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Background: Labor provides several responses that result in the expulsion of the fetus and placenta. The role of the physiotherapist aims to rescue autonomy in the delivery process, providing comfort and self-confidence.

Objectives: To describe the evolution of physiotherapeutic care over 8 years in a maternity hospital with usual risk, as well as to identify the general obstetric characteristics of the women assisted in these years.

Methods: Descriptive study, consulting the database of maternity hospital with usual risk in Marília-São Paulo, from January 2011 to December 2018. The data collected were physiotherapy care; resources used; way of delivery; labor induction; duration of labor; interventions during vaginal delivery. The analysis was descriptive, using mean, absolute and relative frequency.

Results: 9893 medical records of women hospitalized during the collection period were analyzed, totaling the number of research participants. The average number of physical therapy care per year was 4784. In 2011, a total of 5095 sessions were made, in 2012, 5451, in 2013, 4000, in 2014, 5555, in 2015, 5677, in 2016, 4362, in 2017, 4362, and in 2018, 3874 physiotherapeutic consultations. Of the resources used during physiotherapeutic care, those most frequently used were a shower, being used in 3296 (68.9%) cases, walking in 3157 (66%), therapeutic ball 3123 (65.3%) and breathing exercises 2521 (52.7%).

Between 2011 and 2014, the most used resources were, on average: shower bath (77.6%), walking (69.4%), therapeutic ball (68.1%) and breathing exercises (21.8%). Between 2015 and 2018, on average, they were: breathing exercises (87.3%), walking (64.2%), therapeutic ball (62.7%) and showering (56.8%). As for the total number of medical records evaluated, in relation to obstetric characteristics, it was observed that 6232 (63%) evolved to vaginal deliveries and 3660 (37%) evolved to cesarean deliveries. Regarding induction, 6430 (65%) received medication. The duration of labor prevailed from 1h to 6h in 63% of the total. Episiotomy was performed in 2866 (46%) of the vaginal deliveries, 1433 (23%) of the deliveries were without any intervention, and grade l lacerations accounted for 1308 (21%).

Conclusion: Physiotherapeutic care was not performed in most participants, considering the average number of visits over the years. There was a variation in the number of physical therapy visits between years, with a gradual decrease from 2016 to 2018. The most used resources were showering, walking, therapeutic ball and breathing exercises, and over the years, there was a reversal in the frequency of use of these resources.

Implications: This descriptive study brought an exploratory overview of the physiotherapy service in a public maternity hospital at usual risk, demonstrating the number of consultations over the years and the most used practices. Complementary, in-depth, and analytical studies are suggested, so that more specific aspects can be verified, meeting the strengthening of physiotherapeutic practices in hospital obstetrics, as well as raising awareness of the importance of the physical therapist being inserted in the labor process in a way systematic.

Keywords: Physiotherapy, Maternity, Labor

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