

**RECEPTION IN ASSISTANCE IN CHILDBIRTH CENTERS: INTEGRATIVE REVIEW****ACOLHIMENTO NA ASSISTÊNCIA EM CENTROS DE PARTO: REVISÃO INTEGRATIVA****ACOGIMIENTO EN LA ASISTENCIA EN CENTROS DE PARTO: REVISIÓN INTEGRADORA***Yeda Maria Antunes de Siqueira¹, Clícia Valin Côrtes Gradim²***ABSTRACT**

Objective: to evaluate the importance of the reception to the satisfaction of the women who gave birth in Normal Delivery Centers (CPN). **Method:** this study is an integrative review, with the guiding question << How important is the reception to the satisfaction of women users of Normal Delivery Centers? >> The search for scientific production was carried out at the CINAHL, LILACS, MEDLINE, Web of Science and Scopus databases in Spanish, English, and Portuguese between 2006 and 2016. **Results:** there were 103 articles selected, 57 of them were selected, and the final sample of the study was composed of five articles. **Conclusion:** there is evidence that satisfaction with the care received by women during CPN care is directly related to the reception and demonstrated that these centers are a policy of importance for Brazil, but that it is important to carry out more studies that can subsidize this proposal. **Descriptors:** Assistance Centers for Independent Pregnancy; Patient Satisfaction; Humanized Birth.

RESUMO

Objetivo: avaliar a importância do acolhimento para a satisfação das mulheres que pariram em Centros de Parto Normal (CPN). **Método:** revisão integrativa, com a pergunta norteadora << Qual a importância do acolhimento para a satisfação das mulheres usuárias de Centros de Parto Normal? >>. A busca da produção científica foi realizada nas bases CINAHL, LILACS, MEDLINE, Web of Science e Scopus, nas línguas espanhola, inglesa e portuguesa, no período entre 2006 e 2016. **Resultados:** foram localizados 103 artigos, destes 57 foram selecionados e a amostra final do estudo foi composta de cinco artigos. **Conclusão:** existem evidências de que a satisfação com o atendimento recebido pelas mulheres durante o atendimento nos CPN está diretamente relacionada ao acolhimento e demonstraram que esses centros são uma política de importância para o Brasil, mas que é importante a realização de mais estudos que possam subsidiar essa proposta. **Descritores:** Centros Independentes de Assistência à Gravidez; Satisfação do Paciente; Parto Humanizado.

RESUMEN

Objetivo: evaluar la importancia del acogimiento para la satisfacción de las mujeres que parieron en Centros de Parto Normal (CPN). **Método:** revisión integradora, con la pregunta guiadora << ¿Cuál es la importancia del acogimiento para la satisfacción de las mujeres usuarias de Centros de Parto Normal? >> La búsqueda de la producción científica fue realizada en las bases CINAHL, LILACS, MEDLINE, Web of Science y Scopus, en las lenguas española, inglesa y portuguesa en el período entre 2006 a 2016. **Resultados:** fueron localizados 103 artículos y de estos, 57 fueron seleccionados y la muestra final del estudio fue compuesta de cinco artículos. **Conclusión:** existen evidencias que la satisfacción con el atendimento recibido por las mujeres durante el atendimento en los CPN está directamente relacionada al acogimiento y demostraron que estos centros son una política de importancia para Brasil, pero que es importante la realización de más estudios que puedan subsidiar esta propuesta. **Palabras clave:** Centros de Ayuda para el Embarazo Independiente; Satisfacción del Paciente; Nacimiento Humanizado.

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INTRODUCTION

Care to pregnant women should be accompanied by humanized care and quality throughout the pregnancy-puerperal cycle. The concept of humanization is broad and encompasses a range of knowledge, practices, and actions that aim to promote safe and healthy childbirth and birth, minimizing maternal and neonatal morbidity and mortality.¹

The relationship of respect established between health professionals and women is paramount for the construction of this knowledge, as well as practices and actions. These include: "1) childbirth as a natural and physiological event; 2) the appreciation of the pregnant woman's emotions, desires, needs and cultural aspects; 3) the capacity of health professionals to receive women minimizing their anxiety, insecurity, and fears; 4) the maintenance of physical and emotional well-being at all stages of the parturition process; 5) promotion and continuing education through information and guidance on all stages of gestation, labor, delivery, and puerperium; 6) support for the presence of an accompanying woman's choice; 7) the ensure the woman the right to choose the place for the occurrence of the childbirth and the professionals must with this, guarantee the access and quality of the care."²⁻³

The reception, essential action of the humanization policy of the Brazilian Ministry of Health, consists of the reception of the woman and her relatives, providing space for them to present their complaints, worries, and anxieties and that the team can offer resolute actions guaranteeing confidence and security in the service.²

The term reception has been used in health services as a step in the care process, and it is erroneously summarized in administrative and ambience actions. However, the acceptance is a much broader action and presupposes the change of relationship between professionals and users based on ethics and solidarity. This care must be present in all stages of care and all health services.²

In Brazil, these changes in professional behavior have been motivated by the humanizing movement of childbirth and birth, which has been gaining strength in the last two decades and influencing the context of childbirth care.⁴

Despite all efforts, Brazilian obstetric care is still characterized by medicalization, excessive interventions and disharmonious relationships between patients and health professionals.⁵ In this context, as one of the

actions of the humanization policy of childbirth and birth, Childbirth Centers Normal (CPN) were instituted in the country in 1999 with the objective of providing women with obstetric care with the appropriate use of technologies and valuation of childbirth as a physiological and family event. These centers can be in an intra or extra-hospital area, and usually, the nomenclature of Childbirth refers to CPNs that are distant from a hospital unit.^{4,5}

NPCs assist women only during labor, while at the Delivery Centers the follow-up occurs from the prenatal period, performed by obstetrical nurses, promoting care focused on the needs of women throughout the pregnancy-puerperal cycle.⁵ Studies show this profile of care providing better maternal and neonatal outcomes and directly linked to the satisfaction of women.^{6,7}

Given the above, several items are important to evaluate the reception and satisfaction of women with the assistance provided, but often difficult to measure criteria and may be poorly studied. Based on the principle of NPCs presenting a care model based on integral care centered on women, and this care environment is capable of providing comfort, safety, and satisfaction, this study aims:

- to evaluate the importance of the reception to the satisfaction of the women who gave birth in these centers.

METHOD

This study is an integrative review of the literature on the importance of the reception to the satisfaction of women with childbirth care.

This method has the purpose of gathering and synthesizing, in an orderly and systematized manner, research results that address a theme or issue, promoting in-depth knowledge about it.⁸

The integrative review has an important role in evidence-based research (PBE) in nursing, as it addresses specific issues related to care, disease impact and treatment, not addressed in other methods such as systematic review and meta-analysis. Also, it allows the inclusion of experimental and non-experimental studies, combining data from the theoretical and empirical literature, aiming at a complete understanding of the analyzed theme.⁹

PBE enables the professional to seek scientific knowledge through the execution of research or the application in practice of the results coming from the literature. However,

this search for literature data must be performed in a conscious and judicious manner based on the best evidence available.⁹

For the analysis of the scientific evidence of better strength and quality, the categorization was performed from the seven levels described in Figure 1.

Level of evidence	
I	Evidence from systematic review or meta-analysis of all relevant randomized controlled trials or clinical guidelines based on systematic reviews of clinical trials
II	Evidence derived from at least one well-delineated randomized controlled clinical trial
III	Evidence obtained from well-designed clinical trials without randomization
IV	Evidence from well-delineated cohort and case-control studies
V	Evidence from a systematic review of descriptive and qualitative studies
VI	Evidence derived from a single descriptive or qualitative study
VII	Evidence from the opinion of authorities and/or expert committees report

Figure 1. Classification of levels of evidence⁹. Alfenas (MG), Brazil, 2016.

This review was elaborated using the six steps described by Ganong: elaboration of the guiding question, literature search, data collection, critical analysis of the included studies, discussion of the results, presentation of the integrative review.¹⁰

The first step consisted in elaborating the guiding question: what is the importance of the reception for the satisfaction of the women who use the Birth Centers?

The data search was performed in the databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Online Retrieval System (MEDLINE), Web of Science and Scopus. We searched articles published between 2006 and 2016, in Spanish, English, and Portuguese, using the descriptors: birthing centers - centros independientes de assitencia al embarazo y al parto - centros independentes de assistência à gravidez e ao parto, patient satisfaction - satisfaccion del pacient - satisfação do paciente, humanizing delivery - parto humanizado - parto humanizado, user embracement - acogimiento - acolhimento.

Data analysis began with the exclusion of review articles, on-line articles not available in full, theses and dissertations. A total of 103 articles were found and five articles of them composed the study sample.

The analysis was performed in a critical, detailed manner, seeking explanations in each study comparing them with the others.¹¹

RESULTS

Data collection was performed in two stages. First, from the digital search, 103 studies were distributed as follows: MEDLINE - 38, LILACS - 16, SCOPUS - 22, CINAHL - 5 and Web of Science - 22. In the second stage, reading and evaluation of the studies were carried out critically, in detail, seeking explanations about the guiding question. After this reading, five (one located in SCOPUS and Web of Science, one in SCOPUS and LILACS, two in MEDLINE and SCOPU and one in CINAHL), articles were selected to compose the study. All the articles in the sample were published in one of the journals: *BMC Pregnancy & Childbirth*, *Caderno Saúde Pública*, *Midwifery*, *The Jornal of Perinatal Education*.

Databases	Located articles	Selected articles	Duplicated articles	Chosen articles
CINAHL	05	02	02	01
LILACS	14	02	02	01
MEDLINE	38	32	11	02
SCOPUS	22	13	11	04
Web of Science	22	8	02	01
Total	101	57		05

Figure 2. Distribution of articles obtained in databases after refinement. Alfenas (MG), Brazil, 2016.

Note: The total number of articles elected were five. However, in the presentation of the quantitative by database the sum does not equal the number of articles elected, because the articles are in one or more databases.

The selected studies refer to different countries: one is from Nepal, one from Japan, one from the United States and two from

Brazil. Regarding authorship, all articles have at least one author and are linked to Nursing

or Public Health Schools. Figure 3 shows the articles:

Title of the article/year of publication	Objective/Method	Result/ Conclusion	Level of Evidence
Women's perception of quality of maternity services a longitudinal survey I Nepal. 2014	Comparing the perception of women related to the quality of service provided in birth centers, public hospitals, private hospitals. Cohort study, variance analysis (ANOVA) and Tukey's	Patients of NPCs and public hospitals felt less satisfied with the accommodation and staffing compared to patients of private hospitals.	IV
Narrative of women about the assistance received at a normal birthing center. 2013	Exploring experience regarding childbirth care in an NPC. Data collection performed by interview. Research developed according to the qualitative paradigm, narrative analysis.	The women were satisfied with the care received at the NPC. The data support the proposition of continuity of this form of assistance as public policy.	VI
The relationship between women-centred care and women's birth experiences: A comparison between birth centers, clinics, and hospital in Japan. 2012	A) Evaluating the perceptions of women compared to the care provided in Women's Centred Care (WCC), Japanese clinics and hospitals. B) what are the relationships between WCC and three dimensions of women's delivery experience: (1) satisfaction with care (2) feeling of control during labor, and (3) attachment/affection with the newborn. Cross-sectional cohort study. Analyzing using descriptive statistics and instrument comparison	Women who gave birth at birth centers (WCC) were highly satisfied with care received compared to those who gave birth at clinics and hospitals. Women who gave birth at WCC had the most positive perceptions and were related to respectful communication during prenatal care, check-ups, and continuity of care by midwives.	IV
Mothers' birth care experiences in a Brazilian birth care. 2011.	Exploring the reasons why women with prior hospital experience seek care in a birth center, and their perceptions of care received in both settings. Narrative analysis,	Emerging themes from the analysis: "The confrontation with strong problems in the hospital environment," "Reasons to seek the birth center" and "Satisfaction related to the care of the birth center."	VI
The experience of perinatal care at a birthing center: A qualitative pilot study. 2008.	Describing the experiences of women related to care and satisfaction in a birthing home. Descriptive qualitative study, analyzed by Van Manen method and controlled by NVivo 2.0 software.	Emerging issues 1) empowerment; 2) sense of motherhood and 3) establishment and strengthening of relationships. The data show that women value the care provided, especially psycho-emotional support.	VI

Figure 3. Distribution of articles included in the integrative review and described according to article title and year of publication, objective, method, result, conclusion and level of evidence. Alfenas (MG), Brazil, 2016.

Two of the studies analyzed were developed by comparing two or more obstetric care services of different public and private profiles, including Delivery Centers. The others specifically evaluated the delivery centers. All of them sought to evaluate the satisfaction of women with the care provided.

DISCUSSION

The studies that compose this review evaluated the satisfaction of women related to obstetric care received. This perception of satisfaction is broad and can be attributed to several factors such as the physical, administrative, human resources and care provided.

As previously mentioned, the objective of this study is to evaluate the importance of the reception for the satisfaction of the women who gave birth in CPN. Only one of the articles used the word "reception," but this was used in the sense that the woman was being admitted and not necessarily receiving a host. In this study, the CPN, the research scenario, is located in a hospital unit and all women are treated first in the hospital and after screening and risk assessment were referred to the CPN. In this case, the reception presented a poor evaluation, mainly by the way the professionals performed this first service, but it was not an evaluation of the care in the CPN.

Two studies (1-3) evaluated the satisfaction of parturient women comparing health services with different characteristics. The first compared care delivered at delivery centers, public and private hospitals in Nepal, and the third study compared the Women's Center Care (WCC), Japanese clinics and hospitals. In both studies, the evidence defined that the better the team's interpersonal approach, the higher the satisfaction indexes. In study 1, satisfaction was higher in private hospitals and lower in parturition centers and public hospitals. Another relevant factor is the dissatisfaction with the physical structure and health care also lower in the delivery centers. The study points out the need to qualify the professionals, so the results are better, besides the adequacy of the infrastructure. In the study, three the best results were pointed out in the delivery centers and once again the attendance provided by the team was the primary factor in determining the satisfaction of the women.^{12,14}

It is important to note that in the first study, the highest satisfaction reasons were obtained in private hospitals, and were

related to cleanliness of the environment, water quality, and rooms, as well as better care provided by health professionals. In the delivery centers and public hospitals, the worst evaluations were directed at the care provided by the health team, with reports of physical and verbal abuse.¹² In the third study, the best results were obtained in the delivery centers where the women were highly satisfied with care received in comparison with those who gave birth in clinics and hospitals, and this satisfaction is related to the respectful communication during prenatal care, care provided and the continuity of care provided by midwives.¹⁴

The others (three studies) evaluated the satisfaction of the women attended in normal delivery centers, two of them being birth centers. The satisfaction with the care received was unanimous, being mainly related to the care provided by the health professionals who provided the care during the care.^{13,15,16}

The studies that carried out narrative analysis of the data (2 and 4) strengthen the findings revealed in the other studies that professional care is a preponderant factor for satisfaction with care. The second study presented four descriptive categories: "Different experiences in the care received on arrival at the hospital," "Different experiences regarding care practices and obstetric procedures," "Disagreements regarding the presence of the companion" and "Satisfaction with follow-up with the interpersonal relationship and with the guidance provided by professionals." The last category demonstrated that the continuous monitoring of professionals was perceived as "synonymous with care," providing feelings such as "satisfaction, tranquility, well-being and safety, avoiding loneliness." The absence of the professionals caused dissatisfaction. The main aspects valued by women were among them, receptivity, communication, respect, patience, and affection.¹³

From the fourth study, three main themes emerged from the analysis: "The confrontation with strong problems in the hospital environment," "Reasons to seek the center of birth" and "Satisfaction related to care in the birth center." Satisfaction was related to the warm environment of the Delivery Center, familiarity with the professionals, the presence of the companion, respect, emotional support and attention given by professionals, use of non-pharmacological technologies for pain relief, respect for the physiology of childbirth.¹⁵

The fifth study, a content analysis, sought to describe the experiences of women who gave birth in a CPN, evaluating satisfaction with the care provided. From the analysis, three themes emerged: "Empowerment," "Sense of Motherhood" and "Establishment and strengthening of relationships." The data revealed that women value health professionals who perform their activities providing care and psychosocial support, promoting satisfaction with the care received.¹⁶

Of the three qualitative studies,¹³⁻¹⁵⁻⁶ the search for satisfaction of attendance was present in all of them. However, each one took a different approach, be it in the method or type of service.

CONCLUSION

Given the above, there is evidence that satisfaction with the care received by women during CPN care is directly related to the reception. This can be understood and perceived in various nuances of care, from physical structure to interpersonal relationships.

Based on the assumption that the reception consists of a set of actions aimed at the integral care of women at all stages of the process and that are indispensable to guarantee safety and improvement in health indicators², the results obtained in the studies contemplate these actions, and we can associate satisfaction with the way women were welcomed.

The studies demonstrate a diversity of actions in hospitals and CPNs, but all agree on the need for adequate follow-up of parturients. It is observed that the studies were carried out in countries with different cultures and that all brought the importance of adequate parturient care.

As for CPNs, it has been shown to be a policy of importance for Brazil, but it is observed that there is a need to deepen this reality, since, despite being proposed in 1999, there are few papers reporting this experience. From the national studies found, the women were satisfied with the care received at the Delivery Center.

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