



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THE IMPORTANCE OF CARE PROVIDED TO WOMEN BY TRADITIONAL MIDWIVES DURING HOUSEHOLD CHILDBIRTH

A IMPORTÂNCIA DO CUIDADO PRESTADO ÀS MULHERES PELAS PARTEIRAS TRADICIONAIS DURANTE O PARTO DOMICILIAR

LA IMPORTANCIA DE LA ATENCIÓN DADA A LAS MUJERES POR PARTERAS TRADICIONALES DURANTE EL PARTO EN CASA

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ABSTRACT

Objective: to reveal the feelings of women on the labor performed at home and its importance to the humanized care. **Method:** qualitative research using thematic oral history, with five women. Was used as instrument the technic of interview guided by question approach. The analysis and discussion were guided by the vital tone of the narrative and the identification of the themes of most significance of the life experiences of employees. The research project was approved by the Ethics Committee under protocol nº 0059/08. **Results:** labor and birth assisted by midwives showed up as a pleasurable experience and satisfaction for women, which maintains the relationship of respect with the mothers taking the starring role in this process. **Conclusion:** it became evident how pleasurable it was to these women the experience of being assisted by traditional midwives during childbirth, as well as the need to aggregate scientific knowledge with the popular. **Descriptors:** Lay Midwife, Household Childbirth; Maternal and Child Health.

RESUMO

Objetivo: revelar os sentimentos de mulheres sobre o parto realizado em casa e sua importância para o cuidado humanizado. **Método:** pesquisa qualitativa, utilizando História Oral Temática, com cinco mulheres. Foi usado como instrumento a técnica de entrevista guiada por perguntas de corte. A análise e discussão foram norteadas pelo tom vital das narrativas e pela identificação dos eixos temáticos de maior significação das experiências de vida dos colaboradores. O projeto de pesquisa foi aprovado pelo Comitê de Ética sob protocolo nº 0059/08. **Resultados:** o parto e nascimento assistidos por parteiras tradicionais mostraram-se como experiência prazerosa e de satisfação para as mulheres, onde se mantém a relação de respeito, com as parturientes assumindo o papel de protagonista nesse processo. **Conclusão:** tornou-se evidente o quanto foi prazerosa para estas mulheres a experiência de ser assistida por parteiras tradicionais durante o parto, assim como a necessidade de agregar o saber científico com o popular. **Descritores:** Parteira Leiga; Parto Domiciliar; Saúde Materno-Infantil.

RESUMEN

Objetivo: mostrar los sentimientos de las mujeres en el trabajo de parto realizado en casa y su importancia para el cuidado humanizado. **Método:** investigación cualitativa, utilizando la Historia Oral Temática, con cinco mujeres. Se utilizó como instrumento la técnica de entrevista guiadas por preguntas de corte. El análisis y la discusión fueron guiados por el tono vital de las narrativas y por la identificación de los temas de mayor importancia de las experiencias de vida de los empleados. El proyecto de investigación fue aprobado por el Comité de Ética bajo protocolo nº 0059/08. **Resultados:** el parto asistido por parteras tradicionales se presentó como una experiencia satisfactoria por las mujeres, lo que mantiene la relación de respeto con las madres que toman el papel protagónico en este proceso agradable. **Conclusión:** se hizo evidente cuánto era agradable para estas mujeres la experiencia de ser asistidos por parteras tradicionales durante el parto, así como la necesidad de conocimiento agregado científico con el popular. **Descriptores:** Partera Lega; Parto Casero; Salud Materno-Infantil.

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INTRODUCTION

The Brazil custody immense geographic and cultural diversity, which is expressed in the care of women's health and symbolic universe represented by the different practices of caring. Indian women, maroons, the riverine, the hinterlands, wetlands and even cities, metropolitan areas, often rely a figure of ancient tradition of care: traditional birth attendants, who help, care for and accompany important events in their sexual and reproductive lives.¹

Historically, midwives are known as people who have an empirical knowledge, millennial often passed between generations' households who attend women during pregnancy, childbirth and postpartum, also providing early care to newborns.² The training of midwives is largely carried out in practice, result of lack of care for women, the willingness to help, curiosity and the need to work. These women transcend delivering babies, becoming councilors, conciliatory, that contribute to the survival of their communities.³

The labor performed by midwives was considered normal by society for long. In Brazil, during the colonial period, midwives performed the deliveries and counseled women to give birth in a squatting position or sitting. Laboring women preferred midwives both tail taboo to show genitalia, as a physical and psychological issues, since the doctors of the time showed themselves indifferent to the pain of childbirth.⁴

The vision of childbirth as something physiological was changed by medicine in the mid-twentieth century, specifically after the Second World War, which transformed into a pathological event delivery, which requires surgery and medication, where the hospital would be the perfect venue achievement.⁴ Thereafter, the medical schools, which had already incorporated the knowledge of midwifery, midwives realizes demanded that specific training in medical schools attached to. However, even with such requirements, the midwives continued serving at home, women autonomously.²

The institutionalization of labor was a driving factor to exclude the family and social network of the birth process, since the physical structure and hospital protocols were designed to meet the needs of health professionals, and not the mothers. Thus, home birth should be understood and treated as a woman's right to choose and not as an outdated practice and marginalized.⁵

Major change imposed by the medicine was to change the position of the delivery, moving from sitting or squatting for vertical or lying, for convenience of the doctor or the person responsible for service delivery. Such amendment violates the physiological mechanisms of delivery and harms the quality of care.⁴ The discussions happened since then in the public realm are proof that the birthing process is a fact of female life and the community as a whole, which can not and should not be restricted to the doctor's office. The inclusion of women in the debate broadens the sphere of citizenship and civic participation, thus humanizing the process of labor and birth promotes female empowerment and the development of a more democratic and participatory.⁶

Thus, it becomes necessary to awaken the sensitivity of professionals and students in the health care process, making it necessary to understand the prime time to give birth to the family structure with respect to the individuality of each woman. In seeking to understand this trajectory of care in home birth, this study aims to reveal the feelings of women on the labor performed at home and their importance to the practice of humanized care.

Thus, the research is relevant to contribute to the development of new educational practices that promote humane care and appreciation of women at childbirth, and stimulate other research to researchers in the field.

METHODOLOGY

A qualitative study based on methodological way thematic oral history, modern feature used for the preparation of documents, filing and studies relating to the exposure of people and social groups.⁷ Always being a story of the present time and also known as living. Considering the methods of oral history, this study is based on oral history, as it investigates the importance of the care provided to women during labor and birth in domicile by TBAs.

This study was conducted from October 2009 to February 2010, in place Maria of Melo, rural area near the town of São Félix, in the state of Paraíba. In Oral History, due to the importance of the contribution of the people, they are understood as project collaborators, since the cameo, during the production of empirical material to the final steps of the research, it allows them to consider them only as mere study subjects.⁸

To compose the study, the colony was constituted by women attended by midwives in the county aforesaid and the network was formed five women who accepted and were able to participate in the study. For enabling empirical research, he was elected as an instrument interview technique guided by questions cutoff, defined as issues that pervade all the interviews and should relate to the destination community constituents of group identity.⁸ Interviews were previously scheduled with the collaborators, and recorded with the permission of the participants. The entire interview process was guided by three steps: pre-interview, the interview itself and the post-interview, so that they build coherent discourse.

The analysis and discussion of the material produced were guided by the vital tone of the narrative and the identification of the themes of most significance of the life experiences of employees. The narratives have undergone exhaustive reading, lit by the authors that make up the relevant literature, the quest to understand the universe regard the narratives in the temporal context.⁸ To safeguard the confidentiality of the information of the collaborators, suggested the creation of aliases, therefore, requested that the collaborators were identified by names of holy devotion. Thus arose the pseudonyms Nossa Senhora das Dores, de Fátima, de Lourdes, de Aparecida and do Carmo.

This study was submitted to the Ethics Committee in Research of the University Hospital Lauro Wanderley - CEP / HULW, Federal University of Paraíba, for which he was appreciated and duly approved in date 28/05/2008, under the protocol nº. 0059/08. All methodological steps were guided by ethical observances contemplated in the Guidelines and Rules of Research Involving Human Subjects, established by Resolution nº 196/96 of the National Health Council, particularly in relation to consent and letter of assignment of participants respecting the principle of autonomy, anonymity and confidentiality of data, with the aim of ensuring the rights and duties with respect to the scientific community, the research subjects and the state.

RESULTS AND DISCUSSION

To understand the importance of oral history as a way to accomplish this work, the results and discussions presented the collaborators and their characterization accompanied by vital tone of his narrative and analysis of fragments of stories, through the

main theme that emerged in the analysis: the significance of the birth experience at home.

The contributors reveal:

Das Dores

At 42 years old, is agriculture, a woman of strong voice, firm, shows up fighter, mother of nine children, all born vaginally, and four of them came into the world at home at the hands of the midwife-five were born in hospital. Speaks with an air of nostalgia the times when it was taken care of by the traditional midwife at home. And Das Dores says: *"It was wonderful to have children at home with the gossips."*

Fátima

Teacher at 45 years old is married and has three children, have chosen one of his sons at home, woman with sweet look and deep, calmly speaks of the experience of giving birth and with great satisfaction the moment you experienced when giving birth at home assisted by the midwife, stressed: *"The midwife was safe for me."*

Lourdes

Farmer with 41 years old, married, mother of five, and of these three the process of labor and birth happened at home assisted by a midwife, her mother in law. And demonstrates pride and satisfaction of the opportunity to give birth at home, seems happy to reminisce those moments, to speak: *"She was born in my room, on my bed, only I and my midwife, she did nothing to me".*

Aparecida

Farmer, 26 years old mother of three children, two were born at home and in hospital, woman looking sweet, soft-spoken, reports satisfaction with the experience of giving birth at home accompanied by a known person, the midwife. Thus, Aparecida stated with conviction: *"at home I have a name."*

Do Carmo

Farmer, 40 years old, mother of eight, says he had three of his children in his home and five others in the hospital. Working woman, shy, but easy smile. Speaking of the experience of being cared for by a midwife at home expressed satisfaction and joy. As seen in the speech: *"bedpan respect to time for us."*

In view of the interpretative approach adopted by this study, interviews were analyzed to understand the factors that form important part of the experience and meaning of the process of labor and birth at home assisted by traditional birth attendants. The vital tone was used as a guideline for understanding the stories of each woman

solidifying the discussion of the empirical material produced. In this study all experienced the collaborative experience of labor and birth at home assisted by traditional birth attendants. They all speak of the experience of childbirth at home showing satisfaction and happiness, reaffirm the human character of deliveries assisted by traditional midwives and respect the time of each woman.

Labour represents an important transition in a woman's life and family, a time when you need support and understanding to be able to meet as naturally as possible labor and childbirth, knowing that it can and should actively participate, thereby obtaining comfort physical and mental.

The vital tone of the interviews was based on the significant expressions identified in the narratives highlighting the experience of the process of labor and birth, reporting strengths and positive experience at home.

For a long period, midwifery was a tradition unique to women, exercised only by healers, midwives or bedpans - pregnant women's confidence or experience recognized by the community - because, in his dedication to the activity as a priesthood, were familiar with the external maneuvers to facilitate childbirth, pregnancy and postpartum knew from experience and were entrusted to comfort the mother with food, drinks and nice words.⁹

Our collaborators Das Dores, Fatima and Do Carmo bring in their speeches to experience the process of labor and birth at home as a single moment, it became of great satisfaction thanks to the traditional midwife who brought them security and trust;

At home all I had in my room [...] was my gossips, acquaintances, that I trusted, who treated me well, I was more comfortable. It was wonderful to have children at home with the gossips (Das Dores).

It was great to have at home with a midwife, she was very knowledgeable, gave me a lot of security [...] the midwife for me was safety (Fátima).

I trusted her a lot, in your experience (Do Carmo).

This security and confidence expressed in the words of our collaborators may be attached to the bond of traditional midwives with these women, remembering that midwives are well-known figures in the community, having assisted the relatives, friends and neighbors of these women. This bond that agenda in relations godchildren and navel, the midwife assuming the role of "second mother". We can observe that when

the midwives refer our contributors use the term "midwife". Two of our contributors Aparecida and Lourdes, expresses this relationship:

The midwife turns our bedpan, and we always have contact with her. (Aparecida)

I found it very good to have a baby at home with a midwife, that my midwife was my mother who helped me every time, my midwife was with me, even if it is a mother. (Lourdes)

Another point that can be highlighted the testimony of our collaborators Fatima, Lourdes and Aparecida the fact of the presence of family members in the room at the time of giving birth, once again they feel safe at all in a moment of such importance to women and for the whole family wanted a company close by helps soothe and make this woman alive intensity and true significance of this sacred act that is giving birth;

Another thing that helped me stay calm was the presence of my mother in the room with me [...] the midwife was able to have my son in my home with my parents and my other son near (Fátima).

Home agent is in the bed of the people, with the people close to the family (Lourdes).

At home ... We are also close to the family, need not leave my boys (Aparecida).

It is necessary to reflect on the ritual of childbirth as a time of integration between humans, especially among women. The parity has always had the power to group women, neighbors, friends and relatives coming around the woman in labor, creating deep friendships, a large number of beliefs accompanied by a symbolic universe, and invocations to the various saints.¹⁰

Due to this security and this link for our collaborative experience birth at home assisted by traditional midwives was a happy experience, but also of great satisfaction, mention respect for the time of every woman, without stopping interventions hasten the process of childbirth, apart from not excessive manipulation of the mother and baby. Report being cared for in a humane way by midwives in their homes without the worry of having to arrange transport to get to motherhood;

The gossips who cared for me were very important, helped me to see what is being well cared for, to be treated as people without sending me to shut up without giving me medicine, I just gave my children to suckle them. [...] I had two gossips, the two took good care of me, they were just beside me, wait, not stirred in my belly, I have waited for the baby (Das Dores).

Came the girl [...] she was born in my room, on my bed, only I and my midwife, she did nothing to me, only caught the child and the rest of childbirth, pushed a bit my belly came out here, I cleared, cleared my baby, stay with me, washed my clothes [...] we like at home guided by God, normal, nobody is cut, and the hospital is cut and we can not complain in anything (Lourdes).

After the birth she takes care of us, just go away when you see that all is well [...] It is better at home than in the hospital, because at home my midwife calls me by name, cherishes, conversation, calms people, says it will be all right [...] (Aparecida).

The experience of home birth has been expressed by women positively, because this occurs in a humane way, in that traditional midwives attend women holistically, encouraging labor evolution of physiological way, in order to avoid unnecessary interventions, primarily valuing contact with parturient.⁴ as evidenced in the statements below:

The midwife only care, waiting, watching, take the baby, do not cut anything, just the navel ... the bedpan ... respect to time for us, called by name. They take the baby wipe away he wear the outfit, waiting to see if everything is right there then leave ... but are always close (Do Carmo).

Then she picked up, cut the navel, waited out the placenta, which also came out fast, waited and was only when he was sure that we were well (Fátima).

The statements above show that the experience of childbirth at home assisted by traditional midwives, care practices of these midwives are less interventionist, grounded in being close, keep company, wait for the moment of every woman, respecting the pace of events, and provide security trust, so that the mother can experience this unique moment of great significance to his wife and family.

The importance of addressing the assistance of integral form is based on the articulation of all steps in the production of care and the establishment of health. The completeness begins the organization of care in primary care, where assistance should be multidisciplinary, sharing the idea that the health needs of the user do not refer only needs medical care, it is essential to receive and hear complaints in order to identify opportunities for service response and formulate a strategy for the delivery occurs naturally and as a woman you want.¹¹

During labor, accompany women is to know the art of waiting, trusting in the innate ability to give birth and birth. In this study,

the collaborators report that the experience of labor and birth at home was positive, marked by respect and zeal of a humanized care.¹

CONCLUSION

The Oral History of Life narrated by collaborating enabled these women the opportunity to tell their own story, their experiences using their universe of symbols and meanings. The findings of this study demonstrate that the practices of care of women during labor and birth at home assisted by traditional birth place women at the center of this process.

Considering the importance of studies that seek to investigate the importance of the care provided to women by midwives, revealing nuances of these practices contributes significantly to the construction of a comprehensive care, liberating and humanizing. Thus, this practice contributes to a reflection in search of new meanings in the relations of the process of humanized care.

The challenge is to establish a complementary relationship since, in the hospital there is a prevalence of technology on relationships while at home relations prevail over technology. Thereby building a relationship where they can be included all the knowledge. The woman may have secured the right to choose where to have their children and will be guaranteed safety and respect the independent choice. This is achieved through a prenatal care quality, the training of traditional birth attendants, the change in attitude of health professionals, and the flexibility of institutions to alternative, less invasive and more physiological assistance to the process of labor and birth.

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Submission: 2012/08/28

Accepted: 2013/04/18

Publishing: 2013/08/01

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