



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

NOTE PREVIEW ARTICLE

KNOWLEDGE OF PUERPERALS ABOUT THE PRACTICE OF EPISIOTOMY

CONHECIMENTO DE PUÉRPERAS SOBRE A PRÁTICA DA EPISIOTOMIA CONOCIMIENTOS DE LAS PUERPERAS ACERCA DE LA PRÁCTICA DE EPISIOTOMÍA

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ABSTRACT

Objective: recognizing what puerperals know about the practice of episiotomy. **Method:** this is a field research of a qualitative approach, with descriptive exploratory focus, having as study scenario the Tocogynecological Unit of the University Hospital of Santa Maria, and as participants mothers who experienced vaginal parturition with episiotomy. Data will be collected through a semi-structured interview consisting of closed questions in order to characterizing the research participants and through an open question in relation to the focus of this study, after, there will be analyzed by means of operative proposal. This project was approved by the Research Ethics Committee, CAAE 27353814.5.0000.5346. **Expected results:** creating subsidies for nursing care and for reflection of professionals and health managers about the theme, reformulating the use of interventional practices in the birth process. **Descriptors:** Nursing Care; Parturition; Episiotomy; Nursing.

RESUMO

Objetivo: conhecer o que as puérperas sabem sobre a prática da episiotomia. **Método:** pesquisa de campo de abordagem qualitativa, com enfoque descritivo exploratório, tendo como cenário de estudo a Unidade Tocoginecológica do Hospital Universitário de Santa Maria, e como participantes puérperas que vivenciaram o parto vaginal com episiotomia. Os dados serão coletados por meio de uma entrevista semiestruturada composta por perguntas fechadas com a finalidade de caracterizar os participantes da pesquisa e por uma questão aberta em relação ao foco desse estudo, após, serão analisados por meio da proposta operativa. Esse projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 27353814.5.0000.5346. **Resultados esperados:** criar subsídios para o cuidado de enfermagem e para a reflexão dos profissionais e gestores de saúde sobre a temática, reformulando o uso de práticas intervencionistas no processo parturitivo. **Descritores:** Cuidados de Enfermagem; Parto; Episiotomia; Enfermagem.

RESUMEN

Objetivo: conocer lo que las madres recientes saben acerca de la práctica de la episiotomía. **Métodos:** esta es una investigación de campo de enfoque cualitativo, con énfasis descriptivo exploratorio, teniendo como escenario de estudio la Unidad de Tocoginecológica del Hospital de la Universidad de Santa María, y cómo los participantes madres recientes que experimentaron parto vaginal con episiotomía. Los datos se recogieron a través de una entrevista semi-estructurada, se compone de preguntas cerradas con el fin de caracterizar los participantes en la investigación y una pregunta abierta en relación con el enfoque de este estudio, después, van a ser analizados por medio de la propuesta operativa. Este proyecto fue aprobado por el Comité de Ética en la Investigación, CAAE 27353814.5.0000.5346. **Resultados esperados:** crear subsidios para el cuidado de enfermería y para la reflexión de los profesionales y gestores sanitarios acerca del tema, la reformulación de la utilización de prácticas de intervención en el proceso del parto. **Descriptores:** Cuidados de Enfermería; Parto; Episiotomía; Enfermería.

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INTRODUCTION

Childbirth is one of the major events in women's lives, because it is the event that results in the birth of a new life. It is an experience that runs through psychological, emotional and social aspects, being lived according to the culture in which every woman is inserted. The way to give birth is also influenced by this culture and has modifying the course of history.

In the past it was common home birth attended by lay midwives, also known as godmothers. These were called by the women in labor and held empirical knowledge of the gravid-puerperal period. The birth was an event shared by women, in which man did not participate; moreover, the physiological birth process was too respected.¹

The entrance to the male figure in the act of giving birth took place from the eighteenth century, when medicine began to have interest in reproduction, incorporating the surgical obstetric practice to birth. Due to this fact, mothers and child mortality rates have increased, mainly due to puerperal fever, for the instrumentalization of parturition and by cesarean section. Therefore the birth that, until then, was a physiological event, became pathological, requiring the hospitalization of women for their management.²

From this institutionalization, interventions have intensified, becoming often unnecessary. In Brazil, only 5% of women had the chance to experience childbirth without interventions in the year 2011.³ Among the interventions cited were the restraint in bed, the use of synthetic oxytocin, tones repeated by more than one professional, the Routine amniotomy, the Kristeller maneuver, the enema, the use of forceps, episiotomy, among others. In this sense, this study will address the practice of episiotomy, as one of the interventions commonly used in obstetric art.

Over the years, episiotomy has been widely practiced in Brazil improperly, overcoming, and very much, the recommended by the World Health Organization (WHO), which is from 10% to 30%.⁴ Also, the search of the National Demographic Child and Women's health revealed 71,6% episiotomies index held in Brazil and, alarmingly a rate of 78,5% in the State of Rio Grande do Sul.⁵

Recently, the Research Be Born in Brazil brought the practice of episiotomy rates used in the country based on the years 2011 and 2012, and revealed that this act was performed in 56,1% of women with normal obstetric risk, 48,6% in women with usual

obstetric of non-risk and 53,5% in all women³, demonstrating the neglect of a care centered on the needs and individuality of each woman.

The data reveal that this practice goes to the mismatch which calls for Humanization of Politics in Pre-Natal and Birth (PHPN). This aims the adoption of measures and known beneficial procedures for monitoring the labor and birth, avoiding unnecessary interventionist practices which, although traditionally held, do not benefit the woman or the newborn and often have more risk for both.⁶

The humanization of birth is to ensure the right of women in the birth process. It is up to professionals of this scenario respect them, listen to them and guiding them on the appropriate practices in each case and about the use of non-pharmacological methods of pain relief, which can reduce the use of unnecessary interventions in childbirth.

The ignorance of women about this procedure reinforces that, beyond the power that the health professional has on the birth process, these women do not participate in decisions about their own bodies, often submitting to "care" the professionals without even understanding what it is happening.⁷

Nursing, in this context, has a fundamental role to change the current landscape of delivery care and must act to reshape the use of improper practices such as episiotomy. The professional nurse is one of the major strategies for improving obstetric care in Brazil, as well as fill an important place in the context of humanization in the birth process as it is the professional category establishing closer contact with the mother.⁸ For this, the public health policies reinforce the legal character for the implementation of beneficial practices in childbirth, as the creation of PHPN and also the set of best practice recommendations in childbirth and birth, prepared by WHO.^{4, 6}

It is worth noting also that the Law of Professional Practice 7.498/86 and Decree Law 94.406/87, to ensure Nurse Midwife carrying out assistance to the woman and to the eutocic labor, highlighting the responsibility of the articulation of a humanized care to reduce unnecessary interventions.⁹

The nurse, marked in scientific knowledge, brings with it the ability to promoting the empowerment of women and, through this, giving the changes to current paradigms. This requires the involvement and awareness of health professionals, as mediators in changing the institutional routines, in order to meeting

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the needs of women, providing a favorable environment for an educational and humane conduct.¹⁰ Based on the above it was established to question "What is the mothers' knowledge about the practice of episiotomy in childbirth?"

OBJECTIVE

- Recognizing what puerperals know about the practice of episiotomy in childbirth.

METHOD

This study consists of a field research of a qualitative approach, of a descriptive exploratory type. According to Minayo, the qualitative research seeks to understand, interpret and give meaning to the phenomena inherent to life based on the understanding of aspirations, beliefs, values, meanings, motives and attitudes.¹¹ Thus, it becomes a useful tool for understanding issues and data the reality experienced by study participants.

The exploratory research enables greater familiarity with the issue, providing greater details and construction of hypotheses.¹² It aims to make the subject matter easier issue to be addressed and to build assumptions about it, considering various aspects relating to the fact or phenomenon studied.¹¹

Still, with respect to descriptive research, this aims primarily to description of the characteristics of a particular phenomenon or population, or the establishment of affinities between the variables.¹¹

The study will be developed in the Tocogynecological Unit of the University Hospital of Santa Maria (HUSM). The hospital comprises a public establishment, federal, linked to SUS. It is a secondary referral center that covers 46 municipalities of the State of Rio Grande do Sul.

The hospital has 303 beds in operation, distributed in different services and medical specialties, among these the Tocogynecological unit. This unit has 37 beds, being 26 for the obstetrics/rooming and 11 to gynecology. The unit provides services to users in the puerperal period, high-risk pregnant and women in gynecological treatment.

The participants of the present study will be mothers who experienced vaginal parturition with episiotomy.

Among the *inclusion criteria* are: women who have undergone vaginal birth with episiotomy and are admitted to the Tocogynecological unit in the data collection period; over 18 years old; presenting psycho-

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cognitive conditions to participate in the study.

It lists as *exclusion criteria*: puerperals who underwent vaginal birth with episiotomy at another institution and that may subsequently be admitted to the place of data collection; puerperal women submitted to vaginal birth with episiotomy resulting in newborn stillbirth or neonatal deaths.

As data collection instrument will be used one semi-structured interview, consisting of closed questions aimed at characterizing the research participants, and an open question in relation to the focus of this study. The semi-structured interview allows the interviewee to talk about the subject in question unanswered prefixed by the interviewer.¹¹

For data collection, the 24 hours after birth will be respected. The place for the interviews will be the unit's meeting room. By identifying study participants, personal and individual contact will be performed. Analyzing its framework the inclusion criteria, they will be informed and invited to participate in the study after the explanation of the objectives and the presentation of the Consent and Informed (IC).

At the time of the interview the newborn will be given escort by the study participant. If this is not present, it will be combined with the nursing staff for the newborn stay in the care of that. The interviews will be recorded with the aid of a digital recorder and later transcribed, aiming to make possible the analysis and reliable interpretation of the data. The closure of data collection will be through the saturation of data that happens when the information starts to become repetitive, not adding new information in survey data collection process.¹¹

For the analysis of data it will be used the Minayo operational proposal, which is characterized by two operational times. The first moment will include fundamental determinations of the study, which will be mapped in the exploratory phase of the investigation. At this stage, it will be sought for understanding the history of the group, their environment, and their socioeconomic conditions, among others. The second moment is called interpretive, as it focuses on the starting point and end point of any investigation, representing the encounter with empirical facts.¹¹ This phase is divided into two stages which are described below.

Ordering of data will be: understanding the literal transcription of the interviews with the help of Microsoft Word 2010 text editor, the re-reading of the material and the

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organization of reports, which determine the beginning of the classification of the results.

Data classification: this stage will include horizontal and thorough reading of the texts by means of fluctuating readings, which allowed grasping the relevant structures and the central ideas; the transversal reading, by means of which the data has been separated establishing relationships between them, as well as categories or sense units, in order to realize the connections between them; the final analysis, where data will be confronted with the theoretical framework. Finally, the presentation and discussion of the results of the research will be conducted.

Ethical concerns will be observed according to the rules established in Resolution nº 466/2012 of the National Health Council, which establishes parameters for research involving human-beings.¹³ This research project was approved by the Research Ethics Committee/UFSM in 07th of March, 2014; under case number (CAAE) 27353814.5.0000.5346.

EXPECTED RESULTS

It is hoped that this study create subsidies for nursing care and for reflection by the professionals and health managers about the theme, reformulating the use of interventional practices in the birth process.

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Submission: 2014/12/31
Accepted: 2015/05/26
Publishing: 2015/06/15

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