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ORIGINAL ARTICLE

NURSING CARE EXPERIENCED BY WOMEN DURING THE CHILD-BIRTH IN THE HUMANIZATION PERSPECTIVE

O CUIDADO DE ENFERMAGEM VIVENCIADO POR MULHERES DURANTE O PARTO NA PERSPECTIVA DA HUMANIZAÇÃO

LA ASISTENCIA DE ENFERMARÍA EXPERIMENTADO POR LAS MUJERES DURANTE EL PARTO EN PERSPECTIVA DE HUMANIZACIÓN

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ABSTRACT

Objective: to know the mothers' experiences about the nursing care during the child-birth labor and child-birth regarding the humanization. ***Method:*** an exploratory-descriptive study with qualitative approach, conducted with twelve women who were waiting for attendance in a specialized service from Minas Gerais. The information were collected through a semi-structured guide and analyzed by the technique analyzing the contents in the theme mode. ***Results:*** the mothers' experiences about the humanized nursing act are ambiguous, and it is noteworthy the communication and the job of the no-pharmacological techniques for the pain relief, however, were found the procedures performances coming from the biomedical model. ***Conclusion:*** it was evident the needs for a reformulation in the child-birth nursing assistance to women in favor of actions reducing unnecessary interventions and giving back to the women her main role. ***Descriptors:*** Humanized Child-Birth; Nursing Assistance; Women Health.

RESUMO

***Objetivo*:** conhecer as vivências das puérperas sobre o cuidado de enfermagem durante o trabalho de parto e parto no que tange a humanização. ***Método*:** estudo exploratório-descritivo com abordagem qualitativa, realizado com doze mulheres que aguardavam atendimento em um serviço especializado de Minas Gerais. As informações foram coletadas a partir de um roteiro semiestruturado e analisadas pela Técnica de Análise de conteúdo na modalidade Temática. ***Resultados*:** as vivências das puérperas sobre a atuação humanizada da enfermagem são ambíguas, destacam-se a comunicação e o emprego de técnicas não farmacológicos para alívio da dor, todavia, constatam-se a realização de procedimentos provenientes do modelo biomédico. ***Conclusão*:** evidenciou-se a necessidade de reformulação na assistência de enfermagem à mulher no parto em prol de ações que reduzam intervenções desnecessárias e devolva à mulher o seu protagonismo. ***Descritores*:** Parto Humanizado; Cuidados de Enfermagem; Saúde da Mulher.

RESUMEN

Objetivo: conocer las experiencias de las madres sobre los cuidados de enfermería durante el parto en relación a la humanización. ***Método:*** estudio cualitativo exploratorio-descriptivo, realizado con doce mujeres en espera de tratamiento en un servicio especializado de Minas Gerais. Se recogió a la información de un guión semi-estructurado y analizado por la técnica de análisis de contenido en el modo temático. ***Resultados:*** las experiencias de las madres sobre el desempeño humanizado de la enfermería son ambiguos, destacamos la comunicación y el uso de técnicas no farmacológicas para aliviar el dolor, sin embargo, se dan cuenta para llevar a cabo los procedimientos del modelo biomédico. ***Conclusión:*** se demostró la necesidad de reformular los cuidados de enfermería para las mujeres en parto a favor de acciones para reducir las intervenciones innecesarias y devolver a la mujer su papel. ***Descriptores:*** Parto Humanizado; Cuidados de Enfermería; Salud de la Mujer.

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INTRODUCTION

Pregnancy and childbirth are biological and social events that are part of women's lives, however, Brazil maintained a target and public policy, the idea that childbirth should be hospital-centered and medicalized until the mid-80. Following this model, the number of cesarean deliveries has increased dramatically and some interventions indicated only in special cases have become routine, as the use of forceps and episiotomy, resulting in the loss of the pregnant woman's privacy.[1]

Abusive rate of cesarean sections in our country since the 80s is one of the biggest reasons of problems in childbirth and one of the prime examples of excessively interventionist care model. Currently in Brazil, the rate amounts to 52%, however the recommendation of the World Health Organization (WHO) is 15%. Of these, 46% occur in the public and 88% in the private sector.[2-3]

It is noteworthy that unnecessary surgical interventions in childbirth pose a greater risk of complications for mother and baby, which can contribute to increased maternal-infant mortality rates. Given this context, it is necessary to reflect on the humanization of birth and its benefits to mother and baby, in order to humanize means "value the different subjects involved in health production process: users, workers and managers". It is important to see the humanization as one of the inseparable dimensions of care.[2,4,5]

The host of the mother by the nursing staff can contribute to a humanized care, but this contribution will only exist if the host is understood as a process where all that make up a multidisciplinary team are qualified and trained for this act. Welcoming the mother properly requires, first, to reflect on how their own values influence professional practice, recognize and accept their own limitations and differences that characterize the human society.[5]

It is noted that the nursing staff is supported by the professional practice of the Law n. 7498 of June 25, 1986 to act directly in the care of women in each labor.[6] Understanding how the nursing team has been working in obstetric care enables us to propose improvements in the care of pregnant women and thus contribute to the growth and advancement of nursing practice, with regard to the humanization of care. Through these assumptions, became interested in researching the mothers of experiences on nursing care in each labor.[7]

This study aimed to evaluate the experiences of mothers on nursing care during labor and delivery in relation to humanization.

METHODOLOGY

Exploratory and descriptive study with a qualitative approach[8], held in an institution that provides care to children and adolescents in various medical specialties, and provide vaccines for children and adolescents living in areas where there is no primary health care, newborn screening, promotion program for adolescent health, control hospitalization and contact with hospitals to care for newborns who have social or biological risks at birth. The institution is located in a municipality in the area of mining kills.

The study population consisted of 12 mothers who were waiting for service in the service to perform the newborn screening test, where the number of participants was defined by data saturation principle. It was adopted as inclusion criteria mothers aged over 18 years. It was excluded from the adolescent mothers, very anxious mothers the procedure would be performed on the child and mothers in poor health.

After explaining the objectives and all research procedures mothers were invited to participate in the study and those who accepted were referred to a private room where the Consent and Informed was presented and signed in two copies, one for the researcher and the other for participant.

In the analysis of risks and benefits of research classified the study as minimal risk, and was approved by the Research Ethics Committee, CAAE: 35343414.5.0000.5147. How ethical care was obtained authorization from the Municipal Secretary of Health and Director of the Nursing Faculty.

For the collection of information was a roadmap consists of two parts, the first with a brief characterization of the participant and the second with eight essay questions that addressed the experience of childbirth and nursing practice. Data collection took place between October and November 2014 after conducting a pretest with four mothers. The interview was recorded by audio-electronic device (MP4) for later transcription.

Processing of information occurred by transcribing the interviews respecting the integrity of the participants expressions. Then the interviews were read thoroughly and organized in the light of the proposal Content Analysis Technique in the Thematic mode which is based on text fragmentation into units to group them into classes or categories.

Thus, four categories emerged after analysis of statements: The birth experience; Nursing in the birth scene; Expectation of the mother in relation to the position of Nursing and lack of stimulus to the role of women. It was assigned fictitious name of flowers to each participant in the presentation of speeches in the text.

RESULTS

As for the type of delivery, eight participants had normal birth in a forceps was used and four were subjected to caesarean. The place of delivery varies between four public institutions in the city. The main reason given by participants to perform an elective caesarean section was the fear of pain during labor, which does not represent real indication for this surgery and reveals that these women received a poor prenatal care with regard to providing information on the safest way for their children birth.

One of the justifications for Caesarean delivery occurs when there is life-threatening for the baby, where birth does not happen imminently and consequently late decelerations and fetal tachycardia or bradycardia appear as complications [9].

♦ Birth Experience

The birth experience for mothers was mostly marked by feelings and expectations surrounding the birth.

It was very painful, but it was also very good. It's a thrill and a relief when the baby comes out and you can catch it on your lap. I cried a lot. (Violeta)

The pain experienced during labor did not annul the joy and excitement they felt at their children birth. The narratives endowed with feelings and emotions reveal the importance of this moment. The performance of nursing staff in the birth setting the mothers highlighted the verbal and nonverbal communication, among them the touch, as important elements at birth, revealing that the nursing skills go beyond technical knowledge and are the humanization of care. Massage and the shower performed by nurses in labor have also been mentioned as non-drug techniques for pain relief and bring welfare to the laboring woman, approaching the professional and increases trust.

The lumbar massage, the shower and the use of balls of birth are important techniques for pain relief that guarantee physical and emotional support to laboring women and works to be ready and able to cooperate with the giving birth process.[5-10] These methods can be simultaneous or separate applied and in addition to providing relief in labor pain, contribute to reducing the use of pharmacological methods.[11]

On the other hand, some reports show nursing staff attitudes that do not express a humanized care:

The nurse was pushing too hard on my stomach. She was pushing my belly down [gestures]. It was not very good, but she said it was in that way. (Orquídea)

The reports emphasize the use of physical force for expulsion of the fetus, both in encouraging women giving birth and in the nurse intervention. It was the testimony of the participants a lack of guidance on the procedures that were being performed.

On procedures none. (Dália)

At the moment I was so nervous that even if they had spoken I would not understand anything and could not even notice what was being done. (Jasmim)

Although some respondents cite communication as characteristic of nursing practice, it is observed that it was incipient to encompass explanations of procedures to be performed, which prevents the active participation of women in childbirth labor.

♦ Mother's Expectancy regarding to nursing posture

Childbirth is translated as a moment of anxiety that requires professionals who can handle the pressure with ease and provide comfort to the woman in labor with patience. However some women have been victims of disrespectful behavior, exemplified in the passage:

Same things, I saw several girls there screaming and they talking: You can do anything but scream. I think in a moment of pain, the person will scream right? It's natural. (Girassol)

This highlights an act of obstetric violence characterized as conducting disrespectful behavior of the laboring woman and baby who disregard their freedom of choice, their physical and emotional aspects resulting from intervention [12].

The Health Ministry through the Humaniza SUS adds that any act of negligence in care, discrimination or verbal violence, characterized by rough treatment, threats, reprimands, screams and intentional humiliation constitute forms of obstetric violence [5].

♦ Lack of stimulating in the role of women

The role of women, one of the principles of humanized delivery care was not referenced in the participants experiences.

They Just asked if I was ok. I don't know if I had this liberty or not, as soon as they didn't ask my opinion for anything. (Jasmim)

It is important to reaffirm that does not return the woman's role means that there will be no humanization in birth. Thereby, it is essential for nursing staff recognition of the right of the mother to free expression and participation in its labor; in addition to the exercise of listening to these women and their escorts have to say and to teach at this time.[5-13].

DISCUSSION

Labor is marked by vast social heterogeneity and the experience is influenced by cultural, religious, ethnic and social characteristics. It can be seen in various ways, and depending on the emotional state of the woman and her experience.[14]

In general, women tend to give birth to define experience as difficult, especially because it involves high levels of pain. Nevertheless, according to the accounts of participants emotion when they saw the child overrides the fact that it was painful.[14]

For these participants hold hands meant help it consists in a support form. The importance of touch in nursing care is reaffirmed when considered one of the most effective forms of non-verbal communication to express feelings of love, comfort and protection.[13]

Therapeutic communication makes it easier to care and benefits the nurse and the mother, and is very important in nursing practice, since it allows the nurse to establish a relationship with the main purpose to meet the needs of the women and provide a differentiated service in the birth process in order to promote their independence.[15]

Being constantly present, pay attention, talk and even small gestures, such as physical contact, are key elements in the host and establish an exchange ratio that favors the trust. The dialogue between the nursing staff and the mother is essential given that the follow women during the birthing process, these professionals must learn to listen to them and value their needs (social, psychological and emotional), recognizing the importance of establishing a communication this time to influence the woman's experience with childbirth and promote the link between the team and the mother.[7]

No technology can replace the relationship and inter-subjective understanding between human beings, that is, to remain constantly present, talk, listen to their fears, anxieties and longings, is the best strategy to humanizing the nursing care.[7-16]

When the term patience is discussed in the labor scenario, your analysis should not be restricted to their common sense meaning that associated with the personality of certain persons. At delivery, patience is linked to the quality expected, mainly to let the process happen naturally, to occur at the right time, that is, to wait the physiological birth time to be determined by the joint action of the fetus and parturient.[17]

For effective delivery care it is necessary that the professional know in fact every physiological process and understand that the first clinical period, the expansion phase is a long period and may spend 20 hours in first pregnancy and 12 hours in multiparous.[18]

Maternal expulsive efforts can be considered early (while the cervix is still dilating) or late (when the parturient feels the need to make effort). Usually early are guided by professionals because it reduces the duration of the second stage, on the other hand increase the risk of instrumental delivery and can cause pelvic injury. The pull steering (recomend that the women make force) is clearly harmful and ineffective since it exposes the woman and her son to pain and physical and emotional unnecessary and avoidable suffering.[19-20]

The realization of the pressure in the womb of the fund in the second stage called Kristeller maneuver, is a prohibited practice in many countries as it can cause perineal trauma, uterine rupture and brain damage in children. The frequent use of procedures is not recommended due to lack of care in the Humanized practice.[16-19.]

The experience of a stressful delivery may compromise the bond formation with the baby. Thus, the team must provide a peaceful and supportive environment, and provides physical, emotional comfort and provide intimate contact between the mother and her child from birth.[21.]

The violence by health teams is consented by women in labor mainly because they do not know the physiological process of labor, do not receive information on best care practices because they fear for the life of your child or for believing in normality of the situation.[19-22]

For a long time, institutional violence suffered by women during labor and childbirth remained invisible to the eyes of society. However, research shows that 25% of women reported having suffered obstetric violence is in the public or private instituition.[5]

In many hospitals, the caesarean section became the pattern to be followed, which contributes to the role of the situation falls on the professional obstetrician.[23] The empowerment of women in their labor contributes to purge clinical thinking doctor as their only option and allows the nurse get from that, encouraging her to be the protagonist of the born event and birth.[23-4]

Addressing Obstetric violence should be a priority in the health sector because it symbolizes the dehumanization of the care process and the continuation of women's oppression cycle by the health system.[23]

CONCLUSION

Knowing the experience of childbirth and how did the nursing care from the perspective of those who have received; constitutes a opportunity to reflect on this event in women's lives and how nursing care in this scenario can be assessed, reaffirmed or enhanced.

The results showed that the delivery on the experience of participants is a moment of great emotion, which overrides the pain. About the performance of nursing was noted ambiguity regarding the humanization assistance. Verbal and non-verbal communication between the team and the women and the use of non-drug techniques for pain relief were highlighted by the participants, saying that the attitudes of professional guided by the individuality and respect contribute to that care is directed to parturient.

On the other hand, not valuing women's participation in the labor process, reports on the use of physical force by the professional, the impediment to express at the time of pain and lack of guidance on the procedures performed demonstrates that assistance follows a biomedical model and some characteristic moments of obstetric violence.

During labor, the nurses and their team should value women, helping in the process of giving birth, respecting their time, using techniques to relaxation and pain relief as massages, baths, stimulating active ambulation, exercises breathing, changing position, comforting touches and use of birth balls.

It is unconventional therapeutic methods that have been used for millennia in many cultures and using simple resources, cheap and safe, and which are included in the humanized model, being valued by professionals and pregnant women since it is based on participation active woman in each labor.

We must strive for a respectful and quality care in the public and private health system. The change this scenario begins mainly by continuing education. It is necessary that health professionals get the perception that women are rightfully the protagonist of his birth and to have this in mind, rethink how to care. This perception should not be exclusive to hospital care, but should start in primary care so that women still prenatally get all the necessary information to make planning their birth labor.

Disruption of the current delivery care model and prevailing birth in Brazil, runs through the struggle of women from the knowledge of the scientific evidence about what is best for themselves and their children and to assert their rights not only in the delivery, but throughout pregnancy, however, it is necessary that such evidence be presented to the whole society, showing the damage that the current model cause and the benefits of a care model which works in accordance the recommendations of the competent bodies and the scientific evidences.

Improving delivery care quality is also related to the reduction of cesareans. It is necessary to demystify the idea that CS is an option for a painless childbirth and fast, but stress that it is an effective procedure when well indicated. But for this to happen it is necessary that the care in normal birth is qualified and mainly nursing transform your way to care for the woman to feel that despite the pain, is able to give birth naturally to be the safest way.

The humanized child-birth care is urgent. We must put into practice what is considered essential to support the Ministry of Health and the scientific publications on the subject so that fewer women to report, conscious or not, who have suffered obstetric violence.

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