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SATISFACTION OF WOMEN WITH NURSING CARE DURING THE PREPARTUM PERIOD

SATISFAÇÃO DAS MULHERES QUANTO À ASSISTÊNCIA RECEBIDA DA ENFERMAGEM NO PRÉ-PARTO

SATISFACCIÓN DE LAS MUJERES SOBRE LA ASISTENCIA RECIBIDA DE LA ENFERMERÍA EN EL PREPARTO

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ABSTRACT

Objective: to identify the satisfaction of parturients with the care provided by nurses in the prepartum period. **Method:** this is an exploratory-descriptive study with quantitative approach developed with 63 women who underwent vaginal delivery. The instrument used for data collection was semi-structured interview. After collection, data were submitted to descriptive statistics, presented in tables and discussed with the literature. **Results:** women stated that the care provided was better than expected in the following variables: provision of comfort (66.7%), expectation of pain relief (69.8%), emotional support (58.7%), supply of information (63.5%), and prevention of complications (74.6%). **Conclusion:** the results of the study led us to conclude that nursing has been able to contribute for the satisfaction with prepartum care in the opinion of parturients. **Descriptors:** Labor; Women's Health; Obstetric Nursing.

RESUMO

Objetivo: identificar a satisfação das parturientes acerca dos cuidados que foram prestados pela enfermagem no período pré-parto. **Método:** estudo exploratório-descritivo, de caráter quantitativo, com 63 mulheres que se submeteram ao parto vaginal. O instrumento de coleta de dados foi uma entrevista semiestruturada. Após a coleta, os dados foram submetidos à estatística descritiva, apresentados em tabelas e discutidos com a literatura. **Resultados:** nas variáveis oferta de conforto (66,7%), expectativa do alívio da dor (69,8%), apoio emocional (58,7%), oferta de informações (63,5%) e prevenção de complicações (74,6%), as mulheres afirmaram que a assistência ocorreu de uma forma melhor do que esperavam. **Conclusão:** os resultados do estudo levam a concluir que a enfermagem conseguiu contribuir para uma boa satisfação do pré-parto na opinião das parturientes. **Descritores:** Trabalho de Parto; Saúde da Mulher; Enfermagem Obstétrica.

RESUMEN

Objetivo: identificar la satisfacción de las parturientes acerca de los cuidados que fueron prestados por la enfermería en el período preparto. **Método:** estudio exploratorio-descriptivo, de carácter cuantitativo, con 63 mujeres que se sometieron al parto vaginal. El instrumento de recolección de datos fue una entrevista semi-estructurada. Después de la recolección, los datos fueron sometidos a la estadística descriptiva, presentados en cuadros y discutidos con la literatura. **Resultados:** en las variables oferta de confort (66,7%), expectativa del alivio del dolor (69,8%), apoyo emocional (58,7%), oferta de informaciones (63,5%) y prevención de complicaciones (74,6%), las mujeres afirmaron que la asistencia fue de una forma mejor de lo que esperaban. **Palabras clave:** Trabajo de Parto; Salud de la Mujer; Enfermería Obstétrica.

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INTRODUCTION

In the current context of Brazilian health, most women receive assistance during labor. From January 2014 to January 2015, 2,047,140 women were hospitalized in Brazil for delivery, of which 1,117,435 (54.5%) had normal deliveries.¹

The assistance to normal delivery and birth involves multiple forms of care. Whether at home, in a birth center or in a hospital, this event represents a unique and multi-sensory experience that needs to be appreciated from the point of view of integrality and transdisciplinarity.²

Nursing care at delivery has gained gradually more space with the recovery of humanization tendencies and assistance to women in respect to the natural childbirth physiology.³

Humanized assistance in the parturition process leads women to feel a strong sense of security and confidence in the professionals involved. Most of women have a wonderful and satisfying experience when they receive qualified and humanized nursing care. On the other hand, in the absence of skilled care, the experience of childbirth can be traumatic and negative.⁴

One way to employ humanization is the use of non-pharmacological methods during labor. The use of these methods has increased considerably, mainly in nursing care. Therapies such as hydrotherapy, ambulation, relaxation exercises, breathing techniques, massage, Bobath ball use, music therapy and many others, increase the comfort of the parturient and decrease pain.⁵

Nurses, as indispensable professionals in the process of parturition, should favor the tranquility of the woman during the moments she feels pain; they should use methods to ease the discomfort, transmit psychological support, carry out educational actions, and encourage women to vent their doubts and fears about childbirth. Nurses have a relationship that presupposes horizontality, when they listen to the woman's wishes, worries about her well-being, and when they allow themselves to get involved in a relationship of closeness and commitment with the parturient.⁶

In this context of nursing care, knowing the opinions of puerperal women about their experiences, the care and comfort received during their pre-delivery and childbirth is essential for the Nursing work qualification and for the reflection on this work. Based on the degree of women's satisfaction, it is

possible to evaluate the type of assistance that has been provided by the nursing team in the parturition process. Identifying these components of women's satisfaction is a fundamental step for the organization of services aimed at the needs of the clientele.

The objective of this study was to identify the satisfaction of parturients with the care provided by nurses in the prepartum period.

METHOD

This is an exploratory-descriptive study with quantitative approach⁷ carried out at the Ana Bezerra University Hospital (ABUH), located in the city of Santa Cruz, in country side of Rio Grande do Norte, 121 km from Natal.

The universe, of which the study was part, included women who were attended in the abovementioned hospital service. Considering that 60 births per month, on average, are performed (data recorded in the maternity birth registration book) and that data collection was carried out over three months, the population would be 180 women who would be assisted. Considering the sample error of 10% and the confidence level of 95%, the sample calculation reached the number of 63 women to be interviewed in the maternal and child service. The survey included puerperal women aged between 18 and 30 years, at least 12 hours after the child was born, since after childbirth, because they would be tired in earlier moments. These women were housed in the ABUH and they had been assisted by the pre-delivery nursing team. They had undergone vaginal delivery, understood the objectives of the research and all of them had normal cognitive capacity.

Women who did not have vaginal delivery, who were not within the abovementioned age group, those who did not understand the survey or who gave up after the instrument application, and women with impaired cognitive capacity were excluded from the study.

Data collection was carried out through a semi-structured questionnaire applied between July and September 2013.

The project was sent to the Research Ethics Committee (REC) of the Federal University of Rio Grande do Norte (UFRN) and approved under number 352,840, and was also submitted to the REC of the Ana Bezerra University Hospital (ABUH), where the research was carried out, and was approved under Opinion number 07/2013. In this way, both institutions approved the research.

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The instrument was prepared by the researcher in a Likert-type scale. In this special kind of scale, each item varies according to intensity. The scale has ordered categories, equally spaced, and it is widely used in surveys to measure satisfaction and intensity.⁸

A script for the semi-structured interview composed of two parts was prepared for this study. The first part aims at the socio-demographic characterization of participants, and the second part is composed of questions that were prepared by the researcher based on the guidelines of the Manual on Safe Motherhood of the World Health Organization (WHO). Then, these questions were rated in the Likert-type scale of satisfaction level, varying from much worse, to worse, better, and much better.

After collection, data were submitted to simple descriptive statistics for later elaboration of tables, which represented the

results of the research to discuss the findings based on scientific evidence.

RESULTS

The sample consisted of 63 women (100%) interviewed in the rooming-in, with ages ranging from 18 to 30 years, where 44.4% of the women had ages between 25-30 years (n = 28); 39.7% lived a common-law-marriage (n = 25), and 39.7% lived with partners and other relatives (including their children) (n = 25). The level of education that predominated was incomplete elementary education, represented by 85.7% (n = 54). Regarding occupation, 69.8% said to be housewives (n = 44); and 76.2% said to be Catholic (n = 48). Table 1 shows these and other information.

Table 1. Distribution of respondents according to age, marital status, number of people with whom they live, schooling, occupation and religion. Santa Cruz (RN), Brazil, 2015.

Variable	Category	N	%
Age	18-20	22	34.9%
	21-24	13	20.6%
	25-30	28	44.4%
Marital status	Single	24	38.1%
	Common-law-marriage	25	39.7%
	Married	14	22.2%
People they live with	With the companion and others	25	39.7%
	Without the companion	19	30.2%
	Only with the partner	19	30.2%
Schooling	Incomplete Elementary School	54	85.7%
	Full High School	7	11.1%
	Incomplete high school	2	3.2%
Occupation	Housewife	44	69.8%
	Employed with maternity leave	8	12.7%
	Housekeeper	7	11.1%
	Student	4	6.3%
Religion	Catholic	48	76.2%
	Evangelical	9	14.3%
	Without religion	6	9.5
Total		63	100%

Regarding parity, 46% of the puerperal women stated that they were primiparous (n = 29) and 98.8% had undergone vaginal delivery

only (n = 61). Among participants, 81% had never experienced abortion (n = 51).

Table 2. Distribution of interviewees according to the number of births, type of delivery and abortions. Santa Cruz (RN), Brazil, 2015.

Variable	Category	N	%
Parity	One child	29	46%
	Two children	17	27%
	Three children	7	11,1%
	Four or more children	10	15,9%
Type of delivery	Vaginal	61	96,8%
	Vaginal and Cesarean Section	2	3,2%
Abortions	No	51	81%
	Only one	12	19%
Total		63	100%

Regarding the evaluation of women about the pre-delivery nursing care, the variables are related to the care that these women expected, whether it was "much better", "better", "worse" or "much worse" than what they expected. However, the category "much worse" was excluded because there were no responses rating questions on this level.

As for the expectation of offer of comfort, 66.7% (n = 42) stated that the care was better than expected. Regarding the expectation of pain relief, 69.8% (n = 44) stated that care

was better than expected in this sense. Regarding emotional support, 58.7% (n = 37) of the women said that it was better than expected. Regarding the expectations on provision of information, 63.5% (n = 40) classified this variable as better than expected, and on prevention of complications, 74.6% (n = 47) of the women said that this occurred in a better way than they expected.

Table 3. Regarding the assistance received by parturients. Santa Cruz (RN), Brazil, 2015.

Variable	Worse		Better		Much better		Total	
	n	%	n	%	n	%	n	%
Offer of comfort	1	1.6%	42	66.7%	20	31.7%	63	100%
Pain relief	2	3.2%	44	69.8%	17	27%	63	100%
Emotional support	1	1.6%	37	58.7%	27	39.7%	63	100%
Information given	4	6.3%	40	63.5%	19	30.2%	63	100%
Prevention of complications	-	-	47	74.6%	16	25.4%	63	100%

DISCUSSION

The nursing care in the provision of comfort met the expectations of women; 66.7% of them responded that the offer of comfort was better than they expected. These data show that nursing care has really been concerned with this offer, since it is an important point in the care for women in labor. Furthermore, knowing the opinion of women on the comfort received can contribute to the reflection of other professionals working in the obstetric field.

Support during labor involves providing physical support through measures that offer comfort, such as touch, massage and the offer of a calm and cozy environment. The help to find a comfortable position stands out as a simple and very useful measure for women

feel some comfort in the face of prepartum pain.⁵

A study showed that the offer of comfort is extremely important and positive for the well-being of women in labor, and one of the ways to promote this comfort is to allow the presence of a companion to provide security and comfort.¹⁰

As for nursing care in face of pain relief, 69.8% of the interviewees stated that this care was better than expected. Thus, once again it is proven that Nursing and its care has effectiveness in the relief of pain during the prepartum period.

In obstetric practice, it is observed that the pain felt by parturient women seems to be ameliorated by the use of several non-invasive, non-pharmacological and risk-free methods. For this reason, they have been indicated for the humanization of labor and

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birth. They include massage, bathing, the continuous presence of the professional, encouragement to deambulation, and many others.¹¹

The use of non-pharmacological strategies for pain relief during labor is one of the most important nursing actions in the obstetric area. They focus on assistance aimed at reducing the factors that increase pain, and seeking actions that direct the relief. With these actions, the delivery process may be less tense, less conflicting and less painful, promoting the comfort, care and attention they need.¹²

Regarding emotional support, 58.7% of the women classified the nursing care to provide this support as better than expected. The Nursing team seeks to make labor a positive experience, including actions such as dialogue and emotional support when necessary, always using humanization in the care.

A study carried out in a hospital in Santa Catharina detected that the satisfaction with the care provided during labor was associated to the quality of care received. Among participants in this study, 96.5% said that the emotional support received from nursing professionals/students throughout the parturition process stages influenced this satisfaction. In the other hand, when such assistance does not happen, women get unsatisfied.¹³

Regarding provision of information, the majority of women, 63.5%, rated nursing care as better than expected. As well as pain relief, providing information on procedures and/or labor routines should be part of Nursing care, since women have the right to know what is going on with them and what will be done with their bodies. In the parturition process, women must be protagonists.

Information received by women about labor should begin since the prenatal period and persist until postpartum. The level of information, both during pregnancy and during labor, has shown to be of great relevance for women, since it allows greater participation in the decision-making process.¹⁴

Regarding Nursing care in the prevention of complications, 74.6% of the interviewees stated that the care was better than expected. In this perspective, as a profession responsible for care, Nursing seeks to be aware of the vitality of the fetus and monitor vital signs of women; these essential measures are important to avoid complications at childbirth.

Labor with as little pain and suffering as possible, and without complications for the mothers and the babies, is necessary for parturient women feel satisfied with the care received. Thus, measures to prevent complications must be adopted by professionals working in the field of obstetrics.¹⁵

CONCLUSION

In the present study, the majority of women interviewed evaluated as better care than expected the nursing care related to offer of comfort, relief of pain, emotional support, information received and prevention against complications. With this, we could see that the women were satisfied regarding the nursing care in the mentioned aspects. A greater percentage of women satisfied were found with respect to prevention against complications.

Knowledge about the satisfaction of women with the nursing care during the prepartum period contributes to the reflection of the population and even of the pregnant women themselves about how nursing care can be essential if correctly provided. Moreover, the study can also influence the organization of obstetrical services.

We believe that the study may have a positive impact, since the women were satisfied with the Nursing team. Nursing care is indispensable for the comprehensive care of parturients, so that they may give birth to their children more safely. The Nursing team was able to give support to these women in the essential aspects for excellent care in the parturition process. Nursing is a profession whose practitioners most of the time recognize the physiological, emotional and cultural aspects involved in the gestation process, avoid unnecessary interventions and assure the rights of the women and the family, promoting the humanization and the warm hosting during that moment.

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