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ORIGINAL ARTICLE

HUMANIZED WORK UNDER THE OPTICS OF PUERPERAE SERVED IN A PUBLIC MATERNITY

PARTO HUMANIZADO SOB A ÓTICA DE PUÉRPERAS ATENDIDAS EM UMA MATERNIDADE PÚBLICA

PARTO HUMANIZADO BAJO LA ÓPTICA DE PUERPERAS ATENDIDAS EN UNA MATERNIDAD PÚBLICA

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ABSTRACT

Objective: to understand the perception of puerperae, on humanized delivery, attended in a public maternity hospital. ***Method:*** qualitative, descriptive, exploratory study performed with ten puerperae at the obstetric center of the Hospital and Health House of Russas in Ceará. The data were produced from recorded interviews, transcribed and analyzed using the Collective Subject Discourse technique. ***Results:*** from the analysis, three central ideas emerged: I - Parto; II - Obstetric experience and III - Lack of information about the time of delivery and few actions aimed at pregnant women. It has been shown that gestation, and, especially, the moment of childbirth, are always events that bring with them feelings like fear, doubt, anxiety and pain, however, they also mention that it is an extremely gratifying experience, that brings unexplained emotions. ***Conclusion:*** it can be noticed that there is still a lack of information on what is humanized care in pre-partum, delivery and postpartum. It is hoped that this research will contribute to the strengthening of the debate on the theme in the health sector, allowing a critical reflection of the practices of professionals and students of the area, as well as, showing a new look in the search of the humanized delivery. ***Descritores*:** Parturition; Humanization of Assistance; Postpartum Period; Natural Childbirth.

RESUMO

***Objetivo*:** compreender a percepção das puérperas, sobre o parto humanizado, atendidas em uma maternidade pública. ***Método*:** estudo qualitativo, descritivo, exploratório, realizado com dez puérperas no centro obstétrico do Hospital e Casa de Saúde de Russas no Ceará. Os dados foram produzidos a partir de entrevistas gravadas, transcritas e analisados mediante a técnica do Discurso do Sujeito Coletivo. ***Resultados*:** da análise, emergiram três ideias centrais: I – Parto; II – Vivência obstétrica e III - Falta de informação sobre o momento do parto e poucas ações voltadas para gestantes. Evidenciou-se que a gestação e, principalmente, o momento do parto, são sempre um acontecimento que traz consigo sentimentos como medo, dúvida, ansiedade e dor, no entanto, também é uma experiência extremamente gratificante, que traz emoções inexplicáveis. ***Conclusão*:** pode-se perceber que ainda há falta de informação sobre o que é assistência humanizada no pré-parto, parto e pós-parto. Espera-se que esta pesquisa contribua para o fortalecimento do debate do tema no setor saúde, permitindo uma reflexão crítica das práticas dos profissionais e de estudantes da área, como, também, mostrar um novo olhar em busca da efetivação do parto humanizado. ***Descritores*:** Parto; Humanização da Assistência; Período Pós-Parto; Parto Normal.

RESUMEN

Objetivo: comprender la percepción de las puérperas sobre el parto humanizado atendidas en una maternidad pública. ***Método:*** estudio cualitativo, descriptivo, exploratorio, realizado con diez puérperas en el centro obstétrico del Hospital y Casa de Salud de Russas en Ceará. Los datos fueron producidos a partir de entrevistas grabadas, transcritas y analizadas mediante la técnica del discurso del sujeto colectivo. ***Resultados:*** del análisis, surgieron tres ideas centrales: I - Parto; II - Vivencia obstétrica y III - Falta de información sobre el momento del parto y pocas acciones dirigidas a gestantes. Se evidenció que la gestación, y principalmente el momento del parto, son siempre un acontecimiento que trae consigo sentimientos como miedo, duda, ansiedad y dolor, sin embargo, también refieren que es una experiencia extremadamente gratificante que trae emociones inexplicables. ***Conclusión:*** se puede percibir que aún hay falta de información sobre lo que es asistencia humanizada en el pre-parto, parto y posparto. Se espera que esta investigación contribuya al fortalecimiento del debate del tema en el sector salud, permitiendo una reflexión crítica de las prácticas de los profesionales y de estudiantes del área, así como mostrar una nueva mirada en busca de la efectividad del parto humanizado. ***Descritores*:** Parto; Humanización de la Atención; Periodo Posparto; Parto Normal.

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INTRODUCTION

The experience of parturition has always represented a very important event in the life of women; a unique and special moment, marked by the transformation of women into their new role, that of being a mother.[1] Pregnancy is one of the determinants of the state of health of women, being, in some situations, the only moment of contact that women of reproductive age will have with the health services, being the unique opportunity for an assistance directed to the promotion of the health of the woman, orientation and tracing of illnesses.[2]

There have been many scientific and technological advances in childbirth care, many benefits have been and have been observed in births characterized as high risk, which resulted in a decrease in maternal and neonatal morbidity and mortality rates. However, this technology-based assistance, often mechanized, fragmented and dehumanized, with the excessive use of interventionist practices when applied in low-risk childbirth, has given women feelings of fear, insecurity and anxiety that have had repercussions on difficulties in the course of labor.[1]

The rates of cesarean section have increased considerably in recent years, even with the prior knowledge that normal delivery is safer for both mother and baby.[3] According to the World Health Organization (WHO), Brazil is the country where more caesareans are performed in the world. The rates reach 84% in the private system and 40% in the SUS, and the one recommended by WHO is 15%.[4]

In Ceará, this figure is represented by 57% of the surgical procedures performed in the public network and 95% of the private network, which gives the alarming average of 76% of cesarean deliveries only in this State.[5]

One of the most frequently used arguments, to explain the high numbers of cesareans is that the Brazilian does not want to suffer, and, in fact, normal birth in Brazil subjects the pregnant woman to unnecessary pain.[6] Methods that are common in other countries are ignored in Brazil . In hospitals, for example, labor is usually done with the woman lying down, which makes it difficult for the baby to leave. The recommended positions are squatting or even standing because the force of gravity helps the process. In addition, the use of oxytocin, which increases dilation and painful contractions, is the rule.[6-7]

Knowing the expectations of women in relation to childbirth may lead to the follow up of the same and their preparation, with the objective of improving and valuing their satisfaction with the experience of childbirth, in a constant search for the fulfillment of the expectations that the parturients present, with the intention more positive experiences and, consequently, a greater confidence in the performance of the maternal role.[7]

OBJECTIVE

- To understand the perception, of the puerperas about humanized childbirth, attended to in a public maternity.

METHOD

Qualitative, descriptive study, developed at the Hospital and Health House of Russas-CE. Participants, in this study, were ten women who had been hospitalized for a period of time in the collection period, with the following inclusion criteria: puerperal women who were admitted to a cohabitation center, who experienced vaginal delivery; older than 18 years and that presented an interest in collaborating with the research by signing the Free and Informed Consent Term (FICT). All participants signed an FICT. Postpartum women with cognitive impairment or psychic disorder were excluded.

In the production of the data, the semi-structured interview technique was used. This consists of the collection of information through pre-established questions. The data collection was performed in two moments, from March to April 2016. In the first, a visit to the site was made to know the operation of the hospital and to obtain the necessary information for the recruitment and beginning of data collection. In the second moment, an appropriate space was used, reserved, to talk individually with these puerperas and, thus, to apply the semistructured interview. The interview was applied individually, in a private room of the institution, in a schedule combined in advance with the research participant and those responsible for the institution. The audio feature (portable recorder) was used, to record the speech and, were later transcribed.

The analysis was performed using the Collective Subject Discourse (CSD) [8] technique, where the data collected from the research was discussed, seeking the interpretation of the collected content that was written by the participants. The discussion was made according to the reflections of the researchers along with the

relevant literature for the development of the research.

The study was approved by the Ethics Committee of Potiguar University - UNP, endorsed by Resolution 466/12, approved by the National Health Council of the Ministry of Health, which deals with guidelines and regulatory norms for research on human beings, and, then be executed according to the planning. Opinion Number: 1,658,854. CAAE: 56215916.4.0000.5296.

RESULTS

Women between the ages of 18 and 39 were interviewed. Of these, five were primiparous and five, multiparous; two were married, five, were single and three lived together with their partner. Seven of them were brown, while three, were white. Two of the interviewees had given birth to their second child, two of the third child and one of them the seventh son. Five had only elementary school, three of which were incomplete. Four had high school, two were incomplete and only one of ten volunteers had started higher education, but had not yet completed.

Based on the reflections about the guiding questions of semi - structured interviews, it was possible to elaborate three central ideas from the discourse of the collective subject: I - Parto; II - Obstetric experience and III - Lack of information about the time of delivery and few actions aimed at pregnant women.

Figure 1 presents the central ideas I and II:

Main idea I	Collective Subject Speech (CSS) i
Childbirth.	It's the most important moment of my life. Moment of happiness [...] Exciting [...] But agent suffers a lot [...] It was a special moment, despite the problems I had. It is a relief [...] It is a new moment [...] a joy and, at the same time, a fear. Bringing the world to life is part of the process of multiplication ... It is something divine, giving birth to a child is something of God.
MAIN IDEA II	**COLLECTIVE SUBJECT SPEECH (CSS) II**
Obstetric violence.	[...] thus, agent suffers a lot, but, after having it, it is very good. First a unique and very difficult experience. Kind of painful, but very rewarding. It was a very complicated experience, very different from what I thought. It was not a good experience [...]

Figure 1. Central idea I and II, DSC I and II of the puerperae in the face of the question: For you, what does the moment of giving birth mean? How was your experience / experience in the obstetric center (pre-delivery, delivery and postpartum)? Russas (CE), Brazil, 2016.

Figure 2 presents the central idea III:

Main Idea Iii	Collective Subject Speech (CSS) Iii
Lack of information about the time of delivery and few actions aimed at pregnant women.	Not exactly because there were few consultations because I discovered late. [...]; very little, until then there was something that, when I got here, had to bring and did not warn me. [...] If I had, I was not informed.

Figure 2. Central idea III, DSC III of the puerperal women in the face of the question: During your prenatal period, were you informed about PPP? Have you been offered courses for pregnant women? Russas (CE), Brazil, 2016.

DISCUSSION

The respective Central Ideas "**Childbirth and obstetrical experience**" show the speeches that affirm that the time to give birth is not so easy, but, that in spite of everything, is very special for the life of each woman. One can also observe, the importance of the humanization of the health team to make this moment even more special. It is apparent that the time of delivery is not so comfortable, and it is up to the obstetrical center staff, to provide comfort to these women.

There is an idea that women have absorbed the culture that the normal part is painful and does not bring safety. Thus, it is up to the nurse, as an educator, to help this woman to understand better about normal birth and its advantages, since this is one of the main professionals responsible for the prenatal program in Primary Health Care.[9-10]

For this reason, it is of paramount importance the work of nurses in the re¬duction of the anxiety of pregnant women and parturients, providing them with courage, comfort and security. Given this, the creation of a bond with the patient is essential to understand their needs and, then, to know what actions to take.[10]

During the interview with these women, it can be observed that they felt happy and that all that they had passed, for example, pains, would have been softened of their memories

from the moment in which they saw the faces of their babies.

The Collective Subject Discourse III aims to emphasize the importance of information that should be clarified during prenatal care, since it is aware that the Basic Health Unit is the main gateway to the health care network.

Prenatal and postnatal care, of quality and humanized care, is essential for maternal and newborn health. The main objective is the reception of the woman from the beginning of the pregnancy, ensuring the birth of a healthy child and the guarantee of maternal and neonatal well-being. Currently, adding a broader sense, including psychosocial aspects and educational and preventive activities.[11-2]

At the time of prenatal care the pregnant woman should be informed about what is labor and types of deliveries: vaginal (normal and forceps) and surgical (cesarean), as well as stress the existence that there are indications for delivery forceps and surgical; strengthen the idea that the pregnant woman is the protagonist at the time of childbirth, and is entitled to an accompanying person at this time.[12-13]

In order to carry out groups for pregnant women, the entire health team can and should collaborate and identify in their community the need to develop themes other than those suggested (breastfeeding, newborn care, vaccination, puerperium, contraceptive methods, responsible parenthood), as well as involve the Local Health Commission (LHC) in the development of these actions and to obtain places to carry out the groups in the Units without physical space.[14-5]

Prenatal quality has been evaluated through the number of visits (at least six) and the gestational age of admission to the health service. However, studies demonstrate the need to evaluate not only the number of consultations, but also their content.[16-7]

When they were approached with the question about PPP information and courses aimed at pregnant women, the puerperae responded that this level of information is little or nonexistent during prenatal care, letting show that, if they had been informed about this and other matters important to this moment, which is always a surprise, they would have been quieter.

The reality of health services does not always respond to the health needs and expectations felt by women during gestation, because they often do not have professionals qualified to perform health education in the gestational period. For this type of problem to be solved, a new form of planning and evaluation of what is offered must be started, and, in this, the perspective, the perception and the experience lived by the pregnant women within these services must be valued, in addition, of course, to understand the period of gestation as a phenomenon experienced by the human being in a particular and individualized way, since they constitute, together with their children, the reason for the existence of these services.[18-9]

CONCLUSION

For all the women who participated in the research, the gestation and, especially, the moment of delivery is always a surprise, which provides feelings like fear, doubt, anxiety and pain, but, above all it is extremely rewarding and fulfilling, however, it is notorious that the when they are in the health unit, especially, the practices experienced, can influence the way of seeing the act of giving birth and being a mother, since it is already a completely strange and uncomfortable environment for them and their families.

It can be noticed that there is still a lack of information about what is humanized care in prepartum, childbirth and postpartum, since, the interviewees did not know how to answer the questions without first clarifying the issue, which in the evaluation of the assistance offered to them by the health team.

It is understood the importance of the training of professionals focused on the topic of humanization in prepartum, childbirth and postpartum, considering that this goes beyond a technique or manual to be followed, including looking at the other as a gifted being of values and feelings.

From this study, it was also realized that the humanization given to these women influences the choice of a possible new birth. The puerperas were aware of the benefits of childbirth for them, because it was less painful, but none reported on the benefits of this delivery for the newborn. Thus, the more traumatic this moment for the woman in the parturient, the greater the chances of choosing a cesarean section, posing a high risk for her and the baby.

It is hoped that this study will contribute to the strengthening of the debate on the theme in the health sector and among all the multiprofessional team, allowing a critical reflection of the practices of professionals and students of the area, as well as, showing a new look in the search of the humanized childbirth.

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