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EVALUATION ABOUT PUERPERALS' SATISFACTION REGARDING PARTURITION

AVALIAÇÃO DA SATISFAÇÃO DE PUÉRPERAS EM RELAÇÃO AO PARTO

EVALUACIÓN DE LA SATISFACCIÓN DE PUÉRPERAS EN RELACIÓN AL TRABAJO DE PARTO

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ABSTRACT

Objective: to analyze the satisfaction about the labor in childbirth and childbirth by women those gave birth in a high-risk maternity. ***Method:*** this is a quantitative study, cross-sectional, with 91 puerperal women, carried out in a hospital of high complexity. It was used a sociodemographic questionnaire and a model adapted from the Questionnaire of Experience and Satisfaction with Childbirth (QUESP). There were performed the descriptive statistical analysis and the statistical tests Chi-square and Fisher's exact test presented in tables. ***Results:*** it was found that 61.67% of women presented low expectation and 44%, low satisfaction in relation to labor in childbirth (TP) and childbirth (P). It was found that there was no statistically significant relationship between the expectation and the satisfaction of women with childbirth. ***Conclusion:*** it is suggested more research on this theme, in order to identify the determinants of satisfaction, as well as for the reorganization of the policy of obstetric care. ***Descriptors*:** Natural Childbirth; Parturition Labor; Patient's Satisfaction; Obstetric Nursing; Parturition; Women's Health.

RESUMO

Objetivo*:** analisar a satisfação acerca do trabalho de parto e parto de mulheres que pariram em uma maternidade de alto risco**.** ***Método*:** trata-se de estudo quantitativo, transversal, com 91 puérperas, realizado em um hospital de alta complexidade. Utilizaram-se um questionário sociodemográfico e um modelo adaptado do Questionário de Experiência e Satisfação com o Parto (QUESP). Realizaram-se a análise estatística descritiva e os testes estatísticos de Qui-quadrado e exato de Fisher apresentados em tabelas. ***Resultados*:** constataram-se que 61,67% das mulheres apresentaram baixa expectativa e 44%, baixa satisfação em relação ao Trabalho de Parto (TP) e Parto (P). Constatou-se que houve relação estatística significativa entre a expectativa e a satisfação das mulheres com o parto. ***Conclusão: sugere-se mais investigação sobre essa temática a fim de identificar as determinantes da satisfação, bem como de reorganização da política de assistência obstétrica. ***Descritores*:** Parto Normal; Trabalho de Parto; Satisfação do Paciente; Enfermagem Obstétrica; Parto; Saúde da Mulher.

RESUMEN

Objetivo: analizar la satisfacción acerca del trabajo de parto y el parto por las mujeres que hayan parido en una maternidad de alto riesgo. ***Método:*** se trata de un estudio cuantitativo, de corte transversal, con 91 puérperas, realizado en un hospital de alta complejidad. Se utilizó un cuestionario sociodemográfico y un modelo adaptado a partir del Cuestionario de la Experiencia y la Satisfacción con el Nacimiento (QUESP). Realizado un análisis estadístico descriptivo y las pruebas estadísticas de Chi-cuadrado y la prueba exacta de Fisher presentados en tablas. ***Resultados:*** se encontró que el 61,77% de las mujeres presentaron baja expectativa y un 44%, baja satisfacción en relación con el trabajo de parto (TP) y el parto (P). Se constató que no había ninguna relación estadísticamente significativa entre las expectativas y la satisfacción de las mujeres con el parto. ***Conclusión:*** se sugiere realizar más investigaciones acerca de este tema, con el fin de identificar los factores determinantes de la satisfacción, así como la reorganización de la política de atención obstétrica. ***Descriptores***: Parto Normal; Trabajo de Parto; Satisfacción del Paciente; Enfermería Obstétrica; Parto; Salud de la Mujer.

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INTRODUCTION

It is known that, in Brazil, obstetric care followed a technocratic way not based on scientific evidence, and consolidated a hegemonic within this model.[1] Considers that due to the medicalization, progressive and increasingly invasive, the exercise of power of the doctor about the woman's body moved herself from her protagonist role during childbirth, taking as an stressing example the change in the place of birth and the decline of the autonomy of women throughout the process of labor. It is this reality a field for the growth of the obstetrical violence, whether physical, psychological or verbal.[2]

It is idealized, with the implementation of the Program of Integral Women's Health Care (PAISM), a care turned to women during pregnancy as one of the objectives of the basic assistance through the institutionalization of the pre-natal. Launched in Brazil in 2000, following the recommendations of the World Health Organization (WHO) for the implementation of the humanization of childbirth, the Program of the Prenatal and Birth Humanization.[3]

It should be emphasized that the main goal of prenatal care is the reception and the accession of pregnant women to ensure that pregnancy occurs in a healthy way for the mother and child. The teams those perform the pre-natal in Basic Care should also be prepared to detect complications that may cause major damage to the health of women and/or their fetus directing these pregnant women to a specialized hospital follow up at high risk pre-natal care.[4]

Considers as important, in this context, that the high-risk pregnant women should have a differentiated approach by the professional staff, since the pre-natal until birth, for the greater probability of occurring complications both for her, as for the fetus/newborn. There is also the need to support and reassure the family and the woman, since the situation usually brings a higher level of anxiety and fear, especially when the mother is informed of her risk.[5]

It explains that the differentiated approach targeted at pregnant women at high risk does not mean; however, indication for a cesarean surgery. On the opposite, more often, the resolution shown for a large part of the situations that characterize the risk is precisely the vaginal birth.[4-5]

Thus, it was published in 2001, by the Ministry of Health, the manual of Humanized Care to Women in that if you can find an ideal model for the assistance to childbirth including maternal understanding about changes in her body as one of the targets for a better birth labor. This model of humanized care seeks the implementation of a less interventionist attention, based on an active participation of women in the process, with greater emphasis on the social aspects and emotional aspects of the parturition, incorporating the possibility of presence of family companion in routine birth care.[6]

Warns; however, despite this movement of "humanized childbirth labor and birth" observed in Brazil in recent decades, which aims at a better quality in the care provided to women and a greater satisfaction with the process of parturition, that many services are not yet appropriate to new practices recommended by the Ministry of Health and by laws created to ensure the well-being of the woman during this period reflect negatively on the women's perception about the birth itself.[7]

It was realized, in a study,[8] that the suffering in childbirth, poor attention from the team, complications of the baby and the birth labor time consuming and/or difficult emerged as key issues in the negative perception of childbirth. The information received by women, while the assistance to labor and childbirth, showed a clear association with the satisfaction with the birth.

It is inferred that the perception of the puerperal women on the obstetrical care received is, therefore, an important marker of the quality of care offered by the public health system.

OBJECTIVE

- To analyze the satisfaction about the labor and birth by women that calved in a high-risk maternity.

METHOD

It is a quantitative study, cross-sectional, descriptive study carried out in a highly complex hospital in the city of Recife/PE, Brazil, with the with 91 puerperal women. We used to do this, the non-probabilistic by convenience sampling.

Included in research puerperal women of all ages, which calved vaginally in the Obstetric Center, located in the Housing Assembly and who were able to respond to the questionnaire.

Details that the losses include mothers who have not succeeded, after childbirth, the availability of bedside in the Housing Assembly (authorized location for conducting the interviews) or that gave birth at other

locations (for example, on the path to motherhood or obstetric access), as well as those who had not participated in the research by refusal or lack of health conditions at the time of collection.

The collection of data by means of a semi-structured questionnaire applied in the period from January 2018. If conducted face to face interviews by evaluating the degree of expectation and satisfaction of the puerperal women on the labor and childbirth at the obstetric center at the hospital in question. It was used in addition, questions relating to demographic and socioeconomic characteristics (age, race/ethnicity, marital status, education, individual monthly income and religion), as well as the obstetric profile of participants.

It was used to assess the degree of satisfaction, the Questionnaire of Experience and Satisfaction with the Birth (QUESP), built and validated[9] with the objective of evaluating how women perceive their experience with the birth. This questionnaire contained 104 questions pertaining to expectations, to experience, to the satisfaction and pain related to labor (TP), birth (P) and postpartum (PP) immediately, on a Likert scale. In this study, we used a reduced version of 23 items that assessed the expectations and satisfaction of women in relation to TP and P. The answers concerning the experience and the satisfaction vary between "nothing", "a little", "enough" and "a lot". For the purposes of interpretation, there were considered participants with low satisfaction/expectation if most of the answers ranged from "nothing" and "a little"; moderate satisfaction/expectation if most of the answers was "fairly" and high satisfaction/expectation if most of the answers was "very much".

We performed the tabulation of data with the aid of the program Microsoft Excel® 2010. The data were analyzed using the Statistical Package for the Social Sciences, version 19.0 (SPSS Inc., Chicago, Illinois, United States).

It was held in the description of the proportions, an approximation to the binomial distribution and normal distribution for the confidence interval of 95%. It was used in the comparison of proportions, the Chi-square test and Fisher's Exact Test. It is considered for the purpose of interpretation, the limit of the type I error of up to 5% ($p \leq 0.05$).

Approved the research project by the Committee of Ethics in Research with Human Beings at the Federal University of Pernambuco (CAAE N 73640417.0.0000.5208), in accordance with the Resolution N 466/12 of the Ministry of Health, regarding the development of scientific research involving human beings. It complied with the formal requirements contained in the national and international regulatory standards for research involving human beings.

RESULTS

There listed, in our sample, 91 puerperal women and the main results presented in tables 1, 2, 3 and 4.

Table 1. Distribution of recent mothers as socio-demographic variables. Recife (PE), Brazil, 2017.

Variables	n	%
Age (years)		
Less than 19	16	17,6
19 - 35	65	71,4
Over 35	10	11,0
Marital Status		
Without Partner	24	26,4
With partner	67	73,6
Schooling		
Illiterate/Fundamental I incomplete	8	8,8
Fundamental I complete/incomplete Fundamental II	30	33,0
Fundamental complete/incomplete High School	25	27,5
Complete high school/incomplete Upper Education	27	29,6
Full Upper Education	1	1,1
Family income (Minimum wages)		
Has no income	8	8,8
Less than 1	17	18,7
1 - 2	60	65,9
2 - 4	6	6,6
Religion		
Catholic	33	36,2
Evangelic	29	31,9
No religion or without declaring	29	31,9
Self-reported color		
White	19	20,9
Non white	72	79,1

Table 2. Description of recent mothers met in public hospital network of attention to labor according to the personal attributes and assistance. Recife (PE), Brazil, 2017.

Variables	n	%
Pre-natal		
Yes	85	93,4
No	6	6,6
Number of Medical Inquiries		
Less than 6	27	31,8
6 or more	58	68,2
Births		
Primiparous	41	45,1
Multiparous	50	54,9
Risk pregnancy		
Yes	56	61,5
No	35	38,5
Location of prenatal care		
Health Center	75	82,4
Hospital	16	17,6
Private office	5	5,5
Preparation course for childbirth		
Yes	8	8,8
No	83	91,2
Breastfed in the first hour of life		
Yes	40	44,0
No	50	54,9
Without Information	1	1,1
Was entitled to escort		
Yes	43	47,3
No	48	52,7

Table 3. Variables related to the characteristics of the recent mothers according to the degree of satisfaction with the labor. Recife (PE), Brazil, 2017.

Variables	Satisfaction			p-value
	Low N (%)	Moderate N (%)	High N (%)	
Was entitled to escort				
Yes	11 (25,6)	21 (48,8)	11 (25,6)	**< 0,001****
No	29 (60,4)	18 (37,5)	1 (2,1)	
She is satisfied with the physical conditions of maternity in TP				
Nothing	14 (77,8)	2 (11,1)	2 (11,1)	**< 0,001***
A little	14 (60,9)	5 (21,7)	4 (17,4)	
Suficiently	9 (22,5)	31 (77,5)	0 (0,0)	
Very much	3 (30,0)	1 (10,0)	6 (60,0)	
She is satisfied with the physical conditions of maternity in P				
Nothing	9 (64,3)	3 (21,4)	2 (14,3)	**< 0,001***
A little	15 (68,2)	4 (18,2)	3 (13,6)	
Suficiently	12 (27,9)	31 (72,1)	0 (0,0)	
Very much	4 (33,3)	1 (8,3)	7 (58,4)	
Marital Status				
Without Partner	11 (45,8)	10 (41,7)	3 (12,5)	0,976**
With Partner	29 (43,3)	29 (43,3)	9 (13,4)	

*Fisher's exact test **Chi-square Test

Table 4. Relationship between expectation and fulfillment of women with labor and birth. Recife (PE), Brazil, 2017.

Variables	Satisfaction			Total	p-value*
	Low N (%)	Moderate N (%)	High N (%)	N (%)	
Expectation					
Low	33 (82,5)	23 (59,0)	5 (41,7)	61 (67)	< 0,001
Moderate	5 (12,5)	16 (41,0)	1 (8,3)	22 (24,2)	
High	2 (5,0)	0 (0,0)	6 (50,0)	8 (8,8)	

*Fisher's exact test

DISCUSSION

We observed a greater number of women between 19 and 35 years old, non white, with monthly income between one and two minimum wages; however, noted that more than 17% of the interviewees were less than 19, a result similar to that found[3] in a study that evaluated the quality of customer service delivery in public hospital in Recife/PE. Adds that, despite the reduction in fertility rates and the improvement of social conditions that occurred in Brazil in recent decades, the teenage pregnancy continues to be a public health problem.[2] It is considered that the risk of maternal death in adolescents is two times higher than in the rest of the women in fertile age and four times greater when it comes to minors of 15 years old.[10]

One can relate the high frequency of adolescents in research to the fact that the hospital in question be returned for follow-up and assistance to the birth of high risk, since age is related to an increased frequency in the appearance of specific hypertensive syndromes in pregnancy (SHEG), premature labor (TPP), intrauterine growth restriction, among other risks associated with pregnancy.[11]

Determine if the high-risk pregnancy from the presence of preexisting diseases, clinical conditions caused by gestational process, as well as the clinical complications.[12] It should be noted that among the puerperal women interviewed, 61.5% reported any risk related to pregnancy and/or childbirth. See also that among the causes of risk identified, 30% were related to specific hypertensive syndromes in pregnancy. See also that among the causes of risk identified, 30% were related to specific hypertensive syndromes in pregnancy.

It is understandable, despite the high number of women who reported a high-risk pregnancy, that less than 18% underwent prenatal care in specialized service, which may be a reflection of the deficit in the link between primary care and hospital. It was also observed was that a high number of women who said they had had prenatal consultations held less than six, which is the minimum recommended by the Ministry of Health for a safe pre-natal.[5]

It was found, even on the prenatal, that, despite the high percentage of women who underwent follow-up in primary care, the majority said not to have had any kind of guidance regarding labor and birth and the information provided was not valid to decrease the fears and anxieties related to the process of parturition. Considers that such a fact may influence the perception and satisfaction of women with the childbirth, if taken into account a concept[13] on the triad fear-tension-pain, which relates to the lack of information on the physiological events of childbirth as a cause of greater tension intrapartum and, consequently, a greater perception of pain.

It is recommended that breastfeeding is initiated while still in the birth room or in the surgical center, because studies show that, in addition to preventing complications such as infections, pneumonia, diarrhea and hypothermia, an association exists between the early breastfeeding and exclusive breastfeeding. It was observed that among the 91 participants, 54.9% reported not having breastfed during the first hour of life of the newborn, which is below average with respect to prevalence in Baby-Friendly Hospitals, which revolves around 50%.[14-5]

It was discovered that there is a difficulty in performing studies to assess the satisfaction with the health service, since the patients generally present a certain resistance to criticize the service and the professionals who provided one with care. It is obvious that this difficulty may be even greater in the case of perinatal care, because the feeling of women after the birth of a healthy child can compensate for the negative experiences related to care.[8] It was identified, despite this difficulty reported, at work, a high number of puerperal women dissatisfied with the TP and P, data also found by other studies.[3]

Reveal that in Brazilian and international studies, identify some factors as determinants of women's satisfaction with birth. It should be emphasized that the perception of the puerperal women on the physical conditions of motherhood is one of these determinants. It has been observed that in a study conducted in Recife/PE showed the aspects evaluated in the dimension "Ambience" revealing great dissatisfaction with factors such as the temperature in the ward, the comfort, the quality and quantity of clothing and the noise indicating that the structure of the hospital units in the Recife/PE is not suitable within the perspective of a humanized care.[3,16-7]

It was found that the physical conditions of motherhood have a close relationship with the satisfaction of the parturients. It is observed that the physical structure of motherhood in question, in turn, does not guarantee privacy, because the beds are arranged side by side making the permission of the presence of a companion, who is a woman's right provided for by Law 11.108/2005.[18-9]

It shows a high percentage of women who reported not having had the right to companion (52.7%), variable that also proved to be statistically related to satisfaction with birth. Considers that the presence of a companion family, in particular, the partner, is one of the factors that contribute the most to the satisfaction of women with the care received during birth.[3,16,19-20]

Presented another fact of great relevance that was the statistical relationship between the expectation and satisfaction with labor and birth. It has been shown that this relationship was,[9] during the validation of the Questionnaire of Experience and Satisfaction with Birth (QESP), and is found in several other studies that used the questionnaire as a tool.[16.19] Showed evident this relationship, in the search results (Table 4), a time that, among women who had low expectation, there was also a higher percentage that presented low satisfaction with the TP and P. saw the same thing happened with the women who presented moderate expectation and, respectively, moderate satisfaction, repeating itself among the minority who presented high expectation and, also, high satisfaction with the TP and P.

CONCLUSION

It was found that the women who gave birth at the Obstetric Center at the site of study showed a low degree of satisfaction with the work of labor and childbirth. It can be observed that several variables are associated with a positive perception of the lived experience during childbirth.

We found problems, such as the lack of adequate physical structure and the absence of a companion, which reflect the reality of a large part of the maternities of Recife and that interfere directly in the experience of women admitted to the Obstetric Center.

It was observed that the high number of women who attended less than six prenatal consultations and the lack of information transferred during the same on the physiologic events about the TP and P also demonstrate failure in obstetric care as a whole, since the early acquisition of pregnant women to follow, until its final outcome: childbirth.

This study presents some limitations that should be taken into consideration: this was a

cross-sectional study and the interviews were conducted in the housing assembly still when women were hospitalized in the units, which can, in part, have caused fears in the trial of the evaluated aspects. It contributes significantly; however, to characterize the satisfaction of puerperal women with labor and childbirth in maternity, as well as to strengthen results found in other studies that demonstrate the need for reorganization of the policy of obstetric care in Recife and, consequently, in the State of Pernambuco.

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