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## CASE REPORT ARTICLE

### EDUCATIONAL WORKSHOPS WITH PREGNANT WOMEN ABOUT GOOD OBSTETRIC PRACTICES

#### OFICINAS EDUCATIVAS COM GESTANTES SOBRE BOAS PRÁTICAS OBSTÉTRICAS TALLERES EDUCATIVOS CON MUJERES EMBARAZADAS ACERCA DE LA BUENA PRÁCTICA OBSTETRICIA

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#### ABSTRACT

**Objective:** to report educational workshops of the PET-Health with pregnant women about good obstetric practices. **Method:** this is a qualitative, descriptive study, of the experience-report type, about activities carried out by 71 students from the Nursing and Medical courses with the preceptors and professors of educational institutions. The syllabus of the program planning and reports of workshops were used to construct the results, which are presented in the form of report. **Results:** the systematic planning of workshops with pregnant women, the implementation of the workshops with pregnant women at Basic Health Units and the elaboration of the Delivery Plan by pregnant women were performed from three steps. **Conclusion:** the experience of the program allowed an approximation of the university to the community and the assessment of scientific and popular knowledge related to pregnancy-puerperal cycle. Moreover, in relation to the activities, the importance of promoting the protagonism of pregnant women at this stage stands out. **Descriptors:** Primary Health Care; Health Education; Reproductive Rights; Interdisciplinary Practices; Community-Institutional Relations; Care Humanization.

#### RESUMO

**Objetivo:** relatar sobre as oficinas educativas do PET-Saúde com gestantes a respeito de boas práticas obstétricas. **Método:** trata-se de um estudo qualitativo, descritivo, tipo relato de experiência acerca das atividades realizadas por 71 estudantes dos cursos de Enfermagem e Medicina com os preceptores e tutores das instituições de ensino. Utilizaram-se a ementa de planejamento do programa e os relatórios das oficinas para a construção dos resultados, os quais se apresentaram sob a forma de relato. **Resultados:** realizaram-se, a partir de três etapas, o planejamento sistemático das oficinas com gestantes, a aplicação das oficinas com gestantes nas Unidades Básicas de Saúde e a elaboração do Plano de Parto pelas gestantes. **Conclusão:** salienta-se que a vivência do programa permitiu uma aproximação da universidade à comunidade e a apreciação de saberes científicos e populares referentes ao ciclo gravídico-puerperal. Ressalta-se, também, em relação às atividades, a importância da promoção do protagonismo das mulheres gestantes nessa fase. **Descritores:** Atenção Primária à Saúde; Educação em Saúde; Direitos Reprodutivos; Práticas Interdisciplinares; Relações Comunidade-Instituição; Humanização da Assistência.

#### RESUMEN

**Objetivo:** relatar sobre los talleres educativos de PET-Salud con mujeres embarazadas sobre buenas prácticas de obstetricia. **Método:** se trata de un estudio cualitativo, descriptivo, de tipo relato de experiencia, acerca de las actividades llevadas a cabo por 71 estudiantes de los cursos de enfermería y medicina con preceptores y tutores de instituciones educativas. Se utilizó una programación de la planificación de programas y los relatos de los talleres para la construcción de los resultados, que se presentan en forma de relato. **Resultados:** se realizaron, desde tres pasos, la planificación sistemática de talleres con mujeres embarazadas, la aplicación de los talleres con las mujeres embarazadas en Unidades Básicas de Salud y la elaboración del plan de parto por parte de las mujeres embarazadas. **Conclusión:** se subraya que la experiencia del programa permitió una aproximación de la universidad a la comunidad y la evaluación del saber científico y popular relacionado con el embarazo ciclo puerperal. Cabe señalar, asimismo, en relación a las actividades, la importancia de la promoción del protagonismo de las mujeres embarazadas en esta etapa. **Descritores:** Atención Primaria de Salud; Educación en Salud; Derechos Reproductivos; Prácticas Interdisciplinarias; Relaciones Comunidad-Institución; Humanización de la Atención.

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## INTRODUCTION

The Prenatal and Birth Humanization Program is based on the precepts of the humanization of obstetric care, and its condition is the adequate monitoring of delivery. Humanization involves at least two fundamental aspects: the first one relates to the belief that health units are responsible for receiving with dignity women, their families and the newborn, which requires an ethical and supportive attitude by health professionals and the organization of the institution in order to create a welcoming environment and institute hospital routines that break with the traditional isolation imposed on women. The second relates to the adoption of measures and procedures beneficial for the monitoring of labor and birth, avoiding unnecessary interventionist practices which, although traditionally performed, do not benefit the woman, neither the newborn, and that often bring risks for both.<sup>1</sup>

The purpose of this humanization is to give women the autonomy and self-confidence in labor, respecting their rights. For a humanized assistance to women, the team needs to welcome the pregnant woman, respecting the physiological and biological process of parturition, and avoid unnecessary interventions, especially without her consent.<sup>2</sup> Furthermore, the purpose of care humanization is to protect the natural and physiological character in the birth process, giving the woman an optimistic experience, without trauma and without invasive maneuvers.<sup>3</sup>

Therefore, the Educational Program for Health Work (PET-Health) contributes to experiences of the prenatal period as a phase of biopsychosocial preparation for childbirth and women's empowerment regarding upcoming needs, since the entrance door of the health care network, up to the respect for her choices. This is a moment of intense learning and an opportunity for the professionals of the health team to develop health education as a fundamental part of the care process. In this perspective, for both maternal as neonatal health, a qualified and humanized care becomes essential.<sup>4</sup>

Furthermore, the PET-Health program strengthened its educational workshops based on the National Guidelines for Assistance to Normal Delivery in order to contribute to the rupture of the use of invasive delivery technologies birth often unnecessary, contributing to greater perinatal risks.<sup>5</sup>

## OBJECTIVE

- To report educational workshops of PET-Health with pregnant women about good obstetric practice.

## METHOD

This is a qualitative, descriptive study, of the experience-report type, which describes the performance of the Educational Program for Health Work (PET-Health) in relation to the strengthening of good obstetric practices in educational workshops with pregnant women.

The program produces interventions in which students, professors, professionals of health services and the community are protagonists. In addition to regular activities in practical scenarios of public health services, all members of these projects develop researches on foremost themes for the Unified Health System. The program offers mentoring scholarships for students, tutoring scholarships for professors of universities and preceptorship scholarships for professionals linked to the service.<sup>6</sup>

The activities took place in the city of Caruaru (PE), at the University Center Tabosa de Almeida (ASCES-UNITA) and at the Federal University of Pernambuco (UFPE-ACSR), in partnership with the Municipal Health Department of Caruaru. The study was developed in the biennium 2016-2018, along with Nursing and Medical Courses. Approximately 71 scholarship and volunteering students were inserted into Basic Health Units (UBS) in the urban area of Caruaru, under the guidance of preceptors of the services, in addition to tutoring-professors of both institutions, which facilitated the activities in focal groups and intermediated the management of meetings.

The students were divided into interprofessional groups and, during the week, articulated with the preceptor and Family Health Teams (FHT), developed collective activities with the pregnant women from the covered areas. After these activities, there was a general discussion, in a pedagogical concept of systematization of experiences, which allowed exchanging knowledge from real situations experienced in the field by those involved.

While implementing the activities in the health units, some materials, such as datashow, notebooks, speakers, illustrative material for the physical space (in order to humanize the ambience) and stationery

materials were used to implement group dynamics.

The study development did not require submission to the Research Ethics Committee, because it was an experience report with a proposal for contribution from an educational experience of obstetric practice with pregnant women.

RESULTS

Municipal PET-Health was developed aiming to corroborate the precepts of the Movement and the Law *Nascer Bem Caruaru*, adopted in October 2017, which states the humanization of care provided to women and to the newborn during the pregnancy-puerperal cycle, in the health network of the municipality, which shall follow good obstetric practices of the Ministry of Health, in order to achieve the goals imposed by *Rede Cegonha* (Stork Network).

Based on the implementation of public policies directed to the maternal and child care axis, the Movement *Nascer Bem Caruaru* developed mobilization activities for pregnant couples, allowing the companion's participation, visits to the maternity hospital and integrative practices at supportive houses for pregnant women, as well as the achievement of educational workshops on

sexual and reproductive rights where students, tutors and preceptors of PET-Health organized themselves in their units for the implementation.

The systematic planning of the workshops with the pregnant women

In this first stage of the program, there was the planning, in which the preceptors met with community health agents (CHAS) from their unit to guide them in the awareness of pregnant women to participate in the groups, according to schedules of the service routine.

Tutors and preceptors built an action guide along with the students to organize and guide the activities developed during the educational groups, using the necessary materials. This initial planning stage was defined from a research-action methodology, which comprised identifying initial situations, designing solutions, implementing these solutions and evaluating the procedures.<sup>7</sup>

The application of the workshops with the pregnant women at Basic Health Units

In the second stage, the welcoming and personal presentation of pregnant women from a dynamics aiming to establish empathy and closeness between everyone. After, there were discussions about the rights of families, pregnant women and good obstetric practices, according to the following thematic axes.

Thematic Axis	Discussion
Prenatal rights	A quality prenatal with at least six consultations; immediate assessment of the mother-child health; exemption from labor to consultations and examinations; partner's participation in consultations; knowledge of the place where the delivery will occur and construction of the delivery plan, according to their demands.
Pre-delivery delivery rights	Right to a companion (Law 11,108, 7 April 2005); information on the parturition process; respect and privacy of women; freedom of position and movement; non-pharmacological methods for pain relief; late cut of the umbilical cord; early direct skin contact between mother and child, and initiation of breastfeeding in the first hour after birth.
Post-partum rights	Combined lodging; vaccinations; examinations; home visits from family health team and family planning.
Obstetric Violence	Concept; types (physical, psychological, sexual, material, institutional and mediatic) and contacts for reporting violence.

Figure 1. Thematic axes and discussion of the workshops with the pregnant women, Caruaru (PE), Brazil, 2018.

Elaboration of the Delivery Plan by the pregnant women

The moment of empowerment with the pregnant women about their rights during the pregnancy-puerperal cycle occurred with the third stage of the systematic planning. Pregnant women were invited to participate in this second moment, the following week, when the Delivery Plan (DP) could be built individually and collectively. Shortly after launching the activity, the participants were excited, because it was a new experience and

previously unknown in assistance. Initially, the DP was performed collectively, aiming to clarify each axis and guide them regarding their preferences during delivery.

The elements preferably chosen by most pregnant women were: giving birth at a public health institution; vaginal delivery; use of non-pharmacological analgesia (massages, heated shower and relaxation); walking; positions to adopt; right to a companion at the time of delivery (mother, husband and sister); intake of light diet; hydration;

photographic record; music therapy; immediate contact with the baby; early breastfeeding and right to combined lodging. Their desires of a delivery without episiotomy, Kristeller maneuver, synthetic oxytocin and excessive vaginal touch were also identified.

Next, based on the knowledge and desires constructed collectively, the pregnant women received guidance to build their own DP individually along with their companion. The activity was considered benefic, because it allowed demystifying situations constructed by pregnant women about pregnancy and delivery, in addition to strengthening their autonomy and participation.

## DISCUSSION

Based on the experience in the context of PET-Health, the integration between education, service and community comprises the work of various actors, agreed upon and integrated between health and education managers, professors, students and employees of the health services. This is a strategy in the process of professional training; however, its goals extend as it focuses on the quality of health care.<sup>8</sup>

Health education activities are a permanent process of teaching and learning, which seeks to overcome the understanding of health only as opposed to disease, thus correlating it to the quality of life. It is important, besides understanding the concept of health, to clarify the condition of the subject as bearers of rights, who can and should be responsible for achieving the effectiveness of these rights and the quality at health services.<sup>9</sup>

Educational workshops with pregnant women are important, since they allow a sort of filter of practices, in which, through conversations and discussions, there is an exchange of knowledge/experience, which allows seeing why a particular practice can, or cannot, be used. This is a possibility for the confrontation of differentiated changes arising from pregnancy, since it has a therapeutic and informative nature for pregnant women and those accompanying them.<sup>10</sup>

The incorporation of good obstetric practices and the reduction of unnecessary interventions are recommendations of the World Health Organization, repeated by the Ministry of Health, by means of a public policy called Stork Network (*Rede Cegonha*).<sup>11</sup> An attentive look is also necessary for a cessation of obstetric violence, used to describe and group various forms of violence (and damage) during the professional obstetric care. It

includes physical, psychological, verbal and mediatic ill-treatment, as well as unnecessary and harmful procedures - episiotomy, restriction to bed in the pre-partum, enema, trichotomy and oxytocin (almost) routine, absence of a companion - among which the excess of cesareans stands out, growing in Brazil for decades, despite some government initiatives regarding the issue.<sup>12</sup>

From this context, the DP stands out, once it is a written document on which pregnant women express, in advance, their choices regarding the care they would like to receive during labor and childbirth, avoiding unnecessary and unwanted interventions.<sup>13</sup> Some important elements of a DP include pain management, measures of comfort, place of delivery, postpartum preferences and reflections on beliefs.<sup>14</sup> Nevertheless, introducing practices based on scientific evidence in clinical practice requires more than knowledge and beliefs, since it involves behavioral changes, overcoming barriers and filling in gaps in knowledge transfer.<sup>15</sup>

## CONCLUSION

The experience of workshops with pregnant women in the health units allowed an approximation of the university to the community, allowing to those involved rich moments of discussions and exchanges of experiences, based on health promotion actions developed by the program.

The experience also brought very fruitful reflections when it comes to assistance for maternal and child health, because, in this context, women have a range of cultural taboos about pregnancy and childbirth, enabling an assessment of scientific and popular knowledge in a group space, although, regarding some challenges experienced in practice, there is a need for greater communication between the team and the users of health services, due to pregnant women's little participation in the meetings, as well as the lack of materials and places with good ambience to perform the activities.

PET-Health brought a strong contribution to the formation of students during field activities, because it allowed the contact with the reality of services, in addition to the learning acquired from the particularities of each woman regarding their experiences. The results of the experiment were numerous, because this approach allowed expanding the capacity for critical analysis of reality, coupled with the future desire to perform a humanized obstetric care.



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