ORIGINAL ARTICLE

OBSTETRIC NURSES´ PERCEPTION IN ASSISTANCE TO THE PARTURIENT

ABSTRACT

Objective: to know the perception of obstetrics nurses in care for women during childbirth. Method: this is a descriptive study with a qualitative approach, developed at the University Hospital Ana Bezerra (HUAB) of the Federal University of Rio Grande do Norte (UFRN) in Santa Cruz/RN with nine obstetric nurses who answered a semi-structured interview guide. Data were analyzed according to the thematic analysis technique. Results: the following categories were defined: << Care activities >> << Health Education >>, << Support of the institutional board >>, << Work on multi-professional team >>, << A little knowledge of the mother in the stages of labor >> and << Shortly experience with assistance to parturient >>. Conclusion: the speeches of nurses expressed difficulties and facilities in support of the laboring woman and perception of own practice in the delivery sector as a well-defined role for the team, which provides care to parturient autonomy.

Descriptors: Obstetric; Natural childbirth; Humanized Birth.

RESUMO

Objetivo: conhecer a percepção do enfermeiro obstetra na assistência à parturiente. Método: estudo descritivo, com abordagem qualitativa, desenvolvido no Hospital Universitário Ana Bezerra (HUAB) da Universidade Federal do Rio Grande do Norte (UFRN), no município de Santa Cruz/RN, com nove enfermeiros obstetas que responderam a um roteiro de entrevista semi-estruturado. Os dados foram analisados conforme a Técnica de Análise temática. Resultados: foram definidas as seguintes categorias: << Atividades assistenciais >>, << Educação em saúde >>, << Apoio da direção institucional >>, << O trabalho em equipe multiprofissional >>, << Pouco conhecimento da parturiente em relação às fases do trabalho de parto >> e << Pouco tempo de experiência com a assistência à parturiente >>. Conclusão: nos discursos, os enfermeiros expressaram dificuldades e facilidades na assistência à parturiente e percepção da própria prática no setor de parto em seu papel bem definido pela equipe, o que proporciona cuidados com autonomia à parturiente.

Descritores: Enfermagem Obstétrica; Parto Natural; Parto Humanizado.

RESUMEN

Objetivo: conocer la percepción del enfermero obstetra en la asistencia a la parturiente. Método: estudio descriptivo, con enfoque cualitativo, desarrollado en el Hospital Universitario Ana Bezerra (HUAB) de la Universidad Federal de Rio Grande del Norte (UFRN) en el municipio de Santa Cruz/RN con nueve enfermeras obstetras que responderon a un guía de entrevista semiestructurado. Los datos fueron analizados conforme a la Técnica de Análisis temático. Resultados: fueron definidas las siguientes categorías: << Actividades asistenciales >>, << Educación en salud >>, << Apoyo de la dirección institucional >>, << El trabajo en equipo multiprofesional >>, << Poco conocimiento de la parturiente en relación a las fases del trabajo de parto >> y << Poco tiempo de experiencia con la asistencia a la parturiente >>. Conclusion: en los discursos los enfermeros expresaron dificultades y facilidades en la asistencia a la parturiente y percepción de la propia práctica en el sector de parto en su papel bien definido por el equipo, lo que proporciona cuidados con autonomía a la parturiente.

Descripciones: Enfermería Obstétrica; Parto Natural; Parto Humanizado.
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INTRODUCTION

The support that health professionals offer during the process of childbirth to women is very important showing to be near, worried, willing to take care and listen to the woman to the creation of trust and affection ties, facilitating the process, making this a time care and comfort.¹

The high rates of maternal and perinatal morbidity and mortality and the excessive number of Caesarean sections in the country overburdened social and financial systems. The training of obstetric professionals has become a priority among public policies and, before that, the Ministry of Health (MOH) created the Rede Cegonha (RC) in 2011 under the Unified Health System (SUS) which aims to care for ensure women humanized and skilled care during pregnancy, childbirth and the postpartum period, and the child’s right to birth safe, healthy growth and development.²

With the quality of care in the delivery, demystification to decrease the cesarean section could appear, but the idea for pregnant women that it is an option for a painless, and quickly childbirth should also be clarified that it is a surgical procedure imposing risks, important, necessary and effective when properly indicated. It is essential to the understanding of mothers that occur in care and proper conduct to normal labor and the obstetric nurse transforming their way of care, given that the mother feels that, despite the pain, she can give birth naturally and be the best way to birth in a safe and humane way.³

The RC has a unified action with other initiatives for women’s health in the SUS and provides training of health professionals responsible for the care of women during this period, as well as creating structures in assisting the House of Maternity, Baby Home & Normal Delivery Houses (CPN’s), one of the main obstetric nurse acting courses that will work together with hospitals to humanize the process of giving birth and birth. This program requires that the good practices of care during labor and birth are established in hospitals, such as the right to escort, access to non-pharmacological methods for pain relief and skin contact with the baby immediately after birth.⁴

This inclusion of obstetric nurse as qualified professional in the conduct of normal childbirth without dystocia is understood that his professional practice to be able to develop technical security with skills and competencies, understanding multiple and complex dimensions that involve the process of giving birth and should be seen as a social event with great cultural influence. This professional must have ethical and humanistic and scientific training to attend the laboring woman safely with different posture, less technical, more human, and focus on the care.⁵

Public health institutions aimed at quality of care with excellent service, worth investing in the necessary conditions for the provision of quality care properly meeting the needs and expectations of patients.⁶

In 2014, certain University Hospitals such as Huab became directed by the Brazilian Hospital Services (Ebsen), a public company under the private law established by Federal Law Nº 12,550 of December 15, 2011, with the Bylaws approved by Decree Nº 7661 28 December 2011. With this new organization, several professionals were inserted in these institutions, such as obstetric nurses for women in labor care.

Given this new situation in the organization of service specifically in nursing care for women during childbirth, the following question emerged: what is the perception of the obstetric nurse inserted directly into the assistance to their performance and care for women during childbirth? In this understanding, the objective of this study was to know the perception of the obstetric nurses in their role in assisting women giving birth in a public hospital.

The development of this research is justified by the need to know how the obstetric nurses, specifically in the municipality of Santa Cruz (RN) act in care for pregnant women, as well as the lack of studies in that place addressing the issue beyond the new health care landscape with the participation of the Ebsen and insertion of new professionals in assisting women giving birth at Huab.

It is expected that the research will contribute to a better care by the staff to the woman in labor and delivery guided by the multidisciplinary and transdisciplinary care, providing comprehensive care to women giving birth at Huab. Its relevance is to enforce better analysis concerning progress in midwifery area, spreading the insertion of obstetrician nurses in the care of the laboring woman clarifying barriers and/or facilities in
METHOD

This is a descriptive study with a qualitative approach, in the University Hospital Ana Bezerra (Huab) of the Federal University of Rio Grande do Norte (UFRN) in Santa Cruz/RN. It was worked with sampling saturation.8

The data production instrument was a semi-structured form with open and closed questions. The sample was composed of nine obstetric nurses in the exercise of their function in the period, informed about the purpose of the survey, questions for clarification and requested a signature of the Consent and Informed Form (TCLE).

The instrument was built by the authors and passed through a pre-test to see whether the questions were appropriate for what was intended to search for no changes after the pre-test. The interviews were audio-recorded, transcribed for data analysis as Minayo thematic that has in its composition three stages: pre-analysis; material exploration, analysis of the results, interpretation and then the categorization process. After, there was a preliminary analysis of the responses classified detection disagreements, conflicts, gaps and coincident points in the answers. Finally, there was an interpretation plan of the studied elements supported on the following: the results achieved in the study, theoretical background and professional experience of researchers which resulted in the final report with conclusions and definitions.9

After exhaustive reading of the content analysis, six categories were revealed: care activities; health education; support of the institutional board; work in a multi-professional team; little knowledge of mothers about the stages of labor and little time experience with assistance to the woman in labor.

Participants were identified with the letter P followed by the number that was identified, P1, P2,... and so on to maintain their anonymity.

In compliance with the ethical and legal aspects contemplated in Resolution 466/2012 of the National Health Council (CNS), the ethics permeated the research including the principles of the beneficence of bioethics; maleficence; autonomy and the principle of justice. The study was approved by the Ethics Committee of the Health Sciences Schools of Trairí (FACIS/UFRN) with Opinion Embodied Nº CAAE: 44895415.9.0000.5568.

RESULTS

In the period of the research, the team was 11 obstetric nurses. Nine of them agreed to participate who were in the exercise of their functions, seven women of them were female, three were married with age ranging from 27-63 years old.

Regarding the graduate, they attended Obstetric Nursing in public and private institutions. The time of performance of obstetric nursing in assisting women giving birth ranged from two months to 23 years showing that the team has professionals with little experience in assisting women giving birth while others have this knowledge for decades. All subjects participated in courses in the health of women, and yet still need to put updates on the following specifications: neonatal resuscitation of labor dystocia, transport pregnant woman/woman in labor and newborns.

♦ Category 1: Care activities

In this category, nurses carry out their activities on the following lines:

[...] We do an evaluation, admission, procedures such as venipuncture, catheterization. (P2)

[...] Hygiene care with the mother, breastfeeding and basic things that we have to guide. (P4)

[...] We do screening, care, rating, admission, birth gram, obstetric examination, nonpharmacological measures for pain relief, guidance on second stage, breastfeeding, newborn care, childbirth without dystocia leading to humanized way, postpartum, home deliveries, prescription with induction (misoprostol), cardiotocography, proteinuria, HGT, care and support with newborn when there is not a pediatrician, as well as records and computerized system, checklist, sector material. (P5)

[...] to identify dystocia, protecting the perineum to prevent laceration, guiding the woman at the time of “pulling”. (P6)

♦ Category 2: Health Education

Professionals recognized their importance in health promotion actions:

[...] I relate to prenatal care, hosting, playful shapes, it is very tense especially with pregnant women for the first time, not having negative experiences of other deliveries. I feel the anguish of mothers so that they feel well and release more oxytocin, and in labor staying quiet, less perineal maneuvers without harrying up. (P9)

[...] Respecting for privacy, call them by their names and always say the procedures the mother for their collaboration. (P8)

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Category 3: Support of the institutional board

They mentioned the primary institutional support for activities of the obstetric nurse:

[...] We have the full support of the hospital management, autonomy and unlike other institutions here obstetric nurse leads childbirth, has quality empowerment and confidence. (P2)

[...] The hospital board encourages and values the obstetric nurse, this strengthens us. (P5)

[...] Institutional support; it is seen that in most institutions the obstetric nurse does not participate in deliveries. (P6)

Category 4: Work in multi-professional team

Respondents express very similar opinions, describing the work in multidisciplinary team as a fundamental and important for the improvement of obstetric care:

[...] in this institution I see myself fulfilled because the role of nurses in both the antepartum and delivery is very defined and multidisciplinary. (P3)

[...] The team is distinguished by the fellowship, I feel safe with the multidisciplinary team. (P9)

[...] The engage of the multidisciplinary team because everyone tries to speak the same language, none is better than the other, each has his role. (P3)

[...] When working in a multi-professional team and all speak the same language is easier to get to success. (P7)

[...] Being a teaching hospital, it has the support for all professionals in conducting the delivery, and I can do a good job. (P5)

Category 5: Little knowledge of mothers about the stages of labor and little time experience with assistance to the woman in labor

During the interview, it was noted that professionals claim that the lack of knowledge of certain mothers hinders the teamwork:

[...] A woman comes without information on delivery, many want a Caesarean, afraid of normal birth. (P5)

[...] With the mother unprepared for childbirth our work becomes more difficult, much patience is needed, explanations and be more with the woman and her family. (P1)

Category 6: Shortly experience with assistance to parturient

They claimed difficulties regarding the lack of practical experience in the conduct of labor:

[...] The trouble is my learning; the experience will strengthen me, I had much theory and I am evolving. (P9)

[...] As I am currently working, I have doubts and much insecurity. (P2)

DISCUSSION

The challenge is the effective performance of the obstetric nurse in childbirth care, as the literature indicates that these professionals interfere positively in reducing unnecessary interventions as excessive practice of caesarean section and consequent reduction of maternal and perinatal morbidity and mortality.10

The obstetric nurse can make a large difference in the current assistance which is perpetuated from the early twentieth century when the delivery was institutionalized. Thus, the WHO and endorsed by the MH through the RC Humanization current program is the professionals category more prepared for changes of this Brazilian historical and consolidation of safe care to the labor and delivery process.7

The obstetric nurses accompanying mothers during the birthing process must understand the importance of communication in their practice knowing to listen to the needs of the pregnant women, valuing their life story, including social, psychological and emotional aspects that can significantly influence the experience of birth, promoting bonding between the multidisciplinary team and the parturient.11 In this study, these aspects were verified engagement of the multidisciplinary team, all speaking the same language, each acting in their roles, given that when working in a team, it is easier to achieve the desired success.

Therefore, the importance of these professionals updating through training courses to improve their professional development, confirming that the obstetric nurse is a committed and skilled professional who provides dignity, security, and autonomy, rescuing birth as a physiological event.12 It was observed respect in this study to the privacy of the pregnant women, always referring the procedures to be offered for the same collaboration.

The physical and psychological preparation of the mother should cooperate to reduce anxiety, so there is a collaboration with the team reducing anxiety, making an easier and less painful delivery. For that, professionals who receive the woman should be able to reach beyond their routine duties, necessary support for that moment providing guidance through educational activities.13
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Thus, rescuing the empowerment of women in labor as an educational process to help them develop the knowledge, attitudes, skills and self-knowledge necessary for them to assume in fact responsibilities with decisions to be taken in that regard to their welfare. For this, health education should be transformed into a critical awareness making and autonomy for communication, open dialogue and active listening.14

The motivation of the leadership of the institution towards professionals presents with trust between team members and between them and the patients, propose changes to increase the effectiveness of health practices and produce more confident obstetric nurses in delivery care.15 In this context, the support of the institutional board in the performance of obstetric nurse strengthens what has been practiced in the National Humanization Policy (PNH) as an intervention device in public health and production practices have been the subject of several recent studies.11

Corroborating these claims of the literature, it was identified that in this research, the obstetrician nurses have full support of the institutional board, working with autonomy and quality empowerment and trust with the mothers, given encouragement and appreciation of the hospital board, of paramount importance in a prized driving, confident, patient and humanized care to patients.

Regarding the lack of knowledge of the mother about the stages of labor, prenatal period is the time of physical and psychological preparation for childbirth and motherhood, so health professionals should create intense learning time and opportunity to develop health education taking posture of educators who share knowledge seeking to return to laboring women their autonomy and self-confidence to live the pregnancy, delivery, and postpartum care.16 This fact reported by nurses authors of this research to argue that a woman to be accepted at the institution has no information on labor, requesting cesarean for fear of vaginal delivery. With a woman unprepared, the work of professionals becomes more difficult, patience is required, explanations and be more with the woman and her family.

Prenatal care is also a key factor for not following consultations by pregnant women because most of them do not believe it is important the attendance of these consultations to the health of the mother/fetus; lack of family support; unwanted and/or unplanned pregnancy; not attending to consultations for not being able to be absent from work or even to leave her other minor children and also consider their homes far away from Basic Health Units (BHU).17 In this study, obstetric nurses related prenatal as hosting, playful shapes in pregnancy as good actions, especially with the first pregnancy, given not have negative experiences of other deliveries. They reported feeling the distress of mothers and this work humanization through healthy practices, talk, walking, warm bath, stimulating the participation of the partner for these women feeling valued and empowered through tranquility, patience and comfort.

The presence of this professional is important in the development of the parturition process. Security and trust are the result of humanized and holistic performance of the professional and can determine how the mother will face labor. Thus, the presence of the multidisciplinary team is important in the development of the process of giving birth.18

The team should be trained and qualified to develop actions, and light technologies of pain relief provide greater effectiveness to mothers. The motivation of the staff about delivery and humanized care are fundamental part of the entire parturition period.19

It can also be noted that this qualified professional for such assistance to mothers avoids levels of stress and tension, an important factor considering in the normal labor to use non-pharmacological methods for relief without advance intention pain providing the mother and fetus childbirth without dystocia or stresses and strains, leaving the empowered woman in the conduct of their birth.20

The birth process aims to enter more often benefits of humanization by the obstetric nurse, so that labor occurs satisfactorily, ethical and safe, so it occurs in a humane way and empowerment of the patient, ensuring comfort and well-being for both mother and the baby.21

Regarding professional practice, there are several studies that claim how obstetric nurses face difficulties in the exercise of expertise, especially as the short time experience in obstetric practice.22 These statements corroborate informed by obstetricians nurses surveyed to feel insecure, with doubts, limitations on the theoretical/practical knowledge for some learning and experience in obstetrics, hindering in some ways to develop these professionals always having to ask for help in moments of insecurity.
Authors report in the same way that the practice of non-pharmacological strategies to relieve mothers of pain is essential for the continuation of a conscious and safe labor, seeking new changes in paradigms that advocate pain relief to effectiveness the quality of care/midwifery woman in her birth process.  

CONCLUSION

The speeches showed significant achievements in humanized care to childbirth and birth. The obstetric nurses have shown that they have a defined role in assisting mothers as short professional importance in this process, helping these women to participate and lead their delivery of the most comfortable and safe way respecting their emotional, social and family. However, for the care of normal birth and humanized birth reaching its goals, it is the necessary interaction of a multidisciplinary team just as recommended by the MOH and WHO enabling the process of labor and birth a pleasant experience for both the mother and her fetus.

The effective participation of obstetric nurses in delivery care and birth in the institution surveyed demonstrates confidence in teamwork and humanized care. It was noted that the institution believes in assistance humanized practices based on scientific evidence, but the transformation of the care model of midwifery is still a current and urgent challenge which requires efforts from both managers as health professionals.

As for the difficulties, the obstetric nurses refer to those relating to the short time of experience in the performance of their duties. However, it is necessary to plan and implement policies and institutional strategies permanent updates in the area of women's health enabling trust and consolidation of these professionals.

Even with such difficulties, most obstetric nurses have facilities in their area and beyond assistance activities are relevant to health education to the laboring women at delivery, contributing and participating in the transformation of obstetric care to make it less interventionist and humanized with expertise and sensitivity to relate to women and families.

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