ORIGINAL ARTICLE

WOMEN’S CARE IN THE PERINATAL PHASE: HEALTHCARE PROFESSIONALS VIEWPOINT

ASSISTÊNCIA À MULHER NA FASE PERINATAL: OPINIÃO DE PROFISSIONAIS DA SAÚDE
ASISTENCIA A LAS MUJERES EN LA FASE PERINATAL: OPINIÓN DE LOS PROFISSIONALES DE LA SALUD

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ABSTRACT
Objective: to describe the assistance to women in the perinatal phase, from the viewpoint of healthcare professionals, and the satisfaction thereof, by considering the teamwork. Method: it is a qualitative study, with 13 healthcare professionals from the obstetrics sector in a reference hospital in the maternal-infant healthcare in the city of Fortaleza/CE/Brazil. For data collection, we have used the semi-structured interview, being that the information was submitted to the content analysis technique, categorical type. The study was approved by the Ethics Research Committee, under Protocol nº 04252522. Results: we have identified two categories << Opinion of professionals about the care given to women in the perinatal period >> and << Satisfaction of professionals in working during the hospital perinatal care and the teamwork >>. Conclusion: it is necessary having an improvement in the service to meet the needs of each user, by ensuring the health rights of the mother-child binomial and working conditions of the healthcare professionals. Descriptors: Perinatal Care; Health Staff; Pregnant Women.

RESUMO
Objetivo: descrever a assistência à mulher na fase perinatal, na visão dos profissionais de saúde, e a satisfação dos mesmos, considerando o trabalho em equipe. Método: estudo qualitativo, com 13 profissionais de saúde do setor de obstetricia em um hospital de referência na assistência materno-infantil em Fortaleza/CE/Brasil. Para a coleta de dados, utilizou-se a entrevista semiestruturada, senda que as informações foram submetidas à técnica de análise de conteúdomética, tipo Categorial. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, sob Protocolo nº 04252522. Resultados: foram identificadas duas categorias << Visão dos profissionais sobre a assistência oferecida à mulher na fase perinatal >> e << Satisfação dos profissionais em trabalhar na assistência perinatal hospitalar e o trabalho em equipe >>. Conclusão: é necessário ter uma melhoria do serviço para atender as necessidades de cada usuária, garantia de direitos na saúde do binômio mãe-filho e condições de trabalho dos profissionais de saúde. Descriptores: Assistência Perinatal; Pessoal de Saúde; Gestantes.

La mujer en la fase perinatal: Opinión de los profesionales de la salud y la satisfacción laboral de los mismos

Descriptores: Atención Perinatal; Personal de Salud; Mujeres Embarazadas.

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INTRODUCTION

The majority of perinatal mortality occurs in low-income countries and could be reduced if all women were met in places where professionals could provide emergency obstetric care to save the lives of these mothers and their children, in case of complications.1

The perinatal care influences the reduction of the high rate of morbidity and mortality in the population of children and women, caused by complications considered likely to be avoided in the pregnancy and childbirth phases, since they are crucial moments for achieving a healthy birth. Accordingly, the comprehensive healthcare assistance for women and their children can be enhanced through a rational and humanized application of the obstetric and neonatal technology already available, in order to reach lower levels of maternal and perinatal mortality.2

The World Health Organization, at the 10th Revision of the International Statistical Classification of Health-Related Diseases and Problems (ICD-10), considers the perinatal phase as the pregnancy period which starts from the 22nd week of gestation or the equivalent of a fetal weight less than 500g, up to the 7th day of life after birth.3 This phase is significant in monitoring the health conditions of women and children, since many actions can be performed with sights to improve the care quality and its indicators.

The organization of the maternal-infant healthcare in Brazil has its origins in the early twentieth century, from the feminist movement, non-governmental organizations, professionals from different working fields and also healthcare policymakers who are organized in a movement with the purpose of giving back to women the leading role at the labor and birth times.4

The action lines of the maternal-infant healthcare were taking shape and, nowadays, receive new dimensions in function of the current healthcare policy. Recently, the President of the Republic launched, in Belo Horizonte (capital of the Brazilian State of Minas Gerais), the “Stork network”, which is a program to assure the welcoming of pregnant women from the perspective of care humanization.4

In this context, the monitoring and assessment of the women’s and children’s health have become priorities on the national and international schedule of health policies, whose aims are to reduce risks and promote health and life quality. Thus, the significant changes in the model of operationalization of this system show us new practices and a way of acting that includes the participation of professionals by means of an effective communication, based on the citizenship awareness, i.e., a service based on ethics and humanization.5

Nonetheless, the care quality remains being a challenge for the healthcare assistance towards the population. Despite the changes that have occurred in healthcare policies, such as the creation of programs that support the provision of a quality care, there is still a mismatch of professional actions, which are limited to the services routine, thus not allowing changes in the work processes and technologies. This hinders the improvement of stigmatizing conditions then existing, which are distanced from interrelationships between professionals and users.6

Thus, the assessment of practices and operation of healthcare services, subsidized by the perception of professionals, is considered a relevant tool of the managerial and assistential process, when rethinking the care with sights to meet the demands and needs of users, managers and, even, professionals working in such a service.7 Corroborating this thought, the assessment of the care quality might be seen in the clinical and collective perspective. In the clinical perspective, the concern is focused on the impact of professional actions on the user’s health. From the viewpoint of the subjects, including workers, managers and users, it should be assessed the access to services, the availability of care and the ability to solve problems in a comprehensive health dimension.7

In the assessment of the perinatal care, it is important to rethink the model of care offered to women, by noting aspects that go through the relationship between users and professionals, as this is essential to facilitate not only access, but also the welcoming and the bonding among the subjects, in addition to solving the health problems. The welcoming is one of the strategies that promote reflection and changes in the healthcare services organization. This dimension represents an institutional project that should guide the work performed by the healthcare staff. They should have attitudes of receiving, listening and treating in a humanized way the users and their demands.8

By understanding these dimensions, we help to conduct a routing of actions and available resources in achieving an improved care, which should be grounded on the
resoluteness and the incorporation of other strategies of comprehensiveness.

In this context, by considering that the care during the perinatal phase reflects on the health indicators of the mother and the newborn, it becomes relevant to know the viewpoint of professionals with regard to the perinatal care in a tertiary service of the Unified Health System - Sistema Único de Saúde (SUS). The results can provide professional reflections for the development of attitudes consistent with the principle of comprehensiveness, anchored in accessibility, welcoming and construction of bonds. These actions are part of the guidelines that confirm the elevation of the resoluteness at all levels of care, besides being part of the guidelines that comply with the development of the SUS, thus ensuring a comprehensive care, which is equitable and associated to the actions of health protection and promotion.7

**OBJECTIVE**

- To describe the viewpoint of healthcare professionals about the women's care in the perinatal phase and the satisfaction thereof, by considering the teamwork

**METHOD**

This is a descriptive study, supported by conceptual and epistemological foundations of qualitative research, where the study object is not reduced to variables, but it is studied in all its contextual complexity and totality, as well as in the practices and interactions of the everyday life.9

The study has included 13 healthcare professionals working in the obstetrics sector along with mothers and newborns in a reference hospital in the maternal-infant healthcare in the city of Fortaleza/CE/Brazil. Thus, we counted with the presence of four nurses, three nursing technicians, three doctors, one occupational therapist, one social worker and one nutritionist. To preserve their anonymity, the participants were identified through colors, by symbolizing the uniqueness of the care provided by each professional and the necessary integration demonstrated in the fusion of colors formed by the rainbow. The choice of these professionals was intentional, due to convenience and in line with their availability to participate in the survey.

The number of participants was established during the data collection, by obeying the criteria of theoretical saturation, i.e., the obtained information might be repeated, without any additional information.8

Data collection took place in the second half of 2009, through semi-structured interviews containing guiding questions related to the care provided by professionals: How do you consider the care given to women in the perinatal phase in this hospital? How is women's access to the service from the antenatal until the postpartum period? How do you perceive the welcoming performed in relation to these women in the childbirth process? How is your satisfaction in working in this hospital, by considering the teamwork?

The interviews were recorded through the permission of the interviewees. They were previously informed about the procedures of the research by means of the Free and Informed Consent Form, being that we have highlighted the autonomy and anonymity of subjects and, furthermore, possible risks and benefits arising from the research.

Subsequently, the seized speeches were transcribed and subjected to content analysis technique, categorical by theme, by crossing the following phases: pre-analysis, material exploration and processing of the results, analysis and interpretation.10 In the pre-analysis, we conducted the organization of the material to be analyzed, by constituting the corpus with the subjects’ speeches. At this stage, there were fluctuating readings of the empirical material with sights to prepare the material for the second stage (careful reading and construction of the units of meaning). At this phase, we performed the material exploration with a thorough reading of the speeches and, then, the units of meaning were identified, in order to construct the stocktaking.

After this stage, we performed the coding of the themes. The process of analysis and interpretation of the interviews’ content resulted in the following categories << Opinion of professionals about the care given to women in the perinatal period >> and << Satisfaction of professionals in working during the hospital perinatal care and the teamwork >>.

The research was approved by the Ethics Research Committee of the Universidade Estadual do Ceará, with Protocol n° 04252522-5, being that we have respected all the ethical precepts related to researches with human beings, in accordance with the Resolution 196/96 of the National Health Council.

**RESULTS AND DISCUSSION**

- Viewpoint of professionals about the care given to women in the perinatal period: access and welcoming
Initially, when talking about the care given to women, the professionals involved with the care focus, primarily, on the type of care related to the stratification of the level of higher complexity, i.e., the tertiary care that is offered at the institution. Thus, professionals emphasize that one of the gateways to the services accessed by means of the antenatal consultation. However, although many women seek this attendance, it is only dedicated to patients who clinically show risks to their health and the baby’s health. As stated below:

[…]the only thing that is done is the antenatal risk examination. So, people are chosen, because the hospital is unable to provide care to all pregnant women. (Yellow)

The SUS advocates a wonderful service, but when it comes to the reality, we see that still has a lot to be desired. Here in the hospital, the antenatal is indicated only for patients considered at risk stages, who are teenagers, hypertensive women. So, I know that there is an entire work, but still does not meet the population as it should do […] the demand is huge, the supply is small. (Gray)

In the healthcare field, access can be defined by those dimensions that describe the actual or potential entrance by a given population group in a system of healthcare provision. To have access to the service is, therefore, the first stage to be overcome by the user, when it goes in search of satisfaction of a health need. Accordingly, the access can be understood as the distance between the healthcare service and the place of residence of the individual, times and means used for moving (such as queues, place and waiting time), treatment received by the user, prioritization of risk situations and the possibility to make a previous scheduling.11

It is important to note that, despite the risk patients have access to the outpatient care, this does not become in a condition of continuity of care, as the reference to the childbirth. Such a situation is reported in the speeches below and justified by the lack of vacancies, which prevents the full assistance and interferes with the care quality.

[…]she does the antenatal here, but it is not a condition for she is entitled to have labor care in hospital, only if it has some vacancy. (Red)

Despite offering a good quality, we have few beds and these beds are almost always occupied, then the access becomes difficult. (Black)

It should be understood, therefore, that to recognize the difficulties of access, even by being due tovacity limitations, it becomes necessary to provide solutions to the problems that are faced in the service. Even by being a reference to deal with the riskful childbirth, we should not accept that this woman is transferred to another institution, since many deaths occur by the pilgrimage of the parturientthrough thematerinities.

Despite the obstacles, which report difficulties concerning the continuity of care, the professionals through their statements qualify the care provided by the institution. By comparing the public service with the private service, the professionals report that the first one has more resources.

[…]the hospital itself, the SUS service, is very good, right?! It leaves nothing to be desired in comparison with the private hospitals. I prefer working in a public hospital, in spite of we know about the shortcomings in relation to material and other things, because certain private hospitals usually have everything, but all this is hidden from us. (Yellow)

I’ve already been in a private hospital and had no opportunity to have all this communication, all such this care, such as the breastfeeding […] I find it very good to have the antenatal care of the public hospital, although it doesn’t serve every mother, only the women with high-risk pregnancy. (Lilac)

Other respondents also recognize the quality of service and the professional qualification, but they point out to the limitations of access to physical and material resources, which results in poor working conditions.

[…]thus, it leaves much to be desired. The first problem is the appointment. Often, the mother does not have access to this scheduling. When she will mark, it hasn’t vacancy; sometimes takes too long to make a scheduling. It would be better to have a direct action, have a direct access to the antenatal care. On the other hand, the care itself, staff and doctors of the high-risk antenatal, is a pretty goodteam. (Red)

[…]the SUS still has a lot to be desired with respect to the fullness, satisfaction and coverage with respect to the most humble people nevertheless, we provide care and have a good will of doing whatever is within our possibilities, but there is a lack of material. Some people think this is not important, but when a bleeding patient arrives here and there aren’t sheets, this is really a thing that makes the assistance lower than expected level. The demand is great and the coverage is not complete. (White)

Accordingly, the professionals highlight the need for improving the care, particularly, in...
relation to access the healthcare services and material resources, and emphasize the dedication from the staff towards the high-risk obstetric care.

Still in relation to access, the professionals report that, despite the difficulty of accessing the gateway, the users, when overcoming this obstacle, receive a care with high technology and complementary services for diagnoses and treatments.

[…]When they can mark and be served[…] but, the appointment to achieve this service has a lot to be desired. They have the antenatal consultation, being that, during the care itself, the return might be already rescheduled. They have good medical care in the hospital, since they have exams, have ultrasound, Doppler, morphology, whatever they need, they have. (Red)

It is known that the use of technology is seen as a relevant factor and that reflects the provided care. To work with high-technology often means the survival of mothers and newborns at risk, because of the use of increasingly complex equipment. However, this does not replace the simplified care coming from the professional, given that it might generate a gap between the professional and the mother, thus preventing a quality care. 12

This discussion also pervades the accountability of the service to the user, as this patient will be assured of the continuity of the healthcare procedures. Nevertheless, it is believed that this perspective of resoluteness includes some limitations, because, as previously mentioned, the healthcare institution has its shortcomings, ranging from the scarcity of consumables until the lack of equipment or, even, the poor maintenance thereof.

The continuity of care is relevant factor to empower the bonding between professional and user, thus providing confidence. The bonding generates accountability, i.e., the professional assumes the responsibility for conducting the proposed therapeutic. 9

Before the difficulties to develop a comprehensive care, the healthcare professional needs creativity and a high degree of autonomy to improvise, have initiative and perform a fruitful work. For this purpose, the professional has to be aware and flexible to develop its activities in line with the recommendations of the healthcare policies, which establish guidelines and principles capable to promote the citizenship guaranteed by the Brazilian Constitution. It is noteworthy that this creative and at the same time decisive power, certainly, is required by professionals in favor of a qualitative perinatal care. 13

Simultaneously with the access, the welcoming is among the strategies of comprehensiveness, which is included in the prerogatives of the Unified Health System - Sistema Único de Saúde (SUS). The welcoming is a consequence of the access, which should be assured to all women, besides promoting a sensitive listening and understanding of the situations that lead the users to the service. Therefore, it directly depends on the relationship between the professional and the patient, in other words, an intention to help, support and solve, by promoting the autonomy of the subject during the healthcare process.

In the professionals’ discourses, there are some differences in relation to the welcoming. Some of them acknowledge the support provided to women, especially for those whose children were born with health problems and remained in the neonatal ICU; others realize that the welcoming is far short than the expected, because there is no interaction among the professional, the user and the service during the perinatal phase. The welcoming is still hampered by the demand of the managerial work.

[…]I think it’s very good [the welcoming], because the mother has all the follow-up up to the discharge, even when the children are premature, the mother keeps watching, the hospital gives every assistance, they spend the whole day here. And one thing I found very interesting is that they earn the travel ticket. I think it is very important in the care service. (Lilac)

[…]I think the welcoming is not done in the delivery room, because most of them come here already during the delivery. Firstly, she should know where she will give birth, where the baby will stay, if it needs a neonatal ICU. She was supposed to visit this space still in the antenatal period, in order to know it. So, she could be quieter. (Gray)

[…]as we have bureaucracy, have an administrative part to meet them[…] It is not possible to give a full care. (White)

The welcoming prioritizes the welfare of the mother and her baby through the follow-up of the whole labor process, by seeking to appropriately use the technology, thus avoiding the depersonalization of the user by means of mechanization of the professionals’ actions. 14 It should be noted, however, that the welcoming highlights the access criteria in which the users are subjected. It is a relevant tool that provides discussions related to everyday healthcare practices. Attitudes such as dialogue, listening, presence, co-responsibility, commitment, appreciation of
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others and experiences sharing, are basic ingredients to consolidate the welcoming.15

The welcoming is also configured as a relational process between users and healthcare workers. The empathy might be one the ways of understanding the other human being in its own existence, who have similar needs, but personal experiences. One speech (below) confirms the moment of empathy from the professional towards these women:

[…at least, I try to do in the best possible way, by trying to put myself in the place of that patient, so I think they are well received. (Green)

The welcoming, as a technique, enhances the generation of procedures and organized actions; such actions facilitate the attendance on listening, analysis, risk discrimination, as well as offering alternative solutions to the presented problems.8

The perinatal care means acting on the field of women’s and children’s needs, in order to maintain, restore or promote the health.

*Satisfaction of professionals in working during the hospital perinatal care and the teamwork

Regarding the job satisfaction, it is observed that professionals who hold employment and affective bonds by service time have demonstrated a great satisfaction and gratitude for being members of the institution, since they vehemently reported the happenings that bring them pleasure. Others have demonstrated satisfaction, both for the received support in terms of professional qualification, as for the type of work that they perform, although there is the recognition of the difficulties faced as a result of the structural conditions of service and low wages.

[…]I’ve worked here since the medical residency time, after I was graduated, so I have 25 years of hospital work and I’m pleased to be a member here at the hospital. (Black)

[…]I really like this work, I worked at another location in which there were two ceilings, but I asked to come here. Because here I think you actually have conditions to develop yourself. The staff gives you more support when you want to do a task, even, when you want to do a specialization course and everything. (Purple)

[…]I identify myself a lot with the hospital, because the team is united, the leadership is wonderful, we only miss the issues of contract, because we work through the cooperative, we haven’t financial stability and another missing thing is the stuff, then we could get a perfect job environment. (Beige)

The globalization has contributed to the pursuit of productivity related to a low production cost, with a view to achieving a set of very competitive products to the capitalist world. Therefore, globalization has converged to the increased requirement and labor intensity in relation to the professionals, thus contributing to the discontent thereof in performing their tasks and in the care provision to users, which can affect the life quality of these professionals, by interfering with the health/disease process and the offered care quality. 16Simultaneously, there is a strong commitment to improving the stabilization of maternal mortality rates associated with inadequate care quality, enhanced by the disability of the component of the care process. One of the aspects of this component is the interpersonal relationship, which is strongly associated with the humanization.14

Another strong point that was emphasized in the research was the understanding of multiprofessional teamwork, given that the meaning was related to a reality in which several professionals work together, but it does not necessarily mean the existence of interdisciplinary actions, i.e., joint actions, through shared and complementary decisions. Seen in these terms, the professionals have expressed ideas that corroborate with the multidisciplinary practices.

[…]there is always a communication among in-duty healthcare professionals, among doctors, nurses […] then there those exchanges, those communications, that is to say, matter of conduct. Sometimes you might see some problems concerning the newcomers, but, subsequently, they understand each other better and there are not problems anymore. We have a social worker; we have a very good communication. We also have nutritionists; they work on a daily basis. So, there is teamwork about it, surely it is real. (Yellow)

[…]with the difficulties of the issue to deal with different people and different functions, but the opportunity to work together is good when we want and have a notion of what really team is, you can work with satisfaction. (White)

For the study subjects, there is the possibility of teamwork, as they recognize the benefits of the interdisciplinary work, but it is not more than a mere desire; since they seemed to work together, however, without integration. Nonetheless, some services naturally develop a process of interdisciplinary work, due to the proper
characteristics of the work, as is the case of the care for the mother-child binomial, in the childbirth context.

The interdisciplinary work requires new forms of relationship, both institutionally and in relations among employees with each other and with the users. The fragmentation of work organization, where each professional performs its activity without integration with other involved areas, hinders the work process and the service quality, thus bringing prejudices to the worker and the user.\(^\text{17}\)

There is a fragmentation of actions when the professional shows a division of tasks, each one conducting the work in an independent manner.

\textit{[...]we perceive that everything is much divided. Each one deals with a certain part. (Orange)}

With the advancement of technology over the past 50 years, the professionals from the obstetrics field have adopted technological practices in an unrestricted manner, in order to initiate, intensify, regulate and monitor the childbirth process. These procedures were often conducted in an improper and unnecessary manner, by disregarding the safety and efficacy of their usage.\(^\text{18}\)

Thus, the search for competent professionals for achieving the care and the trust in the experience of the healthcare team members strongly influences on the choice of the service to be sought by parturient women. For this purpose, the team should work together, by showing this integration from the gateway, since it will be easier to meet all or, at least, part of the care dimensions of women in the perinatal period.

A professional has expressed an idea for fostering the integrated practice in its unity of action, by focusing on the desire of performing a shared work, which is not provided by the service.

\textit{[...]each one doing a little, by helping, contributing and collaborating, that’s great. When you have such participations, it is pretty good. Here we don’t have it. (Pink)}

The integration occurs through the relationships that are developed among the professionals from different fields, in a less vertical way, by passing to share the same level of work and operating under mutual concepts. Thus, there is not only the complementarity among the professionals, but a new combination of internal elements and the establishment of exchanges among the fields around a task to jointly be performed. There is also a possible mediation between knowledge and skills, which assures a creative interaction with the differences.\(^\text{19}\)

The adoption of changes is not simple thing and requires a lot of investment, through a firm decision from involved managers and technicians. It is necessary to know the circumstances and the context in which the proposal are inserted, in this case, the promotion of a humanized and integral care for women in labor and childbirth conditions, besides investing, primarily, in the training of healthcare workers and in material resources to be offered.

**CONCLUSION**

It is possible to ensure, from the survey and its theoretical benchmarks of analysis, that the quality of perinatal care should be guided by factors of comprehensive care, such as a good accessibility, a good welcoming and the establishment of bonds between professionals and users.

Such assumptions are faced with the issues raised during the survey. We have observed difficulties to sustain the delicate process of construction of the SUS with humanized actions, which do not exclusively depend on the heavy technologies, but, mainly, on the complex process of human communication and interaction. These latter are highlighted by professionals, but it should also be realized the difficulties imposed by the service structure and organization, by blocking, in some way, the access to the users.

It is noticed that the viewpoint of the professionals is diversified in relation to the difficulties of access, by considering the organizational aspects, such as the crucial condition of having a little amount of beds and the lack of material. Nevertheless, some of them agree that the hospital promotes a quality care, despite the difficulties pointed out by the personal effort of these workers.

Regarding the welcoming, the satisfaction in working with users who are together with newborns in the neonatal ICU and who receive a differentiated assistance are determinant factors in the speeches of many professionals, by leading them to consider the effectiveness of such welcoming. Nevertheless, some of them feel the need for reaching a better service, being that it could be explained by the lack of time to get closer to the parturients.

There are still some structural gaps that prevent the satisfaction of healthcare professionals, especially, regarding the decreased supply of hospital beds. There is the need for trained human resources with sights to develop a service that meets the service demand and the specific needs of each
user. Although the majority of the surveyed professionals demonstrate satisfaction in working in the hospital, the undertones of their speeches lead us back to the faced difficulties, ranging from the professional appreciation to the wage-related problems. The professionals have also shown their difficulties in function of the working conditions and the possibility of an integrated work.

Given these results, professionals and managers should recognize the limitations and possibilities in improving the care for women in the perinatal phase, as well as the need to overcome the difficulties in a gradual and continuous way, and, certainly, professional training is a point to be developed so that the postures are modified.

These highlighted difficulties, added to the job dissatisfaction, bring resonance to the service quality, since the production of goods produced in health has a value for who does and who receives and, consequently, provides a priceless social good. Furthermore, teamwork is crucial to sum up efforts and results, by extending benefits to users and professionals.

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