NON-INVASIVE CARE TECHNOLOGIES: PERCEPTION OF PUERPERAL WOMEN TECNOLOGIAS NÃO INVASIVAS DE CUIDADO: PERCEPÇÃO DAS PUÉRPERAS TECNOLOGÍAS NO INVASIVAS DE CUIDADO: PERCEPCIÓN DE LAS PUÉRPERAS

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ABSTRACT

Objective: to analyze the satisfaction of postpartum women with non-invasive care technologies. **Method:** qualitative, descriptive, exploratory study, with 15 puerperal women by means of an individual interview using a semi structured form. After the data saturation, the result was organized by categories and similarity. **Results:** puerperal satisfaction was perceived in relation to the care provided, relieving pain, providing well-being and reducing waiting time during labor. **Conclusion:** due to the benefits of this new model of obstetric care, which has been advocated with the use of TNICs, it is essential that these practices be implemented in all obstetrical health services, mainly because, in some types of Obstetric Nursing care is provided in a more autonomous way, being thus preponderant for the provision of this care based on this humanized care. **Descriptors:** Obstetric Nursing; Labor of Delivery; Humanized birth; Biomedical Technology; Perception; Nursing Care.

RESUMO

Objetivo: analisar a satisfação de puérperas acerca das tecnologias não invasivas de cuidados a elas prestados. **Método:** estudo qualitativo, descritivo, exploratório, com 15 puérperas por meio de entrevista individual utilizando um formulário semiestruturado. Após a saturação dos dados, o resultado foi organizado por categorias e similaridade. **Resultados:** percebeu-se a satisfação das puérperas em relação aos cuidados prestados aliviando a dor, proporcionando bem-estar e diminuindo o tempo de espera durante o trabalho de parto. **Conclusão:** em razão dos benefícios consequentes desse novo modelo de assistência obstétrica, que vem sendo preconizado com o uso das TNIC, é imprescindível que essas práticas sejam executadas em todos os serviços de saúde de obstetria, principalmente porque, em alguns tipos de serviço, a atuação da Enfermagem Obstétrica é prestada de maneira mais autônoma sendo, assim, preponderante para a oferta desse cuidado pautado nessa assistência humanizada. **Descritores:** Enfermagem Obstétrica; Trabalho de Parto; Parto Humanizado; Tecnologia Biomédica; Percepção; Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar la satisfacción de puérperas acerca de las tecnologías no invasivas de cuidados a ellas prestadas. **Método:** estudio cualitativo, descriptivo, exploratorio, con 15 puérperas por medio de una entrevista individual utilizando un formulario semiestructurado. Después de la saturación de los datos, el resultado fue organizado por categorías y semejanza. **Resultados:** se percibió la satisfacción de las puérperas en relación a los cuidados prestados aliviando el dolor, proporcionando bienestar y disminuyendo el tiempo de espera durante el trabajo de parto. **Conclusión:** en razón de los beneficios consequentes de este nuevo modelo de asistencia obstétrica, que viene siendo preconizado con el uso de las TNIC, es imprescindible que esas prácticas sean ejecutadas en todos los servicios de salud de obstetricia, principalmente porque, en algunos tipos de servicio, la actuación de la Enfermería Obstétrica es prestada de manera más autónoma siendo, así, preponderante para la oferta de ese cuidado pautado en esa asistencia humanizada. **Descriptores:** Enfermería Obstétrica; Trabajo de Parto; Parto Humanizado; Tecnología Biomédica. Percepción. Cuidados de Enfermería.

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INTRODUCTION

It is known that childbirth is an event that has undergone major changes over several decades. Previously, techniques were not employed to minimize pain at delivery, and few were the exercises that favored the activity. It occurred that women were isolated to labor, following their instincts and convictions, most of the time, devoid of care or some care and, when they began to witness the painful sensations, they believed that the moment of the birth had arrived.¹

It is believed that, in order for the delivery to be considered normal, it should occur without the presence of unnecessary procedures and interurrences during the delivery and postpartum periods, in addition to maintaining permanent attention focused on the well-being, safety and parturient and baby rights. It is also understood as humanized delivery, when a holistic assistance is rendered dispensing, at this moment, the affection, tenderness and dignity that the event lacks so much.¹

In this sense, it is intended that obstetric care ensure a healthy mother and child, with the lowest rate of interventions possible and compatible with safety. In this sense, there must be a plausible reason for intervention in normal childbirth.² According to scientific research, the care offered by professionals in obstetric centers of maternity hospitals decreases the practice of obstetric interventions, improving the indicators of maternal and perinatal morbidity and mortality, increasing the degree of patient satisfaction with shared experience, demonstrating safety and allowing attention to delivery and birth in these places of birth.³

It is recommended, therefore, that the humanized model brings well-being to the woman and her baby in the search of being the least invasive possible considering both physiological processes, psychological processes and the sociocultural context. The technology is used in a safe way, remembering that the assistance is characterized by the provision of continuous assistance to the parturition process, allowing women and children to experience pregnancy, childbirth and birth based on safety, dignity and beauty.⁴

Through constant Obstetric Nursing, important advances are constantly made, aiming at improving and satisfying the quality of care provided. Therefore, it is necessary to pay attention to the care given to these pregnant women and the way they are provided. In view of this scenario, the

objective of this study was to analyze the satisfaction of puerperal women about non-invasive care technologies. In order to do so, the following question was raised: How do the puerperal users of a public health service in Teresina-PI perceive the use of non-invasive technologies of care provided by the health team who assisted them during labor?

OBJECTIVE

- To analyze the satisfaction of puerperal patients with non-invasive care technologies.

METHOD

This is a qualitative, descriptive, exploratory study,⁵ in a public reference maternity hospital located in the city of Teresina, Piauí, Brazil. Maternity has a total of 248 obstetric beds and 167 neonatal beds. It is the largest maternity hospital in the state and responsible for 63% of births in the city of Teresina. It presents, on average, 1200 admissions per month. Of these, 900 are for delivery resolutions.⁶

It is revealed that the participating public of the research were puerperal women interned in the maternity that were in the immediate puerperium period. Inclusion criteria: postpartum women who had vaginal delivery and who accepted to participate in the study by completing the Free and Informed Consent Form (FICT), in addition to having tried at least three TNCs.

The data was collected through an individual interview with the puerperal women using a semi-structured form containing open and closed questions, as well as using a portable recorder where the dialogue related to the questions opened during the interview was stored with the patient.

For each puerperal women, an individual form was used, which is subdivided into three parts. In the first, sociodemographic information was recorded, such as age, schooling, marital status and family income. The second part provided information about the obstetric history with questions about previous pregnancies, gestational age at delivery, medical complications during pregnancy or postpartum, and the delivery experience. And the third and final part includes questions regarding non-invasive care technologies that have been tried or not during labor. Participants were identified by ascending number preceded by the letter P (puerperal), where P1, P2, P3 and thus successively.

The period of data collection between the months of June and September of 2017 was

followed by the interviewing of 12 puerperal women, following the saturation criterion of the data collected and considering not only the repetition of many of the meanings but also the singularity of the experiences. After the interviews were collected, this material was analyzed in the form, as well as the listening and transcription of the audios captured. The data obtained were analyzed and their contents, categorized at the end. Based on the analysis of the information collected, the appropriate interventions were suggested based on the results obtained.

This study was submitted and approved in the Ethics and Research Committee of the Federal University of Piauí, by the Brazilian Platform, through the opinion of No. 1,971,794. The study complied with Resolution 466/12 of the National Health Council. Its realization was also linked to the previous authorization issued by the hospital institution in which the research was developed.

The participation of the puerperium in this study involved the risks of discomfort because they were sharing that individual moment with people they were unaware of and uncomfortable with consuming a portion of the patient's time, who might have remained at rest instead of participating of the interview. Therefore, the benefits of the study were greater than the expected discomforts.

It is believed that the benefits derived from this study were the favoring of a better quality of Nursing care based on the results achieved, acquiring professional knowledge overlapping the discomforts previously listed.

RESULTS

The results were analyzed after the analysis of the material collected by means of an interview with each puerpera so that they were organized in five categories, besides being characterized by socio-demographic data such as identification, age, schooling, marital status and occupation and, regarding the reproductive and obstetric profile, containing variables such as labor experience, intercurrents, pregnancies, births, abortions and gestational age at the time of delivery.

The sociodemographic profile of the puerperal women interviewed, who, in their majority, were adults of varying ages and had, at least, completed elementary education. As for the civil status, the majority lived in a stable union and almost all had, as occupation, "of the home". Regarding the characterization of the reproductive and obstetric profile, when questioned about the

experience of childbirth, the majority evaluated as good or great, and great part, also, did not present intercurrents during the gestation and none during the puerperium. Most of the puerperae were primiparous and all had resolution of full term delivery, that is, between 37 and 41 weeks.

Use of technologies that promote pain relief and perception

In this category, the manifestations regarding the use of TNICs were highlighted because of the efficacy of these practices in reducing the painful sensation experienced by puerperae during the period they were in labor.

[...]The Massage relieved my pain a lot, even made me calm down in bed because I was very impatient [...]. (P3)

[...]When they did the massage, it helped me a lot to relax because I was also very tense and nervous, relieved me enough [...]. (P6)

Massage is promoted as a method of sensory stimulation which has the benefit of relieving pain as well as causing relaxation effect by lowering emotional stress and improving blood flow and oxygenation of tissues. From the report of postpartum women submitted to a study involving 51 participants, this care was not offered in 70.5% of cases, due to the fact that this practice requires time and professional disposition.⁷

In the study carried out, the majority of the women interviewed had the opportunity to receive massage and / or bath care as measures of pain relief, as well as to provide comfort and well-being to these patients. It is noted, therefore, the commitment of the team that provides assistance in offering these patients such care in the perspective of demonstrating a labor based on what advocates humanized and integral assistance to women.

It is emphasized that the patients consider that clinical aspects and the use of technologies in labor and delivery are important, among which it is emphasized that bath relaxation and lumbosacral massage relieve the discomfort reported by women and these techniques are highly valued by them. Studies have shown success in the use of these resources not only for pain relief, but also for the promotion of comfort during the parturition process.⁸

[...]After I bathed, I felt a sense of relief so good and diminished my pain [...]. (P5)

[...]After bathing, it relieved both the heat and the pain because, in contraction, in

addition to the pain, we increase the heat [...]. (P8)

In a study carried out in a maternity hospital in Rio Grande do Sul state with the participation of 189 women, the distribution of obstetric practices used in labor was demonstrated. And, among the practices of pain relief, the spray bath was the most used by 48.7% women. However, it was not evaluated in which phase of labor this method was employed. The use of non-pharmacological methods such as bath allows, as far as possible, the substitution of anesthetics and analgesics during labor and delivery, resulting in fewer interventions.⁹

Among the practices most cited by pregnant women involved in a study with 22 participants in a parturition process, carried out in the obstetrics sector of a public hospital in the west of Santa Catarina, the use of sprinkler water was the most used practice as a resource for relaxation. In addition, the immersion bath is also well accepted, as it comforts the parturient facilitating the development of labor.⁸

Using technologies that accelerated labor

It should be emphasized that, among the manifestations regarding the use of TNICs in order to accelerate labor safely, reducing waiting time for childbirth, besides making the patient the protagonist of this parturition process, some care highlighted, as reported below.

[...]After doing the exercise of the horse, I felt that it expanded considerably and much faster and, when walking, I felt the same sensation that caused the dilation to advance much faster [...]. (P4)

[...]After I walked, I felt that I improved a lot, increased the contractions and made me have faster [...]. (P7)

It is explained that the horse (another well-known method of care) is an active seat for the pregnant woman with a place for the support of the arms favoring a seated posture with the back leaning forward.⁷ It consists of enlarging the pelvis diameters, releases coccyx and sacrum and also contributes to the baby's rotation in the occipital-posterior position (OP), besides decompressing the neck by the cephalic pole during contractions and promoting the decrease of pain sensation.²

It is understood that women who move have a shorter duration of labor because of better uterine contractility, decreased need for oxytocin and analgesia, and decrease the need for vaginal delivery with forceps and episiotomies, according to studies. To this end, all parturients are entitled to the

guarantee of freedom to stop this movement when they wish to.⁷

A quantitative study, developed with puerperal mothers in a school maternity unit in Sorocaba, São Paulo State, Brazil, aimed to assess their knowledge about non-pharmacological measures of pain relief. When asked about ambulation, only 19.6% stated that they were aware of this practice and its effectiveness. However, the vast majority, despite not knowing this benefit, said, in the end, that the practice decreases painful sensations and accelerates the progress of labor.¹⁰

[...]When I started to lower myself, it was light. I began to feel an absurd ardor and, shortly after, I sat down on the stool and I already began to feel the head of him leaving [...]. (P5)

In a study carried out in a normal birthing center linked to a large public hospital in the city of São Paulo, which had 17 women, many of the participants adopted the squatting position during intermittent labor. And there was dissatisfaction among those who perceived the increase in pain intensity in uterine contractions after remaining in that position, despite contributing to the evolution of labor.¹¹

[...]After I began to dance there that the pain thrilled and, from then on, walked lighter [...]. (P5)

It is noted that the wobble with the hip is when the woman seeks to move following the rhythm of the contractions by moving the pelvis back and forth, from side to side or in circular motions. It is another type of care encouraged to the pregnant women and it is believed that these movements serve to facilitate the fit, the descent and the rotation of the fetus in the birth canal providing the displacement of the baby inside the pelvis.²

[...]I was guided and asked to stay in bed, but I saw, on the stool, the best position for me to stay until the end and not leave more [...]. (P3)

[...]After I sat there on the stool it was that it swelled lighter and I had it faster, it seems that it opened the passage more [...]. (P5)

It is described that the half-moon stool consists of another technology of care provided to the patient and acts to enlarge the diameters of the pelvis, besides facilitating the passage of the cephalic pole and also contribute in the decrease of the pain sensation allowing the woman the sensation of control and autonomy with their parturition process. It is necessary to remember that the procedure should not be

stimulated before a dilatation, because it can bring risk of neck edema.²

It was observed that, despite the lack of scientific evidence to address beneficial characteristics or restrictive aspects regarding the use of the half-moon stool, from the statements of puerperal women who used this artifice, even in the face of reports of increased pain intensity, in However, they recognized the upright position as favorable for positioning, as well as such importance for the evolution of labor making it less time consuming.

Safety and satisfaction with the professionals involved

In this category, the sensorial speeches perceived by the puerperae in relation to the satisfaction and safety generated by the assistance provided by the professionals involved were included in this category. This is what the following statements show:

[...]I felt very safe after receiving the guidelines, because I was very tense, so much so that with one of the professionals, I held on to her and said she would only release now after I gave birth [...]. (P2)

It is understood that the touch represents the breaking of divergences between professional and patient, because it establishes the direct contact and the availability to experience what the other is feeling. It is not by chance that the act of extending the hand means offering protection. By feeling fragile by the pains and problems faced, the touch of the professional transmits to the woman aspects of affection and presence making her cheerful while strengthening her.¹²

[...]It was very good, they warned me before everything that was going to happen to me and the time went by was going to confirm what they had said and, in the end, everything went well [...]. (P4)

[...]I felt safe because they are guiding us of everything and we realize that everything they say is happening [...]. (P8)

It should be noted that, in a study carried out in a secondary hospital in Fortaleza-CE with 14 puerperal women, from the interviewees' reports, it was noticed that, in addition to the guidelines and comfort techniques, the nurse professional is sensitized with situation and with the expressions of pain and joy. With this, the woman reacts safely recognizing the possibility of understanding what she is feeling. There is a need for emotional support from staff during labor and delivery so much that it has provided them with comfort and security.¹²

[...]I felt very safe, I liked it a lot, and they helped me a lot from beginning to end of my birth [...]. (P5)

[...]Yes, I felt very safe because I had many professionals at my disposal [...]. (P7)

It is recalled that in this study, the various guidelines received regarding childbirth were reasons for satisfaction for all participants. The main recommendations related to the evolution of childbirth, to the practices of care and their benefits, to adequate body positions, to the exercises and their endings. This clarification of information and willingness to be close and attentive to their stay while hospitalized showed a high degree of satisfaction among patients consulted.

♦ Guidance on positions taken during childbirth

It is indicated that, in this category, the reports with regard to the orientation received by the professionals on the different positions that can be adopted at the time of delivery are recorded and it is noticed that there was no uniformity in the responses.

[...]They guided me some positions, but I could not take it, the only one I found even better was the half-moon [...]. (P5)

[...]I was guided from some positions, then they left and, when they came back, the baby was already practicing leaving [...]. (P9)

In a cross-sectional study carried out in two maternity hospitals in Belo Horizonte, MG, the freedom of position during labor was observed in more than 95% of the cases. The benefits of moving the parturient during labor are supported by scientific evidence, and in this study the freedom to determine the position that satisfies her the most to move has been preserved almost three times higher than in another recent and similar study (29,8%).¹³

It is advised that changing positions frequently, sitting, walking, kneeling, standing, lying down, getting four, can accelerate labor by adding the benefits of gravity and changes in shape of the pelvis. If labor is progressing slowly, ambulation can speed it up again. The studies believe that the position and frequency of position changes exert profound effects on uterine activity and efficiency.¹⁴

It should be noted that the guidelines provided at the time of delivery, in order to provide better care and greater customer satisfaction, are considered beneficial and representative during Nursing care because, according to the puerperal women, they contribute to the progression of labor considering the actions characteristic of an integral and humanized care.¹²

[...]I was not guided about the position of having her [...]. (P7)
[...]I was not told about birth positions [...]. (P8)

It has been observed in researches already carried out that some health workers do not follow the recommendations made by the MH, since daily experience and practice allow them to take the appropriate measures related to each case. And for professionals to assist in labor, as they regulate the guidelines imposed by the national humanization policies, it would be necessary to invest and supervise the institution in the performance of each worker, carrying out guidelines and even costing courses in order for them to be fulfilled.¹

It was pointed out, through the research, that most of the patients were not oriented about the delivery positions and this shows concern in the quality of care given the benefit that this information brings to the patient. It shows that, despite research evidencing the importance and quality of this practice at the time of delivery, there is still a number of professionals and services that do not perform this good practice compromising customer satisfaction and regressing on quality of service provided.

TNIC with several benefits in the evolution of childbirth

In this category, the use of some care that stood out for the promotion of the well-being and satisfaction of the patient and contributed, somehow, during the assistance of this parturitive process, according to the following reports.

[...]The presence of the companion gave me more confidence for being my mother there at that moment [...]. (P4)
[...]A companion was good too, because without him, it's bad for us to do something [...]. (P7)

It is known that, in a descriptive study, with a quantitative approach, which included the participation of 51 puerperal women living together in a municipal secondary hospital in the public network of Fortaleza-CE, respect for the right to the companion was experienced by 26 (50, 9%) participants. This practice was not fulfilled in its entirety, since restrictions on gender and stay in the delivery room were imposed by institutional and professional culture.⁷

The presence of the companion with the woman is emphasized as a fundamental care to be stimulated during labor and delivery. In the view of the Nursing team, the experience of a woman in parturition to feel really supported and encouraged by the companion is an important element for the woman,

referring her to a sense of tranquility, confidence and security.¹⁵

It is described, from a documentary analysis, that a study with 189 women of habitual obstetric risk of a motherhood located in the interior of the State of Rio Grande do Sul revealed that 74.9% of the women had the presence of the companion of free choice during the process of parturition as a guaranteed right. Already 16.4% had no records on the charts and only 3.7% of them did not have the presence of accompanying women in the parturition process.⁹

[...]When I drank water, I felt really relieved, my throat was dry and the liquid helped me a lot to feel stronger. The escort made me more confident and she helped me crouch [...]. (P5)
[...]After eating, I felt better fed; Before, I was weak. [...]. (P7)

In the mentioned study, it was revealed that it deals with some obstetric practices used in labor assistance, which, from the practices that should be stimulated, the provision of oral diet to the patient during labor was evidenced in 54.6% of the women. The supply of oral diet during labor, although twice as prevalent when compared to the national survey similar to other studies, indicates that slightly more than half of the women fed during this time of delivery. In other studies, most women assisted in normal birthing center have free diet prescription.¹³

It is worth noting that the supply of food during labor was analyzed in a survey conducted in Rio Grande do Sul where the care was performed in 52.9% of the participants, and 30.7% of the medical records did not present information on the feeding of the parturient, whereas the practice was not performed in 16.4% demonstrating that, despite being present, the food supply needs to be more encouraged and recorded in medical records.⁹

It was observed that both the presence of the companion and the diet intake were very respected care during the care, according to the reports, confirming what the studies bring about and making this care qualified and valued.

CONCLUSION

It is understood that the care provided by the professionals, especially those of Nursing, of the obstetric center, was perceived by the puerperal women as care that relieved pain and provided well-being, care that accelerated labor, caregivers and care who contributed, in some way, during their hospitalization. Most of the care provided by the professionals was positively evaluated by

the participants of this study, evidenced by the degree of satisfaction reported when consulted about the importance of their accomplishment.

It is proposed to reflect on the aspects of care that need to be improved so that they can contribute to the construction of a humanized care considering the parturient as the protagonist of this process. Thus, most of the care offered was perceived as essential to provide comfort and well-being and for the safety of the mother-child binomial.

It is concluded that, due to the consequent benefits of this new model of obstetric care, which has been advocated with the use of TNICs, it is essential that these practices be implemented in all obstetrical health services, mainly because, in some types of service, the performance of Obstetric Nursing is provided in a more autonomous way, being therefore preponderant for the provision of this care based on this humanized assistance.

It is believed that this study is of great relevance because it deals with a subject that is still deficient in publications based on scientific evidence. And knowing how patients perceive this offer of service by professionals collaborates in the sense of evaluating how these practices are being implemented in the health services.

In other researchers, this study is expected to raise concerns that more is still to be published about it, and that daily practice in obstetric care be enriched through proven results and thus be better received by the public what do you need.

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