, relaxation, concentration and courage to the women, emotions that enabled better control of pain and anxiety.

Descriptors: Anxiety; Labor pain; Floral Essences; Complementary therapies, Obstetric nursing.

RESUMO

Objetivo: o estudo descreve a vivência de mulheres submetidas ao uso de essências florais como terapia não farmacológica para o alívio da dor e ansiedade durante o trabalho de parto. **Método:** pesquisa descritiva exploratória, de conteúdo qualitativo, realizada com 30 parturientes, em um centro de parto normal público, intra-hospitalar da cidade de São Paulo. **Resultados:** constatou-se que os efeitos da terapia floral, atuaram em sinergia, na redução dos sintomas de estresse-medo-tensão, além do aumento do bem-estar emocional proporcionando às parturientes a oportunidade de protagonizar o seu próprio trabalho de parto e parto. **Conclusão:** conclui-se que o uso da essência floral, no trabalho de parto, proporcionou calma, relaxamento, concentração e coragem às mulheres, emoções estas que possibilitaram melhor controle da dor e da ansiedade. **Descritores:** Ansiedade; Dor do parto; Essências florais; Terapias complementares; Enfermagem obstétrica.

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RESUMÉN

Objetivo: el estudio describe la vivencia de mujeres sometidas al uso de esencias florales como terapia no farmacológica para el alivio del dolor y la ansiedad durante el trabajo de parto. **Método:** investigación descriptiva exploratoria, de contenido cualitativo, realizada con 30 parturientes, en un centro de parto normal público, intrahospitalario de la ciudad de San Pablo.

Resultados: se constató que los efectos de la terapia floral, actuaron en sinergia, en la reducción de los síntomas de estrés-medo-tensión, además del aumento del bienestar emocional proporcionando a las parturientas la oportunidad de protagonizar su propio trabajo de parto y parto.

Conclusión: se concluye que el uso de la esencia floral, en el trabajo de parto, proporcionó calma, relajación, concentración y coraje a las mujeres, emociones que posibilitar un mejor control del dolor y la ansiedad.

Descriptor: Ansiedad; Dolor del parto; Esencias florales; Terapias Complementarias; Enfermería Obstétrica.

INTRODUCTION

Evidences reveal that women are submitted to a model of attention to childbirth that often makes it a traumatic experience, the pain of childbirth is their great fear and the main reason for the preference for a cesarean section.¹

Studies related to pain present a new concept of their perception, showing another interface of their concept: besides being caused by actual or potential organic lesions, it is also strongly linked to emotional, sensorial and cultural experience, making this sensation personal and subjective.²

This way, maintaining the emotional balance during labor is fundamental, because when the adrenaline concentration is increased, the sympathetic nervous system is immediately activated, increasing the plasma levels of corticotrophin-releasing hormone, adrenocorticotrophic hormone, and cortisol, proving that stress is an adaptive and defense biological mechanism.^{3,4}

Given the aforementioned, it is evident that actions that reduce stress and anxiety during labor may contribute to the minimization of pain.³

Therefore, it is up to the obstetric nurse and other professionals who assist during the childbirth to promote care to reduce the stress factors and possible unpreparedness faced by the woman, being able to use strategies to bring comfort.⁵

Obstetric nurses are improving their care with techniques that they consider favorable to the physiological evolution of labor and non-pharmacological behaviors for the relief of pain and anxiety.⁶

It is in this context that Flower Therapy can be inserted as a non-pharmacological method for the alleviation of anxiety and pain in labor. Considered as a Complementary and Integrative Practice (CIP), it is characterized by its role in the prevention of diseases and the promotion, maintenance and recovery of health based on a humanized care model focused on the integrality of the individual's integral vision of health and non-invasive methods. Having the CIP objectives common to those proposed by the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System], both of them supporting that public services, together with their professionals, should offer good health quality considering

the multiple dimensions of healing and addressing public health issues.⁷

Nurses with a specialty in CIP can use the Flower Essences as a tool to obtain as results the control of anxiety/tension, increased self-esteem, well-being, autonomy, control of depression, life change, conservation energy, acceptance of the state of health, control of fear and pain, thus qualifying the assistance provided to the client.⁸

Flower Therapy is based on a concept in which the Cartesian division between body and mind is overcome by a perspective that integrates these elements into a dimension in which the mind assumes essential meaning.⁹

Emotions alter the physical state, through the action of the central nervous system, the endocrine and immune system. Positive emotion establishes health, while negative state stimulates illness. Therefore, the appreciation of symptoms that are not only physical is necessary to solve problems that are not merely rooted in the biological field.⁹

In this framework, the proposal of Flower Therapy is to restore the positive state of the human being using flower essences to take care of the mental, emotional and behavioral aspects of the people, and can be used preventively or curatively.⁸

Studies with Flower Therapy show its efficacy in reducing anxiety and stress.^{10,11} A retrospective analysis study of 384 individuals showed that Flower Therapy promotes relaxation, stress relief, anxiety, and stressful thoughts, playing an important role from the psychological perspective of pain relief.¹⁰

Considering the anxiety and the triad guiding labor, known as fear-tension-pain, the flower essence named Five Flower, Bach's emergency compound, known as 'rescue' in English, is considered as a combination of "rescue of the emotional balance" by his remarkable ability to deal with emergency, crisis and stress situations. The situation is experienced by the woman in the active phase of labor.^{11,12}

Its composition has five flowers, namely:^{11,12}

Rock Rose (*Helianthemum vulgare*) - used in cases of great urgency, intense fear, in all cases of extreme needs, when the situation seems hopeless;

Impatiens (*Impatiens glandulifera*) - employed in the presence of very strong pain, impatience, anxiety to return to normal, getting well quickly, intolerance to those around;

Cherry Plum (*Prunus cerasifera*) - applied for lucidity in difficult times;

Star of Bethlehem (*Ornithogalum umbellatum*) - assists in the healing of physical or emotional shocks and traumas;

Clematis (*Clematis vitalba*) - Used to aid recovery in cases of tiredness and apathy.

By performing a non-systematic literature review in the SciELO, LILACS, MEDLINE and PubMed databases, using the descriptors flower essences, clinical study and humanized childbirth, and time frame from 2010 to 2016, we have found studies with both qualitative and quantitative approaches. Considering those studies, 10 were clinical studies and none of them focused on using flower essences

during pregnancy and/or labor, then evidencing either the scarcity or even the inexistence of any research on the topic.

Hence, this study aims to describe the experiences of women making use of flower essences as non-pharmacological therapy for the relief of pain and anxiety during labor.

METHODS

It is a descriptive-exploratory study with a qualitative approach. It is a research derived from a blind, randomized controlled trial that analyzed the effects of flower essences as non-pharmacological therapy during labor on pain perception, anxiety, and clinical stress responses.

The study was performed in a Hospital, located in the South Zone of *São Paulo* city, which has a regular in-hospital birth center, assisted by obstetricians, with support from medical staff, obstetricians, and neonatologists. It provides parturient women with non-pharmacological strategies such as sprinkler bath, Swiss ball exercises, as well as the companion presence.

The collaborators of the study were 30 parturient women of habitual obstetric risk, in the active phase of labor admitted to the normal delivery center, who agreed to participate in the study. After randomization, which occurred in the active phase of labor, fifteen parturient women in Group 1 received four doses of placebo solution in a 60-minute interval, which was packaged in an eyedropper bottle identified as vial 1. The members of Group 2 received the same number of doses in the same time interval of flower essences, the solution was packed in a dropper bottle equal to that of the placebo solution identified as vial 2, and it was not possible for obstetrician observational nurses to identify which group was being given the flower therapy. The bottles were prepared by Healing Flower Essences®, which had knowledge of the contents and identification of the bottles through documentation and filming. Only after analyzing the results of the study, then the Healing Flower Essences® importer has disclosed which bottle contained the flower essence named Five Flower and which was the placebo bottle.

Data collection was done through passive observation, in which the observer is present but does not interact. A good qualitative observer needs to have skills to interpret and understand nonverbal behaviors, be thoughtful and disciplined to take notes.¹³ Observations on the parturient behaviors were taken from November 2015 to January 2016.

The behaviors manifested by the parturient women, fear-tension-pain, triad that guides labor, were observed by obstetrician nurses, who registered them in a semi-structured form 30 minutes before and after the administration of the last dose, which is considered

sufficient time between an obstetric evaluation and another, considering the evolution between the clinical periods of delivery. The following guiding question was used as starting point: how women behave during labor after making use of flower essences?

The technique of content analysis of Bardin was used for data organization and analysis. It is a set of techniques that make it possible to analyze communication in order to identify, through systematic procedures, what a group of people expresses about a particular theme.¹⁴

First, a pre-analysis was performed, which consisted of successive readings of the descriptions in order to know the meanings attributed by the observations. Subsequently, other readings were performed, from then on, the reports are organized, so as to enable the clippings or units of meanings that were later codified. So, we sought to approximate the theoretical assumptions to the empirical data obtained in the studied reality. This phase of the analysis was developed from repeated reading of the data and from the organization of significant sentences.¹⁴

Conclusively, the synthesis of the discourses was elaborated, starting from an inflection on the empirical material, which is the point of departure and arrival of the interpretation, thus constituting the categories.

In order to preserve participants' anonymity, the lines will be identified by the letter (P) according to the number they received during the intervention, plus the group in which it was included.

The study complied with the ethical requirements addressed by the Resolution No. 466/1215 from the National Health Council. It was submitted and approved by the Research Ethics Committee from the *Universidade Federal de São Paulo (UNIFESP)* and also by the Hospital Institution where the study was carried out. It is published in the Brazilian Registry of Clinical Trials under number RBR-5tt55v.

RESULTS AND DISCUSSION

The average age of Group 1 parturient women was 25.3 years old, and those from Group 2 was 24.1 years old. Regarding the parity, the women in both groups had the same mean of 1.7 childbirths, showing homogeneity in the sample studied, thus facilitating the understanding of the presented results.

The categories that emerged from the observations described and recorded by the Obstetrician Nurses, consider aspects about their opinion after experiencing the use of Flower Essences as non-pharmacological therapy for the relief of anxiety and pain during labor. The nurses' viewpoint about their experiences were markedly positive. The categories obtained from the discourses are shown in **Table 1**.

Table 1 - The categories generated according to the therapy group during the process of analysis. *São Paulo* city, *São Paulo* State, Brazil, 2016.

Category	Group 1: Odd glass solution (Placebo) n	Group 2: Pair glass solution (Flower) n
Staying calm, stress-free and relaxed during the labor	4	6
Focusing on your performance during the contractions	0	4
Demonstrating courage and confidence to face the situation	0	5
Evidencing physical exhaustion during the labor	2	0
Fearful	4	0
Demonstrating tense and anxious behaviors during the contractions	2	0
Losing control of the situation during the contractions	3	0

The categories are presented below along with the respective discourses from the subjects.

Category: Staying calm, stress-free and relaxed during the labor

The ability to remain calm and relaxed during delivery was observed by nurses in six women who received flower therapy and four who received placebo. The parturient may often sleep between contractions, staying calmer when they occur.

[...] she is peaceful and sleepy, and when she does not have contractions, she sleeps. (P9, Group 1)

The parturient, calmer after taking the fourth dose, reports being sleepy because she has not slept for 18 hours. (P15, Group 1)

I realize that the woman is calmer, during the contractions she asks her husband to massage the lumbosacral region and she can control herself. (P7, Group 1)

I observe that the parturient is calmer between the second and third doses, she sleeps and wakes up in the contractions, she performs slow movements of inspirations and exhalations and after going back to sleep. (P6, Group 2)

I realize that she is more calm and serene. In contractions that have increased in intensity and duration, she no longer decompensates when the pain arrives, it will walk, breathe in and expire slowly (P30, Group 2)

[...] she is calmer, contractions have increased intensity and duration [...] no longer decompensates as before. (P8, Group 2)

Parturient calm her tranquility was perceived by her husband, the same reports never having seen his wife so calm. (P10, Group 2)

[...] she is relaxed, I perceive a change in her tone of voice, she is calm when speaking. (P20, Group 2)

[...] I notice that the pain does not cause as much tension as in the beginning, with each contraction it contracts all the way into the bed, now it is able to perform the breathing technique in any contraction and its posture is much more relaxed. (P26, Group 2)

Several psychological mechanisms contribute to the placebo effect, being among the most important expectation and conditioning, memory, motivation, learning, anxiety reduction, among others.¹⁶ The expectation mechanism works because the person expects positive effects to achieve improvement or cure, and this phenomenon was observed among some parturient women who received this type of solution.

Nevertheless, studies conducted with Flower Therapy show its effectiveness in reducing anxiety and stress. Using the flowers named Impatiens, Cherry Plum, White Chestnut, and Beech in anxious people, it was possible to observe that the group that used the essences had a statistically significant decrease in the level of anxiety compared to the placebo group.⁹

Similar results were obtained in a retrospective analysis study, with 384 clients suffering from painful conditions by revealing that Flower Therapy promoted relaxation, stress relief, anxiety, and stressful thoughts, playing an important role in the psychological perspective of pain relief.¹⁰

A double-blind clinical study evaluating the efficacy of the flower essence named Agrymony in the treatment of anxiety in patients of a psychology clinic was also highlighted, which, when analyzing the records of the consultations, showed that the group that used flower essence improved of the symptoms compared to the placebo group.¹⁷

The findings converge with another research, a recent review study which evidences the efficacy of this therapeutic method in the balance of emotions, thus enabling the confrontation of situations considered emergency.¹⁸

Flower Therapy, while a process that facilitates the self-development of the human being, allows the individual to begin to look within himself and to perceive that something begins to change, often generating the sensation of relaxation or release of dysfunctional excess energy.¹⁹

Category: Focusing on your performance during the contractions

Parturient women are able to concentrate during the contractions, using strategies such as breathing control and massage, trying to sleep in the intervals. This behavior was only observed among women who used flower therapy.

After the third dose of the solution the woman began to be calm, focused on her breathing and her squatting exercises, not verbalizing more that she would not be able to, then she was placed in a birthing position, and is focused on her strength. Her calmness became noticeable to everybody of the team. (P12, Group 2)

[...] she was very quiet and focused. She remains sleeping, then she wakes up feeling the contractions, but she does not decompensate. Keeps your focus on breathing demonstrating your calmness and is more positive about giving birth. (P16, Group 2)

When she arrived, she was frightened and afraid. After the second dose, I realize she is more confident and focused on her breathing, not letting the fear takeover. (P18, Group 2)

The parturient had a swelling increase of 4 cm was to 7 cm in 75 minutes, and its uterine dynamics to five contractions in 45" in ten minutes. Although contractions increase, she is able to control breathing during contractions. (P28, Group 2)

It is evidenced that the concentration and focus of the parturient women during the contractions provided the self-control of the pain. The findings converge with that of other studies with Flower Therapy in pain relief, showing that flower essences play an important role in the psychological perspective of pain control as they aid in relaxation and positive thoughts, including stress relief and anxiety.¹⁰

Similar pieces of evidence were also observed in a double-blind exploratory study with a quantitative approach in regard to the positive flower effect related to its concentration. The study assessed the efficacy of flower therapy in a group of students submitted to the stress generated in the pre-evaluation period. The effects perceived with the use of therapy were decreased anxiety, greater tranquility, calmness and concentration, less nervousness, emotional and physical well-being, less tiredness, unconcern and greater confidence in performing the evaluations. It was possible to observe among those who used flower therapy or placebo that there was a perception of the effect in 58% of the individuals who used flower therapy.²⁰

By making use of flower essences the person becomes protagonists of his own history, it is not his fear that diminishes, but his courage that increases, bringing security and inner peace, as well as the possibility of counting on his capacity to solve his problems.¹¹

Category: Demonstrating courage and confidence to face the situation

During the intervention, there was a progressive tendency among women to feel more confident during the course of labor, and they were more courageous in the face of labor pain. These observations were also evidenced among those who received flower therapy.

We can observe this capacity in the nurses' reports, as follows:

I notice that the woman is more confident in her ability to give birth. When she arrived at the birth center, she was weak. Before starting therapy, at all times she said that she could not tolerate normal delivery, now with 8/9 cm dilation, she believes in her ability to be calmer, her courage in facing the pain is clear. (P22, Group 2)

During contractions, the parturient can face pain with more serenity. Her courage in facing the pain is evident, her companion reported that she did not expect such courage... (P24, Group 2)

[...] you can stay calm during contractions; you are better facing the pain. She reports being more confident in her ability to have her child through normal delivery. She's picking songs with her husband for delivery. He reports realizing that his wife is calmer [...]. (P4, Group 2)

She was very tearful and insecure, saying she would not be able to. After administering the solution, I realize that it has become safer and more tranquil. His courage to face the pain is noticeable. (P14, Group 2)

A calm parturient, she walks around the room during the contractions and manages to face the pain, she is very confident in her ability to give birth. (P2, Group 2)

By making use of flower essences the person becomes protagonists of his own history, it is not his fear that diminishes, but his courage that increases, bringing security and inner peace, as well as the possibility of counting on his capacity to solve his problems.¹¹

The results of the present study corroborate with the literature since there is a progressive tendency among women to feel more confident during the evolution of labor, being more courageous in the face of contractions and confident in their ability to give birth.

Category: Evidencing physical exhaustion during the labor

The fatigue and the exhaustion were observed in two parturient women, both were tearful, stating that they could not take the pain of the childbirth, not being able to relax.

She feels tired, she sleeps outside the contractions, but in contractions she becomes tearful, saying that she will not tolerate it, she loses control, I realize that she feels exhausted, without strength. (P1, Group 1)

... she is still crying, says she is very sleepy, but the pain does not let her relax, does not take advantage of periods between contractions to restore her strength. (P5, Group 1)

Nonetheless, negative thoughts can interfere with coping skills. In this sense, we highlight a double-blind controlled clinical study that showed the effectiveness of flower essences in reducing negative thoughts. The goal was to assess the effect of the flower essence named White Chestnut on unwanted negative thoughts, concluding that this essence might be an effective remedy for the reduction of these and its action is different from placebo.²¹

Category: Fearful

For some women, the fear is very evident, especially at the time of contractions, leading them to want another kind of birth. The four women who showed fear did not use flower therapy.

She is afraid, it is her second pregnancy and the first one was a cesarean, her fear is making her relaxed, she asks for a cesarean section with each contraction, she reports being very afraid of normal delivery, she thinks that it should be cesarean, since her first cesarean the second would also be. She cannot divert his attention from pain. She cannot hear the staff directions. (P27, Group 1)

A parturient showing fear, reports that her sister was very mistreated during her delivery, and she watched everything. With each contraction, she reports that she is afraid and asks for a cesarean section [...]. (P19, Group 1)

[...] she is afraid that she will not be able to handle all her labor, she is very nauseated at the moment. (P17, Group 1)

[...] she is unaccompanied, reports that she is afraid of being alone, of normal delivery and that she cannot bear to feel pain. (P29, Group 1)

Pain in labor shows that psychological state, stress, anxiety, fear, and the feeling of losing control effectively contribute to their presence in labor.⁴ In a clinical study having 15 patients diagnosed with chronic alcoholism, Flower Therapy has shown to be effective in reducing anxiety, fear, and feeling of losing control.²²

Category: Demonstrating tense and anxious behaviors during the contractions

Concern over childbirth and pain seems to intensify the tension and anxiety of parturient women. This behavior was observed in two of them, who did not receive flower therapy.

[...] she is worried about the type of delivery; I realize that her concern is making her tenser. (P11, Group 1)

[...] she decompensates during contractions, I observe that at all times she reports that she is very tense, because of the contractions and cannot relax, she maintains a rigid muscular posture. (P25, Group 1)

The two parturient women cannot control feelings such as tension, worry, and anxiety, leading to the sensation of losing control, then making it evident that the presence of pain in this context is more intense.²³

Category: Losing control of the situation during the contractions

Some women became uncontrollable when contractions occurred, emphasizing that they were unaccompanied, indicated as a potentiating factor in some cases.

With each contraction, I realize that the parturient decompensates, cannot control her breathing during contractions, loses focus and screams a lot. (P13, Group 1)

During contractions, she cannot keep track. Between one contraction and another, she sleeps. [parturient]. (P3, Group 1)

She is unaccompanied, I realize that with our presence she feels calmer, she can relax between the contractions. She still decompensates during the contractions. (P23, Group 1)

The effectiveness of Flower Therapy in emotional balance such as fear, anxiety, and loss of control in some situations is already proven in clinical studies.²⁰⁻²

The choice of the companion is a personal decision, which involves social and cultural aspects. The benefits of the participation of an accompanying person during the process of labor and delivery have been widely reported in the national and international literature. This importance is highlighted in a study performed in maternity in Brazil, pointing out that parturient women who received support from a companion of their choice had greater satisfaction, safety, and tranquility with the experience of the birth process.²⁴

Hence, continuous support during the labor, in addition to reducing interventionist actions, gives women

a series of physical and emotional benefits, as well as allowing greater coverage of the care provided by health professionals, by increasing observation and interlocution of the parturient's needs.²⁵

CONCLUSIONS

Herein, the results indicate that the use of flower essences during labor has provided peacefulness, relaxation, concentration and courage to parturient women; such emotions have enabled better control of pain and anxiety. Bearing the aforesaid in mind, those women have become protagonists of their own childbirth.

The findings presented here may contribute to stimulate and subsidize the implementation of CIPs in birth centers, opening up possibilities for all parturient women, regardless of their socioeconomic and cultural status, so they will be able to know more about an effective non-pharmacological strategy for the relief of anxiety and pain control throughout the parturition process.

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