Prefacing this book, the author Inez Sampaio Nery refers to add one more work that can be of inestimable value to obstetric nurses as well as the general nurses for their content in education, assistance, management or research to better assist women in the pregnancy-puerperal cycle especially at the time of labor and delivery. The book aims to fairly show the conditions in which the mothers experienced the pregnancy-puerperal period in maternity wards, with the authors Fernanda Maria de Jesus Sousa Pires de Moura, Nurse by the Federal University of Piauí, Bachelor of Law NOVAIP, Master by UFPI, Specialist in Hospital Administration from UNAERP and Ph.D. in Medical Sciences at UNICAMP. Inez Sampaio Nery, Nurse, Professor of Obstetric Gynecologic/UNI-RIO, Master’s and Ph.D. EAN/UFRJ. The book was edited by EDUFPI in 2014 containing 144 pages and ISBN 978-85-7463-522-4.

The work has five chapters. The first chapter is introductory contextualizing the historicity of obstetric training and aspects of maternal mortality. The second chapter shows the construction of the way of assistance to women in Brazil. The third chapter has the methodological procedures; the fourth deals with experiences of women in the normal birth process and the fifth chapter has the final considerations.

In Chapter I, the authors contextualize the Historicity of obstetric training over the centuries since motherhood has been appreciated and collected by the society as one of the most important roles of the female nature. In the early days of civilizations, the midwives and women who practiced healing were considered by the people as wise and being part of the everyday life. The birth was historically a natural, physiological, feminine and event inherent in family life. By the end of the nineteenth century, the childbirth care was predominantly at home with midwives socially recognized by their vital role in the community and playing a work empirically, but without scientific support. In the first decades of the twentieth century with the institutionalization of this labor, it was seen as a pathological process that should be controlled to prevent maternal and perinatal death. Thus, the traditional midwives suffered criticism and lost the essence of midwifery with art and autonomy. At the same time, women have become passive agents of this process ceased to be experienced privately and in a feminine form becoming a public event, male, with unnecessary interventions, displaced women from home to cold and...
impersonal environments, assisted by unknown professionals performing invasive and painful procedures as if the mother was an object without identity and voice. Developing countries concentrate most of these underserved women, and it is a serious public health problem. In the causes of maternal death, there are specific diseases of pregnancy that may be related to lack of access to health services, deficient training, and assistance to women seeking this service. Most of this population is the victim of maternal mortality, young and, in the newborn, let other orphans deprived of maternal care, dysfunctional family, since this woman is the support of the home in today’s society. In human history, women are survivors of obstetric violence, deaths from preventable causes, recognizing female deaths from 15-49 years old in developing countries.

Chapter II shows the Construction of the way of assistance to women in Brazil. In the late nineteenth century, there was the beginning of health care in Brazil and programs such as prenatal associated with the institutionalization of labor that favored the reproductive phase of women to ensure healthy offspring and not only the welfare and women’s health. In the twentieth century, throughout the 40’s, the advancing medicine and improve the technology, labor has become institutionalized, justified by high rates of maternal and perinatal mortality. In the 60’s with the creation of health centers, programs were implemented to reach the large female population. In the 80’s, there was the creation of Integral Assistance Program for Women’s Health (PAISM) by international pressure to control population growth. In the 90’s, trying to reduce maternal and perinatal mortality, the Ministry of Health (MOH), the Brazilian Federation of Societies of Gynecology and Obstetrics (FEBRASGO), United Nations Children’s Fund (UNICEF) and the Pan American Health (PAHO) launched the project called Safe Motherhood with the goal of a more humane care and birth in Brazil. In the same decade, the MOH created Normal Births Centers (CPN) for assistance to the usual risk women out of hospitals for obstetric nurses, creating several specialization courses in midwifery. The midwife was also recognized as qualified by the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO). At the end of the 90’s, it was established two programs, the National Humanization Program of Hospital Care (PNHAH) and the Program for Humanization of Prenatal and Birth (PHPN), featuring comprehensive care with linking prenatal childbirth and puerperium, expanding women’s access to health services as well as guaranteeing the quality of care through minimal invasive procedures.

Chapter III has the Delineation of a methodology way to build the Life History now called Narratives of Life trying to extract the essence of the statements of the subjects about their experience, and personal meanings, valuing the feelings and individuality of each being without the need to check the authenticity of events. The method enhances broad expression of thoughts about experiences of the human being. The actors of the research were women with vaginal deliveries in different health institutions who were between 23-60 years old. Production data was through open interview technique, and the analysis took place as recommended by the method, reading and rereading the entire transcript and material presented in thematic categories.

Chapter IV discusses on Experiences of women during the birth process in the maternity with themed on the history of women’s life. The first issue deals with the Marks in the body and soul/Pregnancy as a dream and nightmare. It exposes complications, suffering, interventions, rewarding and traumatic experiences reported by witnesses showing physical and/or psychics trauma emerged from situations of intense conflict during the pregnancy-puerperal period. The second theme emphasizes Traumatic experiences in the birth process. They are reports that women recall moments as if she had again experienced the complications of pregnancy which reported limitations in their daily activities caused by disorders which made the period even more a stressful pregnancy. The theme three discusses The complications and postpartum reality. These complications caused discomfort to these women and have been mentioned as traumas and difficulties in the postpartum more evidence for bleeding, suffering caused by episiotomies and episiorrafias, complicating physiological eliminations, breastfeeding problems such as cracks, mastitis, flat or inverted nipples and not knowing how to deal with breastfeeding. Finally, the fourth theme stresses Rewarding experiences of the childbirth. The witnesses reported rewarding experiences in normal delivery as a sublime moment in their lives,
given the happy experience in their birth influenced by the decision of these women opting for natural childbirth making up a period of great happiness and excitement.

Chapter V demonstrates the Institutional invisibility. Technology is essential since it becomes necessary, indicated with responsibility, sensitivity and with the connivance of the woman if the procedure is essential. Interference in the physiological and natural process of labor bring disastrous irreversible consequences that can be avoided with a well-conducted and humanized care, giving the right to women’s choice of driving and birth position adequacy of institutional physical structure and qualification of health professionals who watch this woman. Institutional violence most often remains invisible in certain hospitals, because women are not heard as to their expectations or are not regarded as human beings with opinions, desires, and feelings. However, it should be noted that with this new holistic model in childbirth and birth, overcoming the traditional and outdated method, a new paradigm is appearing the way that focuses on women in all their biopsychosocial, physical and emotional aspects. The guarantee of humanized delivery care, guided by rights and based on scientific evidence, seeks promotion of sexual and reproductive rights of women to recover their position in the birth process, respecting their dignity, autonomy, empowerment and control.

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Submission: 2016/03/09
Accepted: 2016/09/01
Publishing: 2016/11/01

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