

ORIGINAL ARTICLE

INTERDISCIPLINARITY IN CHILDBIRTH CARE: PERCEPTION OF OBSTETRIC NURSES*
INTERDISCIPLINARIDADE NA ASSISTÊNCIA AO PARTO: PERCEÇÃO DOS ENFERMEIROS OBSTETRAS
INTERDISCIPLINARIDAD EN LA ATENCIÓN EN EL PARTO: PERCEPCIÓN DE LOS ENFERMEROS OBSTÉTRICOS

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ABSTRACT

Objective: to evaluate the perception of obstetric nurses about the interdisciplinary role in natural childbirth care. **Method:** this is a qualitative, descriptive, exploratory study conducted with six obstetric nurses from a maternity school. Data was collected by applying a form for the semi-structured interview submitted to Bardin Content Analysis. **Results:** the following themes were identified: interdisciplinary practice in vocational training; Nursing care in the context of interdisciplinarity and interdisciplinary delivery care: an experience within reach. **Conclusion:** the deficiency of the interdisciplinary approach in the academic formation of all interviewees was observed, which has caused damage to the interpersonal relationship and the process of humanization at childbirth. Nurses were identified who find it difficult to face teamwork, in particular in relation to newborn care in the delivery room. **Descriptors:** Nursing; Obstetric Nursing; Interdisciplinary Health Team; Multiprofessional Team; Childbirth; Natural Childbirth.

RESUMO

Objetivo: avaliar a percepção dos enfermeiros obstetras sobre a atuação interdisciplinar na assistência ao parto natural. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório, realizado com seis enfermeiros obstetras de uma maternidade escola. Coletaram-se os dados aplicando-se um formulário para a entrevista semiestruturada submetido à Análise de Conteúdo de Bardin. **Resultados:** identificaram-se as seguintes temáticas: a prática interdisciplinar na formação profissional; a assistência de Enfermagem no contexto da interdisciplinaridade e o atendimento interdisciplinar ao parto: uma experiência ao alcance. **Conclusão:** observou-se a deficiência da abordagem interdisciplinar na formação acadêmica de todos os entrevistados, o que tem causado prejuízos na relação interpessoal e no processo de humanização ao parto. Identificaram-se enfermeiros que encontram dificuldades diante da atuação em equipe, em particular, em relação à assistência ao recém-nascido na sala de parto. **Descritores:** Enfermagem; Enfermagem Obstétrica; Equipe Interdisciplinar de Saúde; Equipe Multiprofissional; Parto; Parto Natural.

RESUMEN

Objetivo: evaluar la percepción de los enfermeros obstétricos sobre el papel interdisciplinario en la atención natural del parto. **Método:** este es un estudio cualitativo, descriptivo, exploratorio realizado con seis enfermeros obstétricos de una escuela de maternidad. Los datos se recopilaron mediante la aplicación de un formulario para la entrevista semiestructurada sometido al Análisis de Contenido de Bardin. **Resultados:** se identificaron los siguientes temas: la práctica interdisciplinaria en la formación profesional; la atención de Enfermería en el contexto de la interdisciplinariedad y la atención interdisciplinaria del parto: una experiencia al alcance. **Conclusión:** se observó la deficiencia del enfoque interdisciplinario en la formación académica de todos los entrevistados, lo que ha causado daños a la relación interpersonal y al proceso de humanización en el parto. Se identificaron enfermeros a quienes les resulta difícil enfrentar el trabajo en equipo, en particular en relación con el cuidado del recién nacido en la sala de partos. **Descriptores:** Enfermería; Enfermería Obstétrica; Equipo Interdisciplinario de Salud; Equipo Multiprofesional; Parto; Parto Natural.

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INTRODUCTION

Maternal mortality is understood to be a serious public health problem in Brazil and worldwide. It is estimated that over 500,000 women die from pregnancy and childbirth complications each year, and approximately seven million women survive the complications but suffer from the consequences.¹ This factor is considered an excellent indicator of women's health and, indirectly, of the general population, as it is also reflected in the economic development and social inequalities of a population.¹⁻²

Maternal death is defined as that which occurs during pregnancy or up to 42 days after its termination, classifying it according to its causes: direct obstetric deaths, which are those related to obstetric complications in pregnancy, childbirth or the postpartum period; interventions, omissions or incorrect treatment; indirect obstetric diseases, which include pre-pregnancy diseases that develop during this period, aggravated by the physiological effects of pregnancy, and non-obstetric diseases related to accidental or incidental causes.¹⁻²

In light of this, the Ministry of Health (MOH) created the 2011 Stork Network in 2011 and, in 2017, launched the National Guidelines on Assistance for Normal Childbirth, both projects with the priority objective of ensuring qualified and humanized care in the pregnancy, childbirth and the postpartum period, as well as providing quality care to the newborn, disseminating evidence-based practices, standardizing care, promoting changes in clinical practice and reducing unnecessary interventions. The importance of the role of the midwife and midwife is reinforced, as they are responsible for reducing interventions and promoting greater satisfaction among the women attended.³

Another major difficulty in health care in Brazil is the absence of a teamwork ideology that results in improved health indicators, particularly perinatal care.⁴⁻⁵ In this perspective, it is pointed out that a large part of the complications involving maternal and perinatal health reveals that the team does not act jointly due to disjointed and poor communication. Likewise, it is argued that the strong hierarchy present among its members, especially the medical hegemony, makes it difficult and often impossible for other professional categories to act in order to contribute to improve the results.⁴

Although the National Humanization Policy (NHP) was published 15 years ago, the theme humanization in health is recurrent and permeates the need for a greater and better relationship between members of the health team, having as foundation, the transversality of

communication, discouraging verticality and, consequently, hierarchization, leading to a homogenization of discourses and professionals.⁶

In this sense, this study is justified by the need to evaluate the perception of obstetric nurses about the interdisciplinary role in the care of childbirth at usual risk in order to understand the barriers and perspectives in the care of women.

OBJECTIVE

- To evaluate the perception of obstetric nurses about the interdisciplinary role in natural childbirth care.

METHOD

This is a qualitative, descriptive, exploratory study aimed at capturing the way in which participants think in front of the focused questions and to know the dynamics and structure of the researched situation, from the point of view of who the experience,⁷ held between the months of February and June 2016.

It is registered that the scenario of the study was the maternity school of the Fernando Figueira Institute of Integral Medicine (IMIP), a hospital complex inserted in the Unified Health System (UHS), being a reference in the care of high-risk pregnant women in the state of Pernambuco, located in Recife. It is known that in this place, the monthly average of births is 260 and that the attendances are made by an interdisciplinary team composed of obstetric nurses, nursing technicians, obstetricians, neonatologists and anesthetists. It is noted that the pre-delivery sector has 14 beds reserved for the care of high-risk pregnant women and five beds for low-risk pregnant women in the area called "Cozy Space".

The population characterized for the purpose of this investigation was composed by obstetric nurses who were part of the team responsible for assisting women at usual risk at the study site. Intentional, deliberate or deliberate sampling was used based on the selection of professionals. In this process, the sample size was determined by theoretical saturation of the data whose selection process was interrupted when it became clear that additional efforts during information gathering would not bring more variety.⁸

All nurses with the title of obstetrician specialist in the delivery room for at least one year were included, and professionals who were on vacation or on sick leave were excluded.

The instrument used was a form containing information on vocational training, age, gender, professional practice area and length of experience in obstetrics, as well as a script for the semi-structured interview containing five guiding questions: 1) "When I talk about 'interdisciplinarity' in normal birth care, what

comes to your mind? What do you mean by interdisciplinarity?"; 2) "In your opinion, what do you think the woman is assisted during labor and delivery by a doctor and / or an obstetric nurse?"; 3) "In your vocational training, were there disciplines that addressed interdisciplinarity? Tell me about the experience in this subject during your training"; 4) "What are the difficulties encountered in your interdisciplinary role, in normal birth care? What could improve?" and 5) "What is your experience in the practice of interdisciplinarity as a nurse of the interdisciplinary team?".

The interview was answered individually and privately, at previously scheduled times, according to the availability of participants. At the time, the researcher informed the objectives and the justification of the study, clarifying all doubts regarding the research.

Data was analyzed using the Bardin Content Analysis technique,⁷ of thematic content type, and the results were presented in categories. The analysis of the interviews was performed after exhaustive reading of their contents, after editing the narratives, with the suppression of language vices and repeated ideas, preserving individual differences of expression.

After re-reading the content of the interviews, the reports of each interviewee were grouped and the themes were organized, when it was possible to clearly establish the perceptions and emerging categories of each item by the similarity of the speeches. This analysis process was performed by each of the researchers and, subsequently, the results were compared in order to validate the findings.

The project was approved by the Research Ethics Committee of the Fernando Figueira Institute of Integral Medicine (IMIP), according to the Certificate of Presentation for Ethical Appraisal No. 27877914.2.0000.5201 and Opinion No. 705.164. All participants signed the Free and Informed Consent Term. The research subjects were identified in order to preserve anonymity through letters followed by numbers in sequential order.

RESULTS

Participants were between 25 and 35 years old. Of the six interviewees, only one was male, and the length of work in the area of obstetrics ranged from three to 14 years.

In the content analysis, the following themes were highlighted: 1) Interdisciplinary practice in vocational training; 2) Nursing care in the context of interdisciplinarity and 3) Interdisciplinary care at childbirth: an experience within reach.

The data presented below lead to a reflection on the view of obstetric nurses on the

interdisciplinary practice in assisting at usual risk delivery. It became possible, based on the speech analysis, to identify the conception of the importance that interdisciplinary work brings to the mother-baby binomial during the birth process.

♦ Interdisciplinary practice in vocational training

This category allowed us to identify that, upon graduation, there was a deficiency or even the absence of an interdisciplinary approach. This factor was noticed due to the lack of sufficient clarity to demonstrate how this subject was directed during the academic formation.

[...] no, not post, and in college, much less [...]. (E2)

[...] Yes! At times, they were approached on graduation, but specific discipline, no! The topic was addressed in some subjects as subtopics [...]. (E3)

[...] in college? Not! Only college training, no! [...]. (E5)

[...] During academic training, it is more difficult for us to have this contact directly with other professionals, because they think we have no experience, that we know nothing. Even the Nursing colleagues themselves have the little foot behind. [...]. (E6)

According to the analysis of the statements, the lack of opportunity for academics to insert themselves into practice as future members of the multidisciplinary team, making interdisciplinary actions and the sum of knowledge impossible, as perceived within the Nursing category itself.

In this category, there are also reports about the importance of a united interdisciplinary team, with the same purpose in labor and delivery, to promote humanization and better quality of care for parturient women.

[...] I see it as a very positive thing [acting as a team]. Each one doing what he or she knows best contributes, of course, to normal birth care. So interdisciplinarity is all working for the benefit of women having quality labor and delivery [...]. May they be satisfied [...]. And it's very positive! [...]. (E1)

[...] several professional categories acting together with the same objective, giving adequate assistance to the parturient. [...]. (E3)

[...] Is an assistance that includes several professionals ?! The inclusion of several areas [silence]. Interdisciplinarity is a work performed by several professionals aiming at the same end. In the case here, childbirth care [...]. Here, we work the nurse, doctor, technician, doula, everyone together for the same [...] objective [...]. (E4)

It is emphasized that interdisciplinary performance means working with different people, backgrounds and skills. Several disciplines are intentionally related to achieve a broader

range of knowledge. Teamwork is known to result in increased productivity and improved communication and decision making. Professionals are also provided with improved self-esteem, psychological well-being and social support.⁵

[...] humanization as a whole is the junction of all [...]. How can I say? [...] a multidisciplinary, multidisciplinary team, acting at that point, here, in this case, we have the medical team, the Nursing team, the doulas [...]. It will also depend on the patient's need at that time. [...]. (E2)

From the narratives, it is understood that there is a mixture of professionals, with humanized behaviors, respecting and protecting women, seeking quality care, making the moment of delivery safer, more satisfactory and healthy for women, using pharmacological means and mutual knowledge that favors women and babies in childbirth.

♦ Nursing Care in the context of interdisciplinarity

In this category, dissatisfaction with some medical professionals that make up the multidisciplinary team of the institution was observed, as many of these professionals undo methods that are being used in the natural approach practiced by nurses, or even use the excess of interventionist mechanisms in the care without the consent of the parturient or other staff members, making childbirth care appropriate to the needs and particularities of this category and marked by medical hegemony and authoritarianism. It is considered that this attitude also leads to the exclusion of women's autonomy over their bodies at the time of childbirth.

[...] in relation to interdisciplinary performance [...]. Often, they [doctors] have totally different behaviors [...]. (E1)

[...] We advise the woman to stay in vertical positions, for example, squatting, there is a doctor who does not want ... just a position that is favorable to them. We have certain resistances to modify [...]. (E2)

[...] some professionals have a little more resistance to the conduct of others [...]. (E5)

In this context, there is a barrier that exists in the multidisciplinary team, especially between medical professionals and obstetric nurses in natural birth care. It is also observed that the obstetrician becomes the center of the scene, disregarding the decisions of the Nursing team and depriving women of their right to actively participate in the birth of their own children.

[...] there is still a barrier [...]. We have already reached a very nice space, but there is still that barrier, especially between the doctor and the nurse. It is in that impasse, from where, to where we can go [...]. Or they [...]. You know?! Still has [...]. It is not a friction, but

[...]. There is a barrier that we tend to break every day [...]. It is not one hundred percent that [...]. That very open relationship, like this [...]. There is always that "HIERARCHY" [reinforced the word] that they feel as if they are sovereign and we are submissive to them, yet ... I believe sometimes that's what happens. [...]. (E4)

It is certainly undisputed that the final decision on certain practices and achievements, particularly in the case of high-risk women and newborns, is the sole decision of the obstetrician, notably because of their training; on the other hand, this same formation makes him intervene more often.⁴

[...] with the medical team is more like that, technician, got it? Go there, open your leg, make a little force and leave, he will not look, there are few doctors who have humanization at delivery. [...]. (E2)

[...] makes a difference by the issue of training, right? They are [...]. They, the doctors, when I speak! They are trained to intervene! Come, make the assessment and leave! They only make the most objective assessment, from an obstetric point of view, but they do not see the issue, so [...]. From the general context [...]. A biopsychosocial interference. Then, I think the obstetric nurse, the obstetrician, they are [...]. her background is more focused on this broader look. We don't just see the clinic itself, just the conduct of labor, clinically speaking, we see in a more general context, the expanded needs of women [...]. (E3)

In most dialogues, there is a considerable difference in the conduct of medical professionals, comparing them with nursing care. It is found that nurses seek care focused on women in all aspects, taking into account their particularities and their aspirations and rescuing childbirth as a physiological process.

♦ Interdisciplinary childbirth care: an experience within reach

It is observed that the place of study presents an interdisciplinary proposal that is becoming increasingly effective and that the participation of various health professionals in favor of women's care in its entirety and subjectivity, as recommended by the MOH in its public policies, has been met, making this philanthropic hospital a benchmark model for maternal and child health.

[...] we can have a very good relationship with the medical team, sit down, talk and have a better action at that time. [...]. (E2)

[...] this is my experience, from day to day, we work here together, so we discuss many cases [...]. (E4)

[...] daily, we have relationships with other professionals, other categories ... And with the orientation, assistance, intervention activities, when necessary [...]. (E5)

It is stated in one study that among the main challenges to be met for the success of collaborative care are diversity in the training of professionals, where communication training may differ among individuals, the tendency of members of the same professional category communicate more with each other, and the effect of the hierarchy, generally, with the doctor occupying the most authoritative position, which may inhibit other team members.⁵

However, it is observed through the statements that, in this service, interdisciplinary practice is something feasible. It is understood that the coexistence between professionals working in childbirth care and dialogue, coupled with the good conditions of the work environment, are fundamental factors that allow the practice under the precepts of interdisciplinarity, where each one acts according to their technical-scientific competence.

[...]When we really work with a formed team, we can have openness to share the opinion of other professionals [...]. We will, agree on what would be the best way to act in that situation because there is no pattern formed, each person has their specific needs [...]. (E3)

[...]If I see any change here, in the patient, right, then I do the physical exam. Example: I see some change, then I ask an opinion of the obstetrician [...]. The staff come quietly! So, it is the daily experience, always [...]. With all the professionals [...]. (E6)

In the speeches, it is verified that, in the interdisciplinary experience, the prominent categories in childbirth care (nurses and doctors) act according to their education and field of competence and that, in the face of specific situations, integrate their knowledge to provide safety at birth.

DISCUSSION

It is evident the need to implement changes in undergraduate courses, aiming to transform this scenario from the reformulation of the model of training of health professionals and through the adoption of methodologies in the teaching-learning process that provide and stimulate the interdisciplinary experience in academic education.

It is revealed that the implementation of the National Curriculum Guidelines is still a challenge for the curricula of higher health courses, since the professionals have, as a scenario of practice, during the academic formation, hospital environments, clinics and health units where it predominates, still an individualized care model, which leads to a lack of preparation to act with the health team and act from the viewpoint of interdisciplinarity.⁹

It is understood that the supervised internship, provided for in the National Curriculum Guidelines, is a special moment for the student, in which all the theory acquired during the course is put into practice. It is stated that, for the implementation of the pedagogical strategy provided by the internship, there must be an expansion of human relations and should be provided to the undergraduate students, greater autonomy through direct contact with the reality of the population's health, the environment and the relationships involved in it, aiming at personal and professional development and the intensification of the relationship between theory and practice.¹⁰⁻¹

It is believed that the change is the result of the reflections of the academic community and the very management of the educational institutions, which must constantly seek the quality of teaching. It is pointed out that the search for interdisciplinarity as a way of acting produces interaction and integration and not only the overlapping of scientific disciplines, also promoting structural changes and generating reciprocity and mutual enrichment, with a tendency towards the horizontalization of power relations among the fields involved.¹¹

It is undeniable the importance of Obstetric Nursing in the multidisciplinary team during parturient care, however, for this assistance to be successful, it is necessary an interaction between the multidisciplinary team, as recommended by the public policies of Humanization of Childbirth and Birth. Ministry of Health of Brazil, following the recommendations issued by the World Health Organization.¹² It is argued that the commitment of the entire team to humane childbirth care is the path to quality care, contributing to a satisfactory experience for both mother and newborn.¹³

Providing humanized care means giving women space to develop their autonomy throughout the process, encouraging them to become protagonists of their history, as well as allowing a companion of their choice to listen to their needs, wills and fears, inform the patient of the procedures to be submitted to and, if the woman accepts, perform non-invasive care techniques; It also recognizes the different cultural values, beliefs, needs and expectations of pregnancy, childbirth and childbirth.^{3,14}

It is also noticed that the nurse is part of the interdisciplinary team and recognizes its importance in attending to the needs of the parturient. This is a reality observed in another study, performed with obstetric nurses in the southern region of Santa Catarina, which highlighted the importance of the support of the multiprofessional team for strengthening the

autonomy of nurses and, consequently, the improvement of care as a whole.¹⁵

According to WHO, the central and preponderant presence of medical professionals, especially obstetricians and pediatricians, has not resulted in significant advances in improving maternal and perinatal mortality and morbidity indicators in the country. It is emphasized that the doctor, by his training, is obviously better able to deal with high-risk women and newborns and the serious complications that may arise during pregnancy, childbirth and birth.^{4,16-7}

It is understood that humanization in the hospital obstetric field must be based on less interventionist care, more emotional and with respect to women's sexual and reproductive rights. From this perspective, it is verified that the implementation of practices in childbirth care provides attitudes and behaviors of health professionals that contribute to reinforce the character of health care as a right of all women; however, in the reality of many health services, many of the recommendations have not yet been introduced or meet resistance to their implementation.¹⁸

Even in institutions where there is and is followed the model of humanized childbirth, there are still distortions about the process, making the depersonalized and mechanistic assistance, where the woman, who should be the protagonist of the whole process, is submissive, confused and fearful. Also considered as obstacles in the implementation of the humanized model of labor, the poor infrastructure of health services and the lack of financial resources.¹⁹

Through the category 2 statements, the need for institutions to encourage the team's joint work, to take into account the peculiarities of the individuals and to have the complementarity of the actions of the various professionals involved (doctors, nurses, doulas and traditional midwives). Therefore, it is postulated that the role of the multidisciplinary team in the birth process should guarantee the woman security for her to experience this very significant moment of her life.^{4,20}

Data similar to the findings in this category were presented in a qualitative research conducted in the extreme south of Santa Catarina with obstetric nurses, in which the resistance of some doctors was pointed out in the statements of three nurses. This study validated the hypothesis that the obstetric nurse encounters difficulties in the autonomy of the parturition process with the multidisciplinary team, especially in relation to the medical professional.¹⁵

It is clear from the Federal Council of Nursing (COFEN) that obstetric and midwifery nurses are professionals fully qualified for normal delivery

care in Brazil. Law 7498/86, which provides for the practice of Nursing and other measures, and article 9 of Decree Law 94,406 / 87, which emphasizes that obstetric nurses and midwives have professional autonomy in care. Therefore, it appears that there is no subordination between the professions.²¹

In an integrative review study on institutional obstetric violence, as a predominant negative factor, the training of health professionals, especially doctors, was evidenced as a structuring part of the context of the increasing medicalization of childbirth.²²

In the dialogues mentioned, the obstacles and deficiencies of the assistance provided by many professionals are noticeable; In contrast, the nursing work proposal refers to a holistic and unmedicalized view of the human being. To this end, their professional autonomy must be preserved and health professionals must act in accordance with Brazilian law and also with the resolutions and normative opinions of the councils and categories in which they belong.

It is noteworthy that, although the theme humanization in health is something that recurs today, this subject is little addressed within universities. It is argued that their inclusion in the curriculum reform debates is indispensable, as well as their framing in the relationships between those involved in the formation process. It is pointed out that humanization should be the guiding axis in health education, as it promotes a broader view of health promotion, prevention and care.²²

It is considered that health work should be understood as collective and that, although, among the different categories, the tendency to satisfy professional aspirations and create hegemonies still predominates, interdisciplinarity is of great importance, since it identifies and names a possible mediation between knowledge and skills.²³

CONCLUSION

It is concluded that the interdisciplinary approach is an important strategy to direct humanized care to women and newborns in the delivery room, and should be encouraged by managers throughout the health care network. However, it is considered a topic still little discussed in the hospital environment at the time of delivery.

It was noticed that the interdisciplinary practice has been gradually consolidated and incorporated in the delivery room and that each professional assumes their space according to their competence. It was found that most obstetric nurses feel respected in relation to their decisions and can interact smoothly at the

moment of delivery with the entire team, meeting the precepts of humanized delivery care. It is revealed that obstetric nurses have shown to have achieved a significant space for their work, enabling them to respect the natural process of childbirth and the woman as a protagonist, offering her the support and security necessary to conduct care.

However, the resistance to the hegemonic posture of some members of the team stands out, which sometimes compromises one of the basic pillars of humanization, which is the multidisciplinary and integral assistance to the parturient and the newborn. Thus, it is necessary to advance the discussions on academic education, reinforcing the interdisciplinary approach in the formation of different professional categories that work in the delivery room.

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