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INTEGRATIVE REVIEW ARTICLE

INSERTION OF THE NURSE MIDWIFE IN LABOR AND BIRTH INSERÇÃO DO ENFERMEIRO OBSTETRA NO PARTO E NASCIMENTO LA INSERCIÓN DE LA ENFERMERA PARTERA EN EL TRABAJO DE PARTO Y EL PARTO

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ABSTRACT

Objective: to analyze the insertion of obstetric nurses in the scenario of childbirth. **Method:** this is a bibliographical study of integrative review type of literature. The collection of data in the databases Medline, Pubmed Central and Scielo Library, between the period of 2004 to 2017, in English, Spanish and Portuguese, submitting the Content Analysis Technique, Thematic Modality. **Results:** four articles. Promotes the quality of the assistance with the insertion of nurses in the scenario of childbirth labor and birth and implement the best practices in the birth. **Conclusion:** it is recommended that, by studies, the need of the nurse's performance in the scenario of labor and birth, with the application of the knowledge of good practices in childbirth, but also work in conjunction with the medical team, with exchanges of knowledge for better customer service and organization of quality health services to pregnant women. **Descriptors:** Obstetrics; Obstetric Nursing; Obstetric Labor; Parturition; Humanized Birth; Humanization of Assistance.

RESUMO

Objetivo: analisar a inserção dos enfermeiros obstétricos no cenário do parto. *Método*: trata-se de estudo bibliográfico, tipo revisão integrativa de literatura. Realizou-se a coleta de dados nas bases de dados Medline, PUBMED Central e Biblioteca Scielo, entre o período de 2004 a 2017, nos idiomas inglês, espanhol e português, submetendo-se os à Técnica de Análise de Conteúdo na Modalidade Temática. *Resultados*: obtiveram-se quatro artigos. Promove-se a qualidade na assistência com a inserção do enfermeiro no cenário do parto e do nascimento e implementam-se as boas práticas no parto. *Conclusão*: recomenda-se, pelos estudos, a necessidade da atuação do enfermeiro no cenário de parto e do nascimento, com a aplicação dos conhecimentos de boas práticas no parto como, também, o trabalho em conjunto com a equipe médica, com trocas de conhecimentos para melhor atendimento e organização de serviços de saúde de qualidade à gestante. *Descritores*: Obstetrícia; Enfermagem Obstétrica; Trabalho de Parto; Parto; Parto Humanizado; Humanização da Assistência.

RESUMEN

Objetivo: analizar la inserción de las enfermeras obstétricas en el escenario del parto. *Método:* este es un estudio bibliográfico, tipo examen integrador de la literatura. La recopilación de datos en las bases de datos Medline, Pubmed Central y la Biblioteca Scielo, entre el período de 2004 a 2017, en inglés, español y portugués, presentando la técnica de Análisis de Contenido, Modalidad Temática. *Resultados:* cuatro artículos. Promueve la calidad de la asistencia con la inserción de las enfermeras en el escenario del parto y nacimiento y aplicar las mejores prácticas en la prestación. *Conclusión:* se recomienda que, en los estudios, la necesidad de la actuación de la enfermera en el escenario de trabajo de parto y el nacimiento, con la aplicación de los conocimientos acerca de las buenas prácticas en el parto, pero también trabajan conjuntamente con el equipo médico, con intercambios de conocimientos para un mejor servicio al cliente y la organización de los servicios de salud de calidad a las mujeres embarazadas. *Descriptores:* Obstetricia; Enfermería Obstétrica; Trabajo de Parto; Parto; Parto Humanizado; Humanización de la Atención.

Enfermería Obstétrica; Iradajo de Parto, Par

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INTRODUCTION

It is known that the development of science, especially in respect of prenatal care and childbirth, has undergone a dramatic change, since the mid 20th century, and thus came to be a practice performed at hospital level, mainly, requiring the participation of professionals with academic training in the area of health. Show that precedent, by virtue of this fact, for medical intervention in the act of birth and in control of the pregnancy-puerperal period.¹

It let be valuing the vision of childbirth in the residence of the woman, with the advancement of health care; and, in this way, the assistance to childbirth began to be an institutionalized act leaving, thus, being a female knowledge, empirical popular, intuitive and based on previous experiences, going to be a practice know-to-do male. It should be emphasized that the option for normal delivery and the use of technologies and non-pharmacological interventions have distanced themselves, mainly affecting women's autonomy, which passed to accede and to believe in obstetric care model based on institutions and in their interventions.²⁻³

Reveals that, despite the change of vision, the institutionalization of childbirth care could also provide benefits, such as the use of diagnostic and therapeutic techniques that have resulted in the decrease of maternal and fetal mortality. Led to a significant increase in the number of cesarean births, at the expense of normal births, the change in the monitoring of pregnant women.⁴

It implemented, in the decade of 90 of the 20th century, government actions aiming to encourage the resumption of normal birth and the reduction in the rates of cesarean births. It is in this way, the above period was many questions about labor and birth that became of interest to the Ministry of Health, the health professionals of public institutions and non-governmental organizations.⁵

It was created in 1993 the Network of Humanization of Childbirth and Birth with the main objective to revalue the birth, humanizing their behaviors and Practices compared to childbirth. began, already in 1998, the Ministry of Health, a policy of financial support to the federal universities and state and municipal health secretariats for the realization of the specialization courses in Obstetrical Nursing, throughout the national territory, aiming that normal birth, without shoulder dystocia, would be the exclusive competence of obstetric nurses and, in this way, aiming to reduce the medical

interventions considered unnecessary to normal births.⁶ It settled additionally, by means of Decree N° 985/1999, guidelines for the deployment of Vaginal Birth Centers within the Unified Health System (SUS).⁷

Institutionalized, since then, in the year 2000, the Ministry of Health, the humanized, with the creation of the Program of Humanization in Prenatal Care, Childbirth and Birth (PNHP), to ensure the access and quality in the care of pregnant women during the pregnancy-puerperal cycle. It is, in this perspective, the Houses of Birth to be alternatives to lead the change this paradigm providing humanized and physiological conditions for a safe birth.⁸

Focused efforts, thus, by the Ministry of Health, in response to the proposals made by the World Health Organization (WHO), the Pan American Health Organization (PAHO) and the World Bank, on measures for the acceleration of the humanization of obstetric care, stimulating the normal birth and, in this way, obtaining a reduction in the number of cesarean births. Please note that the measures adopted, the proposal to qualify professionals to promote humanized obstetric and neonatal care, based on scientific evidence, has enabled the creation of new structures of assistance and follow-up of women in primary care, the services of high risk and emergency obstetrics, counting with Vaginal Birth Centers beds or intra-hospital.9

Undertook all the efforts; however, Brazil reached the proportion of cesarean births of 56.7% of all births that occurred in the country, whereas: 85% of these were procedures in private health services and 40% in public health services. It should be noted that, in addition, the greater percentage of cesarean births obtained was in the Southeastern region, with a rate of 64% of births. One can contribute, in this sense, with the insertion of the nurses in the scenario of labor, in order to improve obstetric procedures including the pre-natal care and puerperium. In

OBJECTIVE

• To analyze the insertion of obstetric nurses in the scenario of labor and birth.

METHOD

It is an integrative literature review, a broad method of research that combines data from the theoretical and empirical literature. Followed, for the elaboration of the study, six steps: Identification and selection of the guiding question;

Establishment of inclusion and exclusion criteria of the study and search in the pertinent literature; Definition the information to be extracted from the selected Critical of studies: assessment studies included in the integrative review; Interpretation of results; Presentation of the review/summary of the knowledge. 13

Asked the following question to lead the integrative review: How an obstetric nurse proceeds in assisted birth?

It is delimited to the search and selection of articles, a temporal clipping of 2004 to 2017, having as its initial focus, the National Policy of Integral Women's Health Care (PAISM). We used the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Pubmed Central

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(PMC), and the virtual library Scientific Electronic Library Online (SciELO). We used the following descriptors extracted from "DECs" and "MESH": "Obstetrics"; "Obstetrical Nursing"; "Labor"; "Birth"; "Humanizing"; "Humanization of Assistance", both in Portuguese and in English, with the use of Boolean operators AND and OR.

We selected the following inclusion criteria of publications for this review: articles published in English, Spanish and Portuguese are available in full in databases and in the virtual library. They settled the exclusion criteria: theses, dissertations, monographs, editorials, manuals, books, chapters of books. We found 216 articles, of which only four met the established inclusion criteria (Figure 1).

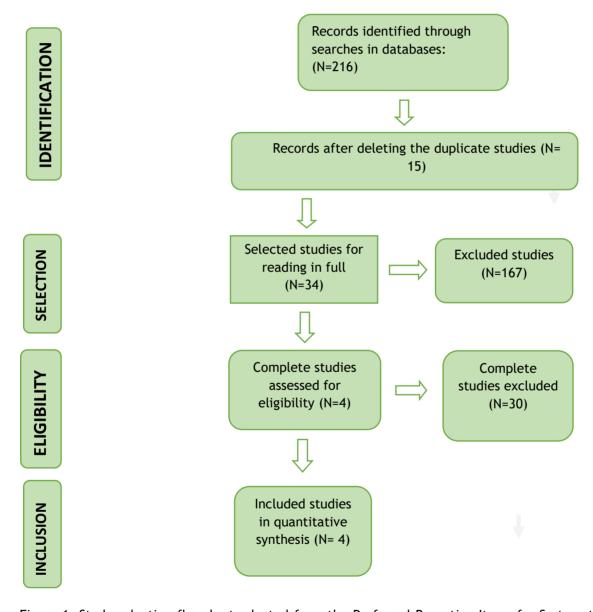


Figure 1. Study selection flowchart adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses do (PRISMA). Niteroi (RJ), Brazil, 2017.

We proceeded to the collection of data in the selected studies. Catalogued these information in an instrument drawn up that included: journal, Country, language, level of evidence, year, title, professional category, method, main results and recommendations for further research.

There were grouped data using the Content Analysis Technique, Thematic Modality, ¹⁴ after successive readings of the articles, conducted by two evaluators, for the understanding of thematic nuclei mobilized in the construction of the problems of study. Categorized after this procedure, the studies in four thematic nuclei that subsidized the interpretation and presentation of two categories of review, namely: 1) The performance of the nurse in the labor and birth; 2) Modification of birth care model.

Rated the selected studies on the levels of evidence (SE): Level I - Evidence from a systematic review and meta-analysis of all relevant trials randomized, controlled or from clinical guidelines based on systematic reviews of randomized controlled trials; Level II - Evidence derived from, at least, a randomized controlled clinical trial as well delineated; Level III - Evidence obtained from well-designed clinical trials without randomization: Level IV - Evidence from cohort studies and case-control well ٧ Evidence delineated: Level systematic review of qualitative descriptive studies; Level VI - Evidence derived single descriptive from a qualitative and level VII - Evidence from opinion of authorities and/or report of committees of experts. 15

RESULTS

It presents a discussion of the results of descriptive and comparative manner, relying on literature pertaining to the subject, aiming to meet the objective of the study. 16-7 It should be emphasized, in relation to the professional category of authors, that half of the selected publications is author of nurses; the other half, other health professionals. 18-9

It has been observed that, regarding the year of publication, if published two studies in 2004¹⁶⁻¹⁷ and two in 2016. It is known that the approach is partially a quantitative study and partly of qualitative study.¹⁶⁻⁷ Show the articles¹⁸⁻⁹ are predominantly quantitative surveys and qualitative¹⁵ is divided in thematic methods: oral history and descriptive-exploratory study.¹⁷

The studies were developed in relation to contexts: a in a birthing House, 16 another in

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public maternity hospital and two performed with data from the 2005 census of public hospitals. ¹⁸⁻⁹ developed among the studies, in the Northeast region, in the state of Maranhão, ¹⁶ and three in the Southeastern region, being one in São Paulo ¹⁷ and two in Rio de Janeiro. ¹⁸⁻⁹

There were listed, as regards the aspects studied, a study on the factors associated with Cesarean birth rates in Brazilian population;¹⁸ one on the way to act of nurses throughout the birth process; 17 a on the encouragement of the nurses' work in the homes of childbirth¹⁶ and study on а implementation practices of best and interventions bν nurses, comparative manner, 19 according to the data presented in Figure 1:

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Journal	Country	Language	Level of evidence	Year		
Journal of Nursing from Minas Gerais	Brazil	Portuguese	IV	2004		
1. Title Professional category Method	Motivation of Obstetric Nurses in the development of your work in a House of Birth Nurses Oral history theme was the method of the study.					
Main results	Discontent with biomedical model, the interventionist nature of hospital practices and the desire of your transformation resulted in the convergence of professionals for the House.					
Recommendations for further research	Obstetric nurses must educate Brazilian the fact that professional category currently find themselves in an important historical moment as class and also in the field of obstetric assistance. There is a clear demand, in terms of assistance delivery in obstetric assistance policies in Brazil, and policy makers' expectations are regarding the appropriate correspondence to the current and future demands with regard to quality and amount of professionals for full compliance of their paper. It was found that between the lines of the narratives of professionals who started the provision of assistance in the home. There is, therefore, the need for a human resources training policy at national level to meet this demand that is projected for the near future. The Brazilian has obstetric nursing, before him, a great challenge to be faced and overcome. It is believed that the object of the work of obstetric nursing is something that one can be proud of. A job in which they fight for an ideal that shows how being universal-the health and well-being of pregnant women and your family and, consequently, the life and the health of future generations.					
Journal	Country Country	Language	Level of evidence	Year		
Text and Context Nursing	Brazil	Portuguese	IV	2004		
2. Title Professional category Method Main results Recommendations for further research	The nurse in the assistance to the woman in the process of parturition Nurses It is a field study, descriptive type, held in four public maternity of São Luís - MA, from April to July 2002, after the consent of the subjects, respecting the ethical aspects. Participated in the study 21 birth Center nurses. The grouping of lines for the content analysis technique enabling the category organization "the actions of the nurse in attendance to the woman in the process of parturition" with subcategories: temporal trajectory of assistance birth and way to look after the natural trajectory of the birth. Demonstrated in temporal trajectory of birth assistance, direct and indirect actions carried out with the mother. Named direct follow-up actions to the mother, the note, the aid and protection during labour and delivery. They did, however, passively, although direct performances. They call themselves the indirect administrative actions where the nurses Act providing conditions for other professionals to perform the service. One realizes, in the way they handle in natural trajectory of the birth, the nurse with a more effective participation by the mother taking attitude and influencing the action and behavior of this. Branched out that meaning in supportive care, i.e. when, to provide care, the nurse demonstrates understanding, respect, solidarity; provides support, guidance and encouragement. It's called obstetrics care itself when it pays the careful monitoring labor and birth. Evidence that, apart from institutional routines, the nurse becomes involved with administrative activities that absorb most of your time, as well as bureaucratic, that judges be sole and exclusive competence of the nurse. You can tell if, in the course of the interview, and in moments of informal conversations, which the nurse recognizes that their performance is of the utmost importance and feel the need of direct contact					
Journal	individual and provide ti Country	mely assistance and of t Language	petter quality. Level of evidence	Year		
Reproductive Health	Brazil	English	II	2016		
3. Title			during labour in primipar data from National Survey	ous women		
Professional category Method	Assisted in the Brazilian Public Health System: data from National Survey Physicians This study is part of the investigation was born in Brazil, a national hospital-based study with 23,894 recent mothers and their newborns. It has been estimated the rate of Cesarean section in mothers. Univariated and analyses were performed with logistic regression, multivariate analysis to analyze the factors associated with the realization by Cesarean during labor in mothers with pregnancy, cephalic presentation only, including gross estimates and adjusted risk reasons and their 95% confidence intervals.					
Main results	labor in hospitals of the lowest rate of Cesarea conditions or potentially admission with less that gestation for a c-section Became protective fact the prenatal period, the during labor. The type	SUS. Joined on set, resum section during laboral related to obstetric enter four centimeters diluted and the use of analgeors against the Cesarea induction of labor and of professional who attempts of the control of professional who attempts in the control of the co	had a vaginal birth or c-se ide in the southeastern regur. Joined the occurrence nergencies obstetric before ated, the decision at the sia with the greatest risk can vaginal birth-friendly act the use of some of the governed the birth had no signwed a higher proportion or	ion with the of clinical birth, early end of the of c-section. dvice during od practices enificance in		

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Recommendations for further research	good practices and a lower proportion of epidural analgesia in women who received care at least a obstetrical nurse. The rate of Cesarean birth in Primiparous public services in Brazil is extremely high. They must prioritize primiparous by strategies to reduce the rate of Cesarean section and the use of interventions in childbirth. You can help in reducing this rate by lowering and managing, as appropriate, clinical and obstetric complications, advising the mothers about the benefits of vaginal birth and supporting their decision by vaginal birth. Avoid the early admission, to promote the use of good practice for the assistance to labour, induce labor when indicated and the judicious use of epidural analgesia, when indicated, may also reduce unnecessary cesarean section during the labor. Future research is required to determine the effects of assisting the labor provided by obstetric nurses in caesarean section rates in labor.					
Journal	Country	Language	Level of evidence	Year		
Reproductive Health	Brazil	English	II	2016		
4. Title Professional category Method	Labor and birth care by nurse with midwifery skills in Brazil Nurses. Nutritionists. Doctors. Born in Brazil is a national population-based study, composed of postpartum women 23,894, carried out in the period from February 2011 and October 2012, at 266. Included in the study, all vaginal births involving doctors or nurses. Using a logistic regression model to identify the association between the implementation of good practices and interventions during labour and delivery, according to the professional who answered the woman, doctor or nurse. Developed another model to evaluate the association between the use of best practice on assist during labor and childbirth					
Main results	comparing hospitals with or without nurses responsible for assistance to vaginal birth. Attended 16.2% of vaginal births for nurses. Have become significantly more frequent obstetric practices in births assisted by nurses (ad lib. diet, mobility while working, not pharmacological methods of pain relief and use of partogram), while used less Some interventions for these professionals (anesthesia, lithotomy position, Kristeller maneuver and episiotomy). Reduced the incidence of c-section in maternity wards which included nurse in labor and assistance at birth.					
Recommendations for further research	doctors and nurses on during labor and birth attention Brazilian. It is can explain, so why habirth than the acquis caesarean section can nurses, enabling bette medical attention for possibility of greater exconduct of your labor, reflection on the attention of attention to women birth, the insertion of censuring the privacy ar	birthing assistance showing can be the first step of a sprobably easier to introduce the services. It is a consequence of general states are a consequence of general states are a consequence of a consequence of a consequence of the produce of the transfer of knowled the	netential of collaborative working that the adoption of good to a change more effective duce new approaches than commercessary interventions in The effect on reducing the reater delegation of care on the obstetric team direction fessional intervention. More seleading to the role of working between doctors and not by this study findings, that is policies of humanization of reducing unnecessary interventiable and birth, has provided the management of the manag	d practices e obstetric delete. You n labor and he rate of delivery to recting the reover, the nen for the urses, with the model f labor and entions and ded greater		

Figure 1. Synthesis of publications included in integrative review according to the title of the article, methods, evidence level, main results and conclusions. Niteroi (RJ), 2017. Brazil.

DISCUSSION

♦ The role of the nurse in labor and birth

Interviewed in the study on the motivation of the nurse as an actor in the homes of childbirth, six nurses with a mean age of 46 and 22 years of professional activity. It is pointed, by the results of the study, for the work of the obstetric nurses aiming, basically, to transform the reality of labor care due to concerns with the interventionist practices and to disrespect the physiology. Made it is worth noting that the study shows that, in the context of private Labor, obstetric nurse turned to acting in childbirth in a humanizing model, different from experienced in the biomedical model, where reported conflicts

and discouraging factors at work in a hospital environment. 16

It is noteworthy, as the study on the performance of the nurse in their natural environment, which all professionals (21 nurses) participants of the study were female, most with a specialization in Obstetrical Nursing, with more than five years of undergraduate and actively working at obstetrical centers for over 4 years, with age ranging between 25 to 57 - predominantly the age ranges from 25 to 34 and 40 to 49. It stands out, in relation to purchasing, which ten were nulliparous and that, of the 11 who had children, underwent Cesarean births was nine, being only two nurses subjected to normal births. 17

It is the recognition of the importance of the work of prenatal care among, which leads

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to a reduction in maternal and perinatal morbidity and mortality, especially the emphasis on temporal activity of the process of monitoring of labor, which was described in the beginning already in the pre-natal consultations covering the date of birth and the postpartum period.¹⁷

It shows, in terms of the monitoring of labor, that the nurses pointed out that a humanized monitoring, carried out continuously and safely, with the permanence of the nurse, in labor, providing constant vigilance and lasting peace and respect for the parturient, is decisive for the pregnant women opt for normal birth and brings security to the woman at the time of birth. Refer, by nurses interviewed, approximation and respect to be careful, which reinforces the educational practices to encourage and support inherent in the everyday life of the nurse in any area of activity and in Obstetrics. 17

It is suggested, by study, which, in spite of charges of bureaucratic institutional routines and own the nurse, the care provided by nurses and other health care professionals can modify the negative attitudes expressed by women during the course of the monitoring of birth, in order to facilitate their physiological nature, meaning a professional opportunity to exercise technical skills, scientific and humanistic to deliver a calf and a healthy birth.¹⁷

♦ Modification of birth assistance

It is considered in the study on the factors associated with cesarean birth in primiparous assisted in the public health system, data from post-partum women, who underwent labor between February 2011 and October 2012 in hospitals with rates of 500 or more births a year, originating from the study was born in Brazil. 23,894 women interviewed in 266 hospitals throughout the Brazil. Among primiparae, 62.1% opted for vaginal birth. Furthermore, 85% of the primiparous had access to, at least, a good practice (30.4% received fluids and food; 48% were able to ambulate; 36.4% underwent some relief non-pharmacological treatment of pain; in 52% used the charts for monitoring the evolution of the delivery and 56.4% had the presence of a companion of their choice during labor). 18

Assesses that the presence of obstetric nurses in assisted birth was the determining factor in the increased use of best practices in childbirth and less use of epidural anesthesia, both associated with lower risk of cesarean section. At national level, only 18.7% of the

primiparous, mainly in the Southeastern region, obtained access to obstetric nurses during labor. 18

It is proposed, by study, that strategies for the reduction of the rates of cesarean birth and of interventions in childbirth should concentrate in primiparous women, as a priority, and that the reduction clinical appropriate management \circ f complications with concomitant advice of advantages of a vaginal birth, can help to reduce the rates of cesarean section. You can contribute, through the use of best practices for assistance to labor, when indicated, to deliveries reduce cesarean during evolution of labor. It is recommended, however, by study, additional research to determine the effects of the assistance provided by obstetric nurses in rates of cesarean.18

It is inferred, regarding the study on the labor and birth with the accompaniment of obstetric nurses in Brazil, which has used data also originating from the study was born in Brazil. Consider, in addition to the interviews, the data on the characteristics of women and practices and interventions implemented during the birth to all vaginal births attended by physicians or nurses, regardless of training in obstetrics, making a total of 11,499 women interviewed.¹⁹

Details that, among women who had vaginal, 16.2% if accompanied by nurse/nurse in obstetrics. It is in relation to the geographical distribution, births with monitoring by nurse/obstetric nurses were larger in proportion in the regions: North (24.1%) and Southeast (23.5%) highlighting that met the lowest rate in the Midwest region (less than 1.0%). 19

It is helped by nurses/midwives, in a smaller proportion, in relation to the parity, the births in primiparous women, compared to physicians.

Determines, as the good practices in childbirth, the ambulation during labor, a fact occurred in half of the women, being more frequent in women cared nurses/obstetric nurses (OR = 1.74). It should be emphasized that a third of women received non-pharmacological techniques for pain relief during labor (31.3%), with greater adherence of women assisted by nurses/obstetric nurses (OR = 1.87). Gave it if, in addition, the use of tracing in 54.6% of labor. Applied to oxytocin during labor and the practice of artificial rupture of membranes in approximately half of all women, regardless of the care have been provided by doctors or nurses/obstetric nurses. Note that in the lithotomy position

predominated in the moment of birth in 92%, but was less frequent in women cared for by a nurse/nurse-midwives (OR = 0.44, CI 95%: 0.25-0.77). 19

It is recommended the deployment and implementation of good practices in labor and childbirth, which can empower women to participate more fully in the determination of work and care at birth, thus, allowing nurses/obstetric nurses and physicians to share their knowledge by modifying the model of institutional care. It is noteworthy that the model of health care, based on policies of humanization of care to motherhood, is responsible for the reduction of unnecessary interventions and is expanding the visibility to the work of nurses/obstetric nurses.¹⁹

CONCLUSION

This study originated from the need to analyze the scientific knowledge produced about the performance of the nurse obstetrics in the scenario of labor and birth, object of study, in order to understand the implications of this professional insertion in care in health services and care to pregnant women. It is defined that, in spite of high rates of cesarean births in Brazil, the tendency to humanization of childbirth is increasingly having in view the deployment of the Stork Network Program by the Ministry of Health, in 2011. We need, however, to meet the new model of labor and birth, more professionals obstetric nurses working in this scenario.

It was identified in the category of "nurse in labor and birth", the profile of nurses working in the scenario of labor and birth and the motives that led to the activity in the homes of maternity hospital environments, demonstrating to search for the best care of patients in labor and the recognition of nursing care for the reduction of maternal and perinatal morbidity and mortality.

Stand out in the category "modification of birth care model", the good practices of childbirth in both publications, which are well applied by nurses and allow greater participation of women in the choice of type of labor and care at birth.

It is, thus, that the research has met the goal established by finding, as a limitation, the scarcity of national and international studies on the theme. It is recommended; however, by the articles selected and need the analyzed, the of nurse's performance in the scenario of labor and birth, with the application of the knowledge of good practices in childbirth, but also work in conjunction with the medical team, with Insertion of the nurse midwife in...

exchanges of knowledge, for better customer service and organization of quality health services to pregnant women.

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