

ORIGINAL ARTICLE

PERCEPTION OF OBSTETRIC NURSES BEFORE HUMANIZED BIRTH*
PERCEPÇÃO DOS ENFERMEIROS OBSTETRAS DIANTE DO PARTO HUMANIZADO
PERCEPCIÓN DE ENFERMEROS OBSTETRAS ANTES EL PARTO HUMANIZADO

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ABSTRACT






Objective: to unveil the perception of obstetric nurses about humanized childbirth. **Method:** this is a qualitative, descriptive and exploratory study developed in a maternity ward. Ten obstetric nurses who interviewed from a semi-structured instrument participated in the study. Data was analyzed by the Thematic Content Analysis technique. **Results:** It is revealed that three categories emerged: 1. A natural birth: respect for the physiological; 2. Childbirth with material resources, structures and humanized professionals and 3. The role of women in normal childbirth. It is noteworthy that the assistance of the Obstetrics Nursing professional is one of the most important points for the accomplishment of a humanized birth, because, besides the scientific knowledge, it requires recognizing each woman as a unique being, letting the parturient act, during the birth, as a protagonist. **Conclusion:** it was concluded that there is a better preparation of all continuing education processes, as well as making the professional himself reflect on his attitudes and can refocus his practice, providing the patient with qualified care based on scientific evidence. **Descriptors:** Obstetric Nursing; Humanizing Delivery; Delivery Rooms; Comprehensive Health Care; Women's Rights; Humanization of Assistance.

RESUMO

Objetivo: desvelar a percepção dos enfermeiros obstetras sobre o parto humanizado. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório desenvolvido em uma maternidade. Registra-se que participaram do estudo dez enfermeiros obstetras que concederam uma entrevista a partir de um instrumento semiestruturado. Analisaram-se os dados pela técnica de Análise de Conteúdo Temática. **Resultados:** revela-se que emergiram três categorias: 1. Um parto natural: respeito ao fisiológico; 2. Parto com recursos materiais, estruturas e profissionais humanizados e 3. O protagonismo da mulher no parto normal. Ressalta-se que a assistência do profissional de Enfermagem na Obstetrícia é um dos pontos mais importantes para a realização de um parto humanizado, pois, além dos conhecimentos científicos, requer reconhecer cada mulher como um ser único, deixando a parturiente atuar, durante o parto, como protagonista. **Conclusão:** concluiu-se que haja uma melhor preparação de todos os processos de educação continuada, além de fazer com que o próprio profissional reflita sobre suas atitudes e possa ressignificar sua prática, proporcionando, à paciente, uma assistência qualificada baseada em evidências científicas. **Descritores:** Enfermagem Obstétrica; Parto Humanizado; Salas de parto; Assistência Integral à Saúde; Direitos da Mulher; Humanização da Assistência.

RESUMEN

Objetivo: desvelar la percepción de los enfermeros obstetras sobre el parto humanizado. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio desarrollado en una maternidad. Participaron del estudio diez enfermeros obstetras que participaron en una entrevista desde un instrumento semiestructurado. Los datos se analizaron mediante una técnica de Análisis de Contenido Temático. **Resultados:** surgieron tres categorías: 1. Un parto natural: respeto por lo fisiológico; 2. Parto con recursos materiales, estructuras y profesionales humanizados y 3. El protagonismo de la mujer en el parto normal. Es de destacar que la asistencia del profesional de Enfermería en Obstetrícia es uno de los puntos más importantes para la realización de un parto humanizado, ya que, además de los conocimientos científicos, requiere reconocer a cada mujer como un ser único, dejando que la parturienta actúe como protagonista durante el parto. **Conclusión:** se concluyó que existe una mejor preparación de todos los procesos de educación continuada, además de hacer que el profesional reflexione sobre sus actitudes y pueda replantear su práctica, brindando al paciente una atención calificada basada en evidencias científicas. **Descriptores:** Enfermería Obstétrica; Parto Humanizado; Salas de Parto; Atención Integral de Salud; Derechos de la Mujer; Humanización de la Atención.

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INTRODUÇÃO

The main strategy for reducing maternal and neonatal morbidity and mortality and encouraging normal birth is the Prenatal and Birth Humanization Program (PHPN), Ordinance GM No. 569, which has as its principle the qualification of access, prenatal care, delivery and postpartum care of pregnant women and newborns, promoting the link between outpatient care and the moment of delivery effectively. It was found that the implementation of PHPN allowed the change of conduct and procedures adopted in the services, as the program prioritizes vaginal delivery, non-medical delivery and reduction of surgical interventions.¹

It is noted that some factors frighten the parturient woman during the delivery period, such as pain, anguish, suffering, panic, loneliness, hospitalization, the baby's condition and the birth itself, resulting in the feeling of lack of control of the situations experienced. Even with these factors, it is known that, nursing should have the ability to promote the participation of pregnant women as the main subject during childbirth, with effective communication between professional and parturient. Noting that this attitude can modify the woman's behavior, providing her with a positive experience and generating a feeling of confidence and security.²

The assistance of the obstetric nursing professional is one of the most important points for the accomplishment of a humanized birth, because, besides the scientific knowledge, it is necessary to recognize each woman as a unique being, bearer of their own culture, which often gives different meanings to the experience of childbirth, as well as creating bond, affection, support, trust and tranquility, leaving the woman/mother to act, during childbirth, as a protagonist. For this to happen, obstetric nurses need to be trained and willing to provide such care and to have initiatives that respect the physiology of childbirth and the autonomy of women and to be prepared for possible complications.³

Care in humanized childbirth is known to have several positive aspects that contribute to strengthen the patient's well-being, such as: the adherence made by the nursing staff to non-pharmacological methods that relieve pain; the presence of the doula in the delivery room; innovation in maternity hospitals with a welcoming and peaceful environment; permission of the companion in labor; the inclusion of the male escort; the reception to the parturient woman, who is indispensable to initiate the bond between patient and health professional.⁴

However, it is noticed that there are obstacles that prevent the implementation of humanized

care such as the lack of knowledge of women, family members and caregivers about reproductive rights in childbirth care; the lack of guidance and preparation of the companion; the lack of bond between health professionals and parturient women; poor structural conditions and lack of communication and training of health professionals.²

It is stated in the above study² that humanized care involves a set of knowledge, practices and attitudes that begins since prenatal care, aiming not only at promoting childbirth, but also at healthy birth and preventing maternal and perinatal morbidity and mortality, for women and newborns, avoiding unwanted interventions, preserving their privacy while maintaining autonomy.

It is noteworthy that the obstetric nurse should have a focused look at the systematized care, being able to view the individual in a holistic and ethical way, ensuring patient safety, making nursing a humanized, qualified and individual work strategy.

It is noted, from the readings made in scientific articles, that many professionals do not understand the real meaning of humanized childbirth or, even understanding what is and how it should be assisted, even confuse humanized childbirth with arrangements and means that reduce the pain of the child. childbirth. It is understood, therefore, that with this lack of clarity, the number of cesarean deliveries and obstetric violence may persist or increase and the right of women to be protagonists of childbirth may remain impaired.

OBJECTIVE

- Unveiling the perception of obstetric nurses about humanized childbirth.

METHOD

This is a descriptive, exploratory study with a qualitative approach, that is understood as a set of different interpretative techniques that aim to describe and decode the components of a complex system of meanings, translating and expressing the meaning of the phenomena of the social world. , reducing the distance between indicator and indicator, between theory and data, between context and action.⁵

The study was conducted between August and September 2017, in a maternity ward in the city of Caruaru-PE, with ten obstetric nurses of both sexes. The saturation criterion was used where the sampling was for convenience, according to which interviews are suspended when the speeches present information repetition, due to the fact that there are no new elements for the analysis.¹⁴

Obstetric nurses with a year or more of experience in delivery rooms and who worked in the daytime, regardless of age group, marital status and income, were included. Nurses who worked in delivery rooms and had no specialization / residency in obstetrics were excluded.

Data was collected through the application of a semi-structured interview elaborated by the authors and built in two parts: the first is composed of sociodemographic data and the second, consisting of the guiding question: "How do you understand humanized childbirth?". Data was collected in a reserved place, after reading and signing the Free and Informed Consent Term (FICT) by the selected participants, where the interviewees' speeches were recorded individually, in two different smartphones, whose interviews lasted 20 minutes each, followed by transcribing the interviews from a Content Analysis perspective into a Microsoft Word file.

For the data analysis, the technique of Content Analysis was used, in the Thematic modality, considering the following analysis steps: a) pre-analysis, where the organization and careful reading of all material were performed; b) exploration of the material from the horizontal reading of the data as a whole, seeking, in this process, the approximations between the speeches; c) analysis of the theme, which was to divide the text by approximation and similarity in main themes; and d) treatment of information, inference and interpretation, when the categories that were used as units of analysis are analyzed in the light of current literature.¹⁵

The research was submitted to the Ethics and Research Committee of the Tabosa de Almeida University Center ASCES-UNITA, obtaining approval under the CAAE protocol: 71865517.5.0000.5203. The requirements of the Ministry of Health in Resolution 510/2016, were met, which considers respect for human dignity and the special protection due to participants in scientific research involving human beings. Participants were identified by the letter E (interviewee), followed by a numerical sequence referring to the order of the interviews (E1, E2 ...), ensuring the anonymity of the speeches.

RESULTS

It is reported that the research consisted of ten obstetric nurses, two (20%) male and eight (80%) female, aged between 26 and 47 years, predominantly married, where all had specialization in obstetrics.

It reveals, considering that all discourses were transcribed and analyzed in detail by the researchers, who emerged three categories compatible with the proposed objective: A natural

birth: respect for the physiological; Childbirth with humanized material resources, structures and professionals and The role of women in normal childbirth.

♦ A natural birth: respect for the physiological

Obstetric nurses report that the humanization of childbirth refers to individualized care, respecting the natural human being, since birth is instinctive and physiological, which is evidenced in the following discourse.

[...]the humanization of care is as a whole and, in childbirth it is linked to what is physiological, to let physiology act, to let women give birth. (E5)

It is understood that childbirth is a natural process that encompasses biological, psychological and sociocultural factors and it is with this thought that the interviewees reported that the use of the term humanized is unnecessary, since humanized childbirth is the rescue of normal childbirth, leaving it to evolve in a natural way, always respecting the woman's physiology.

[...]humanized childbirth [...] is nothing more than a childbirth [...] calls the name humanized childbirth which is not to mention (normal childbirth) [...] did not need to use this term, right? Humanized. (E1)

This thinking is corroborated by E10's report that providing humanized care to the patient means that, from scientific evidence, he can make his mother and baby safe, respecting the physiology as much as possible and intervening as little as possible.

[...] when I know that I gave the patient humanized care is when she and the baby are safe, right? [...]when I respect the patient as much as possible and intervene as little as possible [...] and safety, their safety is the most important to me. If you need intervention I do, neither eight nor eighty (E10)

[...]The natural thing is, you really let nature act. No synthetic oxytocin, no plasil, no atropine, no such stuff, these bombs they put on, right? [...] it really has to be natural, it really has to be nature. (E3)

[...] when he is as natural as possible, with less intervention and when the woman, she really dominates the situation. (E8)

♦ Childbirth with humanized material resources, structures and professionals

The report below, shows the professional's concern with the quality of care, given the large number of parturients inserted in the unit, making humanized care difficult.

[...]each pregnant woman has her SP, with her companion, with her little ball [...] then you get here [...] 11 beds, when I don't know how many stretchers. There is no humanization. (E2)

From the interviewee E7, it is verified that care should be individualized, treating the parturient as

a whole and showing the importance of the companion.

Individualization of the patient, is to treat her as a whole, right? [...] show the importance of the companion [...] accompanying the patient around the companion [...] throughout the intrapartum process, especially at the time of cord cutting. (E7)

It is pointed out that one of the primary factors when providing humanized care in childbirth is the information provided by the professional to this parturient, making her more aware and calm of the entire process of delivery. It is evident in the following speech:

[...] explain to her that she is capable, gives her strength, gives support, is there. (E5)

It is known that the lack of guidance in prenatal consultations hinders a continuous and harmonious care, and there may be a dissatisfaction of the pregnant woman regarding childbirth, evidenced in the following speech.

[...]The pregnant woman has to be prepared not during labor but during prenatal care. Because this is something that has been built over time. (E2)

It is also observed from the reports of nurses the importance of offering non-pharmacological measures during labor, so that women feel comfortable. This idea is observed in the following speech:

[...] and then we put music on, try to put a darker environment too, right, really try to make it as natural as possible. (E8)

♦ The role of women in normal childbirth

It is recognized that the parturient woman needs to be empowered and receive reliable information from the beginning of pregnancy in order to understand and question the process of pre-delivery, childbirth and birth, ensuring their well-being and choosing the type of delivery and best way to give birth. It is known that a qualified professional should be guiding you, watching the whole process, because at any time the woman may need some necessary intervention.

[...]I have to let her understand the birth. I have to give this support, but I can't [...] anyway want to interfere, bring the protagonism to me, I have to try to empower her, actually, right? (E6)

[...] she choose the way she wants to give birth. (E9)

[...] the satisfaction of the woman's right [...] the woman feels good and thinks she wants to give birth near her husband, under the shower, squatting [...] she chose that delivery, her body is hers [...] it's all hers, she has to choose [...] If she has the right to choose what she asks, what she can, we can offer her to feel good, for me it's humanized. (E4)

DISCUSSION

From the speeches of nurses referring to the first category, it can be seen that the humanization of normal delivery care should redeem the physiological character in the birth process in a positive way and without trauma. In this sense, it is believed that the training of obstetric nurses aims at a more humanized care focused on the physiology of childbirth.⁶ In another integrative review study, these findings are reinforced, showing that Nursing care is focused on the presence of the companion, respect for the privacy and individuality of women, not performing unnecessary procedures, favoring the natural evolution of childbirth, besides guidance and information to women about everything that is happening to her, aiming at their autonomy in relation to the conduct and procedures.¹⁶

Normal birth is understood to be the natural method of birth and as such has the protection of the forces of nature. In addition, if the mother is thrown to her own devices more than 92% of the time, she will have her child without problems. You can see that your recovery is immediate, because soon after birth you can get up and attend to your child. It is believed that the complications typical of normal birth are less severe compared to those arising from surgical birth, as breastfeeding of the newborn becomes easier and healthier for him and hospital infection is much less frequent in normal birth.⁷

It is also noted that there are several non-pharmacological care for pain relief in labor, such as freedom to adopt varied postures and positions, ambulation, rhythmic and panting breathing, verbal commands and relaxation, as these help to divert attention from pain, shower and soaking baths, touch and massages. Highlighting the Swiss ball, which helps to minimize pain as well as to accelerate the progression of labor, it is essential that these non-pharmacological care be used by nurses in order to relieve pain, giving women the opportunity to have comfort and support in this special moment that is the arrival of the child.¹²

It is identified in the discussions of respondents still in the first class, that humanized childbirth permeates the naturalness and ability of the professional to respect and provide safety to the mother-child binomial. In one study, the importance of a set of care techniques, procedures and scientific knowledge used by nurses during their care relationship with the parturient woman is emphasized, including childbirth as a physiological process, respecting its nature and women's psychic and body integrity.⁸

It is clear from the results regarding the materialized resources, structures and humanized professionals in childbirth care that obstetric nurses make it clear that in their professional

practice there are some challenges regarding the appropriate ambience for the great demand. It is reinforced by this context of humanization of childbirth, the importance of RDC 36/2008 that aims to establish standards for the operation of Obstetric and Neonatal Care Services based on qualification, humanization of care and management, and reduction and control risks to users and the environment.⁹

It is also pointed out, with regard to humanized professionals in childbirth care, as well defended by the interviewees, that these professionals should develop skills related to contact with this woman, contributing with her emotional state to pregnancy and childbirth. It is also reinforced that they can help her overcome fears, anxieties and tensions.¹⁰

It is understood that communication between pregnant women and professionals involved in prenatal care is positive, as it emphasizes the need to effectively prepare them for motherhood, focusing on prenatal actions as groups of pregnant women, construction of the birth plan, guidelines regarding breastfeeding, cleaning of the umbilical stump, importance of updating the vaccination schedule, among others. Thus, preparation is required by professionals who perform prenatal care in order to demystify pregnancy and childbirth, considering the woman with her wishes, beliefs and concepts.¹¹

It is necessary for the pregnant woman to feel comfortable and confident about what will happen throughout the evolution and the importance of calmness in favor of reducing complications, as she is the protagonist of this story, and that the support of the companion is essential for the formation of the family bond, transmitting safety and comfort and helping in the execution of activities and exercises so that this birth is a unique moment experienced by the family.¹³ In this same perspective, it is shown in the discourses of the last category, where nurses make clear the importance of giving women the opportunity to be the protagonist of their own childbirth, leaving them empowered, free to choose how to give birth and without interference.

In this context of empowerment and female protagonism, the importance of educating pregnant women about obstetric violence is emphasized, since, often, the first violence committed against parturient women is the psychological pressure exerted to compel her not to opt for natural childbirth.

CONCLUSION

It can be concluded that, from the research, it was possible to realize that the interviewed nurses understand that the natural birth is the one that aims to respect the physiological, that needs

material resources, structures and humanized professionals, besides encouraging the protagonism of women in normal birth, however there are several obstacles that make it difficult for some professionals.

It is emphasized that, among the obstacles, are inadequate physical structure, preventing the individualization of the parturient during delivery, since there are no PPP rooms, and individualized bathrooms. It is noticed that the lack of preparation of women in the prenatal period becomes a negative point at the time of delivery care. Reported obstacles are considered to hinder assistance but do not prevent it from being carried out effectively and humanely.

Limitations of the study were the insufficient number of services that provide childbirth care in the city, so as to enrich the research with perceptions of professionals from different services.

In the light of the study, it is suggested that there is a better preparation of all continuing education processes, in addition to making the professional themselves, in their self-knowledge, reflect on his attitudes and reframing his practice, providing the patient with qualified care based on scientific evidence. It is recommended to expand new studies to other hospitals that offer childbirth care, and include other professionals who assist in childbirth in the study.

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