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ORIGINAL ARTICLE

THE PERCEPTION OF PUERPERAE ON THE ASSISTANCE RECEIVED DURING CHILDBIRTH

A PERCEPÇÃO DAS PUÉRPERAS SOBRE A ASSISTÊNCIA RECEBIDA DURANTE O PARTO

LA PERCEPCIÓN DE LAS PUERPERAS SOBRE LA ASISTENCIA RECIBIDA DURANTE EL PARTO

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ABSTRACT

Objective: to understand the perception of puerperal women about the care provided during childbirth. ***Method:*** qualitative, descriptive study developed in the obstetrics sector of a federal teaching hospital with 68 puerperal women. Data were collected from recorded interviews, and, then transcribed in full and analyzed according to Collective Subject Discourse, with the help of QualiQuantSoft® software. ***Results:*** two categories emerged, in the data analysis process: Category A - Favorable perceptions of puerperal women regarding childbirth care and Category B - unfavorable perceptions of puerperal women regarding childbirth care. ***Conclusion:*** the puerperas presented favorable perceptions linked to the attitudes of health professionals, the availability of physical / material resources and the participation of the family. The unfavorable perceptions portray the moment of pre-delivery, which women are waiting for a reception, listening and participation in decisions. ***Descriptors*:** Delivery; Patient's Satisfaction; Health Evaluation.

RESUMO

***Objetivo*:** apreender a percepção das puérperas sobre o atendimento proporcionado durante o parto. ***Método*:** estudo qualitativo, descritivo, desenvolvido no setor de obstetrícia de um hospital federal de ensino com 68 puérperas. Os dados foram coletados a partir de entrevistas gravadas e, em seguida, transcritas na íntegra e analisadas de acordo com Discurso do Sujeito Coletivo, com o auxílio do software QualiQuantSoft®. ***Resultados*:** no processo de análise dos dados, emergiram duas categorias: Categoria A – Percepções favoráveis das puérperas quanto à assistência ao parto e Categoria B - Percepções desfavoráveis das puérperas quanto à assistência ao parto. ***Conclusão*:** as puérperas apresentaram percepções favoráveis atreladas às atitudes dos profissionais de saúde, à disponibilidade de recursos físicos/materiais e à participação da família. As percepções desfavoráveis retratam o momento do pré-parto, no qual as mulheres esperam por um acolhimento, escuta e participação nas decisões. ***Descritores*:** Parto; Satisfação do Paciente; Avaliação em Saúde.

RESUMEN

Objetivo: evaluar la percepción de las puérperas sobre el atendimiento proporcionado durante el parto. ***Método:*** estudio cualitativo, descriptivo, desarrollado en el sector de obstetricia de un hospital federal de enseñanza con 68 puérperas. Los datos se recogieron a partir de entrevistas grabadas, en seguida, transcritas en la íntegra y analizadas de acuerdo con Discurso del Sujeto Colectivo, con el soporte del software QualiQuantSoft®. ***Resultados:*** en el proceso de análisis de los datos emergieron dos categorías: Categoría A - Percepciones favorables de las puérperas cuanto a la asistencia al parto y Categoría B: Percepciones desfavorables de las puérperas cuanto a la asistencia al parto. ***Conclusión:*** las puérperas presentaron percepciones favorables aterradas a las actitudes de los profesionales de salud, a la disponibilidad de recursos físicos / materiales y a la participación de la familia. Las percepciones desfavorables retratan el momento del pre-parto donde las mujeres esperan por un acogimiento, escucha, participación en las decisiones. ***Descriptores:*** Parto; Satisfacciónde Paciente; Evaluaciónen Salud.

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INTRODUCTION

The development of a given society can be analyzed, among other indicators, by the maternal mortality indexes, which is an indicator of the health conditions of the population.[1] In Brazil, the maternal mortality ratio had a reduction of 3.7 per year, between 1990 and 2011. However, even with this important decrease, the country is still in an unfavorable position, when compared to developed nations.[2]

The World Health Organization (WHO), with a view to achieving an effective and sustainable reduction in maternal and infant mortality, has established, as a Millennium Development Goal, the reduction of infant mortality and the improvement of maternal health. These notes deal with the need for quality services for the care of pregnant women, parturients, mothers and newborns, quality of both physical resources, and human resources trained and qualified to offer this specific care.[3]

In order to adapt health care to this proposed new model, it was necessary to rethink public policies on women's health. In 2005, the Ministry of Health established the National Policy on Obstetric and Neonatal Care, reinforcing the goals established in the National Pact for the reduction of Maternal and Neonatal Mortality, of 2004. Both of which adopt measures to ensure improved access, coverage and quality prenatal care, delivery and puerperium care, and neonatal care, aiming at measures to advance the organization and regulation of the system of care for gestation and childbirth.[4]

Recovering such conceptions and inserting them into the care of women during childbirth is still a challenge, both in terms of the quality of care offered, in relation to the meanings attributed to the experiences of childbirth.[5] Exploring these meanings can contribute to the adequacy of recognized scientific and safe practices, in order to bring them closer to the needs / expectations of women at the time of childbirth.[5]

It is important to recognize that the woman acts as protagonist in the moments of gestation and childbirth. It goes through different physical and emotional changes and, for this reason, the period of motherhood is lived in a particular and unique way, a fact that reinforces the indispensability of providing specific and exclusive assistance in this stage. It should be emphasized that pregnant women's health care, coupled with adequate delivery assistance, contributes to the promotion of women's and newborn health.[6]

A study performed at the Hospital of the Federal University of Santa Catarina, with exclusive service to UHS showed that the satisfaction of women was associated with the aspects involved in the quality of care received. Such research pointed out that emotional support and information received from professionals / academics at all stages of the care process (at admission, during labor / delivery and puerperium), were essential for this satisfaction.[7]

Another study reveals that the expectation of women in relation to the delivery is based on an interventionist assistance, which has come to be considered as natural or traditional, in which they value the way they are received in the maternity ward and the attention paid by the health professionals during the of labor / delivery, characterizing such care as ideal.[8]

The motivation for this study arose from the restlessness in knowing what the puerperas think about the assistance received during the delivery. It is hoped that, from this knowledge, it will be possible to contribute to the improvement of the quality of care at that time, through the re-adaptation of services. It is significant to understand how women express themselves in relation to the care offered at birth and to recognize whether they are satisfied or not.

OBJECTIVE

- To learn the perception of puerperal women about the care provided during childbirth.

METHOD

This research is part of a broad project that investigated the expectations, perceptions, and opinions of women about childbirth care. This is a qualitative, descriptive study developed in the obstetrics sector of a federal teaching hospital in the interior of Minas Gerais. At the time of the data collection, the hospital had 22 obstetrical beds, which were convened by the UHS. It should be noted that this hospital has a Women's Care Service, serving as a reference for more than 27 municipalities.

The study population was composed of the women who received delivery assistance at the referred hospital. The inclusion criteria used were postpartum women who remained hospitalized for at least 24 hours postpartum. Exclusion criteria included women with gestations that had, as their outcome, fetal deaths or neonatal death and puerperal women who were not hemodynamically stable to answer the questions.

A total of 68 participants were interviewed. To compose the group of subjects, it was decided to interview all pregnant women attending prenatal appointments on Tuesdays and Wednesdays. It should be clarified that this study was developed concomitantly with the other research with the same theme, regarding the assistance received during childbirth, but with a quantitative approach. Therefore, it is justified to organize the data collection of the two studies, alternating the days of the week, in order to avoid that the questions of the quantitative study could influence the answers obtained in the qualitative investigation and also, so that each was addressed only once.

Data collection was performed in obstetrics wards in the postpartum period, through semi-structured interviews. The interview script elaborated by the authors grouped, at first, questions regarding the sociodemographic characterization of the participants. For this, the Brazilian socioeconomic classification criterion, provided by the Brazilian Association of Research Companies, and information on the gynecological and obstetric history, was used for this purpose. In the second moment, the script directed to questions related to the perception about the care received during the delivery and to the identification of proposals of possible alternative actions to be implemented, according to the opinion of the users. To record the information collected, the audio recorder was used. Data collection occurred from July to October 2015.

The information related to the characterization of the interviewed women was submitted to descriptive statistics, absolute and percentage frequency calculations. The interviews were transcribed in full to the computer and analyzed according to Collective Subject Discourse.

Discourse of the Collective Subject is a method of qualitative analysis that aims to expose the thoughts of a collectivity, grouping the speeches and related positions, emitted by different people, in a speech-synthesis, written in the first person singular. For this, an exhaustive reading of the collected material, is made in order to identify the key expressions, which are the fragments and significant stretches. After this definition, the central ideas of each fragment are established, the aggregation of similar central ideas is carried out, and the discourse of the collective subject is elaborated with the key expressions of equivalent central ideas.[9] For the systematization of this process of analysis, QualiQuantSoft® software, based on the Collective Subject Discourse method, was used.

The research was approved by the Research Ethics Committee with Human beings of the Federal University of the Triângulo Mineiro - UFTM, under the protocol 1,085,432. Ethical principles for research involving human beings have been respected, in accordance with Resolution Num. 466 of 12 December 2012.

RESULTS

68 puerperae were interviewed, with a mean age of 27 years, with a minimum of 16 years and a maximum of 42 years. As for the marital situation, 36 (52.9 %%) stated “living together”, 18 (26.5%) were married, 13 (19.1%), single and one was divorced.

Regarding the educational level, the majority 28 (41.2%) stated that they had studied until completing high school; 23 (33.8%) reported having studied until incomplete high school; ten (14.7%), complete primary education; five (7.4%), incomplete elementary school, one (1.5%) declared to have complete higher education and one (1.5%), incomplete higher education.

Concerning the economic activity of the interviewees, it was evidenced that (40 - 58.8%) had paid activity and 28 (41.2%) without remuneration. When checking the socioeconomic status of the interviewees, it was found that there were no women in class A, with a low prevalence in classes B1 and B2, with two (2.9%) and three (4.4%), respectively. In both C1 classes and C2 were found 25 (36.8%) and in the ED class were found 13 (19.1%).

Regarding the gynecological history, the age of the first sexual intercourse ranged from 12 to 21 years of age, with an average of 15 years, and the age of the first pregnancy varied from 14 to 34 years, with an average of 21 years. When questioned about the current type of delivery, 50 (73.5%) performed normal delivery and 18 (26.5%) cesarean delivery. The number of pregnancies ranged from one to seven pregnancies, with the highest percentage 25 (36.8%), two pregnancies followed by one gestation 22 (32.4%), and three pregnancies, 14 (20.6%), and one (1.5%) had seven pregnancies.

In the process of analyzing the data, two categories emerged: Category A - Favorable perceptions of puerperal women regarding childbirth care and Category B: Unfavorable perceptions of puerperal women regarding childbirth care.

♦ Category A - Favorable perceptions of puerperal women in childbirth care

This category presents the positive perceptions of women regarding delivery care and gathered 72 key expressions. To better understand it, it was chosen to present it in

three subcategories, health worker actions, service infrastructure and family participation in the puerperium.

♦ Subcategory A1- Actions of health professionals

In this subcategory, are grouped the statements about the perceptions of the women on the performance and attitudes of health professionals. It was composed by 48 key expressions, being the subcategory with greater amplitude and intensity.

> *I really liked it here, I recommend it to anyone, to advertise. For those who are poor like me, I indicated, I was well treated, note 10 and I have nothing to complain about. Very good service here, better than private hospital. I prefer this hospital a thousand times more than any other in the region. They treated me very well, with great attention and respect. Fast and excellent service. The staff are very polite, ranging from cleaners to doctors. They have good doctors and students, who want to learn, are very patient, attentive and concerned. The nurses are polite, well cared for, they have patience, I am being well cared for. We are very anxious, nervous, scared, but they talked to me at the time, relaxed, laughed and I calmed down, I think that influences a lot in the hospital care. In my prenatal care I had the opportunity to hear my baby's heartbeat and my postpartum is being wonderful, every time I go inside, I examine the baby. They did a lot of exams, from the little eyes, the ears, they got vaccinated and yesterday had a talk about breastfeeding, it was cool, we exchange ideas, talk, meet other mothers and still pass the time (01,06,07,08,09, 10,13,14,15,17,18,21,22,25,26,32,35,36,41, 45,51,56,59)*

♦ Subcategory A2: Service infrastructure

This discourse presents the vision of the puerperas in relation to the physical structure of the health service and the relevance of this to a positive perception regarding the delivery attendance. It contains 21 key expressions.

> *The hospital is good, it has everything right, the best equipment. Here is great, the rooms are excellent, we are alone, have more privacy. The facilities are far better. The hospital is bigger. The bathroom is a lot bigger too, it has a newer, cleaner, looks like hotel. This bed is very good. It's very comfortable for us. To win a baby here is excellent. In my city it does not have anything like it, it has more beds, it's big, it has more appeal than in my city, it makes people calmer (20,05,03,04,16,22,27,30)*

♦ Subcategory A3: Family involvement in the puerperium

Three key expressions are grouped, in this discourse, alluding to the importance of family presence and performance in the uniqueness of the moment of delivery and postpartum.

> *We were very well taken care of, as for me, my family, my companion ... My husband and my mother are with me, I do not get so lonely, this gives more security, helps us to take care of the baby, even more after a cesarean section, that is so difficult. (13,11)*

♦ Category B - Unfavorable perceptions of puerperal women in childbirth care

In this category, two key expressions were grouped that focused on aspects that did not please the puerperas during the delivery attendance.

> *When we come here, they let us suffer too much, the doctor did not hear what I was talking about, I was feeling a lot of pain, I wanted to have a cesarean and he kept arguing that I could wait to do normal birth. They tried normal birth until the end, put in the serum, to induce the delivery, but the doctor arrived and said that it would not, because it was very big, and it ended that it did not, I had to do a C-section, a disregard with me, lack of consideration for the human being (02,19).*

DISCUSSION

Regarding the actions of the health professionals, the positive representations of the care received by the puerperas are related to the interaction between professionals and users, in which the satisfactory care is offered with sympathy, education and technical quality.[10]

In a study carried out at the Hospital Universitário de Santa Catarina, to achieve the satisfaction of care, 310 hospitalized puerperas highlighted as aspects related to the quality of care: emotional support and clarification about the procedures.[7]

The quality of care received by the pregnant woman during childbirth is crucial for the formation of perceptions and impressions about this singular experience, which can be experienced in a favorable way or not, and still influence the next pregnancies. Therefore, receiving care in childbirth, is an important aspect for a positive experience at the moment.[10]

In order to provide a useful experience in the circumstance of childbirth, it is necessary to improve and train the health team in order to intensify the humanization of relationships, so as to ensure that health establishments are a knowledge-sharing, resolutive and effective environment.[11]

These studies (7,10 and 11) corroborate the research carried out, since they reaffirm the importance of the relationship established

between the professionals and the puerperae as an indication of satisfaction with the assistance received. It is inferred the need to listen attentively to the client's manifestations, aiming to apprehend their perceptions, to establish a reference assistance, aiming at the excellence of the quality in the service.

When talking about quality of care, the service infrastructure is highlighted, in which the quality of care is a direct reflection of the materials and equipment available, a condition that may influence the levels of perinatal morbidity and mortality. This fact subsidizes the need for investments in material and human resources, training and awareness of the delivery and birth assistance team.[12]

Health care should be presented as a combination of theory, good practices, technology, adequate infrastructure and good relationship with the patient. Therefore, in order for assistance to be effective, it is essential to interconnect these attitudes and actions to achieve service satisfaction.

Law 11,108, of 2005, sanctions the rights of parturients related to the presence of a companion, of their choice during labor, delivery and immediate postpartum, in the sphere of SUS. In a study that portrayed the survey Born in Brazil and which had 23,940 participants, in hospitals in five regions of the country, the puerperas cited the presence of the companion as useful and that contributed to make birth a better and calmer experience. Even if it is a passive presence, it is highly prized, for witnessing a special moment.[13]

In order for the companion to reaffirm the relevance of his / her role and to act in an active, participative and confident way, it is necessary to have the reception made by the health team. To provide guidelines on the rights of women in the pregnancy-puerperal period and information on the clinical state of the binomial mother-baby. These actions reflect, in a favorable way, the assistance provided to women. [14]

Illustrated in the key expressions presented in the speech, it is possible to perceive that the participants had the right to the assured companion, as sanctioned in the legislation. In addition, they expressed that the presence of a family member, at the time of childbirth, brings out feelings of security and well-being. The respectful way in which the professionals treated the companions was also recognized.

Positive experiences should be analyzed and used to inspire, making, puerperal reports, a marker of safety and quality of care.

An approach taken by the University Hospital of the Federal University of Santa Catarina – UFSC, based on the principles of the WHO and the foundations of the scientific evidence in the health area, emphasizes that: it is the right of every woman / newborn / family, in the process of pregnancy , childbirth and the puerperium, receive personalized care that assures adequate care in the biological, social, psychological and spiritual aspects.[7]

It is observed that the pregnant women feed concepts of common sense little explored by the team, whose function should be to demystify the gestation and the childbirth, considering the woman with their desires, beliefs and concepts.[10] The pregnant woman should receive guidance early, during the pre-natal, in relation to several themes, among them, the types of delivery, from the technical aspects, referring to the corporal work, including routines and procedures of the maternity reference, to cognitive and emotional aspects.[10]

Adequate care of the woman at the time of childbirth is an indispensable step in ensuring that she is able to exercise motherhood safely and well. This is a fundamental right of every woman. This should facilitate the creation of a deeper bond with the pregnant woman, transmitting her confidence and tranquility. However, there is a need for profound changes in the quality and humanization of delivery care in Brazilian maternity hospitals, including a change of attitude / attitude of health professionals and pregnant women.[13]

Childbirth is a singular moment in a woman's life, naturally, permeated by anguishes, fears, pains and frailties, both physical, and emotional. On this occasion, the woman waits for clarification, for an attentive listening and seeks to build on the health professionals. When this support does not occur and the client's wishes are not heard or attended to, there is a rupture of the professional-user relationship which can negatively influence the care offered.

CONCLUSION

Given the results found, in this study, it is possible to consider that the puerperae presented favorable and unfavorable perceptions regarding the delivery attendance. With regard to favorable perceptions, these were linked to the attitudes of health professionals, the availability of physical / material resources and the participation of the family at that moment. As a social representation more shared among the interviewees, is the appreciation of the care and attention given to them during labor, delivery and puerperium by health professionals, especially doctors and nurses.

Negative perceptions, evidenced less frequently, depict the moment of prepartum, in which the women wait for a reception, listening, participation in the decisions and singular evaluation of the professionals.

As for reports about the hospital infrastructure, women highlighted positive aspects regarding physical resources. It is acknowledged that this perception is intertwined with the assistance received, since, in order to dispense quality care, human resources, material resources and physical resources must be allied.

Another important aspect is the presence of the companion. For the puerperae, the participation of the companion/family, at that moment, was essential for a satisfactory perception regarding the care that received from the team, making that the same one felt respected. It is important to highlight, as a suggestion to managers, institutions and health professionals, that the communication with the user must be constant and effective, aiming at humanization and attending to the rights of the citizen.

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