PERMANENT HEALTH EDUCATION AS A STRENGTHENING OF OBSTETRIC NURSING

EDUCAÇÃO PERMANENTE EM SAÚDE COMO FORTALECIMENTO DA ENFERMAGEM OBSTÉTRICA

EDUCACIÓN PERMANENTE EN SALUD COMO FORTALECIMIENTO DE LA ENFERMERÍA OBSTÉTRICA

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ABSTRACT

Objective: to emphasize the importance of Permanent Health Education for the strengthening of Obstetric Nursing. **Method:** qualitative, exploratory and descriptive study. 25 nurses from two public maternity hospitals in Brazil were interviewed. Data collection was performed through a semi-structured interview. Discourses were separated by similarity, structured into categories, and then analyzed and discussed in light of other studies. **Results:** permanent Education in Health presents itself with the intention of putting into practice what the Stork Network advocates, its principles, objectives, guidelines and components. In addition, it promotes the autonomy of the obstetric nurse in their praxis, ensuring their performance in the delivery care setting. **Conclusion:** Permanent Education in Health has shown to be an important tool in the qualification of the obstetric nurse for a differentiated assistance in the attention to normal childbirth. Thus, it can contribute as a strategy to solve the challenges in the implementation of the Stork Network. **Descriptors:** Education Continuing; Maternal-Child Health Services; Obstetric Nursing; Public Health; Education Nursing; Unified Health System.

RESUMO

Objetivo: destacar a importância da Educação Permanente em Saúde para o fortalecimento da Enfermagem Obstétrica. **Método:** estudo qualitativo, exploratório e descritivo. Foram entrevistados 25 enfermeiros de duas maternidades públicas no Brasil. A coleta de dados foi realizada por meio de entrevista semiestruturada. Os discursos foram separados por semelhança, estruturados em categorias e, em seguida, foram analisados e discutidos à luz de outros estudos. **Resultados:** a Educação Permanente em Saúde apresenta-se com o intuito de colocar em prática o que a Rede Cegonha preconiza, seus princípios, objetivos, diretrizes e componentes. Além disso, promove a autonomia do enfermeiro obstetra em sua práxis, assegurando seu desempenho no cenário de assistência ao parto. **Conclusão:** a Educação Permanente em Saúde mostrou-se como importante ferramenta na qualificação do enfermeiro obstetra para uma assistência diferenciada na atenção ao parto normal. Assim, pode contribuir como estratégia para sanar os desafios na implementação da Rede Cegonha. **Descritores:** Educação Continuada; Rede Cegonha; Enfermagem Obstétrica; Saúde Pública; Educação em Enfermagem; Sistema Único de Saúde.

RESUMEN

Objetivo: destacar la importancia de la Educación Permanente en Salud para el fortalecimiento de la Enfermería Obstétrica. **Método:** estudio cualitativo, exploratorio y descriptivo. Se entrevistaron a 25 enfermeros de dos maternidades públicas en Brasil. La recolección de datos fue realizada por medio de una entrevista semiestructurada. Los discursos fueron separados por similitud, estructurados en categorías, y luego, fueron analizados y discutidos a la luz de otros estudios. **Resultados:** la Educación Permanente en Salud se presenta con el propósito de poner en práctica lo que la Red Cigüeña preconiza, sus principios, objetivos, directrices y componentes. Además, promueve la autonomía del enfermero obstetra en su praxis, asegurando su desempeño en el escenario de asistencia al parto. **Conclusión:** la Educación Permanente en Salud se mostró como importante herramienta en la calificación del enfermero obstetra para una asistencia diferenciada en la atención al parto normal. Así, puede contribuir como estrategia para remediar los desafíos en la implementación de la Red Cigüeña. **Descriptor:** Educación Continua; Servicios de Salud Materno-Infantil; Enfermería Obstétrica; Salud Pública; Educación en Enfermería; Sistema Único de Salud.

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INTRODUCTION

The Pan American Health Organization (PAHO) defines Permanent Health Education as work learning in which learning and teaching are incorporated into the daily life of organizations and work. Continuing education is based on meaningful learning and the possibility of transforming professional practices in health.¹

In addition, the Permanent Education in Health is characterized by the problematization of work processes in health with the participation of professionals to respond to the health needs of the population. And it is effective because it is a political-pedagogical-managerial strategy that promotes educational processes of health professionals centered in the daily work, besides bringing a critical approach and promoting a greater connection between theory and practice.²

The concept of Permanent Education in Health has been expanded as a National Policy of Permanent Education in Health, through the Administrative Rule no. 1996/2007, as a strategy of UHS and has as its focus the promotion and changes in the professional training processes, as well as the qualification of the pedagogical and managerial practices in health committed to the training and the development of the workers of the area, with a view to the integration among the various segments of health, in the promotion of technological advances in the attention to UHS users.³

In this scenario, the figure of the nurse who, as a health worker, provides assistance to the users of the maternity hospitals, and for that, the training in the area represents a quality differential in obstetric care.

In the area of health, there is a need to advance towards a proposal of permanent critical and reflective education, contributing to the permanent construction of UHS that everyone wants. It is in this sense that women are expected to be assisted in the pregnancy-puerperal period in an integral and humanized way, with attention paid to women from prenatal care through childbirth to puerperium until the child is two years old.⁴

In this context, the Stork Network was established, based on Administrative Rule no. 1459, dated June 2011. In it, health services, in meeting the requirements, must guarantee safe practices in the care of childbirth and labor through availability of obstetric and neonatal beds.⁵

The Stork Network is the result of discussions initiated since the 1990s by

doctors, nurses, midwives and doulas, anthropologists and sociologists, among others, about the formulation of a model of care for childbirth and labor that guarantees mothers and children a quality and humanized assistance in order to provide the experience of parturition as a unique and beautiful moment experienced with security and dignity.⁶

Among the objectives of the Stork Network, one of the premises contemplates the humanization of obstetric care. For this, it includes several aspects such as culture, the hospital physical structure and humanized behaviors at labor and at birth. In this sense, professionals must respect the aspects inherent in the physiology of the maternal organism, avoid unnecessary interventions, respect the social and cultural aspects of childbirth, provide emotional support to the woman and her family, and foster family and emotional bonding and the mother-baby bond.⁶

Thus, in the implementation of the Stork Network, the nurse, in the prenatal care, delivery and birth, establishes a pregnant woman/nursing relationship that favors the humanization of care and the bond not only of the professional, but also with the unit. This becomes relevant considering educational actions, demystifying prenatal care and childbirth, which favor adherence to the proposed care, with emphasis on participative methodologies that involve good communication between the professional and the users.⁷

The effectiveness of this gain depends, among others, on a resolute policy of permanent education in health for human resources, a necessary and indispensable subsidy to the quality of management in the area.

The construction of this study is justified by legitimating the Permanent Education in Health as a contribution in the work of the obstetric nurse.

OBJECTIVE

- To emphasize the importance of permanent health education for the strengthening of Obstetric Nursing.

METHOD

This was an exploratory and descriptive study, with a qualitative approach, carried out in Goiânia, Goiás, in two public maternity hospitals of the Municipal Health Network. Participants were 25 nurses from the two

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institutions, among them, service coordinators and caregivers.

Data were collected from September to November 2015 through semi-structured, recorded and transcribed individual interviews. The sample was guided by saturation of the data. To keep the participants anonymous, they were identified with the letter E (nurse) and numerical sequence, according to the order of interviews.

The discourses were separated by similarity and structured into categories and then analyzed and discussed in the light of existing studies within the theme. The data were analyzed through the technique of Content Analysis proposed by Bardin.⁸

Inclusion criteria: nurses who worked in the care of women in the pregnancy-puerperal period. Exclusion criteria: nurses on vacation or leave or, for any reason, who were not present at the institution during the interview period.

Study approved by the Ethics and Research Committee (REC / HC / UFG) under Opinion no. 852.830, CAAE 35107814.4.0000.5078 in compliance with the prerogatives of Resolution 466/12 of the National Health Council.⁸

RESULTS

The analysis of the discourses reveals the nurses' perception of the importance of permanent education in the care of delivery and birth scenario.

According to the speeches, the reduced number of Nursing professionals makes it difficult to implement the actions advocated by the Stork Network, especially the obstetric nurse who works in childbirth and does not always have the opportunity to be present in the direct assistance to childbirth, affecting the quality of the actions of humanization, as recommended by the Ministry of Health:

Not long ago we had a team of obstetricians who covered preterm delivery 24 hours. We do not have it today. Who is working ends up overwhelmed, so we can not provide quality assistance to the user. (E1)

The collaborative model of obstetric care (doctor and nurse) still faces conflicts in the implementation of this approach. Participants mentioned that physicians do not always accept the presence of the obstetric nurse, sometimes promoting attrition in the professional relationship.

We still come across professionals who do not accept our performance. (E9)

The biggest barrier that I encounter here to implement the proposals of the Stork

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Network is related to medical interaction and other professionals. The doctor does not understand how we could divide this assistance without anyone entering into the specificity of the other, in the technical capacity of the other and, as such, would reflect better care. This difficulty we encounter in interaction with them prevents us from seeing the user better. (E12)

The deponents make clear the need for Permanent Education in Health with the intention of putting into practice what the Stork Network advocates, its principles, objectives, guidelines and components. They also mention that the Permanent Education in Health promotes the autonomy of the nurse in their praxis, since this formation has direct repercussions on the professional improvement and the quality of the assistance provided to UHS users:

If the permanent education is active within what the Stork Network has as a proposal, we can qualify and adapt to what the Stork Network brings. (E4)

Very ... because this permanent education we are doing has contributed so that we can improve not only in order to attend the normal birth, but also in the care of puerperal to be able to diagnose risks, to provide a quality assistance. (E7)

But there were several meetings where were presented the Standard Operating Procedures - POP, that was very good, very important to standardize the assistance, I thought it was very good. What else has lately been this. (E8)

Yes of course. This qualification contributed to improve the work, to qualify the professional in what he does. I work in a maternity ward where all the nurses had to have obstetrics. Then, the Stork Network implemented this in maternity hospitals in Goiás, throughout Brazil, opening up for professionals to have more knowledge. So, you have to have permanent education, yes! (E11)

Permanent Health Education is also seen as a tool for the strengthening of obstetrical nurses, ensuring their autonomy in the scenario of childbirth care.

Too much! Because the Stork Network is a new policy of insertion of the culture of humanized childbirth and the strengthening of the nurse. So, I consider it as of the utmost importance the permanent education for this. Mainly, for the obstetrician nurse to recognize their autonomy within the service. Because we are from a culture in which the nurse was very limited and also not only the nurse, I think that the whole team has to have this process of humanization. (E9)

The autonomy achieved through Permanent Health Education provides changes in

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behavior, acceptance and professional interaction with the team and, consequently, the guarantee of humanized childbirth. The following statements reveal this perception.

The implementation of permanent education strengthens this bond of multiprofessional team that involves the pediatrician, the doctor, the physiotherapist, everyone starts to act in an egalitarian way. No hierarchy, each one performing its function. (E9)

his speech demonstrated that the actions of Permanent Education in Health contribute to the appropriate professional relationship, which has repercussions on the humanization of health care, data identified in the study of Sarreta⁹ that affirms that the involvement in the actions of Permanent Education in Health improves the relationship between professionals and reflects on the humanization of care.

However, there have been reports emphasizing that the Permanent Education in Health is not institutionalized, because the maternities rarely develop educational activities in an effective way. Some interviewees reported that in services, activities are insufficient or scarce, as there are few moments in which professionals gather to develop training activities:

The permanent education that I have seen today, at least in the area of Nursing, would be more daily, the exchange of experience or daily information nowadays is more limited. (E1)

Well, in my day to day I have always been lacking in updating myself, because attending labor requires a lot of knowledge. Unfortunately, the institution does not offer any specific courses. I recently attended ALSO and Neonatal Resuscitation, but it was all on my own. I myself searched and took course because I thought it was important for my practice. To this day, three years of maternity, the only thing I saw, in fact, were the courses of the Baby-friendly Hospital in which I participated as a speaker. In obstetric care, we need courses of non-pharmacological measures for pain relief, labor analgesia, labor induction. (E4)

[...] we need to discuss delivery from the sanitation professional, reception. In my understanding, this is permanent education. As an obstetrician nurse, as an attending nurse, we need to qualify for the service. (E4)

Of course there should be more, but what is happening now, at that moment, is a demotivation of all healthcare professionals. Perhaps, the crisis that we are going through in Brazil is reflecting in all this. Because there is total dismay, all

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the health teams are like that, discouraged. (E8)

The reports showed that activities developed sporadically generate apprehension in professionals who understand the need to update knowledge for the performance of obstetrical practices.

DISCUSSION

Although the number of professionals can be solved, it is known that only raising the amount does not repair the imbroglio of integral and humanized health care. It is necessary to have dedication in the quality of services provided that goes through the professional training and development of the workers.¹

The lack of clarification of other professionals regarding the role of the obstetrician nurse in childbirth care was one of the points raised as obstacles in the implementation of the Stork Network.

In Brazil, there is a pre-established concept of the prevalence of medical care in parturient care. However, for two decades this scenario has been presenting the overcoming of this model. To this end, specific training of professionals is required, especially in Obstetric Nursing, ensuring the principles of good practices and safety in childbirth and humanized birth.¹⁰

The obstetric or obstetrician nurse's role in the delivery scenario characterizes attendance at usual delivery risk. This allows the woman to regain autonomy in the process of parturition. It is incumbent on obstetrician physicians to provide care for deliveries with obstetric distorts and severe cases requiring intervention.¹¹

Since 1998, in an attempt to improve and qualify care for childbirth, the Ministry of Health, through Decree No. 2,815 of May 29, 1998, and No. 163 of September 22, 1998, performance of the obstetrician nurse in the scenario of childbirth care including the Group of Procedures Normal Childbirth without Dystonia performed by Obstetrician in the Information Systems of the UHS making it possible to issue an internment report and the inclusion of this professional in the payment table of the UHS.¹²

The Federal Nursing Council - COFEN, through Resolution No. 223/99, defines that the obstetrician nurse must provide assistance to the parturient and normal delivery, identify distractions, as well as perform episiotomy and episiotropia with the application of local anesthesia, when necessary.¹³

In 2015, COFEN repeals the previous Resolution and, through Resolution 477, regulates the obstetrician or obstetrician nurse's role in monitoring evolution and labor without distraction, in addition to the exercise of this professional already provided for in previous legislations.¹⁴

Considering the extension of the obstetric nurse's autonomy attributed by the advent of the Stork Network and the need for specific resolutions that support the practice of this professional in Brazil, the Federal Nursing Council created, in 2016, Resolution No. 516 of 26 June of that year.¹¹

Professionals recognize lifelong education as an effective strategy to address this resistance, since physicians have until recently been unaware of the duties of the obstetric nurse. That is: lack of preparation for medical professionals about the recommendations of the Stork Network.

The obstetric nurses reported that when they took up their duties in the maternity ward, they felt discriminated against by the medical class, which was not informed in advance of the obstetric nurse's work. In view of this, they considered that previous actions of Permanent Education in Health with the doctors would have mitigated this resistance.

In addition to the lack of updating regarding the new actions advocated, for this public, a more serious problem is still the lack or deficiency of the humanized obstetric care, which justifies the relevance of the Permanent Education in Health to the Nursing area.¹⁵

The deponents who are attending or have completed their specialization in obstetrics have made clear that the Permanent Education in Health repercussions in the improvement of the conducts, reinforcement of the humanized practice and improvement of the care with the puerperae and the newborn.

The data shows that, for the adequacy of the assistance provided in the integral health care model, recommended by UHS, the Permanent Education in Health is understood as a stimulus for changes in the work process of the health teams.

The data coincides with a study that aimed to verify the transformations of obstetric practices of nurses in the field of hospital obstetrics. The research participants reported that the specializations in Obstetric Nursing, especially, contributed to the process of aggregation of the principles of humanization as a knowledge that generated transformation of the praxis.¹⁶

The speeches emphasized that the Permanent Education in Health is perceived with importance for the progress of the work in the UHS, for the exchange of experiences and professional valorization, as also verified by the study of Sarreta¹⁰ that aimed to know, analyze and explain experiences that enhance Permanent Education in Health as a strategy for the training of health workers.

The health area is thus committed to implementing a process that recognizes and fosters the knowledge of workers in order to improve the assistance provided by linking, in their actions, the principles and values that guide the UHS.¹

The challenges to the achievement of the autonomy of health professionals are based on the concept of learning-work. In this way, the professional expresses their critical reflection by problematizing their reality.¹⁷

Therefore, the participants' understanding that the process of Permanent Education in Health empowers the professional with theoretical-practical knowledge and enables changes in the nurse's care approach to parturients was unanimous.

In the study of Elias,¹⁸ some participants reported the actions of Permanent Education in Health as being rare, insufficient and of fragmented character, a condition that corroborates with the findings of this study. Thus, with rare or sporadic activities of Permanent Health Education, it is inconceivable to aim at a process of changing the work scenario.

CONCLUSION

The study showed the relevance of the PEH to strengthen the care practices provided by nurses in the scenario of the Stork Network. It became clear that it enables the continuous construction of the professional as a human person, their knowledge and skills, their discernment and critical sense in their work. Furthermore, it contributes to the professional's self-knowledge and their performance as a social health agent. In addition, the study showed that PEH promotes the valorization of nurses, as well as the autonomy in performing interventions of different natures of their professional competence.

The PEH actions in Obstetrical Nursing enhance nurses' knowledge, guaranteeing their autonomy and, consequently, multiprofessional acceptance / interaction, as it improves the understanding of nurses' attributions in the delivery scenario, which improves their acceptance.

Health institutions, when implementing new programs, use PEH in the training of their professionals, however, during the assistance process, they do not effectively develop actions to update new contents.

The results presented revealed that PEH is an important tool in the qualification of the obstetrician nurse for differentiated care in the delivery of normal delivery, being a reference in the implementation of the Stork Network in Goiânia, Goiás.

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