



PRACTICES OF NURSING PROFESSIONALS AGAINST HUMANIZED LABOR
PRÁTICAS DOS PROFISSIONAIS DE ENFERMAGEM DIANTE DO PARTO HUMANIZADO
PRÁCTICAS DE LOS PROFESIONALES DE ENFERMERÍA FRENTE AL PARTO HUMANIZADO

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ABSTRACT

Objective: to know how humanization practices are developed during labor. **Method:** this study is descriptive and qualitative, carried out at the Center for Normal Birth (CPN) at a public hospital in Bahia. Participants were 12 nursing professionals. The technique of Content analysis in the category categorical analysis modality was used in the analysis of the data. **Results:** it was verified that the nursing professionals have knowledge of the humanized practices, but it was not verified the use of the same ones during the daily work. Insufficient number of professionals and the lack of training of the nursing team interfere in the execution of this humanized practice. **Conclusion:** the preparation of the parturient for the proposal of the humanized birth from the prenatal is fundamental, with the use of the humanized practices, backed up in the scientific evidences. **Descriptors:** Obstetric Nursing; Humanization; Childbirth.

RESUMO

Objetivo: conhecer como são desenvolvidas as práticas de humanização durante o trabalho de parto. **Método:** estudo descritivo, de abordagem qualitativa, realizado no Centro de Parto Normal (CPN) em um hospital público na Bahia. Os participantes foram 12 profissionais de enfermagem. Na análise dos dados, foi empregada a técnica de análise de conteúdo, na modalidade análise categorial. **Resultados:** verificou-se que os profissionais de enfermagem possuem conhecimento das práticas humanizadas, porém o emprego dessas práticas foi pouco constatado durante o trabalho cotidiano. Percebeu-se que o número insuficiente de profissionais e a falta de capacitação da equipe de enfermagem interferem na execução dessa prática humanizada. **Conclusão:** torna-se de fundamental importância o preparo da parturiente para a proposta do parto humanizado desde o pré-natal, com o emprego das práticas humanizadas respaldado nas evidências científicas. **Descritores:** Enfermagem Obstétrica; Humanização; Parto.

RESUMEN

Objetivo: conocer cómo son desarrolladas las prácticas de humanización durante el trabajo de parto. **Método:** estudio descriptivo, de enfoque cualitativo, realizado en el Centro de Parto Normal (CPN) en un hospital público de Bahia. **Los participantes fueron 12 profesionales de enfermería. En el análisis de los datos fue empleada la técnica de Análisis de contenido en la modalidad Análisis Categorical. Resultados:** se verificó que los profesionales de enfermería poseen conocimiento de las prácticas humanizadas, sin embargo poco se constató el empleo de las mismas durante el trabajo cotidiano. Se notó número insuficiente de profesionales y la falta de capacitación del equipo de enfermería interfieren en la ejecución de esa práctica humanizada. **Conclusión:** es de fundamental importancia el preparo de la parturiente para la propuesta del parto humanizado desde el prenatal, con el empleo de las prácticas humanizadas, respaldado en las evidencias científicas. **Descriptores:** Enfermería Obstétrica; Humanización; Parto.

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INTRODUCTION

Childbirth can be considered as a watershed in the life of the woman, loaded with constructed and reconstructed meanings, from the singularity and culture of the parturient that transforms the daily life of the woman. Worldwide, the institutionalization of childbirth is related to the end of World War II, in an attempt to reduce the high rates of maternal and infant mortality. From then on, in Brazil and in the world, the parturient is now separated from her family in the parturition process, remaining isolated in a preterm room, promoted by intense medicalization and surgical routines.¹

In Brazil, a number of movements have emerged in recent decades, such as those of women, nongovernmental organizations, professionals from different areas and also those of public health policymakers, developing protagonism for the women in the childbirth and birth.²

Thus, it is observed that humanization in childbirth is advocated not only by women, but also by various organizations and movements observing that the physical and emotional well-being of women favors the reduction of risks and complications in childbirth, as well as human and quality care, together with family support during parturition, transforming birth at a unique and special moment.³

The idea of humanizing childbirth comes from the fact that many medical services ignore the recommendations of the World Health Organization (WHO), the Ministry of Health (MOH) and other bodies regulating childbirth care.⁴

The humanization of childbirth care implies that nurses respect the aspects of female physiology without unnecessary interventions, recognizing the social and cultural aspects of childbirth and birth, and providing emotional support to the woman and her family, guaranteeing citizenship rights.⁵

It is necessary to acquire qualified and personally committed professionals who receive women with respect, ethics and dignity, as well as being encouraged to exercise their autonomy in the recovery of the active role of women in the parturition process, as well as being protagonists of their lives and repudiating any kind of discrimination and violence that could jeopardize their rights as women and citizens.³

The word humanization was adopted in 2000, based on the Humanization of Prenatal

and Birth Program (PHPN), through Ordinance GM 569, dated 06/01/2000. The priority of the program is to improve the access, coverage and quality of prenatal care, childbirth and postpartum care for the mother-child couple.¹

The principles of the PHPN are: every pregnant woman has the right to access and decent and quality care during pregnancy, delivery and puerperium; every pregnant woman has the right to know and have guaranteed access to maternity in which she will be cared for at the time of childbirth; every pregnant woman has the right to attend childbirth and the puerperium and that it is performed in a humanized and safe manner, in accordance with the general principles and conditions established by medical knowledge; all newborns are entitled to neonatal care in a humanized and safe way, and it is the duty of the health units to receive with dignity the woman, her relatives and the newborn (NB).⁶ Through explanations, the quality of delivery care is related to the structural and functional components of the obstetric center.

In this context, the concept of ideal assistance is involved in the adequacy of physical, material and human resources sufficient to transform the obstetric center into a more welcoming and favorable place for the implementation of the actions that are advocated by the humanization policy, allowing the presence of the partner and the involvement of the family in the process of parturition, respecting the privacy of the woman, performing safe procedures and avoiding unnecessary interventionist practices, favoring the natural course of delivery, as well as guiding and informing women about their autonomy in behaviors and procedures.

There are several forms of action for humanization in childbirth, such as to provide the parturient with the assistance of a person of her confidence during the period of labor. It is important for health professionals to be aware of the importance of the presence of the companion to the woman in the course of labor, as well as to be prepared to carry out their activities with the accompanying person and the parturient, informing them about the evolution and the behavior to be performed during the birth process.³

Besides this procedure, there are others that can reduce the pain and discomfort felt by the parturient. The use of massage and relaxation techniques, varied postures, music, breathing methods and alternative practices can favor physical comfort, contributing to the good development of labor, providing

comfort and safety to the woman and her baby.³

Another method of humanization widely used in developed countries today is the delivery of childbirth or parturition. Childbirth and home births have been gaining a greater dimension worldwide as an alternative to the markedly cold and medicalized care often offered in hospitals.⁸

The implementation of the humanization model at birth requires the awareness and constant training of the employees of the Obstetrics Center, and in most of the continuing education programs of health institutions, this theme does not make up the contents of the training. However, the inclusion of the actions recommended by PHPN is generally not sufficient to raise their relevance since, in most cases, they are only concerned with aspects related to administration, management and routines, without addressing the quality of care and behavior transformation and worker awareness.⁷

All health professionals, as well as other professionals who work in the health units are responsible and able to act with humanization in childbirth. A part of these professionals are the nurses who are recognized by the public managers as professionals authorized to implement the actions of the humanization policy. Thus, such professionals are considered authorized announcers, endowed with the necessary competence to produce legitimate discourses capable of being recognized for having a symbolic efficacy in the face of the structure of the humanized obstetrical field.⁹

In this context, it can be verified that the idea of “humanizing the birth” seeks to propose the “best of both worlds”, both natural and technological, in seeking the rescue of the social, emotional, affective and spiritual support of women in labor, while offering the best of saving technology to those women who move away from the path of physiology and go to the dangerous path of pathology.⁸

This research emerged from the experience in the 7th semester of the Nursing Assistance to Women and the Newborn in a public hospital, in which direct contact with nursing professionals was established, awaring of their actions and assistance. which has brought about concern and interest in knowing how humanization practices are developed during labor. Therefore, the following question emerged: how are the humanization practices developed by the nursing team during labor in a public hospital?

To answer the questioning, this study aimed to:

- To know how humanization practices are developed during labor in a public hospital in Bahia.

METHOD

This study is descriptive with a qualitative approach,¹⁰ from semi-structured interviews, recorded and later transcribed. The data were analyzed by the content analysis technique, in the Categorical Analysis modality.¹¹

The instrument of data production was the questionnaire, answered by the 12 participants of the research. In the analysis of the data, they were identified by a number representing the increasing order of each interview conducted, that is, for the first interviewee it was read Interviewee 1 (I1) and so on.

The research project was sent to the Brazil Platform and to the Ethics Committee of this public maternity hospital, which issued an opinion authorizing the accomplishment of the entry into the field and the beginning of data collection at the institution. Based on resolution 466 of December 12, 2012, any research that involves humans offers risk.¹²

After approval of the research by Platform Brasil with protocol number 833.800 (CAEE: 35467114.6.0000.0055) the coordination of the college of the nursing course issued an office requesting the release to the director of this public hospital to begin the data collection with the participants of the research. Subsequently, the field research was started at the Normal Birth Center (CPN) of this public hospital. All the participants of the research signed the Free and Informed Consent Form (TCLE) to ensure total anonymity and safety to the integrity of the participants, obeying the criteria of resolution 466/12, and before each interview the nursing professionals were informed about the objectives and risks of the research.¹²

RESULTS

Based on the responses of the research participants to the proposed questions, it was proceeded with the generation of categories and subcategories to carry out the analyses according to the proposed methodology.

Table 1. Description of categories and subcategories. Jequié (BA), Brazil, 2015

Category 1	Humanized labor
Sub 1.1.	Understanding about humanized labor during practices
Sub 1.2	Meaning of Normal Labor
Category 2	Humanized Practices
Sub 2.1	Humanized practices by the nursing team during labor
Sub 2.2	Freedom of choice for humanized labor
Category 3	Importance of humanized care at childbirth
Sub 3.1	Humanized care provided to the parturient
Sub 3.2	Increase in bond
Sub 3.3	Safety
Category 4	Consequences of poor care in labor
Sub 4.1	Psychological trauma
Sub 4.2	Obstetric violence
Category 5	Difficulties in the labor humanized care
Sub 5.1	Lack of knowledge of the pregnant women
Sub 5.2	Reduced team
Sub 5.3	Professional resistance

After the participants of the research had answered the questionnaire, the speeches were transcribed and, subsequently, the data analysis was held. The characteristics of the

participants of the study and then the categories and subcategories that came from the speeches of the study participantwere initially organized.

Table 2. Characteristics of nursing professionals, research participants. Jequié (BA), Brazil, 2015

Interviewee	Age	Gender	Time working	Profession	Postgraduate studies	Workload
I1	25a	F	2 years and 6 months	Nurse	Yes	30h
I2	25a	F	2 years and 3 months	Nurse	Yes	30 h
I3	29a	F	2 years	Nurse	Yes	30 h
I4	32a	F	2 years	Nurse	Yes	30h
I5	54a	M	25 years	Nurse	Yes	30 h
I6	33a	F	8 years	Nursing Technician	No	30 h
I7	34a	F	6 years	Nursing Technician	No	30h
I8	35a	F	15 years	Nursing Technician	No	30h
I9	37a	F	15 years	Nursing Technician	No	30h
I10	49a	F	1 years	Nursing Technician	No	30h
I11	44a	F	5 years	Nursing Technician	No	30h
I12	35a	F	7 years	Nursing Technician	No	30h

*The participants in this study are identified by a number representing the increasing order of each interview conducted, that is the first interviewee read Interviewee 1, I1, and so on.

Regarding the gender, it was observed that in the nursing team providing delivery assistance in the CPN, the interviewees are mostly female. This is presumably due to the higher prevalence of female people working in the nursing area. However, gender is not related to better or worse quality in humanized care.

It is verified that in the age range, the nursing professionals are between 25 to 54 years old. In relation to the time of action, there were four nurses with time of operation between 2 years and 3 months, one nurse with 25 years and seven nursing techniques with time of operation between one year and 15 years of profession.

Another important characteristic of the nursing team is the specialization of the nurses professionals who work in the care of the parturients, contributing for the improvement in the humanization in the childbirth. All nursing professionals work at CPN with a workload of 30 hours.

DISCUSSION

- **Category 1: Humanized childbirth**
- **Subcategory 1.1:** Understanding about humanized childbirth

The proposal of humanization in the care of women during the period of labor and puerperium is a proposal of the Ministry of Health (MOH), with the main objective of reducing maternal and neonatal mortality.¹³

Thus, the analysis of the units of the meaning of understanding of humanized practices during labor has revealed that humanized childbirth is a new proposal to deal with the pregnant woman, respecting her nature and her will during this period. This understanding was described by the nursing professionals interviewed in this research:

Conscious childbirth, working the psychological of the parturient, explaining the advantages of humanized childbirth. Leave the parturient at ease to expose the way she feels better. Giving support. (I2).

It is a way to treat the pregnant woman respecting her nature and her will before her delivery. Humanized childbirth is not only in the moment of giving birth, but in every process of gestation, birth and postpartum. (I3)

It is the set of actions aimed at the advent of childbirth and birth, where it seeks to return the woman the role of protagonist of the whole process that is inserted. (I5).

It is a natural childbirth, prioritizing and valuing the spontaneity of labor, that is, the newborn suffers less impact at birth and the puerperal has fewer traumas and incisions [...]. (I6)

It is to perceive, reflect and respect the diverse cultural, individual, psychic and emotional aspects of the woman and her family. (E 7)

It means letting the parturient be the protagonist of her own birth, cherishing the nature of her will. (I12)

It is verified that the nursing professionals have a considerable understanding about the humanization in the childbirth, according to the knowledge they have on the subject. It is important that nursing professionals know the meaning of humanization in childbirth and have inherent actions with the humanized treatment during labor through theory.

The humanization of childbirth aims at overcoming the fear and isolation that women suffer in the hegemonic, medicalized and interventionist obstetric care model. Thus, the integral and individualized human care, the expectations, needs and the rights of the parturients must be considered.¹⁴

The humanization of childbirth care implies that nurses must respect aspects of female physiology, without unnecessary interventions, recognizing the social and cultural aspects of childbirth and birth, providing emotional support to the woman and her family, and guaranteeing their rights of citizenship.⁵

●● Subcategory 1.2: Meaning of normal labor

Regarding the meaning of normal labor, the speeches of the participants of the research have the following meanings:

It is the birth where the pregnant woman knows the whole process of labor, having the right to choose companionship, position in which she wants to give birth, she is well attended and actively participating in her own delivery. (I4).

It is a birth where the parturient stays with her companion, using the ball, the birth chair, massaging her back, being able to drink water, moving and changing positions several times during labor. (I9)

The interviewees' statements about the meaning of normal delivery make understand the importance of the companion during labor. His presence during labor reduces the risk of complications by providing support and security to the mother. Federal law 11.108, enacted in 2005, allows women to have a companion of their choice during labor, delivery and puerperium, for this purpose.¹³

It was evidenced the importance of performing alternative practices for pain relief during labor in the parturient, according to the interviewee's speech⁹, stating that they should use the ball, the birth chair, and massage in the lombo sacra region and the movement of the laboring woman during labor to provide the woman with humanized labor.

The continuous monitoring of professionals during the process of birth and delivery is perceived as synonymous with care. Thus, generating positive feelings, such as satisfaction, tranquility, well-being and security, avoiding loneliness.¹⁵

The parturient often changes position (every 30 minutes), sitting, walking, kneeling, standing, lying down, getting four, helping relieve pain, and these practices are considered humanized during the work of birth.¹⁷

● Category 2 - Humanized practices

● Subcategory 2.1 - Humanized practices during labor

In this subcategory, it was observed in the nursing professionals' statements that in the practices performed during the delivery the parturient must have the necessary support. The categories mentioned are guidance on labor delivery by the nursing team to the companion, to provide the parturient with the support, the massage in the lombo sacra region, among other practices considered as humanizing and proposed as guideline of humanized care by the Ministry of Health (MOH), as can be seen from the interviewees' statements:

Accompanying the patient in her work, giving her all the necessary support, guiding the companion to give support, to massage... (I1)

In addition to the partner's right, we offer activities in the gout, on the birth chair, on the ball, in addition to relief massage, walking, hot bath, and partner participation in childbirth through umbilical cord cut and mother-baby contact, skin to skin. (I4)

Respecting women's rights, respecting their physiology, allowing companions, using non-pharmacological methods in pain relief, do not practice as routine: venoclysis, episiotomy, enema, tricotomy, early cord ligation, do not put the skin on the first contact Mother-child, do not put in the breast to breastfeed, do not put in the room-in housing. (I5)

Using of the ball, using the birth chair, right to the companion, hot bath, massage, episiotomy, induction of labor, immediate cutting of the umbilical cord. (I8)

Individual rooms, allow the parturient to have a companion, make use of the ball and the horse. (E9)

Exercising with the ball; Exercising with the birth chair; Massaging the parturient with the help of the companion; Hot shower; Dialogue; Body positions. (I12)

In the speeches of the CPN nursing professionals, it was identified that they refer that the practices are part of a humanized care, such as using the birth, exercising with the ball, shower, choice of position to give birth, dialogue, walking and the massage of relief. However, we do not perceive in some statements the use of these practices during the care for the parturients in this period of childbirth.

In the interviewee's speech 9, it refers to the physical structure, the fact that the rooms are individual, based on the proposal of the Stork Network of humanization. Thus, it is perceived that the physical structure of the institution provides the parturient's privacy and the humanization of assistance in this item of the Stork Network proposal.

The Ministry of Health, through the establishment of the Stork Network, through ordinance 1459, of June 24, 2011, under the SUS, with the objective of reducing maternal and neonatal mortality, proposes the adoption of alternative practices for relief of pain during labor. Among the alternative practices, there are: the use of the ball, the birth chair and the massage. Thus, among the humanized practices in childbirth care, the use of the ball can be performed during labor to promote a more active participation of the pregnant woman during the parturition process,

providing a better perception of the tension and ensuring the relaxation of the women.¹⁷

Pain in childbirth is most often caused by routines such as immobilization of the parturient in the midwifery, abuse of oocytes, Kristeller's maneuver, episiotomy, and episiothoria, among other procedures, often referred as dehumanized practices in childbirth care.¹⁸

Regarding the humanized practices during labor, besides proposing a new model of childbirth care considering its structure and process, where the obstetric practices are individualized and based on scientific evidence, it becomes relevant that the actions carried out in the CPN are evaluated from the point of view of the women, shown as potential integrators of women's care in the parturition process.¹⁹

●● Subcategory 2.2: Freedom of choice for humanized delivery

In the speeches of the participants of the research, the freedom of choice for humanized delivery was identified:

It gives freedom to her choices, to provide a service focused on her needs, not on beliefs and myths. It is to give her control of the situation at the time of her birth, showing the choice options based on science and the rights she has. (I7)

Giving women the freedom to choose and providing care according to their needs. (I8)

These statements point to the importance of providing a humanized care, focusing on the needs of parturients, giving them the options of choice in the position at the time of delivery, according to the scientific evidence and the rights of the parturient. The humanization of care comes from the moment that as health professionals, we respond to the patient's problems according to their health needs, giving them choices.²⁰

During labor and delivery, the woman perceives the environment, the people, their attitudes. The behavior of the professional who receives the woman in the childbirth House reveals a differential in the relational aspects of interpersonal interaction. The importance of interaction and shelter is highlighted as essential for care to be focused on the needs of the parturient.¹⁹

With these practices used during childbirth, it was found that the process of childbirth becomes more humanized for the parturient, reducing their fears and longings.²¹

● Category 3: Importance of humanized care provided to parturients

●● Subcategory 3.1: Humanized care provided to parturients

Regarding the importance of the humanized care provided to the parturient according to the nursing professionals' statements, we can see that:

It is important for the parturient not to see the moment of childbirth as the worst of her life, but rather as a unique moment of joy, of rebirth, where a new mother woman is born. (I3)

It is vitally important to preserve a special moment of the woman-child-family, through actions that can avoid traumas with irreversible sequels for all those involved in the process. (I5)

Through humanization, it will value its contribution to a quit postpartum without traumas, both for the mother and the newborn. (I6)

Being a unique moment, sublime, placing the parturient as the protagonist of the moment, being the sole responsible for the birth of her child. (I8)

To see childbirth as a moment of joy and not as a disease; Treating the mother as a human being, with delicacy, security and comfort. (I9)

The respect to the nature of the childbirth respecting the physiology of the woman's body, besides this parturient being the protagonist of her labor. (I12)

As previously discussed, it is extremely important for the quality of childbirth care that the humanized care is developed by the nursing professionals to the parturient, seeking a better development in all the process that precedes, occurs during, and proceeds to childbirth.

Humanizing childbirth means placing women in the center and in control as the subject of her actions, actively participating in decisions about her care. Thus, the team acts as a facilitator of the process.²²

Analyzing the strategies recommended by the Ministry of Health on humanization in childbirth, designed to ensure the safety of pregnant women and the quality of care provided to them, it was observed that many actions advocated and established for the ideal in care still need to be implemented in services demanding strategic actions to consolidate the humanized practice.²³

●● Subcategory 3.2: Increased bond

In the testimonies of nursing professionals, we identified childbirth as an increase in the bond between the mother and the newborn:

Quiet labor, greater bonding of the mother and newborn, labor without drug inductions, avoiding a traumatic procedure and a maneuver that affects the woman's health. (I1)

[...] Besides the trust and bond that the pregnant woman ends up having with the professionals, skin-to-skin contact (mother-baby) increases their affective bond. (I4)

In the proposal of humanized childbirth care with the Newborn should be performed with the proposal to increase the affective bond between mother and child. Thus, after birth, whenever possible, the baby should be referred to his mother for this purpose. The proposal of humanization in childbirth and delivery assists that professionals should stimulate the mother-infant relationship in the immediate postpartum, in skin-to-skin contact.²⁴

• SegurançaSubcategory 3.3: Security

Nurses' statements describe the importance of the safety provided to the woman during labor:

It makes the parturient feel secure in the team [...]; The parturient becomes collaborative. (I2)

Transmiting security to pregnant women and their families;

Qualification of the nursing team. (I11)

Therefore, it is understood that the safety transmitted to the parturients is very important, as much in function of the human and fraternal sense of the care, for the fragility in which the parturients normally are needing hospitalization for the childbirth. Humanization in childbirth is important, since the actions taken in this aspect influence the well-being of the parturients, making them feel safer and more protected.²⁵

CONCLUSION

In this study, the number of participants is restricted to the scenario of a public maternity hospital, in which a significant result was reached regarding the humanization practice of labor by nursing professionals, since they allow the presence of the companion during the delivery, providing security, comfort and increase of the bond for the woman during this period.

Regarding the physical structure of this institution, it was evidenced through the speeches of the nursing professionals that the delivery is performed in an individualized room, seen as a positive result, before the proposal of the Stork Network, of humanization in childbirth care.

It was also verified that the nursing professionals have the scientific knowledge about the practices of humanization in childbirth for the parturient in process of parturition. However, they did not refer in their statements as they used these practices in the daily life of their work. However, much

must be done for this maternity to act in accordance with the precepts of humanized care proposed by ministerial policy, even though, some inherent actions to humanization are already being used by nursing professionals given the verification of practices developed by nursing professionals.

With the use of humanization in childbirth as well as the use of practices based on scientific evidence, the woman can obtain greater confidence in the process, reducing her fears and desires, reducing her physical pain and sensations, being with trusted people. In this context, offering assistance to the parturient that proposes the use of the best technology in health through the practice of scientific evidence-based practices makes the process of giving birth more humane and less complications, such as psychological and physical trauma, for the woman patient.

Besides having skills, dexterity and continuous updating, must, through their actions, the nursing professionals demonstrate that they are committed to providing humanized and hospitable assistance to the mother and child binomial.

Besides making the work environment more pleasant for nursing professionals, the proposal of humanization in maternity will also bring about the decline of doubts and fears that the parturient experiences during the delivery period and, consequently, the reduction in the apprehension of the relatives. Thus, the responsible for the maternity must implant humanized practices and the health professionals must act based on this new modality of assistance.

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