Physical therapy during labor: evidence of benefit and limited implementation in brazilian maternity care

The model of childbirth care has undergone substantial transformations over recent decades, driven by the increasing emphasis on evidence-based practice and the pursuit of more humanized, safe, and woman-centered care.[1] Within this context, the role of physical therapists in obstetrics has emerged as an effective strategy for supporting women during labor.[2,3] However, despite the growing body of scientific evidence supporting this field, the presence of physical therapists in Brazilian maternity hospitals remains limited and uneven.[3]

Obstetric physical therapy is currently supported by a robust body of evidence demonstrating its effectiveness during labor.[2,3] Interventions such as therapeutic exercise, thermotherapy, breathing techniques, massage, maternal positioning, Swiss ball exercises, peanut ball positioning, and other non-pharmacological approaches have shown consistent benefits for labor progression and maternal experience.[4-9]

Recently, a systematic review and meta-analysis[2] demonstrated that physical therapy assistance during labor is associated with increased rates of vaginal birth, reduced cesarean delivery rates, shorter first and second stages of labor, and lower levels of maternal pain and anxiety. Additionally, reductions in severe perineal trauma and pharmacological analgesia use were observed, with no evidence of increased adverse maternal or neonatal outcomes (Table 1).

Despite these findings, the integration of physical therapists into Brazilian maternity services remains inconsistent.[10] While some institutions have successfully incorporated these professionals into multidisciplinary obstetric teams, most maternity hospitals across the country still do not provide continuous physical therapy support in labor and delivery units.[3,10] This reality contrasts with contemporary recommendations for intrapartum care and limits women's access to safe, effective, and evidence-based interventions.[1]

The underutilization of physical therapists in childbirth care does not appear to result from a lack of scientific evidence. Rather, it reflects challenges related to healthcare service organization, limited awareness of the scope and competencies of obstetric physical therapy, and the absence of public policies ensuring the inclusion of these professionals within maternity care settings. Although Women's Health Physical Therapy has been recognized and regulated as a professional specialty in Brazil through COFFITO Resolutions Nº. 372/2009[11] and Nº. 401/2011,[12] respectively, with subsequent updates introduced by Resolution Nº. 628/2025,[13] this regulatory framework has not yet translated into the routine inclusion of physical therapists within maternity care services. This represents a significant gap in maternal healthcare that deserves attention from healthcare managers, policymakers, and healthcare institutions.

In recent years, important advances have been made in advocacy efforts aimed at expanding the presence of physical therapists in Brazilian maternity hospitals. Scientific and professional organizations, particularly the Brazilian Association of Physical Therapy in Women's Health (ABRAFISM), have played a leading role in disseminating scientific evidence, promoting professional training, and engaging policymakers and healthcare administrators to improve women's access to physical therapy services throughout the perinatal period.[2,10]

Reflecting this growing movement, Federal Bill Nº. 4631/2024 is currently under consideration in the Brazilian National Congress.[14] The proposal aims to formally include physical therapists within maternity care teams, recognizing their contribution to safer, more humanized, and evidence-based childbirth care. This initiative follows legislative advances already implemented at the state level, including State Law Nº. 7,723/2022 in Piauí, which requires the continuous availability of physical therapists in public and private maternity hospitals performing at least 1,000 births annually[15]; State Law Nº. 11,447/2023 in Rio Grande do Norte, which requires the presence of at least one physical therapist in public and private maternity hospitals, hospitals, and healthcare institutions performing at least 1,000 births annually[16]; and State Law Nº. 12.893/2025 in Maranhão, promulgated in 2026, which requires 24-hour physical therapy coverage in public and private maternity hospitals as well as adult, pediatric, and neonatal intensive care units.[17] These legislative initiatives represent important steps toward translating well-established scientific knowledge into effective public health policies and expanding women's access to physical therapy during labor and childbirth.

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Table 1

Main outcomes associated with physical therapy assistance during labor: summary of available evidence.

Outcome	Result
Vaginal birth	10% increase (RR=1.10; 95%CI= 1.04–1.17) – high-certainty evidence (9 studies; n=694)
Cesarean delivery	48% reduction (RR=0.52; 95%CI= 0.35–0.76) – high-certainty evidence (9 studies; n=694)
First stage of labor duration	Reduction of 99.01 minutes (MD= −99.01; 95%CI=−153.35 to −44.66) – moderate-certainty evidence (7 studies; n=746)
Second stage of labor duration	Reduction of 11.29 minutes (MD = −11.29; 95%CI= −18.94 to −3.64) – moderate-certainty evidence (6 studies; n=562)
Severe perineal trauma (3rd/4th-degree laceration)	51% reduction (RR=0.49; 95%CI= 0.25–0.96) – moderate-certainty evidence (4 studies; n=400)
Pain intensity	Reduction of 1.46 points (MD= −1.46; 95%CI= −2.52 to −0.41) – low-certainty evidence (7 studies; n=658)
Epidural analgesia use	10% reduction (RR=0.90; 95%CI= 0.83–0.99) (2 studies; n=180)
Maternal anxiety	Reduction of 7.65 points (MD= −7.65; 95%CI= −11.27 to −4.03) (2 studies; n=232)

Source: Delgado AM *et al.*[2]

RR = risk ratio; CI = confidence interval; MD = mean difference. High-certainty and moderate-certainty evidence were assessed according to the GRADE approach.

Ensuring access to physical therapy during labor should not be viewed as a future innovation but as a current healthcare necessity. The scientific evidence is already available. The challenge now is to translate this knowledge into routine clinical practice by expanding the presence of physical therapists in maternity hospitals and strengthening multidisciplinary maternal healthcare. The challenge is no longer to demonstrate effectiveness, but to ensure equitable access to this evidence-based intervention across Brazilian maternity hospitals.

Author's contribution

All authors conceived the manuscript and declare no conflict of interest related to this article.

Data availability

No datasets were generated or analyzed during the preparation of this opinion article. Therefore, data sharing is not applicable.

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