



ELABORATION OF NEW TECHNOLOGIES IN NURSING: USE OF A PREVENTION BOOKLET

ELABORAÇÃO DE NOVAS TECNOLOGIAS EM ENFERMAGEM: UTILIZAÇÃO DE UMA CARTILHA PARA PREVENÇÃO

ELABORACIÓN DE NUEVAS TECNOLOGÍAS EN ENFERMERÍA: UTILIZACIÓN DE UN MANUAL PARA PREVENCIÓN

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ABSTRACT

Objective: to elaborate guidelines for nursing professionals, with the functions of each category and with guidelines on the rights of women in prenatal care, delivery and postpartum. **Method:** this is a qualitative study, which covered seven stages with a few keywords: “transformation”, “proactive leadership”, “innovation”, “entrepreneurial leadership”, “creativity” and “knowledge”. These words were included in the diagram, because, in view of the idealizers of the instrument, they are qualities that must be worked by those who use the diagram, using the theoretical diagram as educational technology, containing seven steps. **Results:** nursing can incorporate of care for women, coping and prevention of injuries in its practices. A booklet was written entitled “Obstetric violence is violence against women - my body, my rules, my birth, my choices”. **Conclusion:** Aggressive obstetric care, without scientific support, is often linked to the current delivery model and the lack of preparation of health professionals. It reaffirms the importance of interactive technologies in the care process. **Descriptors:** Violence; Obstetric; Health Education.

RESUMO

Objetivo: elaborar cartilha de orientações para profissionais em enfermagem contendo as funções de cada categoria e com orientações sobre os direitos da mulher no pré-natal, parto e pós-parto. **Método:** estudo qualitativo, que abrangeu sete etapas e conta com algumas palavras-chaves: “transformação”, “liderança proativa”, “inovação”, “liderança empreendedora”, “criatividade” e “conhecimento”. Estas palavras foram incluídas no diagrama, pois, ao ver das idealizadoras da ferramenta, são qualidades que devem ser trabalhadas por quem usar o diagrama, utilizando diagrama teórico como tecnologia educativa, contendo sete etapas. **Resultados:** a Enfermagem pode incorporar, em suas práticas de cuidado às mulheres, ações de enfrentamento e de prevenção dos agravos. Elaborou-se uma cartilha intitulada “Violência obstétrica é violência contra a mulher - meu corpo, minhas regras, meu parto, minhas escolhas”. **Conclusão:** a assistência obstétrica agressiva, sem respaldo científico, muitas vezes está atrelada ao modelo de parto vigente e ao despreparo de profissionais de saúde. Reafirma-se a importância de tecnologias interativas no processo de cuidado. **Descritores:** Violência; Obstétrica; Educação em Saúde.

RESUMEN

Objetivo: elaborar un manual de orientaciones para profesionales en enfermería conteniendo las funciones de cada categoría y con orientaciones sobre los derechos de la mujer en el prenatal, parto y postparto. **Método:** estudio cualitativo, que incluyó siete etapas con algunas palabras claves: “transformación”, “liderazgo proactivo”, “innovación”, “liderazgo emprendedor”, “creatividad” y “conocimiento”. Estas palabras fueron incluídas en el diagrama, pues, al ver las idealizadoras de la herramienta, son cualidades que deben ser trabajadas por quien use el diagrama, utilizando diagrama teórico como tecnología educativa, conteniendo siete etapas. **Resultados:** la Enfermería puede incorporar en sus prácticas de cuidado a las mujeres, acciones de enfrentamiento y de prevención de los problemas. Fue elaborado un manual intítulado “Violencia obstétrica es violencia contra la mujer - mi cuerpo, mis reglas, mi parto, mis elecciones”. **Conclusión:** asistencia obstétrica agresiva, sin respaldo científico, muchas veces está incorporado al modelo de parto vigente y a la impreparación de profesionales de salud. Se reafirma la importancia de tecnologías interactivas en el proceso de cuidado. **Descriptores:** Violencia; Obstétrica; Educación para la Salud.

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INTRODUCTION

The World Health Organization (WHO) recommends the adoption of strategies to meet the interests of pregnant women during prenatal care and the Ministry of Health aims to improve the health of pregnant women by stimulating the development of educational actions.

With the introduction of computer science and the appearance of modern and sophisticated devices in health, technological advances and appreciation of science have taken place in the current work area. In this way, information and communication technologies can promote patient-centered health care, improve the quality of care, and educate health professionals and patients.¹

The nurse began to take on more and more administrative responsibilities, gradually moving away from care to the patient and the need to redeem the responsibilities of nursing professionals by category, according to the Nursing Professional Exercise Law 7.498/86 and the COFEN Resolutions that deal with nurses' actions in assisting pregnant women, parturients and women who have recently given birth.

The idea of humanized childbirth is to ensure that the moment of childbirth, usually the object of fear and tension, follows its natural order, according to the rhythm and specific needs of the body of each parturient, with health professionals interfering as little as possible in the process of birth of the child.²

Obstetric violence is understood as an act performed by health professionals concerning the body and the reproductive processes of women, in a dehumanized attention, with abuse of interventionist actions, medicalization and the pathological transformation of the process of physiological parturition. It can be seen in different ways in labor and delivery, from the non-explanation and request for authorization to perform procedures, to verbal abuse, expressed by offensive words to prevent the woman from demonstrating what was feeling in the antecedent moment and during parturition.

OBJECTIVE

To elaborate a professional booklet on nursing containing the clarification of the functions of each professional category and

guidelines on the rights of women during prenatal, labor and postpartum.

METHOD

This is a qualitative study with a descriptive approach. Nursing professionals (nurses, nursing residents, technicians and nursing assistants) who work in the maternity sector of a medium-sized hospital, in the municipality of Santa Maria/RS, were part of the study. The inclusion criteria were: to be over 18 years old and to act as a nursing professional in the environment in which the research was developed. Professionals under 18 years old and/or did not agree to participate in the study were used as an exclusion criterion. The data collection was done in June and July 2016, after approval of the project by the Committee on Ethics in Research, Centro Universitário Franciscano, opinion number 1527515.

Thirty-one nursing professionals who signed the Informed Consent Term participated in the study. An individual interview was conducted with each participant, based on guiding questions, allowing the interaction between researcher and participants, favoring the contextualization of experiences.

The results were analyzed according to methodological guidelines that recommend the following steps³: the ordering of the collected data (transcription, results in organization, reading, and re-reading of the material); the classification of the data (exhaustive and repetitive reading of the texts, constitution of one or several corpus of communication if the information was not homogeneous, transversal reading with clipping of records units and classification of the most relevant topics); the final analysis (considering the objectives of the research and the themes emerged from the interviews). After the completion of this process, we conducted a discussion of the findings with the approximation of the already existing literature pertinent to the theme.

After collecting the data, it was noticed the need to create a booklet to guide nursing professionals about obstetric violence. For that, a theoretical diagram was used as health technology developed from the discipline of Innovative Technologies and Entrepreneurship in Nursing/Health, of the Professional Masters in Maternal and Child Health of Franciscan University Center:

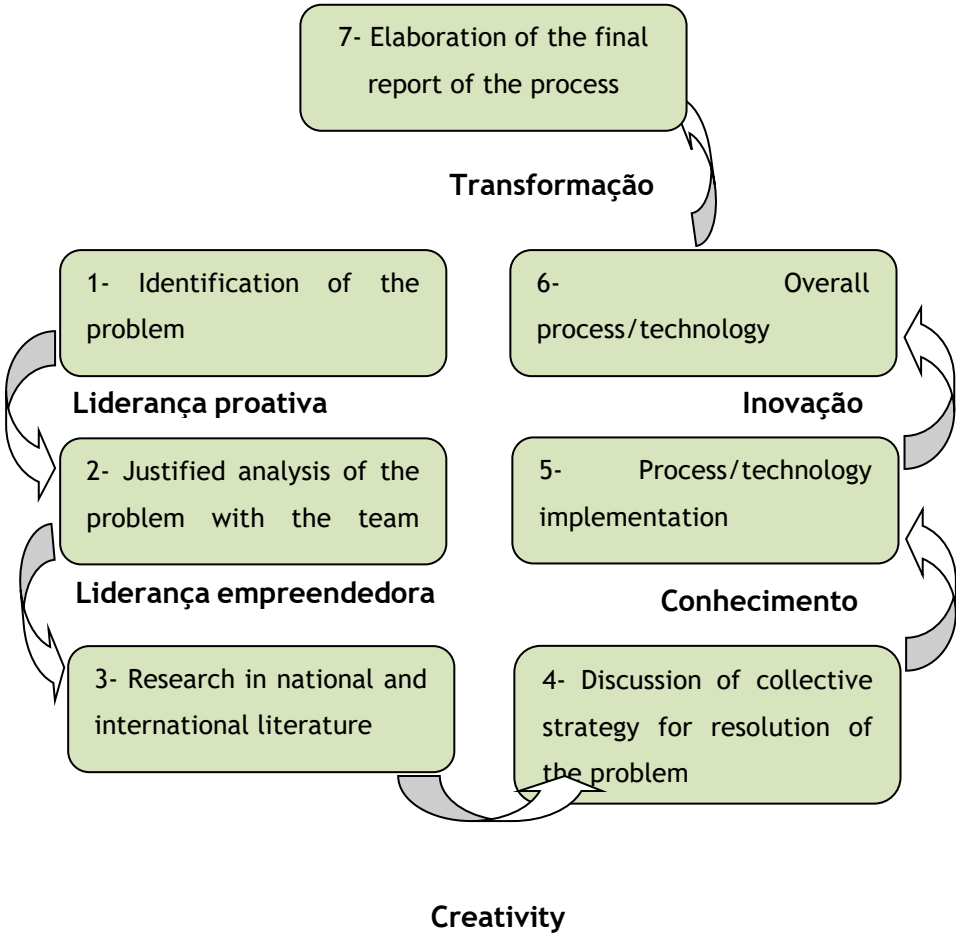


Figure 1. Theoretical diagram to be used as a technology in health.

This educational technology⁴ covers 7 stages numbered from 1 to 7, and counts with some keywords: “transformation”, “proactive leadership”, “innovation”, “entrepreneurial leadership”, “creativity” and “knowledge.” These words were included in the diagram, because, in view of the idealizers of the instrument, they are qualities that must be worked by those who come to use the diagram.

RESULTS

Step 1: Identification of the problem

From the literature review, we noticed that women recognize obstetric violence and are dissatisfied with the care received. This fact shows that changes are desired and expected, even though most of them still cannot try out an alternative model to what they know today.⁵

Thus, the chosen scenario was the maternity of a medium-sized hospital, which acts as a reference for follow-up of low-complexity labor, delivery, and postpartum, of the Unified Health System in the central region of the State of Rio Grande do Sul.

Step 2: Justified analysis of the problem

Faced with obstetric violence, Nursing can incorporate coping and prevention actions of injuries in situations of violence in its practices of care for women. In the Humanized Childbirth, the role of the nursing professional is indispensable to assist the parturient and the concept at all times.

It is important to invest in health education actions that minimize the vulnerabilities of these women and promote their empowerment. These actions aim to stimulate their family, social and health care autonomy to prevent and confront situations of violence in their daily lives.⁶

Step 3: Research in the national and international literature for the foundation of the booklet

A study of the narrative literature review was carried out. The bibliographic research was developed in the Virtual Health Library (BVS-BIREME) by the Latin American and Caribbean Health Sciences Literature database (LILACS) and the Scientific Electronic Library Online (SCIELO).

The search was carried out in August and September 2015 using the keywords “violence” and “obstetric”. The criteria used to select the sample were articles published in national journals dealing with obstetric violence. The temporal delimitation was not carried out to obtain all the works already developed with the theme in the mentioned databases. The exclusion criteria were articles that were not available in full, theses, dissertations and those that did not meet the purpose of the work.

From the guiding question: what is the scientific production on obstetric violence?

The material exploration stage was developed from the transcription of the results

and significant stretches. From the previous reading of the titles and abstracts, twenty-one articles were located. For access to the full text, resources were used directly from the LILACS and SCIELO database. Afterwards, a sample of nine full-text articles available in electronic format and productions that addressed the theme and had some relation to the objective of the work was composed.

For the treatment of the study elements the Thematic Analysis was used includes the ordering, classification and categorization of the data, through the technique of content interpretation, in the thematic analysis modality, which "consists in discovering the nuclei of meaning that make up a communication whose presence or frequency means something to the analytical object aimed."³

4: Discussion of collective strategies to solve the problem

With a view to the need for qualification of the actions through in-service education, it was opted for the elaboration of a professional booklet on nursing to improve health care for women. The booklet will be considered here as a process attribute, comprising: training, management and human approach.⁷

Step 5: Process/technology implementation

It is a prepared professional booklet in nursing containing the clarification of the functions of each category and guidelines on the rights of women during prenatal, labor and postpartum to contribute to the prevention of obstetric violence.

Step 6: Overall Process/Technology Assessment

The use of the booklet in health education at Maternity allows professionals to know the rights of the pregnant woman/puerperal during the prepartum, delivery and postpartum.

It also enables the identification of the nursing professionals' assignments by category for the care of pregnant women, parturients, mothers, and newborns in obstetrics services.

Educational actions in health care are fundamental for professional practices to promote respect for the rights and autonomy of women. They also guarantee access to information, freedom of choice and health care without violence.⁸

Step 7: Elaboration of the final report of the process

The booklet << Obstetric violence is violence against women: my body, my rules, my birth, my choices - every woman has the right to a healthy pregnancy and safe delivery! >> based on the Technical Manual of Prenatal

Care⁹, of the Ministry of Health. The booklet Healthy Pregnancy and Safe Childbirth are Women's Rights¹⁰, the National Feminist Network for Reproductive Health and Rights and in Resolution COFEN Number 0516/2016 regulates the performance and responsibility of nurses and obstetricians in the care of pregnant women, parturients, postpartum women and newborns in obstetrics, normal delivery and/or delivery and other places where such care occurs; establishing criteria for the registration of obstetrical and obstetrical nurse titles under the Cofen/Regional Nursing Councils system, and makes other provisions.

DISCUSSION

In relation to the characterization of the analyzed articles, we could list two categories:

♦ Obstetric violence practiced by health professionals

Obstetric care should provide care, support, and protection, with the minimum of interventions required. However, a study showed that the professionals presented inadequate behaviors, such as violent phrases, unnecessary procedures and/or iatrogenic, and still had to face the institutional unpreparedness to perform the humanized delivery.

A social representation has meaning when the object is shared and celebrated by a group, for the analysis is based on the phenomena produced by the particular construction of reality and not only in the individual.¹¹

Aggressive obstetric care that is not supported by science and which often violates women's basic human rights is linked to the current model of childbirth and the lack of preparation of obstetrical professionals, whether doctors, nurses, obstetricians or mid-level professionals in nursing.²

Violence is associated with a number of psychosocial factors related to the victim and to the aggressor.¹²

There are many actions in hospitals considered obstetric violence, such as subjecting the pregnant woman to an acceleration of labor unnecessarily; depriving the woman of the presence of the companion, guaranteed by Law Number 11,108/2005; prescribe fasting to pregnant women; to offer natural methods for pain relief and/or to schedule a cesarean section.¹³

♦ The choice of delivery for a quality of assistance to pregnant women

Whatever the type of delivery option, cesarean or natural, it is important to rescue values such as the protagonist, individuality,

privacy and autonomy of each woman, safely. The goal is to promote healthy births by eliminating unnecessary interventions and offering others that are proven to be beneficial. The humanization model of childbirth presupposes that safety is not synonymous with intervention and technology, but rather the minimum use of intervention in the physiological process of birth.

Obstetric Nursing can update its knowledge through available scientific evidence and offer comprehensive assistance to patients' health, failing to adopt a traditional and technocratic care model. In this way, we will have an improvement in the quality of assistance to women in the process of pregnancy, childbirth and the puerperium and also an increase in the number of professionals in line with the Stork Network.¹⁴

CONCLUSION

It is reaffirmed the importance of interactive technologies in the care process, especially in the issue of obstetric violence, which still needs more research, discussions, and reflections on the subject and subsidies for new public policies.

It should be noted that obstetric violence is still little recognized as a violent act, because at the same moment it occurs, women are experiencing strong emotions, which make them silent, and it is necessary to address women's rights during pregnancy, childbirth and postpartum care, especially in prenatal consultations, where we have the opportunity to address the various issues and instrumentalize it to make decisions regarding their body and parturition, and that it can argue and denounce situations of disrespect.

The aggressive obstetric care that is not supported by science and which often violates women's basic human rights is linked to the current model of childbirth and the lack of preparation of obstetrical professionals, whether doctors, nurses, obstetricians or mid-level professionals in nursing.

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