



Review article

Coping strategies in midwife care for women with labour pain

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Abstract

Objective: Literary review; analysis of literary sources dealing with midwives who use coping strategies in care of women with labour pain.

Design: A review study.

Methodology: Qualitative study; system search in the electronic databases Pubmed, Web of Science, midwives magazine, CINAHL, Cochrane, according to established criteria and the following keywords: coping, birth, labour pain, strategy. The overview was made within the period between September 2017 and June 2018. Selected studies were reviewed from the years 2000–2014. The obtained studies were organized according to Prism recommendations.

Results: A comparison of studies from the UK, Ireland, America and Australia. The study showed the positive impact of a midwife who uses a coping strategy while engaging a woman in the labour process and allowing her to decide on its course. This relationship leads to a better understanding and perception of birth pain by women as something positive and needed in childbirth; it is co-operation with a midwife and managing the birth itself without risks and complications.

Conclusions: The idea of modern nursing in midwifery is comprehensive, ongoing care for a woman by midwives during pregnancy, childbirth and the postpartum period taken as a relationship and supported by a woman's trust. This leads to the elimination of the disruption of natural processes of labour and delivery, the reduction of possible risks and complications, and to a positive pregnancy, childbirth and following contact between women and their newborns.

Keywords: Care; Coping; Delivery; Obstetrics; Strategy

Introduction

Birth pain is a specific obstetric phenomenon that differs from classical pain and it is usually described as the worst experience in a woman's life, but her perception and experience of this can be very individual. Birth pain is affected by many factors, so it is very difficult to judge the nature of this phenomenon (Mander, 2014).

Roberts et al. (2010) considers the aim of evaluating pain to ensure maximum well-being and the self-sufficiency of the individual. It is a complex physiological matter to understand birth pain and the psychological aspects of its origin, pain management, its diagnosis, evaluation, determination of intensity and pain relieving (both pharmacologically and non-pharmacologically).

Mander (2014) states that the management of birth pain includes (besides the reported psychoprophylaxis to childbirth), the correct method of prenatal preparation, the presence of a person who is close to the mother during childbirth; the importance of the role of the midwife during childbirth and care of a woman. Birth pain is a special category of pain,

combining physiological significance with pathophysiological mechanisms. This is an acute pain that combines various pathophysiological mechanisms of women (visceral, nonseptic and neuropathic). The source of birth pain is the stretching of soft tissues during labour, the pressure of the fetal head in labour, and hormonal influence. Birth pain is intended to help women look for various relief positions that help fetal descent and accelerate childbirth, which, on the contrary, is perceived as positive in the course of childbirth. Women know that birth pain is a physiological issue and it is not a sign of danger of any organ damage. The positive influence of birth pain is the establishment of a strong contact between a mother and a child, the change of woman's self-esteem, the change of her role in life (Raudenská et al., 2014). For this reason, many questions are raised in relation to whether it is a painful process or not. Therefore, it is good to focus on birth pain in a comprehensive way, to help women to work with birth pain and better manage childbirth. Several studies have shown that informed women who have accepted birth defects can experience labour pain, birth and maternity in a positive. In childbirth, when labour pain is pharmacologically regulated, endorphins are not naturally produced; they are washed out throughout delivery

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and after delivery in the body, resulting in a feeling of mutual affection between a mother and a fetus and then create a sense of well-being and help a woman overcome childbirth. For this reason, it is desirable to focus on helping women to cope with birth pain in a non-pharmacological way using coping strategies. The choice of method of relief from birth pain should be based on the preference of a particular woman (Ratislavová, 2008, p. 12).

The consequences of non-controlling of birth pain can be uterine cervical damage after delivery, pelvic muscularity, fetal stress, and negative birth experiences that can induce long-term mental trauma in women. On the contrary, the support from a midwife and the application of a suitable coping strategy can better help women with birth pain and coping with the birth process itself (Raudenská et al., 2014).

Target: The aim was to find and analyse studies on birth pain, perception, childbirth and birth pain management by women, and the care delivered by midwives.

Methodology: A literary review was completed. Selection Criteria: qualitative research method was chosen for the analysis, as well as a quantitative study dealing with labour pain and coping strategies.

The selection criteria for the literary review are as follows: English full texts, reviewed articles, or expert studies. The specified time span for the article search is from 1990 until 2015. The selected studies are from 2000 until 2014.

Resources: The bibliographic databases CINAHL, Medline, PubMed and Web of Science were used to obtain relevant resources. The search for relevant articles ran from September 2017 until June 2018, and later they were processed.

Search: The search strategy was based on pre-defined search terms: coping, care, birth pain, birth, strategy. We used the "OR" and "AND" Boolean operators, and the keyword boundaries "labour pain in coping strategy" to ensure that this particular phrase was searched. Initial searches excluded

articles that did not contain keywords, articles published in a language other than English, or books or book reviews. The content analysis was performed on the publications containing all these keywords. Articles that did not meet these criteria were removed, as well as the abstracts, articles of non-reviewed journals and documents (systematic reviews, book reviews, articles) that did not concern themselves with clarifying the concept. We used gradual decommissioning according to the PRISMA recommendation (Diagram 1). Out of a total of 32 searches, 10 articles met the criterion. Articles that describe quantitative studies were phased out.

Selection and analysis of studies: After further verification of the article, only qualitative studies were selected for the final analysis. Relevant studies were critically read, analysed and described in detail. The methodological quality of the studies was not assessed.

The data found has been included in the report. The purpose of this work is to improve the understanding of birth pain, women's management of labour pain, and the help of midwives in a non-pharmacological way by using coping strategies. Further work can be done in EBM evidence-based midwifery for designing an effective midwife care plan for a woman during both physiological and risky births. It can also help with the evaluation of labour pain and the possibility of using different coping strategies to help women with birth pain and the creation of nursing documentation in the midwife's room for midwives who are assisting with labour pain.

Results

10 studies from the UK, Ireland, Iran, America and Iceland were compared: eight studies used a phenomenological review of the remaining two without a specific qualitative methodological perspective. Analysis was used to synthesize the data in

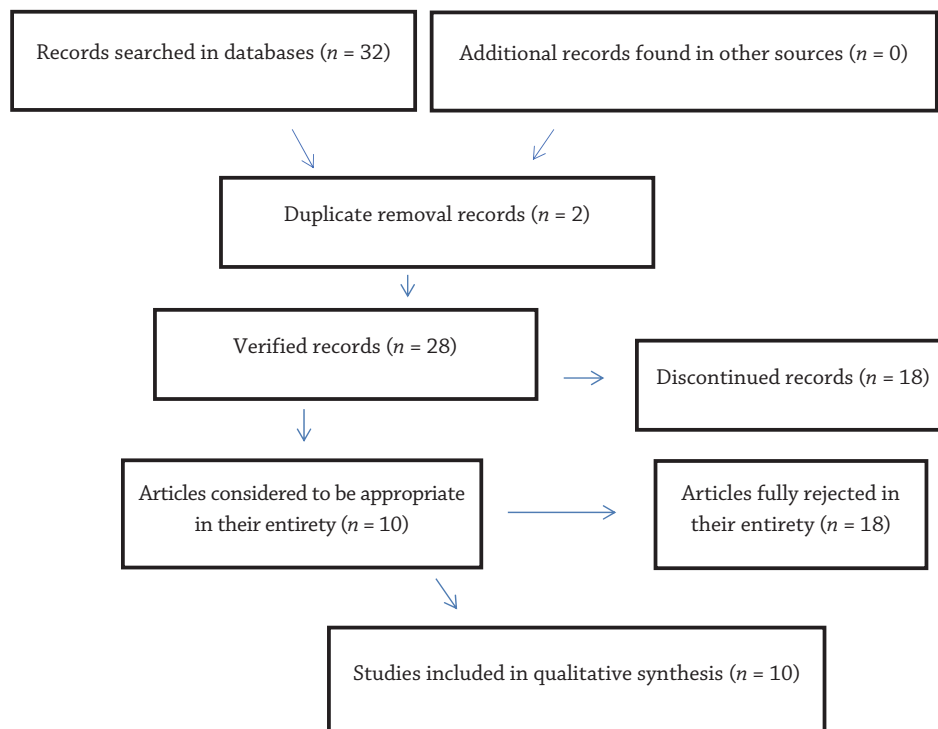


Diagram 1. Selection and Classification of Studies – PRISMA

this report. The studies of Escott et al. (2004), Gibson (2014), Lundgren and Dahlberg (2002), Karlsdottir et al. (2014), Leap et al. (2010), Rachmawati (2012), Roberts et al. (2010), Slade et al. (2000) and Whitburn et al. (2014) indicate that women perceive birth pain as something positive mainly because of the help and support from a midwife using coping non-pharmacological strategies to help them better manage childbirth. Feeding pain is measured as tolerable when compared to women who used pain relief during the delivery supported with

pharmacological methods. All the results (Table 1.) pointed out the positive impact of a midwife who behaved empathically, tried to involve the woman in the birth process, and allowed the woman to decide on the process and used a coping strategy to provide care. This model of midwifery care leads to a decrease in the use of pharmaceuticals and complications during birth, such as birth induction, episiotomy, VEX, and birth of SC (Klomp et al., 2013; Kuliukas et al., 2016).

Table 1. Overview of the studies related to midwife care with a coping strategy application

Author/year/country	Hypotheses/objectives	Types of research/methodology/ Type of respondents	Results/findings
Lundgren and Dahlberg (2002); Sweden	Describe the experience of women with birth pain during childbirth.	A qualitative study using a phenomenological approach. The method in the form of semi-structured interviews – interviews, recorded on audio recording. Nine experienced midwives with between 12 and 28 years of midwifery practice rated nine women after delivery. Women who were evaluated: four women delivering their first born; three women delivering their second born; two women from the third generation; women aged 23 to 31; four women were college educated; women without pharmacological methods to reduce birth defects.	A positive approach to midwives assisting during delivery is available, Communication and relationship between a woman and a midwife, support of women's self-confidence. Partner at childbirth.
Escott et al. (2004); England	Find out whether women can identify their own existing strategies for managing pain and anxiety during delivery, and whether they can describe the extent of mastering strategies.	Qualitative studies, semi-structured interviews. The interviews were conducted in two nursery centres in the north of England, lasting for 40 to 50 minutes. Respondents were women giving birth for the first time. 23 women were interviewed in the third trimester, aged 17–38, about what techniques to reduce anxiety were used most often. Women were most likely to have tried to use various relaxation techniques. Eventually, women were asked after delivery. This sample consisted of 20 women who did not attend any pre/post courses. In the first 72 hours, an interview was conducted with women who were having their first experience of childbirth and labour pain. Women were asked what strategies they used in labour to manage birth pain and the anxiety associated with it. Women reported the most: the use of coping techniques such as breathing, relief, and hydrotherapy offered by midwives. Parents rated positively the care of the midwife and the choice of coping techniques they had chosen themselves.	They were divided into the following areas: alignment with past experience of pain, anxiety during the labour process. Four major concepts that were identified in an interview with all the women were important: labour pain, related factors of pain in labour, results of pain in labour, perception of candidates with regards to the help of the midwife. All of the women again reported a positive approach of the midwife. The women were grateful for the choice of strategic methods to help with birth pain, noticing the importance of empathy, communication and positive attitudes of a midwife
Roberts et al. (2010); America	Evaluate the use of alternative techniques to assess birth defects during childbirth and help women adapt to birth pain.	Qualitative studies. At the American College of Nurses, they conducted semi-structured interviews with nurses and birth attendants. The study looked at the assessment of birth pain and the use of pharmacological and non-pharmacological techniques to reduce birth pain in nursing practice. The evaluated group of nurses and midwives evaluated the use of pharmacological and alternative non-pharmacological techniques to combat labour pain.	Using alternative techniques to help with birth pain – a positive perception of women, which has led to the elimination of birth pain during childbirth. Nurses and midwives rated this model as effective because it better helped women in the psychological field to reduce stress during childbirth, improved women's self-esteem, improved birth adaptation and labour pain using coping strategies, which reduced the use of pharmacological techniques to suppress birth pain and reduced various complications during childbirth.
Slade et al. (2000); Great Britain	Assess whether native women actually use coping strategies to help ease birth defects during childbirth with benefits.	Qualitative studies, semi-structured interviews that were conducted in women experiencing labour for the first time in selected birth centres in the UK. The study included women giving birth for the first time. The women were of English nationality, aged 18–44. The women were monitored for 11 months. The study involved 121 women.	Positive perception of alternative techniques to help with birth pain. They were effectively used in breathing strategies, but with lower efficiency in relaxation and posture. The proportion of breathing and relaxation showed a weak association with lower fear. The work discusses the modification of the prenatal preparation to facilitate the use of strategies.

Author/year/ country	Hypotheses/ objectives	Types of research/methodology/ Type of respondents	Results/findings
Gibson (2014); America	Positive perception of alternative techniques to help with birth pain. They were effectively used in breathing strategies, but with lower efficiency in relaxation and posture. The proportion of breathing and relaxation has shown a weak association with lower fear. The work discusses the modification of the prenatal preparation to facilitate the use of strategies.	Qualitative research, method of semi-structured interviews. The interviews were conducted at the University of South Carolina at the Department of Anthropology. Comparison of birth and labour births by women, with 40 women giving birth under the guidance of an obstetrician and 40 women under the guidance of a midwife. The interviews were conducted in women before and afterwards in the postpartum period. In total, 80 women participated in the survey. The interview was conducted for 30–60 minutes. A total of 80 women participated in the research, of which 40 were giving birth under the guidance of an experienced obstetrician and 40 under the guidance of a midwife. The study included women giving birth for the first time, but also women more experienced with labour.	The women in both groups dealt with pain in preterm delivery after pre-natal courses and post-partum delivery. Women who chose midwives to give birth indicated that they were more familiar with birth pain and that they were offered more help with pain through various methods of non-physical treatment. While women who chose doctors confirmed that pain relief was more helpful using pharmaceutical methods. It follows that the same number of women expressed concerns about pain during childbirth during prenatal interviews. While more women who talked about a more painful birth had a negative experience, they were disappointed that they had been offered only pharmacological pain relief methods. The trend is bringing a higher demand for alternative pain relief techniques.
Beige et al. (2010); Iran	Evaluate the experience of women, evaluate the factors that affect the experience of labor pain.	Qualitative phenomenological study. In total, 14 women undergoing semi-structured interviews/review, took part in the study within 6 weeks. Women were included in the study after they had had a natural birth. Nine women gave birth for the first time, four women experienced birth giving for the second time, and one woman had already given five births. The women were aged 18–35. Data was analysed using a seven-step method (Colaizzi).	The women in both groups dealt with pain in childbirth, pre-natal, postpartum and postpartum. The women who chose to give birth with the aid of a midwife stated that they were more familiar with the birth pain. They were offered more help with pain through various methods of non-physical treatment. While the women who opted for a doctor confirmed that they were more helped by pain using pharmaceutical methods. It follows that the same number of women expressed concerns about pain during childbirth in the prenatal interviews. While more women who chose to give birth with the help of a doctor, talked about a more painful birth. Women had a negative experience, they were disappointed that they were offered the choice of only pharmacological pain relief methods. Nowadays, many women face the problem that non-pharmacological pain relief methods are seldom used in medically attended births, which, of course, leads to further problems, such as birth defects, etc. The trend shows a higher demand for alternative pain relief techniques.
Leap et al. (2010); Great Britain	Evaluation of the use of continuous care of the midwife, depending on the use of pharmacological methods to reduce birth pain. A partial goal was to evaluate the use of coping strategies in women during childbirth depending on labor pain.	A thematic analysis, a qualitative survey was carried out using the semi-structured interview method – audiopedic depth review. Interviews were conducted in women within 2 hours after the birth in the birth hall. The interviews were recorded using audio recording. The survey included 10 women. Respondents were aged 18–40. Women evaluated the care of the midwife in the form of continuous care, depending on the management of labour pain and the use of pharmacological and non-pharmacological methods.	The results of the interviews confirmed that in this form of care, women were better able to manage birth pain and significantly less enjoyed pharmacological methods of pain relief compared to non-pharmacological methods. Women rated positively birth control, labour pain, and were more satisfied with the care of the midwife who provided them with individual continuous care. Women reported that there was greater trust between them and midwives, which improved their overall relationship. These experiences have increased women's ability to overcome fear and self-doubt about how they cope with pain and lead to a sense of pride, enthusiasm and empowerment in postnatal life. Women seemed to be more encouraged and supported during childbirth, more cooperative with a midwife, and to use various non-pharmacological methods to manage labour pain, positioning, breathing training, hydrotherapy and more. All women managed to give birth without the use of pain-relieving pharmacological methods.

Author/year/ country	Hypotheses/ objectives	Types of research/methodology/ Type of respondents	Results/findings
Rachmawati (2012); Indonesia	Describe the experience of women with birth control and evaluate the factors that affect the experience of birth pain and the care associated with it.	Qualitative study, interpretative notes. Semi-structured interviews were conducted – interviews with 7 women post-partum who agreed to the research. Women were observed during childbirth and their behaviour and cognitive function were assessed. Each interview was overwritten and analyzed using the Van Manena method. Seven women took part in the study in the postpartum period. The women gave birth spontaneously, vaginally. Of the total number of women, three were giving birth for the first time, and four for the the second time. The women were aged 28–32.	This study used an interpretative phenomenological approach (hermeneutic phenomenology) to describe the phenomenon of pain at work in Indonesia from a mother's point of view. The results revealed six interrelated topics: negative experience with workplace pain; previous knowledge to relieve pain; anxiety, but the pain is to be experienced; the desire to manage pain in labour; the desire to be accompanied; and awareness of the mother's needs. The findings showed that women can handle pain at work due to a lack of information about the birth process and the belief that pain should be expected.
Karlsdottir et al. (2014); Finland	Evaluate the experience of women with birth pain and management of pain in natural childbirth.	Qualitative study – Data collection using the Vancouver method. For women after birth, a semi-structured interview. The conversation was conducted by only one person, eliminating the risk of subjectivity. The research comprised 14 women after spontaneous delivery. Seven women were giving birth for the first time, 7 women had already had a previous experience. Women were aged 20–40 years. Women's social status: three women were married, nine women were single.	Women described the importance of complex management of birth pain, which included the preparation of women for labour and birth pain management, so that women were prepared for various coping strategies to alleviate labour pain. Finally, assessments of birth pain during delivery, midwifery assistance from birth pain, but also communication, empathy, support for better psychic birth, and overall handling of this stressful situation. In 98% a midwife was an important milestone in managing birth pain. Women also described how important it was to have a partner or a person who was close to them with whom they had mutual understanding to support their pain during labour.
Whitburn et al. (2014); Australia	The aim of the work was to evaluate the experience of women with labour pain, and whether the psyche of women participates in experiencing pain. A partial objective was to evaluate the factors that positively or negatively affect the psyche of a woman during the birth process.	A qualitative study was carried out using phenomenology as a theoretical framework. Data was gathered through telephone conversations, which were then rewritten. The results were analysed using thematic analysis of the transcript. A total of 19 women participated in the study. 10 women were nulliparous, nine were multiparous. Nine women were born in the hospital under the guidance of an obstetrician, another 10 were born in the birth centre with the help of an experienced midwife. 14 women gave birth vaginally spontaneously, one by vaginal extraction, four by surgery (caesarean section) because there were umbilical complications. Two women had high school education, 2 women had a university education, and 15 women with postgraduate degrees.	The results indicate that the state of the female brain during the work process can create a phase for cognitive and evaluation processes. Based on this, thought processes were catastrophic pain, low self-confidence to manage delivery, and then a negative assessment of women's pain. Women considered that the birth of the birth pain itself was influenced by their self-confidence, which was based on the approach of a doctor or midwife, on communication and on the overall influence of the environment, all of which falls within the cognitive group of the psyche, which results in the pain perception process itself. This implies that it is important to focus on the birth itself, which was reported by all 19 women.

Midwife care using coping strategies

The work highlights the positive approach of midwives who are part of the delivery processes. They are companions to the women, being available, assisting, and followed. It is important that a midwife gives a woman the chance to understand the nature of a birth, and to be responsible, which helps to establish a trustworthy relationship with both the midwife and herself. It is also important to have a close relative nearby during the birth (Escott et al., 2004; Leap et al., 2010; Lundgren and Dahlberg, 2002). Women reported that when a midwife offered, them help from birth pain, most used coping techniques such as breathing, relief, hydrotherapy, and more.

Parents rated positively the care of the midwife and the choice of coping techniques they had chosen in order to make the parents be content with their own birth and the manage-

ment of labour pain. Women in most cases attended special pre-birth consulting meetings and were informed about coping strategies. The results show the importance of focusing on the problems and the fear of birth pain before birth, inform women about coping strategies in prenatal preparation and in cooperation with midwives, and then ensure adequate coping strategies based on individual needs during childbirth (Karlsdottir et al., 2014; Slade et al., 2000). But there is an emphasis on midwives knowing coping and communication strategies (Escott et al., 2004). The data suggests that midwives have rather poor awareness of coping strategies (Beige et al., 2010). Leap et al. (2010) and Karlsdottir et al. (2014), and these studies indicate the positive influence of midwife care in the care of a woman.

The results confirmed that through the continuous, comprehensive care of a woman during pregnancy and during delivery by one midwife, women are better able to manage not only the pregnancy but also the birth, birth pain and enjoyed pharmacological methods of pain relief significantly less compared to non-pharmacological methods. Women rated positively birth control, labour pain, and were more satisfied with the care of the midwife who provided them with individual continuous care. Women reported that there was greater trust between them and midwives, which improved their overall relationship. These experiences have increased women's ability to overcome fear and self-doubt about how they cope with pain, and lead to a sense of pride, enthusiasm and empowerment in postnatal life. Women appeared to be encouraged more during delivery, and there was more collaboration with the midwife to use various non-pharmacological methods to manage labour pain, such as positioning, breathing exercises, hydrotherapy and others (Escott et al., 2004; Gibson, 2014; Karlsdottir et al., 2014; Leap et al., 2010; Lundgren and Dahlberg, 2002; Rachmawati, 2012; Whitburn et al., 2014).

Model of care provided by midwives for women with labour pain

There are two different opinions in the world about providing care to pregnant and nascent women with birth defects. The first model is associated with the provision of care by physicians, using pharmacological methods to suppress birth pain.

The philosophy of this model is the medical belief that birth pain is a pathological injury to the body and must be eliminated. Women should be offered the option to remove this pain. The second model focuses on the use of non-pharmacological methods to help women work with birth pain, i.e., midwife care using coping strategies. This model evaluates midwives as more effective as it better helps women psychologically to reduce stress during the pregnancy, reduces the fear of giving birth (and later during childbirth), improves women's self-esteem, offers better adaptation to childbirth and labour pain, uses coping strategies, reduces the use of pharmacological techniques to counteract birth pain and reduces various complications during childbirth (Roberts et al., 2010).

Gibson (2014) states in her study that midwife care and the familiarization of women with coping strategies (and their choice based on women's individual preferences and co-operation) lead to a better management of pregnancy and birth process.

The women who gave birth with the aid of an obstetrician spoke of a more painful birth; they had a negative experience, they were disappointed that they had been offered the choice of only pharmacological methods of help from labour pain, and more often had complications at the end of childbirth.

Nowadays, many women face the problem that non-pharmacological pain relief methods are seldom used in medically managed childbirth, which, of course, leads to further problems, such as disruption of parturition delivery and others. The trend shows a higher demand for alternative pain relief techniques, as confirmed by Karlsdottir et al. (2014), which confirms that midwifery should be at the forefront of providing parental care, since it helps to better estimate individual prerequisites while providing parental care, and it better assesses the individual needs of a woman, depending on the birth process. Midwives play an important role in working with women in preparing for pregnancy, in giving birth, and ultimately in managing the birth and birth pain using just the psychotherapeutic coping strategies. The positive effect of the continuous non-pharmacological model of midwife care using

coping strategies is shown by Escott et al. (2004), Lundgren and Dahlberg. (2002) and Roberts et al. (2010). Their results should improve the quality of care provided in modern obstetrics and the satisfaction of women with the pregnancy itself.

Discussion

Birth pain is a special category of pain in which the physiological significance interferes with pathophysiological mechanisms (Mander, 2014, p. 48). Birth pain is a specific phenomenon in midwifery, which is influenced by a number of factors including women's personality, cultural habits, traditions, but also the influence of personality traits, external physical phenomena, the physical condition of a woman and many others. One of the most influential factors is the effect of the environment, which includes the environment where a child is born, but also the social environment, the influence of health care providers, and close relatives. Birth pain management, individual experiencing and perceiving of birth pain can be seen as the most important among all other activities performed by the medical staff, in particular, a midwife and her approach to childbirth and a woman, communication, empathy, as confirmed by several domestic and international studies (Karlsdottir et al., 2014; Leap et al., 2010; Rachmawati, 2012; Whitburn et al., 2014). This literary study serves to highlight the importance of understanding complex birth pain, preparing for birth pain in the prenatal period, adaptation of coping strategies, and then providing adequate supportive help considering this phenomenon during natural birth depending on the individuality of the woman. Continuous care provided by a midwife during pregnancy is treated as very important as well as the care offered during a postpartum period. It helps turning a birth process into a natural event in the life of a woman while also promoting the newborn's vitality (Karlsdottir et al., 2014; Leap et al. 2010; Rachmawati, 2012; Whitburn et al., 2014).

Mander (2014) suggests that organizational changes in the context of maternity care are necessary to advocate this continuity and meaningful interactions between health workers and women as recommended by this survey on birth pain, which highlights the methodological issues that have been observed in previous reviews of qualitative literature (Escott et al.; 2004; Lundgren and Dahlberg, 2002). Literary research shows the contribution of continuity of care in relation to the ability to manage birth pain and the natural process of childbirth regardless of ethnicity, culture, and socio-economic status. All selected studies indicate that midwife's support and care using non-pharmacological coping strategies that women received during labour, including the relationship, were the most important influences in the perception of birth and the management of labour-induced pain without pharmaceuticals which contradicts the bio-medical model of care and resulted in medication administration, which points to the need to treat pain through pharmacological methods. Better birth control and labour pain lead to better cooperation between a parent and a midwife, resulting in natural birth and risk and complication elimination during childbirth and postpartum, and the reduction of negative experiences with the birth itself (Klomp et al., 2013; Kuliukas et al., 2016; Lowe, 2000).

This could be reflected in the arguments that the acceptance of pain further reduces the need for parental care to be associated with complications and thus reduce the length of hospitalization in the postpartum period. In addition, research has highlighted the need for knowledge of birth pain, physiology, management, knowledge of various methods, both phar-

macological and non-pharmacological, to help with birth pain and the need to inform women before birth (Leap et al., 2010).

The main benefit of the literary review is shifting of social standards in the provision of care during pregnancy, childbirth and postpartum to women at a time when there is a conflict between companies and health services. Nowadays the influence of the media on future mothers is increasing. Women are increasingly trying to take an active part in the process of childbirth and make decisions about it. However, we consider that understanding childbirth as a natural process and a tremendously important event in a woman's life connected with her identification with a new role is very critical in midwifery. To meet the needs of a woman there should be a midwife who will provide a continuous care from the beginning of pregnancy until the postpartum period

Conclusions

A qualitative literary review examining pain at childbirth reflects the current biomedical model of childbirth, which is often manifested in the 21st Century Antepartal Care System. Although there is currently no qualitative research investigating the experience of labour pain during delivery, traceable research is available, which mainly assesses the use of pharmacological methods and coping strategies to help with birth pain.

There are not so many studies dealing with coping strategies used in care programmes designed for a pregnant woman with childbearing pain, so it is important to look at birth pain from a multidimensional standpoint; the physiology of labour pain, factors that influence the development and coping with birth pain, the ability to manage birth pain, understanding of how women interpret their ability to manage pain regardless of individual or contextual differences that are highlighted in the findings, and taking into consideration educational cooperation between women and midwives during the pre-birth period.

All this should lead to a change in the understanding of the care provided during pregnancy and during childbirth, but also in the postpartum period and the creation of a new model of care provided during delivery in midwifery. For this reason, we strive to focus on birth pain in a comprehensive way, to know the preterm period of women, to evaluate the pain and its management, and then to provide women with various pain relief options. Finally, women should be offered sup-

port, empathy, environmental adaptation, and midwives with non-pharmacological coping strategies. In the most complicated cases, pharmacological methods can be applied according to the actual condition of a woman. Unfortunately, this is also a big issue today, which sometimes negatively affects the natural process of childbirth due to delaying labour pain occurrence in uterine activities. All this leads to induced, pharmacological births, surgically terminated labours, increased risk of injuries in the second birth periods and others (Klomp et al., 2013; Kuliukas et al., 2016).

For this reason, we want to focus more on the use of various non-pharmacological methods: coping strategies such as effective breathing, positioning, aromatherapy, midwife's support, being under the care of only one midwife during childbirth, and others focused primarily on a woman's mental state and her basic needs, which leads to better management of birth pain by women and the reduction of stress hormones, which also contributes to increased sensitivity to birth pain. Supporting and passing on information and helping a woman during childbirth reduces anxiety that leads to the motivation to overcome an obstacle, which in our case is the birth pain.

For a woman, a midwife is a person who offers accessibility, reliability, emotional and physical support. Care in midwifery is constantly evolving and is a challenge for both midwifery nursing theorists and midwifery in practice. The described findings could help to reflect the nature of care in midwifery, as a basic phenomenon in nursing, and show possible improvement of provided care for women; the creation of a new nursing model in the care provided by midwives, the use of a memory sheet in midwifery focused on the basic interventions provided by a midwife to a woman during childbirth and their evaluation. The results could also be used in the area of nursing care, care of women, communication with women, and in the development of midwifery care in prenatal, perinatal and postnatal care.

Limitations of the study

Only publications in English that were available in electronic bibliographic databases were included in the literary research.

Ethical aspects and conflict of interest

The authors declare that the research in the literary review has no conflict of interest and that all ethical aspects have been observed.

Copingové strategie v péči porodní asistentky o rodící ženu

Souhrn

Cíl: Byla provedena literární review, analýza literárních zdrojů zabývajících se péčí porodní asistentky s využitím copingových strategií u rodící ženy s porodní bolestí.

Design: Přehledová studie.

Metodika: Kvalitativní studie byly vyhledány systematickou rešerší v elektronických databázích Pubmed, Web of Science, Journal of Midwifery, CINAHL, Cochrane, podle stanovených kritérií a definovaných klíčových slov: coping, porod, porodní bolest, strategie, za období září 2017 – červen 2018. Studie byly z období let 2000–2014. Získané studie byly tříděny podle doporučení Prisma.

Výsledky: Byly porovnány studie z Velké Británie, Irska, Ameriky a Austrálie. Studie poukázaly na pozitivní vliv porodní asistentky, jež využívá copingové strategie, zapojuje ženu do porodního procesu a nechá ji rozhodovat o jeho průběhu. Tento vztah vede k lepšímu prožívání a vnímání porodních bolestí ženami jako k něčemu pozitivnímu a potřebnému při porodu; je to spolupráce s porodní asistentkou a zvládnutí samotného porodu bez rizik a komplikací.

Závěr: Myšlenkou moderního ošetrovatelství v porodní asistenci má být komplexní, kontinuální péče jedné porodní asistentky o ženu v průběhu těhotenství, porodu a poporodního období, ke které má žena vztah a důvěru. To vede k eliminaci narušení přirozeného procesu těhotenství a porodu, snížení možných rizik a komplikací a posléze k pozitivnímu prožití těhotenství, porodu a navázání kontaktu mezi ženou a novorozencem.

Klíčová slova: coping, péče; porod; porodní bolest; strategie

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