



DETERMINING FACTORS OF NURSING CARE IN THE PARTURITION PROCESS
FATORES DETERMINANTES DOS CUIDADOS DE ENFERMAGEM NO PROCESSO DE PARTURIÇÃO

FACTORES DETERMINANTES DE LOS CUIDADOS DE ENFERMERÍA EN EL PROCESO DE PARTO

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ABSTRACT

Objective: to analyze the scientific evidence about the factors that determine Nursing care for women in the process of parturition. **Method:** this is a bibliographical study, type integrative, carried out in the databases CINAHL, LILACS, MEDLINE, in publications from the year 2000 to 2018. The studies were analyzed in six phases and presented in figure form and syntheses. **Results:** 24 studies were selected and analyzed. The common themes were organized and classified after the analysis in the categories "Professional / parturient relation: determinant factor for the care"; "Valuation / Inclusion of the companion as a determinant factor for care"; "Environmental conditions as a resource for the caring process" and "Factors based on care techniques". **Conclusion:** it was evidenced that other factors, besides the assistance techniques, are determinant for the Nursing care dispensed to the women in the process of birth and birth, which leads to the need of sensitization of the professionals for the involvement of these factors in the care guided in the good practices. **Descriptors:** Nursing Care; Obstetric Nursing; Childbirth; Humanized Birth; Labor; Review.

RESUMO

Objetivo: analisar as evidências científicas acerca dos fatores que determinam os cuidados de Enfermagem à mulher em processo de parturição. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa, realizada nas bases de dados CINAHL, LILACS, MEDLINE, em publicações a partir do ano 2000 até 2018. Analisaram-se os estudos em seis fases e apresentados em forma de figura e sínteses. **Resultados:** selecionaram-se e analisaram-se 24 estudos. Organizaram-se e classificaram-se os temas comuns após a análise nas categorias "Relação profissional/parturiente: fator determinante para o cuidar"; "Valorização/Inclusão do acompanhante como fator determinante para o cuidado"; "Condições do ambiente como recurso para o processo de cuidar" e "Fatores pautados em técnicas assistenciais". **Conclusão:** evidenciou-se que outros fatores, além das técnicas assistenciais, são determinantes para o cuidado de Enfermagem dispensado às mulheres no processo de parto e nascimento, o que leva à necessidade de sensibilização dos profissionais para o envolvimento desses fatores no cuidado pautado nas boas práticas. **Descritores:** Cuidados de Enfermagem; Enfermagem Obstétrica; Parto; Parto Humanizado; Trabalho de Parto; Revisão.

RESUMEN

Objetivo: analizar las evidencias científicas acerca de los factores que determinan los cuidados de Enfermería a la mujer en proceso de parto. **Método:** se trata de un estudio bibliográfico, tipo revisión integrativa, realizada en las bases de datos CINAHL, LILACS, MEDLINE, en publicaciones a partir del año 2000 hasta 2018. Se analizaron los estudios en seis fases y presentados en forma de figura y síntesis. **Resultados:** se seleccionaron y se analizaron 24 estudios. Se organizaron y clasificaron los temas comunes después del análisis en las categorías "Relación profesional / parturienta: factor determinante para el cuidar"; "Valorización / Inclusión del acompañante como factor determinante para el cuidado"; "Condiciones del ambiente como recurso para el proceso de cuidar" y "Factores pautados en técnicas asistenciales". **Conclusión:** se evidenció que otros factores, además de las técnicas asistenciales, son determinantes para el cuidado de Enfermería dispensado a las mujeres en el proceso de parto y nacimiento, lo que lleva a la necesidad de sensibilización de los profesionales para la implicación de esos factores en el cuidado pautado en las buenas prácticas. **Descritores:** Atención de Enfermería; Enfermería Obstétrica; Parto; Parto Humanizado; Trabajo de Parto; Revisión.

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INTRODUCTION

It is known that labor begins with contractions of the uterus until total dilatation of the cervix and expulsion of the fetus, placenta and membranes.¹ This is the moment in which women experience different feelings, because it is a unique experience, a unique and at the same time plural process involving also their families and health professionals.

It is recalled that, historically, birth was done by midwives, women with empirical knowledge who cared for the mother and the newborn at home. Based on the concern of the health agencies with the high rates of maternal and infant morbidity and mortality, the need for institutionalization of childbirth and, consequently, the medicalization of this phenomenon.¹

It is recalled that, since the 1990s, there has been a movement of movements for the humanization and use of good practices during childbirth and birth. In 1996, the World Health Organization (WHO) published a guide to normal birth care that brings scientific evidence from research around the world on common practices in the management of normal birth. These practices were classified into four categories, depending on their usefulness, efficacy and risk, in order to direct professional conduct: those that are demonstratively useful and that should be stimulated; clearly detrimental or ineffective and must be avoided; those with insufficient evidence and that should be used with caution and those that are often used improperly.² It was reinforced in 2018 by WHO to incorporate good practices in childbirth care through guidelines that encompass care during the birth and delivery process with the aim of reducing the unnecessary use of some interventions and guaranteeing a positive experience.¹

The Brazilian study "Nascer no Brasil" ("Birth in Brazil") was carried out with more than 23 thousand women, data that is in agreement with what is recommended, in which a very small percentage (5.6%) of those surveyed had a normal birth, naturally and without interventions in the physiology of labor.³ On the other hand, data on normal deliveries without intervention in public health services in developed countries show high rates of such practices, such as in Australia.⁴

It is understood that the quality care provided to women during the pregnancy-puerperal cycle provides, in addition to minimally proven interventions, the use of

light technologies such as welcoming, empathy, respect for the opinions, preferences and needs of each woman patient. It becomes the nurse, in this scope, an instrument of the humanization, being able to assist the woman in overcoming the fears and insecurities proper of that moment.⁵ This study was concerned, in this context, with the nursing care provided to women in the process of parturition in the context of practices based on scientific evidence.

It is necessary, in order for the Nursing professional to provide adequate assistance, the consonance with the practices that are particularly beneficial to the parturition process, which determine a satisfactory and safe delivery process for both women and children. Health professionals.⁵

It is therefore considered fundamental to know the determinants and the gaps in nursing practice related to Nursing care for women in the process of parturition. It is understood that the nurse, as well as the entire nursing team, must be committed to the provision of informed and systematized care based on best practices proven by scientific evidence.

It is noticed that, although there is guidance from the government health agencies about the institutionalization of these practices, there is a gap between what is recommended and what is done by the health services, as well as a persistence in making unnecessary and unsupported interventions in scientific evidence.³

Considering this gap, it is justified to carry out this study to delineate the knowledge published in the scientific literature on the factors that determine Nursing care for women in the process of parturition and, therefore, provide subsidies to strengthen the systematization of Nursing care.

OBJECTIVE

- To analyze the scientific evidences about the factors that determine the Nursing care to the woman in process of parturition.

METHOD

It is a bibliographical study, type integrative review.⁶ It is evident that the route for its elaboration went through six phases:⁶ identification of the theme; selection of the guiding question; definition of inclusion criteria and exclusion of articles, selection of databases and search of scientific productions; definition of the data to be extracted from the articles; analysis of the included studies and presentation and discussion of the results.

The guiding question was defined through the PICO strategy: What evidence is available in the literature about the factors that determine Nursing care for women in the process of parturition in relation to best practices? We describe the strategy in which: P (patient) = women in the process of parturition; I (Intervention) = determining factors for Nursing care; C (comparison) = was not used; O (outcome) = best practices, beneficial practices for the parturition process.

They were listed as inclusion criteria for this review: primary articles addressing the issue of Nursing care in the parturition process; a study whose sample evidences the views of women and / or nursing professionals; publications available in full with abstract and free online access and studies in Portuguese, English and Spanish.

The articles addressing the knowledge of nursing professionals without identifying the practices adopted in the theme; articles dealing with Nursing care in the puerperal period exclusively; studies of reviews, reflections, editorials, opinions / comments and duplicate studies were excluded.

From this perspective, the search in the scientific literature from January to April of 2018 was carried out in the databases of the Medical Literature Analysis and Retrieval System Online, Latin American and Caribbean Literature in Health Sciences (LILACS) and Cumulative Index of Nursing and Allied Health Literature (CINAHL) with the following established limits: publications from 2000, year in which the Program of Humanization in Prenatal and Birth was instituted by the Ministry of Health,⁷ through 2018. The study search strategies were adapted in accordance with the access specificities of the databases in question and regulated by the study

objective and the inclusion and exclusion criteria.

Studies were carried out by extracting the controlled descriptors from the Medical Subject Headings (MeSH) and Health Descriptors (DeCS), and included the uncontrolled descriptors in order to broaden the findings in the literature. We combined the Boolean operators "AND" and "OR" with the descriptors, resulting in the following search strategies: 1) PubMed - (parturition [MeSH Terms]) OR labor, child [MeSH Terms] OR labor, obstetric [MeSH Terms] AND humanizing delivery) OR humanizing childbirth) OR humanizing delivery (OR humanized delivery) OR nursing care (MeSH Major Topic) OR obstetric nursing [MeSH Major Topic]; 2) CINAHL - Nursing Care OR Obstetric Nursing AND Delivery, Obstetric OR Childbirth OR labor, obstetric OR Humanizing Delivery OR Parturition; 3) Lilacs - "Nursing care" OR "Nursing care" [subject descriptor] and "labor" OR "parturition" OR "humanized labor" OR "childbirth"[words].

In the initial search, 52 publications in LILACS; 124 in the CINAHL and 54 in the MEDLINE via PubMed we identified, totaling 230 publications and after eliminating the repeated works (five) and those not available in its entirety (14), 211 studies remained. We then proceeded to read the abstracts, being excluded 21 studies for not being primary articles and 36 for not addressing the topic, which totaled 154 articles. Finally, in a third moment, the full reading of these 154 articles was carried out and, after careful analysis, 130 were excluded because they did not meet the scope proposed in this study, and the final sample consisted of 24 articles. The process of selecting the articles of this integrative review is illustrated in Figure 1.

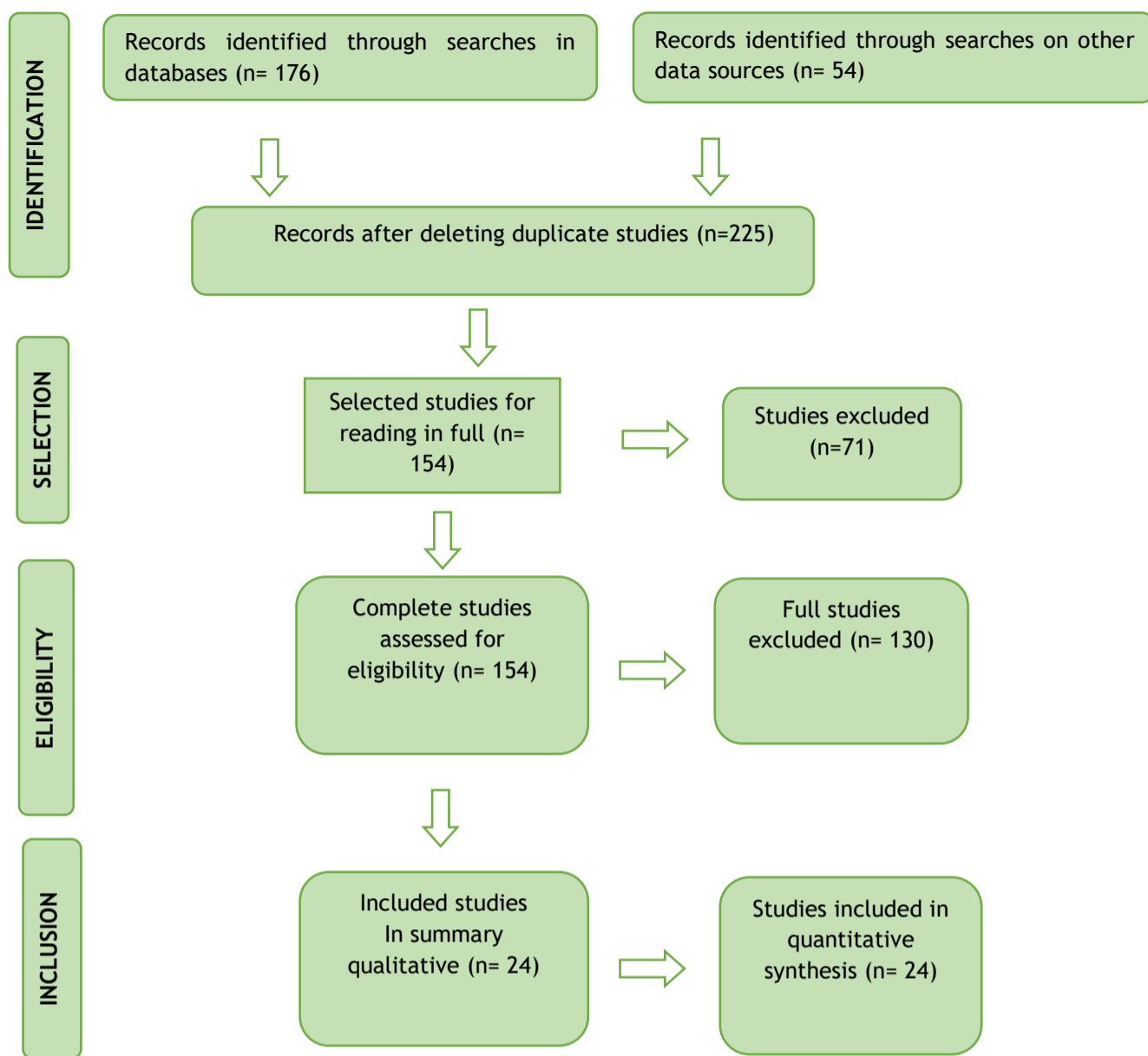


Figure 1. Flowchart of study selection. Curitiba (PR), Brazil, 2018.

A summary of the studies included in this review was made from a descriptive instrument that included: authors, country, year of publication and level of evidence; objective, methodology and participants and main results, in order to extract the data of the articles. Six levels of evidence were classified, namely: level 1 - meta-analysis of multiple controlled studies; level 2 - individual study with experimental design; level 3 - study with almost experimental design, time series or case control; level 4 - descriptive correlational and qualitative research or case studies; level 5 - report of cases or data obtained in a systematic way; level 6 - opinion of reputable authorities based on clinical competence or opinion of expert committees.⁹

RESULTS

From the search in the scientific literature using the descriptors, 24 articles were selected and analyzed, of which 20 are national articles^{12,15-33} and the other four, international studies.^{10-11,13-14} It is reported that, of the total of the studies analyzed, 14 focused on Nursing care from the perspective of women attended,^{10-1,13-4,16,18,20-3,25,28,30,32} and ten, under the view of nursing professionals^{12,15,17,19,24,26-7,29,31,33} and, in relation to the methodology, 17 studies presented a qualitative approach; six, quantitative and one, qualitative / quantitative.

Figure 2 shows the studies that were part of the analysis of this integrative review.

Authors/Year/Coun try/ Level of Evidence	Objective	Methodology/ Participants	Main results
Manogin, Bechtel, Rami/2000/ United States/IV	Identify nursing care behaviors perceived by women during childbirth.	Quantitative/31 pueperal vaginal postpartum women	The nurses demonstrated professional competence, followed the patient's condition, which resulted in physical well-being, teaching, information and comfort.
Chen, Wang, Chang/2001/ China ¹¹ /IV	Assess the perspectives of Taiwanese women about their encounters with obstetric nurses during childbirth.	QualitativeInductive/50 pueperal vaginal postpartum women	Most of the women reported receiving emotional support, information, respect for autonomy, and adequate techniques in maternal and fetal monitoring, promoting self-control and encouragement. However, those who did not receive this care reported difficulty in coping with labor.
Figueiredo, Tyrrell, Carvalho, Leite/ 2004/Brazil ¹² /IV	Identify and discuss the actions of Nursing in the pre, trans and postpartum in which the woman's body gives rise to another life.	Qualitative / 28 Nursing Professionals	They try to support, to create bond, to put as comfortable as possible, even if techniques, procedures and communication expose power-seeking behaviors on the body of the woman in labor, indicating what to do or even invading it without her permission and exposing her intimacy.
Matthews, Callister/2004/ United States/IV	Understanding the perceptions of fertile women about Nursing practices that demonstrate respect for and preserve human dignity.	Qualitative Description / 20 primiparous puerperae	Respect for emotions, decisions, physical comfort, non-pharmacological methods for pain relief, privacy and information provision were observed care. However, exposure was identified as a negative factor due to the presence of many caregivers in the room.
Mackinnon, Mcintyre, Quance/2005/ Canada ¹⁴ /IV	Develop new understandings of what it means for a nurse to be present during delivery.	Qualitative Hermeneutics Phenomenological / six women, four primiparous and two multiparous during the first six months postpartum	They attribute multiple meanings to the care provided, however, highlighting the

			nurses' fundamental presence during labor, bonding and providing information. These care provide confidence, security and involvement with your labor while respecting women's autonomy and protagonism.
Castro, Clapis/2005/Brazil ¹⁵ /IV	Identify the perception of obstetrical nurses on the humanization of childbirth care and the identification of factors that have hampered the implementation of humanized childbirth care.	Qualitative/16 nurses	Nursing care in daily life is support and guidance, but also, seek to offer comfort measures such as a calm environment and bath, allow companions and avoid unnecessary interventions. However, their performance is still limited by socio-cultural and institutional factors, recognizing, as barriers, the medicalization of childbirth, medical hegemony and lack of autonomy.
Rodrigues, Silva, Fernandes/2006/Brazil ¹⁶ /IV	To analyze the Nursing care provided to the women during the pre, trans and postpartum, verifying their influence in their adaptation to the process.	Qualitative Descriptive / 20 women during parturient, delivery and postpartum	The women experienced feelings of fear, pain, suffering and anxiety that were minimized with the care provided by the presence of professionals as affective support, human contact, information, orientation, active listening and respect for beliefs and values with bonding.
Silveira, Fernandes/2006/Brazil ¹⁷ /IV	To identify the nursing care provided to the parturient in the perception of the nurse during the partaking in the humanistic approach.	Qualitative Descriptive / five nurses	It was pointed out to individualized care with bonding, parturient-professional interaction, emotional support, professional presence, dialogue and encouragement. However, she also pointed out the nurse's concern regarding the professional staff and the practice of humanized care due

			to the lack of professionals in the sector, promoting difficulties in the patient-professional relationship.
Carraro, Knobel, Radünz, Meincke, Fiewski, Frello et al./2006/Brazil ¹⁸ /IV	To know the opinion of women who have the methods used for your care and comfort during your labor and delivery.	Qualitative Quantitative Descriptive Prospective Multicentric / Puerperas	The results highlighted that the team conveyed patience and tranquility, support, safety, comfort and strength during labor. However, there were situations of absence, lack of orientation, lack of patience and presence of many trainees.
Narchi/2009/ Brazil ¹⁹ /IV	To analyze the delivery attention by the nurses of the six public hospitals in the eastern zone of the city of São Paulo.	Descriptive Exploratory/ 38 nurses	Assistance in limited physical spaces does not allow privacy and companion of free choice, conduction of labor with oocytes, routine use of episiotomy and restriction of the woman to the bed. Only two hospitals stood out for privileging the comfort, the participation of the woman, the presence of companion and more pleasant and welcoming atmosphere.
Frello, Carraro/2010/ Brazil ²⁰ /IV	To identify how Nursing Care Components are presented in the mothers' statements about their labor process.	Qualitative Descriptive Prospective / 28 departures	The results show that the trust relationship was not always satisfactory. They point out the benefits of having the companion during the whole process of childbirth, although some institutions do not allow it at times. It was highlighted the satisfactory interaction between professional and companion. A clean, quiet and pleasant environment favoring the birth process, however, in some situations, the woman was seen alone, exposed and unfamiliar with the

			place.
Lobo/2010/ Brazil ²¹ /IV	To describe the maternal and perinatal outcomes of care in the peri-hospital Normal Childbirth Center.	Quantitative Descriptive Retrospective/ 991 parturients	The majority of parturients had a companion of their choice and the most used practices were bath of sprinkling or immersion, ambulation and massage of comfort. Other comfort practices used were Swiss ball and the stool ensuring the active vertical posture.
Pereira, Bento/2011/ Brazil ²² /IV	To describe Obstetric Nursing care during normal birth and to analyze the exercise of autonomy women during this care.	Qualitative Descriptive/ 16 puerperas	Care was characterized as emotional support, providing information through educational practice, respect for the needs, desires, expectations and choices of women during labor and delivery and the use of non-pharmacological technologies that promote comfort, relaxation, the empowerment and empowerment of women.
Oliveira, Rodrigues, Guedes/2011/ Brazil ²³ /IV	To know the perception of women in the immediate puerperium about the care offered by the nurse during labor and delivery.	Qualitative Exploratory Description / 14 puerperas	Nurses' care was perceived through guidance, emotional support, direct contact, presence of the professional and the performance of obstetric routine procedures, however, not always guaranteeing, in its totality, the autonomy and protagonism of the parturient.
Camacho, Progianti/2013/ Brazil ²⁴ /IV	To describe the process of acquisition of obstetric practices by obstetrical nurses in front of the implantation of the humanized model.	Qualitative Oral research topic / 11 obstetric nurses	Respect for the protagonism and autonomy of women were cited. Non-medication practices, bonding, parturition and family care, valuing the presence of the companion, providing information, active listening and respect for privacy.
Silva, Coelho,	To know the care	Exploratory Qualitative	The care practices

Nascimento/2015/ Brazil ²⁵ /IV	practices used by nurses involved in the processes of autonomy, dignification and participation of women during normal delivery.	Descriptive/ 30 postpartes	used were the reception, the presence of companions, the adequate environment, calming and giving security to women, access to information, active participation of women and a satisfactory personal relationship. However, in a few situations, the actions undertaken did not provide the autonomy in the process of choice, thus removing the role of women.
Zveiter, Souza/2015/ Brazil ²⁶ /IV	To analyze the constitution of the care of obstetrical nurses to the woman who gives birth at the Labor House.	Qualitative Phenomenology/ 18 obstetric nurses	Care was based on sharing, listening, respect, appreciation of the experiences of women, in the articulation of a dialogue that involves the nurse and the woman in a relationship of intimacy and closeness, allowing mutual trust. Thus, the woman allows to be taken care of. The nurse presents consideration and patience.
Lucas, Rocha, Costa, Oliveira, Mello/2015/ Brazil ²⁷ /IV	Characterize Nursing care provided to women during labor.	Descriptive Quantitative Cross-sectional study/ 23 Nursing professionals	There were no restrictions on fluids or staying with a mate. Non-pharmacological methods were stimulated and vaginal examination, cardiotocography and administration of oocytes were frequent.
Reis, Zamberlan, Quadros, Grasel, Moro/2015/ Brazil ²⁸ /IV	To characterize and analyze the delivery and delivery care performed by residents of Obstetrical Nursing, as well as to identify the contributions of this practice to the improvement of women's health and, consequently, to the goals of the	Quantitative Retrospective / 189 women in labor and delivery	The wide use of non-invasive and non-pharmacological methods for pain relief, freedom of position during labor, predominance of ambulation and sprinkler bath were observed, however, most of the deliveries were semi-sedentary or

	Millennium Development Goals.		lithotomy. The presence of the companion was guaranteed and the intervention that presented greater prevalence was the administration of synthetic oxytocin.
Medeiros, Teixeira, Nicolini, Alvares, Corrêa, Martins/2016/ Brazil ²⁹ /IV	To analyze the care provided in a Preterm / Parturition / Postpartum (PPP) unit of a teaching hospital after the insertion of obstetrical nurses.	Quantitative Descriptive Transversal / 701 normal deliveries performed at the unit	The insertion of obstetrical nurses contributed to the reduction of interventionist practices. The parturients have the right to choose the presence of a companion and the use of non-invasive and non-pharmacological methods was introduced, in which the most frequent were bathing, walking, massage, ball exercise and squatting.
Silva, Fernandes, Paes, Souza, Duque /2016/ Brazil ³⁰ /IV	To know the experiences of the puerperas about Nursing care during labor and delivery with regard to humanization.	Qualitative Exploratory Descriptive / 12 postpartum women	Both verbal and non-verbal communication (touch as an important element) and the use of non-pharmacological methods for pain relief were emphasized. However, the use of physical force in the abdominal region for expulsion of the fetus and the lack of guidelines regarding the procedures performed.
Guida, Pereira, Lima, Zveiter, Araújo, Moura /2017/ Brazil ³¹ /IV	Describe the compliance of the Obstetric Nursing care practices with the technical recommendations for normal delivery.	Transversal Documentary / 520 normal deliveries attended by obstetric nurses	Prevalence of oxytocin during labor, restriction of fluid supply, however, the presence of the companion was guaranteed as recommended and non-pharmacological care such as walking, warm spray bath, pelvic movements, massage, the use of the ball and sidewalk.
Soares, Melo, Guimarães, Feitosa, Gouveia /2017/	To analyze the satisfaction of puerperal women	Qualitative Description Exploratory / 20 puerperas	The most important Nursing care highlighted were:

Brazil ³² /IV	attending a Normal Birth Center.		support, safety, stimulation of autonomy, use of non-pharmacological methods, guidelines and the guarantee of the continuous presence of the companion.
Giantaglia, Rocha, Garcia, Godinho, Leite, Calheiros/2017/ Brazil ³³ /IV	To identify the care offered to women under the watch of the humanization of childbirth and puerperium by nurses.	Qualitative Description Exploratory / six nurses	The Nursing care that allowed the identification of the humanization in the process were: the empathic reception, the security, the support, the comfort and orientations allowing the autonomy; to ensure the presence of the woman's choice companion, improving the bonding and the use of non-pharmacological methods with the use of the ball, the sprinkler, massage, walking and also music therapy assisting in pain relief.

Figure 2. Synthesis of the studies included in the integrative review - Curitiba (PR), Brazil, 2018.

It was evidenced, through the findings, that the determining factors for Nursing care for women in parturition process are concentrated in the professional-parturition relationship, in the family insertion, in the environment and in the assistance techniques. The common themes found after analyzing the objectives, results and conclusions of the studies in four categories were organized and classified, relating the determinants factors with the Nursing care to the woman in the process of parturition and making it possible to highlight the best practices and the gaps of the welfare practice.

◆ **Professional-parturient relationship: a determining factor for caring**

This theme was found in 18 studies^{10-8,20,22-3,24-6,30,32-3} revealing that one of the determining factors for caring for women in childbirth and birth is based on the professional-parturient relationship. It was pointed out, through the results, the need of mutual help, through the reception, interaction and creation of bond,^{12-4,16-7,22,24-6,33} in which the nursing professional assists the woman to experience the moment of delivery through active listening, information and

emotional support,^{10-5,16-7,22-3,24-6,30,32} acting as a facilitator of the process, with assistance focused on the needs, beliefs, values, desires and with integration in the decision making.^{13,16,22,26} It guarantees, therefore, by the autonomy and the protagonism of the woman, her active participation in the process of parturition.^{11,14,24,32-33}

It should be noted, however, that some studies have shown that the professional-parturient relationship was not always positive, pointing to asymmetries when the latter holds power over the body of the latter with taxing attitudes.^{11-2,18,20,23,32} It is demonstrated, in others, that professional support and the provision of information are not frequent practices, which generates anxiety, insecurity and makes it difficult to cope with labor and delivery.¹¹⁻²

◆ **Valorization / Inclusion of the companion as a determining factor for the care**

This theme was described in 11 studies^{15,19,20-1,24-5,27,29,31-3} and as a determining factor the family reference and its inclusion in the birth scenario were indicated. It has been revealed in the studies that encouraging the presence of the companion by means of

reception, professional-family interaction and adequate orientations are attitudes of inclusion of the companion in the care and, thus, guarantee their participation in the birth.^{15,19,20-1,24-5,27,33} The study reveals, however, that the presence of companions is not allowed and it is reported that the exclusion occurs in at least one of the moments of the parturition process.²⁰

Environmental conditions as a resource for the caring process

It was pointed out, through this category, the environment as a determining factor. Thus, the importance of the adequate environment to favor the process of parturition^{20,32} considering also the physical structure to perform care that provides benefits to the parturient^{13,15,19,25} in eight studies^{13,15,18-9,20,25,27,32} relating these issues. It has been demonstrated by these studies, the environment influences both the care given to the woman in labor, the evolution of labor and delivery.^{15,20,25}

The results indicated that, in addition to influencing the possibility of performing assistance techniques, the warm, quiet environment with adequate temperature and lighting promotes relaxation, physical and emotional comfort.^{15,20,25} It was also pointed out the importance of promoting the privacy of both the parturient and her relatives / companions.¹⁹

However, in some studies, an unfavorable environment for the evolution of labor and delivery with limited physical space and little privacy has been revealed.^{13,18-9,20,27} In a study, it was shown that, in pre-delivery environments, the notions of comfort are not always taken into account by professionals with an unpleasant environment, noise, temperature and illumination.²⁷

◆ Factors based on care techniques

This theme was highlighted in nine studies^{19,21,27-3} and it was pointed out that the assistance techniques are also among the determining factors for the care of women in the process of parturition. The non-invasive and non-pharmacological methods used, such as bathing (sprinkling and immersion), walking and massages were used, some of which pointed out less frequently the use of the horse and swiss ball.^{21,29-3}

Nonetheless, the benefits of non-pharmacological techniques are highlighted, emphasizing that this practice is still little used in some institutions.²⁷ In two studies, the prevalence of lithotomy and semi-position during delivery and the restriction of the woman to the bed.^{19,28}

The results showed unfavorable practices regarding the routine use of oxytocics in the management of labor in order to accelerate it.^{19,28} In one study, it was indicated that the use of oxytocin was the most prevalent intervention.²⁸

DISCUSSION

It was pointed out, through the results of this review, that Nursing care in the parturition process surpasses the technical issues, since they involve the human relations and the structural and care conditions in the caring process, being these determining factors for the satisfactory and safe evolution of the birth and birth. By ensuring these factors, humanized assistance is guaranteed to provide a beneficial experience for both women and professionals.^{1-2,34-7}

It has been demonstrated, in relation to the first category, through the studies, that women are not always the protagonist in the process of birth and birth. Humanized attention is related to the process of parturition, not only with the evolution to normal delivery with non-interventional measures, but also with the guarantee of the autonomy of the woman in childbirth and birth. It is believed that, in this way, there must be the integration of women in decision-making and respect for their needs, beliefs, values and desires in order to promote empowerment and ensure their protagonism with active participation.^{1-2,38}

It is understood that Nursing care and the presence of professionals during labor and delivery are of great relevance to women, since care is based on the capacity for communication, bonding and support, which favors effective interaction between parturient and team, besides establishing relations of help and welcome, confidence, security and satisfaction.³⁸⁻⁹ It was observed in a study with puerperae that emotional support, during this process, reduced negative feelings and favored self-confidence, 39 fact also considered by WHO.¹⁻²

In a review of studies that included 16 countries and more than 15,000 women, continuous support during labor increases the likelihood of spontaneous labor, reduces the need for drug therapies, increases women's satisfaction, and less prolonged labor. In this continuous support, emotional support, comfort measures and information were.³⁴

Through these studies, despite these assumptions, we identified asymmetric relationships between Nursing and parturient professionals in which professionals hold power with tax care characterized by

disrespect for women's desires, actions that are indifferent to their feelings and needs. This generates feelings of discomfort, anxiety, insecurity and makes it difficult to confront labor and delivery by the parturient.^{3,38}

It is recalled that, in the second category, the presence of a companion during the parturition process was guaranteed and incorporated by means of the approval in Brazil of Law 11,108 / 2005,⁴⁰ in which the parturients are entitled to the presence of companion of free choice during labor, delivery and immediate postpartum, aiming not only for humanized attention but also for better maternal and neonatal outcomes.

It is noticed that the appreciation of the presence of the companion by the Nursing professionals has been demonstrated as a resource of caring for the parturient, since it provides comfort and safety, reducing anxieties and fears,³⁵ contributing to the increase of spontaneous vaginal deliveries and the reduction of interventionist measures during parturition. There were these and other advantages in a systematic review with 15,288 women that contained 22 clinical trials.³⁴

It is demonstrated in national and international studies that the participation of the companion promotes benefits to the parturient, mainly in relation to emotional support and favoring the family bond. It has also been shown as a facilitator of labor and delivery through professional-accompanying interaction.³⁴⁻⁵

However, even with the current legislation and the evidence of the benefits of the presence of the companion, there is a lack of respect for and violation of women's rights and their autonomy. In some studies, it is demonstrated that the presence of the companion is prohibited and this generates, in the parturient, feelings of solitude, uncertainties, fears and frustrations and interferes negatively in the course of labor and birth. This fact is justified by many health services, by the precarious conditions of the physical structure, and also by the lack of preparation of some professionals to deal with the companion during invasive procedures.^{35,41}

With regard to the third category, it is revealed that several factors positively influence the process of parturition and the guarantee of humanized attention, including the environment in which this woman is inserted. It is described, in studies, that the process of labor and birth is a pleasurable experience, that it is necessary for the woman to be concentrated in herself, that external means favor the tranquility, relaxation and

release of the endogenous hormones responsible for uterine contractions, pain relief and maternal behavior. In addition, environmental conditions are premised on privacy, silence, pleasant temperatures and comfort in order to contribute to a satisfactory parturition process.^{1-2,36}

The importance and responsibility of obstetric nurses to work in order to reduce the factors that interfere with the parturition process in order to balance the environmental elements present in the prepartum and ensure a pleasant and welcoming environment are described in a study. In this way, labor can be made less traumatic and painful, favoring the physiological process of giving birth and guaranteeing human dignity.³⁶

However, the hospital environment may negatively influence the physiology of parturition, since the physical structure of the prepartum environment, in the majority of cases, is limited, without providing privacy and inadequate temperature conditions, sounds, lighting and hygiene.^{34,42}

In one study, it was identified the embarrassment of the parturients due to the presence of many professionals and the excess of examinations performed, since there are several environmental and care factors that influence the process of labor and birth, but because these questions are part of a routine, are often left to be perceived and valued by professionals, constituting an unfavorable care space for childbirth and birth.³⁴

It is reported, in the fourth category, that one of the most important factors in the care of childbirth and birth is the relief of pain. It is pointed out in studies that non-pharmacological methods are being gradually included in the hospital routines, leading to unmedicated and less interventionist assistance, which has been showing positive results for the well-being of the parturient.^{1-2,37}

It should be noted that the most used methods are the shower or soaking, which soothe and act in the relief of pain, and massage and walking, which provide mobility and decrease the time of labor. They opportunize themselves, by means of other methods, like the horse and the Swiss ball, the vertical position and, also, the freedom of position, meeting the guarantee of the autonomy and the protagonism of the woman.^{1-2,37}

Through studies, unfavorable practices in which invasive procedures are part of the routine of some institutions are pointed out, despite the benefits of non-interventional and

non-pharmacological methods.^{3,37} It is added that the routine use of oxytocin in the conduction of labor for the acceleration of birth is a behavior that is known to lead to interferences in the physiological process of childbirth, in addition to determining greater pain perception, stress, fear and restriction on the movement of the parturient and also its indiscriminate use may cause maternal-neonatal impairment.^{1-3,37}

CONCLUSION

Through this study, it was possible to highlight the determinant factors for Nursing care provided to women in childbirth and birth that involve questions of interpersonal and care relationship between professional, parturient and family/companion, as well as aspects related to the environment and assistance techniques.

It is understood that Nursing care goes beyond traditional techniques and includes non-pharmacological methods for pain relief, fostering, respect, bonding, a quiet environment and, above all, effective communication so that the guidelines allow the empowerment of the parturient and consequently, to become protagonists of such a peculiar moment, thus guaranteeing best practices and a satisfactory and safe process of parturition. It was noticed, however, that attitudes were not always positive for the pregnant women with care not recommended for the delivery of the delivery in a useful, effective and safe.

It is therefore thought that it is necessary to sensitize professionals to understand the relevance of providing care to all pregnant women, but there is still a lack of other studies linking new experiences in order to seek changes in the current obstetric model.

It should be emphasized, therefore, that it is imperative to encourage the professionals who work in the care of the parturient during labor and delivery, following the recommendations of the main health organs in order to institutionalize strategies of care that are proven useful and bring benefits to the women. This can be done through training, workshops and periodic meetings until professionals incorporate this care as an institutional routine.

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