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ORIGINAL ARTICLE

HUMANIZATION OF LABOR AND BIRTH PROGRAM: INSTITUTIONAL ASPECTS IN THE QUALITY OF ASSISTANCE

PROGRAMA DE HUMANIZAÇÃO DO PARTO E NASCIMENTO: ASPECTOS INSTITUICIONAIS NA QUALIDADE DA ASSISTÊNCIA

PROGRAMA DE HUMANIZACIÓN DEL PARTO Y NACIMIENTO: ASPECTOS INSTITUCIONALES SOBRE LA CALIDAD DE LA ATENCIÓN

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ABSTRACT

Objective: to discuss the institutional aspects, from a dynamic and interrelation perspective, within the limits and possibilities for the operationalization of the Humanization Proposal of Attention to Childbirth and Birth. ***Method:*** a descriptive study, with a qualitative approach, that used participant observation in a maternity hospital in Northeast Brazil. Institutional Ethnography (EI) was considered the appropriate methodological perspective, for investigating the universe of actions in act, and its form of coordination, articulated to the work space that models this dynamics. ***Results:*** it was observed that the institutional aspects analyzed do not allow the operationalization in the quality of the assistance from the PHPB. ***Conclusion:*** the structural conditions of maternity hospitals are necessary and still constitute a challenge, and it is up to managers and health service teams to develop mechanisms to increase their communication aiming at contributing to the quality care and consolidation of PHPB. ***Descriptors***: Public Policy; Humanization; Pregnant Women; Birth Delivery.

RESUMO

***Objetivo*:** discutir os aspectos institucionais, a partir de uma perspectiva dinâmica e interrelacional, nos limites e possibilidades para a operacionalização da Proposta de Humanização da Atenção ao Parto e Nascimento. ***Método*:** estudo descritivo, de abordagem qualitativa, que utilizou a observação participante em uma maternidade do Nordeste do Brasil. A Etnografia Institucional (EI) foi considerada a perspectiva metodológica adequada, por investigar o universo das ações em ato, e a sua forma de coordenação articulada ao espaço do trabalho que modela esta dinâmica. ***Resultados*:** observou-se que os aspectos institucionais analisados não possibilitam a operacionalização na qualidade da assistência a partir da PHPN. ***Conclusão*:** as condições estruturais das maternidades se fazem necessárias e ainda se constituem como desafio, cabendo aos gestores e às equipes dos serviços de saúde desenvolver mecanismos que ampliem sua comunicação visando a contribuir na prestação do cuidado de qualidade e consolidação do PHPN. ***Descritores*:** Políticas Públicas; Humanização; Gestantes; Parto Obstétrico.

RESUMEN

Objetivo: discutir los aspectos institucionales, desde una perspectiva dinámica e interrelacional, en los límites y posibilidades para la operalización de la propuesta de humanización de la atención al parto y nacimiento. ***Método:*** estudio descriptivo de abordaje cualitativo que fue utilizado la observación participante en una sala de maternidad del noreste de Brasil. La Etnografía institucional (EI) fue considerada la perspectiva metodológica adecuada, por investigar el universo de las acciones en acto y su forma de coordinación, articuladas al ámbito de trabajo que modela esta dinámica. ***Resultados:*** se observó que los aspectos institucionales observados no permiten la operacionalización de la calidad de la atención de la PHPN. ***Conclusión:*** las condiciones estructurales de las maternidades son necesarias y constituyen un reto, cabiendo a los gerentes y equipos de servicios de salud desarrollar mecanismos que amplíen su comunicación con el fin de contribuir a la prestación de atención de calidad y consolidación PHPN. ***Descriptores*:** Políticas Públicas; Humanización; Mujeres Embarazadas; Nacimiento.

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INTRODUCTION

The National Human Health Policy (NHHP) of the Unified Health System (UHS), also known as HumanizeUHS, was created in 2003 by the Ministry of Health and agreed upon by the Inter-Tripartite Management Committee and the National Health Council. The main objectives of the HNP are to face the challenges The Brazilian society regarding quality and dignity in health care, the articulation and formulation of the humanization initiatives of the UHS and in facing the problems in the field of organization and management of health, work that have produced unfavorable reflexes both in the production of Workers' life.[1]

In the context of humanization, policies aimed at women's health began to emerge in Brazil in the middle of 1940[2]. In June 2000, the Program for Humanization of Prenatal and Birth PHPB was created, by the Ministry of Health, aimed at reducing the high rates of maternal, perinatal and neonatal mortality through quality assistance and advocating the Dignity and natural practices for the parturition process.[3]

The institution of the PHPB defined strategies for improvement in obstetric care, through the adoption of measures that ensure the access, coverage and quality of prenatal care. In addition, it also reinforced the need to establish links between prenatal care and childbirth, changes in the physical structure of hospitals and the training of professionals, among other demands. However, despite advances in the letter of the official documents, the innumerable difficulties encountered by the proposal in the attempt to promote changes in the context of daily practices. There are still high rates of maternal and perinatal morbidity and mortality, difficulty in making changes in daily tasks, for economic, social and structural reasons, and these issues are expressed in the poor quality of care provided.[4]

In view of these issues, this study aimed to discuss the institutional aspects from a dynamic and interrelational perspective, within the limits and possibilities for the operationalization of the Humanization Proposal of Attention to Childbirth and Birth.

METHOD

Descriptive study, with a qualitative approach, performed at a reference maternity hospital in the city of Mossoró (RN), Brazil. Institutional Ethnography (IE) was considered the appropriate methodological perspective, for investigating the universe of actions in act, and its form of coordination, articulated to the work space that models this dynamics. The IE considers daily doing, as well as conceptions and attitudes, as delimited by texts or ordinary discursive practices, naturalized in the institutional context and defined in the spaces of power of each society.[5-7]

The instrument used was participant observation, with the perspective of knowing the organization of care and the different conceptions, attitudes, discourses and practices of professionals and users.

The observation period was three months, with two weekly visits to the service, in an average stay of four hours in each moment. The hours of the observational visits happened in the three shifts, (morning, afternoon and evening) so that it was possible, through this practice, to better anticipate the organizational dynamics of health work in the attention to the parturition process of said maternity.

In accordance with Resolution 466/12 of the National Health Council, the research was submitted to the analysis of the Ethics Committee - UERN, being approved under protocol nº 11810.

RESULTS AND DISCUSSION

Addressing the institutional context of maternity hospitals contributes to unveiling the aspects that could possibly interfere, positively or not, in the quality of the actions performed in these spaces.[8]

There are innumerable factors that can influence the humanization of care provided by a health service. The discussion about the process of humanization disseminates the structural and functional problems present in some countries, including Brazil, where discussion is favored on the ideal premises for health, with a focus on promoting changes in daily services.

Among these aspects, from the observations made, relevant aspects were highlighted: physical space; materials and equipment; reception; and guarantee of rights, and relationship between professionals and users in said maternity.

As for the issues related to physical space, materials and equipment, in the case of maternity under study, the growth of demand is not accompanied by the necessary changes in the institution, causing difficulties such as the number of users greater than the availability of stretchers, great waiting for The birth due to the reduced number of delivery rooms, insufficient number of cribs in

AC Accommodations, accommodation of the number of women by number of rooms, insufficient number of bathrooms in the AC, among others.

The physical space of a maternity unit presupposes a welcoming environment, due to the stress and tension overload due to the unknown due to labor and its repercussions, as well as to the existence of a national program that recommends the minimum conditions for reception at that moment.[9]

The structural and material difficulties encountered for the functioning of health spaces take place in almost every public service where the public health spaces are equipped with the minimum possible resources, deepening the inequity of the professionals who provide care.[12,16]

A study carried out in the city of Cuiabá-MT, whose objective was to evaluate the structure of hospital institutions that provide care for childbirth, covering all hospitals in the public network, private not contracted to the SUS and privately agreed to the UHS, showed that, with regard to Materials and equipment required, private institutions were the ones with the greatest lack.[18]

From this point of view, the observations made in the maternity where this study was carried out revealed important shortcomings regarding the institution's infrastructure, potentializing practices that do not meet the goals proposed by the NHHP and PHPB.

Some authors argue that an evaluation of the hospital structure should not be carried out in isolation, since, despite being able to guarantee the safety of childbirth, puerperal and neonate care, reducing the probability of unfavorable results, it does not guarantee the quality of the processes.[19] On the other hand, infrastructure evaluation, even if isolated, is important because adequate health service structures are associated with the reduction of infant and maternal mortality.[20]

In this context, it is necessary to reflect that working in precarious conditions, whether by human resources, physical and / or insufficient materials, characterizes the difficulty in thinking the proposal of humanization in this broad dimension. These aspects reinforce the dichotomy between the production of policies, often unrelated and de-contextualized, and the daily operationalization of health practices.[8]

Regarding the reception and guarantee of rights, during the period in which the pregnant women met at the Obstetric Center (OC), were reported and observed critics regarding the number of beds in the pre-partum and the delay for the elective surgical deliveries, generating anxiety by waiting . In addition, a greater number of pregnant women were observed than the number of beds available, women in labor litters with discomfort during the period without food or drink awaiting surgery, as well as absence of companion during this wait, being justified Lack of sufficient physical space to accommodate the entire demand.

Pregnant women have the right guaranteed by law No. 11.108, of April 7, 2005, which provides for parturients guaranteeing the right to the presence of a companion, regardless of sex, during labor, delivery and immediate postpartum, within the scope of the Unified Health System - UHS.[10]

Faced with this type of physical and structural reality and that does not favor the practices advocated by PHPB, in 2008, the National Health Surveillance Agency (ANVISA) issued resolution 36/2008, which deals specifically with obstetric and neonatal care services, in order to establish standards for the functioning of these services based on the qualification and humanization of these services.[11]

In addition to the problems related to the physical space to receive the number of parturients who sought the service, it was also evidenced the insufficiency of professionals for care. During the observations, stress situations were observed both by the professional team and by the users, due to the insufficient number of professionals to attend the demand.

A study carried out in a maternity hospital in São Paulo revealed an inadequate proportion between the number of beds and nurses, making evident the unavailability of this health professional, which compromises health care and exposes the weaknesses of the service.[14]

The process of people management in Nursing is part of an organization that increasingly seeks to the satisfaction of its employees, so that, motivated, perform their tasks efficiently and effectively. However, Nursing practice today is about many dissatisfactions related to the lack of adequate human resources structure, lack of structure and adequate policies for a better performance of the Nursing service.[15]

Studies show that working conditions, with regard to the materials made available by the institution for the execution of the tasks and insufficient staff for the service demand, can hamper the quality of care and humanization.[15]

The lack of resources for assistance hampers the development of actions and tends to increase professional dissatisfaction, which may reflect on the quality of care provided[17].

Given the observations made regarding the dynamics of the service, it can be seen that the presented reality is commonly found in other public institutions, in which the increase in the demand for hospitalization is not accompanied by significant structural and functional changes in the institution, which, is associated with deficiencies in Physical, human and material resources, incapacitates the power of resolution and increases the dissatisfaction of the team, contributing to practices even more distant from that recommended by the Ministry of Health.[12]

The evaluation of health quality is based on structural factors, related to the physical structure, equipment, services and personnel organization, as well as the quality in the application of knowledge and technology and the relation of the team with the patient, and act as pre - favorable condition. In this sense, one can perceive the importance of an institutional dynamic that serves all users according to the needs of each individual, guaranteeing universal accessibility[13].

In institutions, where structural deficiencies are common, it is necessary to discuss the organization and availability of the public service, because it is known that the difficulties are related to the overcrowding of the network, structural, physical and functional insufficiency, Which does not meet the demand for service.[8]

CONCLUSION

The humanization proposal encompasses physical, structural, material resources, human relations, organizational policies of institutions, cultural aspects inherent to individuals, working conditions, implementation of laws directed to the public, service capacity to meet demand, among others.

Based on the observations made, there were significant difficulties regarding physical space, materials and equipment, reception and guarantee of rights, quantitative of professionals and relationship between professionals and users in the maternity in which this study was carried out. In this context, it can be concluded that the institutional aspects observed do not allow the operationalization in the quality of the assistance from the PHPN. Therefore, the structural conditions of maternity hospitals are necessary and still constitute a challenge, and it is up to managers and health service teams to develop mechanisms to increase their communication aiming to contribute to the quality care and consolidation of PHPN.

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