become popular. Despite the considerable number of applications for low back pain available in the app store, their effectiveness has not been established and there is a lack of evidence regarding the effectiveness of the isolated use of mobile applications in the self-management of low back pain.

*Objectives:* Investigate the effectiveness of interventions using mobile health in improving pain and disability of individuals with chronic low back pain, compared to usual healthcare strategies or no treatment.

*Methods:* A systematic review (PROSPERO-CRD42022338759) with meta-analysis comparing *m-Health* to usual care or no intervention. The search terms used were related to low back pain and *m-Health*. Pain intensity and disability were included as primary outcomes, and quality of life as a secondary outcome. Only randomized clinical trials (RCT) were included, and the primary outcomes were pain intensity and disability, and the secondary outcome was quality of life. Searches were carried out in the following databases, without date or language restriction: PubMed, SCOPUS, EMBASE, PEDro, Cochrane and Opengray, in addition to studies' references. The selection was performed using the Rayyan software, by two independent reviewers (screening of abstracts and full-text reading). The risk of bias was analyzed using the PEDro scale, by two independent reviewers, considering each individual item. Conflicts were resolved by consensus, at all stages. Data were summarized descriptively and through meta-analysis (pain and disability). In the meta-analysis, eligible studies were combined considering clinical and methodological homogeneity. The certainty of evidence was assessed using GRADE.

*Results:* 1,824 relevant publications were identified. After excluding duplicates and screening by title and abstract, 18 were eligible for full-text reading. Five RCTs were included, totaling 894 participants (n: 447 allocated to the *m-Health* group and n: 445 to the usual care group) and they had similar methodological structure and interventions. Follow-up ranged from 6 weeks to 12 months. The studies did not demonstrate significant differences for pain (MD -0.86; CI95% -2.29;0.58) and disability (SMD -0.24; CI95% -0.69; 0.20) when comparing *m-Health* and usual care. Most studies showed biases, with emphasis on non-concealed allocation and non-blinding of the outcome assessor. The certainty of the evidence was rated as low for the analyzed outcomes.

*Conclusion:* m-Health alone was not more effective compared to usual care or no treatment in improving pain intensity and disability in individuals with low back pain. Due to the biases found and the low certainty of the evidence, the evidence remains inconclusive and future high-quality clinical trials are needed.

*Implications:* We demonstrated that currently, *m-Health* does not have consolidated evidence that allows the recommendation of isolated use in the management of people with low back pain. Our findings demonstrate that there are indications of clinical benefits from the use of *m-Health*, though further studies are needed. Furthermore, we emphasize that research could investigate the complementary effects of *m-Health* on the self-management of this population.

*Keywords:* Mobile Health, Low Back Pain, Pain Management

**216**

# CLINICAL AND SOCIODEMOGRAPHIC DESCRIPTION OF WOMEN WHO INDUCED THEIR LABOR WITH MISOPROSTOL IN A PUBLIC HOSPITAL IN THE FEDERAL DISTRICT

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*Background:* The induction of labor can be performed with the aim of initiating a vaginal delivery, a method defined by cervical maturation, through digital examination. As labor induction is an intervention, it is expected that it will come from a clear medical recommendation. Therefore, we were interested in understanding the profile of women admitted to the Obstetric Center with the use of misoprostol, an induction method that stimulates cervical preparation.

*Objectives:* Describe clinically and sociodemographic pregnant women that had labor induced by misoprostol in a public hospital in Distrito Federal, in 2019, differing the profile from the one's that had vaginal birth to the one's submitted to cesarean section.

*Methods:* This study consist in a descriptive, cross-sectional, retrospective research. Data were collected by the nursing records from the maternity. The inclusion criteria consist in labor induced using misoprostol with living newborn and from a single-fetus pregnancy.

*Results:* 309 women met the inclusion criteria of the study, with a higher prevalence of the age group between 20 and 34 years old (64,1%), brown skinned (64,1%), 9 to 11 years of education (53,7%), single marital status (42,1%), residence at a distance greater than 45 kilometers from the hospital (51.8%), with a minimum of 6 prenatal appointments completed (79.6%), between 37 to 40 weeks of pregnancy (75,1%), primiparous (50.2%), with gestational disease (50.8%), without previous cesarean section (97.7%) or previous disease (77.0%), with presence of a companion during labor (92.2%) and without the use of oxytocin after misoprostol (50.5%). Among these women, 72.2% had vaginal delivery as an outcome (223), and 27.8% evolved to a cesarean section (86). In the group that evolved to vaginal delivery, 42.60% were primiparous, 56.95% were multiparous, 56.95% are multiparous, 46.18% developed gestational disease, 53.36% were not diagnosed with gestational diseases. Among those who evolved to a cesarean section, 69.77% were primiparous, 30.23% were multiparous, 62.79% had gestational disease and 37.20% did not. Data missing to complete 100% are missing data.

*Conclusion:* The differences between the two groups were the parity and gestational diseases, because in the one's who achieved the vaginal birth, multiparous women and/or those who didn't developed gestational diseases were more prevalent, while women that had cesarean section were, most of them, primiparous and/or with a gestational disease. Regardless the misoprostol's use it's contraindicated in cases of previous cesarean section, 1,9% of the sample were women with this history.

*Implications:* There is a need for better hospital induction and childbirth protocols. In addition to new actions directed at pregnant women, with a focus on prenatal education. Analytical studies are also suggested, as well as the training of professionals to complete the hospital and public policies evolution to improve rates related to childbirth, such as the presence of more physiotherapists in maternity.

*Keywords:* Induced, Labor, Misoprostol