

SCIENTIFIC PRODUCTION ON OBSTETRIC NURSING IN BRAZIL: A SCOPING REVIEW

PRODUÇÃO CIENTÍFICA SOBRE ENFERMAGEM OBSTÉTRICA NO BRASIL: REVISÃO DE ESCOPO

PRODUCCIÓN CIENTÍFICA SOBRE ENFERMERÍA OBSTÉTRICA EN BRASIL: SCOPING REVIEW

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ABSTRACT

Objective: To map the scientific productions on Brazilian obstetric nursing to identify the main themes and knowledge gaps. **Method:** A scoping review following the recommendations of the Joanna Briggs Institute was conducted at MEDLINE/Pubmed, BVS/Lilacs, and CINAHL databases. Studies that contained (at least) one of the terms of the concepts Obstetric Nursing and Brazil were retrieved. The data were analyzed descriptively, and the findings were grouped by similarity. Subsequently, the narrative synthesis of the methodological and thematic characteristics of the studies was carried out. **Results:** A total of 120 studies were selected, predominately from national nursing journals. Qualitative studies from the Southeast region by authors in the area prevailed. Recurring themes were identified, allowing the creation of four categories: obstetric attitudes and practices, professional qualification, challenges for professional autonomy, and working conditions. The notes from the studies on Brazilian obstetric nursing were also listed. **Conclusion:** Most publications focused on obstetric attitudes and practices and notes to improve the profession, identifying areas that need investment to guarantee quality training, ethical practice, fair working conditions, and optimal care to women and their families. **Descriptors:** Scientific Communication and Diffusion; Nursing; Obstetric Nursing; Nursing Research; Review.

RESUMO

Objetivo: Mapear as produções científicas sobre a enfermagem obstétrica brasileira, de modo a identificar as principais temáticas e lacunas do conhecimento. **Método:** Revisão de escopo que seguiu as recomendações do Joanna Briggs Institute, com consulta nas bases de dados MEDLINE/Pubmed, BVS/Lilacs e CINAHL. Recuperaram-se estudos que continham (pelo menos) um dos termos dos conceitos Enfermagem Obstétrica e Brasil. Os dados foram analisados de forma estatística descritiva, com agrupamento dos achados por similaridade do conteúdo abordado. Posteriormente, procedeu-se à síntese narrativa das características metodológicas e temáticas elencadas dos estudos. **Resultados:** Selecionados 120 estudos, com predomínio de publicações em periódicos nacionais de enfermagem. Prevaleram estudos qualitativos da Região Sudeste, elaborados por autores da área. Identificaram-se temáticas recorrentes, que permitiram a criação de quatro categorias: atitudes e práticas obstétricas; formação profissional; desafios para autonomia profissional e condições de trabalho. Os apontamentos dos estudos para a enfermagem obstétrica brasileira também foram elencados. **Conclusão:** As

publicações concentraram-se, em maioria, na categoria de atitudes e práticas obstétricas e trazem apontamentos para melhoria da profissão, identificando áreas que necessitam de investimento para garantir formação de qualidade, prática ética, com condições de trabalho justas e cuidado de excelência às mulheres e respectivas famílias.

Descritores: Comunicação e Divulgação Científica; Enfermagem; Enfermagem Obstétrica; Pesquisa em Enfermagem; Revisão.

RESUMEN

Objetivo: Mapear la producción científica sobre enfermería obstétrica brasileña, para identificar los principales temas y lagunas de conocimiento. **Método:** *Scoping review* que siguió las recomendaciones del Instituto Joanna Briggs, con consulta a bases de datos MEDLINE/Pubmed, BVS/Lilacs y CINAHL. Se recuperaron estudios que contenían (al menos) uno de los términos de los conceptos Enfermería Obstétrica y Brasil. Los datos fueron analizados de forma estadística descriptiva, con agrupación de hallazgos por similitud. Posteriormente, se realizó la síntesis narrativa de características metodológicas y temáticas enumeradas en los estudios. **Resultados:** Se seleccionaron 120 estudios, con predominio de publicaciones en revistas nacionales de enfermería. Prevalcieron estudios cualitativos del Sudeste, elaborados por autores del área. Se identificaron temas recurrentes, lo que permitió la creación de cuatro categorías: actitudes y prácticas obstétricas; formación profesional; desafíos para la autonomía profesional y condiciones de trabajo. También se enumeraron anotaciones de los estudios para la enfermería obstétrica brasileña. **Conclusión:** La mayoría de las publicaciones se centraron en la categoría actitudes y prácticas obstétricas y traen anotaciones para mejorar la profesión, identificando áreas que necesitan inversión para garantizar una formación de calidad, una práctica ética, con condiciones de trabajo justas y una excelente atención a las mujeres y sus familias.

Descriptores: Comunicación y Divulgación Científica; Enfermería; Enfermería Obstétrica; Investigación en Enfermería; Revisión.

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INTRODUCTION

The childbirth care scenario in Brazil is characterized by the medicalization of the female body, related to the socio-cultural and economic characteristics of the population, health policies, inequity, and exclusion. This process has resulted in high rates of cesarean sections, maternal and perinatal mortality, straining social and financial systems.¹

The Federal Government's investment in the training of obstetric nursing professionals began in the mid-1990s as a necessary strategy to reduce the number of cesarean sections and consequent decrease the maternal mortality rate.²⁻³ These professionals are important agents for reducing maternal mortality by being trained to assist normal birth at usual risk and defending a safe birth, free from unnecessary surgical and drug interventions.³⁻⁵

Over the years, obstetric nurses' training has been changed with advances in the insertion and performance of these professionals. The World Health Organization, since 1985, with the publication "Appropriate Technology for Birth",⁶ encourages the training and practice of obstetric nurses and, in Brazil, the scope of practice of these professionals has been supported by the Professional Practice Law since 1986.

However, issues related to autonomy and collaborative practice in women's health care still present challenges that hinder the implementation of the humanization policy and the effective performance of obstetric nurses.⁷

The scientific production of this professional category plays a fundamental role in guaranteeing changes in the training process and clinical performance by enhancing the analysis and formulation of curricular guidelines and public policies that contemplate the specificities of teaching and practice.

Based on a previous search in the literature, the breadth of the theme and the insufficiency of recent studies that summarize the scientific production on obstetric nursing in Brazil were identified.⁸ Therefore, gathering and analyzing publications on this professional category is a strategy to enrich and disseminate literature in the area, reduce existing knowledge gaps, and sensitize health professionals about the best evidence that should guide practice. Thus, this study aimed to map the scientific productions on Brazilian obstetric nursing to identify the main themes and knowledge gaps.

METHOD

STUDY DESIGN

This is a scoping review following the recommendations of the Joanna Briggs Institute.⁹ The research question: "What are the characteristics and main themes of scientific publications on obstetric nursing in Brazil, and knowledge gaps in the area?" was constructed using the PCC strategy that represents a mnemonic, as follows: P – Population (characterization of the national scientific publication on obstetric nursing); C – Concept (Obstetric Nursing) and C – Context (Brazil).

The scoping review protocol was developed using the PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) guideline, included two reviewers, and was publicly registered in the Open Science Framework (DOI: 10.17605/OSF.IO/S75FM).

DATA COLLECTION

The *MEDLINE/Pubmed*, *BVS/Lilacs*, and *CINAHL* (Cumulative Index to Nursing and Allied Health Literature) databases were searched due to the breadth of the literature and its relevance in Health and Nursing. Studies that contained (at least) one of the terms of the concepts Obstetric Nursing and Brazil were retrieved. Controlled terms (DeCS/MeSH descriptors) and free terms (keywords) were identified using the search mnemonic. The search strategy used in these databases is described in Chart 1.

Databases	Search Strategies
MEDLINE/Pubmed	("Obstetric Nursing" OR "Enfermería Obstétrica" OR "Enfermagem Obstétrica" OR "Nurse Midwives" OR "Enfermeras Obstétricas" OR "Enfermeiras Obstétricas" OR "Enfermeira Obstetra" OR

	"Enfermeira Obstetriz" OR "Enfermeira Obstétrica" OR "Enfermeira Parteira" OR "Enfermeiras Partejas" OR "Enfermeiro Obstetra" OR "Enfermeiro Obstétrico" OR "Enfermeiro Parteiro" OR "Enfermeiros Obstetras" OR "Enfermeiros Obstétricos" OR "Enfermeiros Parteiros") AND ("Brasil" OR "Brazil")
VHL/Lilacs	(tw:(("Obstetric Nursing" OR "Enfermería Obstétrica" OR "Enfermagem Obstétrica" OR "Nurse Midwives" OR "Enfermeras Obstetrices" OR "Enfermeiras Obstétricas" OR "Enfermeira Obstetra" OR "Enfermeira Obstetriz" OR "Enfermeira Obstétrica" OR "Enfermeira Parteira" OR "Enfermeiras Partejas" OR "Enfermeiro Obstetra" OR "Enfermeiro Obstétrico" OR "Enfermeiro Parteiro" OR "Enfermeiros Obstetras" OR "Enfermeiros Obstétricos" OR "Enfermeiros Parteiros"))) AND (tw:("Brasil" OR "Brazil"))) AND (db:("LILACS") AND la:("pt" OR "en" OR "es"))
CINAHL	("Obstetric Nursing" OR "Enfermería Obstétrica" OR "Enfermagem Obstétrica" OR "Nurse Midwives" OR "Enfermeras Obstetrices" OR "Enfermeiras Obstétricas" OR "Enfermeira Obstetra" OR "Enfermeira Obstetriz" OR "Enfermeira Obstétrica" OR "Enfermeira Parteira" OR "Enfermeiras Partejas" OR "Enfermeiro Obstetra" OR "Enfermeiro Obstétrico" OR "Enfermeiro Parteiro" OR "Enfermeiros Obstetras" OR "Enfermeiros Obstétricos" OR "Enfermeiros Parteiros") AND ("Brasil" OR "Brazil")

Chart 1- Research Strategies. Belo Horizonte, Minas Gerais, 2021.

The data collection was carried out in July 2020 and updated from October to November 2021. After the full-text screening, the data extracted from the selected articles were grouped in a Microsoft Office Excel 2017 spreadsheet.

The data extraction followed the following criteria to meet JBI's recommendations and ensure the quality of the information: publication data (year, authors, and country), language, study objectives, methodological characteristics (study design, location, and population characteristics), and main results (main findings or contributions). The references retrieved in the search were organized in Endnote Web's online software, and duplicates were documented only once.

SELECTION CRITERIA

Studies in Portuguese, English or Spanish published until October 2021 addressing obstetric nursing in Brazil were selected. No time restriction was used, given the need to map the productions extensively and comprehensively. Studies that did not respond to the research proposal, clinical research protocols, and unavailable full-text articles were excluded.

The texts were independently pre-selected by a primary and secondary reviewer based on the title and abstract screening. Doubts regarding the inclusion of studies were resolved in a consensus meeting between the reviewers. The pre-selected articles were read in full to identify their relevance to the research and, more precisely, the inclusion and exclusion criteria. In this last step, the most important data for the analysis were extracted.

DATA ANALYSIS AND PROCESSING

The analysis of the studies was carried out descriptively, and the findings were grouped by content similarity. Subsequently, a narrative synthesis of the methodological and thematic characteristics of the studies was carried out.

From the results and discussions of the studies, recurring themes were identified, allowing the creation of four categories: obstetric attitudes and practices, professional qualification, challenges for professional autonomy, and working conditions. According to the content addressed, the studies could be categorized into more than one theme. The implications for Brazilian obstetric nursing were also listed for each thematic category.

RESULTS

The search strategies returned 1,829 records. After excluding duplicates, 1,305 articles were returned, 284 from MEDLINE/Pubmed, 437 from BVS/Lilacs, and 584 from CINAHL. After the title and abstract screening, 147 articles were included for full-text screening. Of these, 27 articles were excluded as they did not respond to the review's question. The final sample comprised 120 articles read in full and analyzed.^{7,10-128} Figure 1 shows the flow diagram of the analyzes performed at each stage.

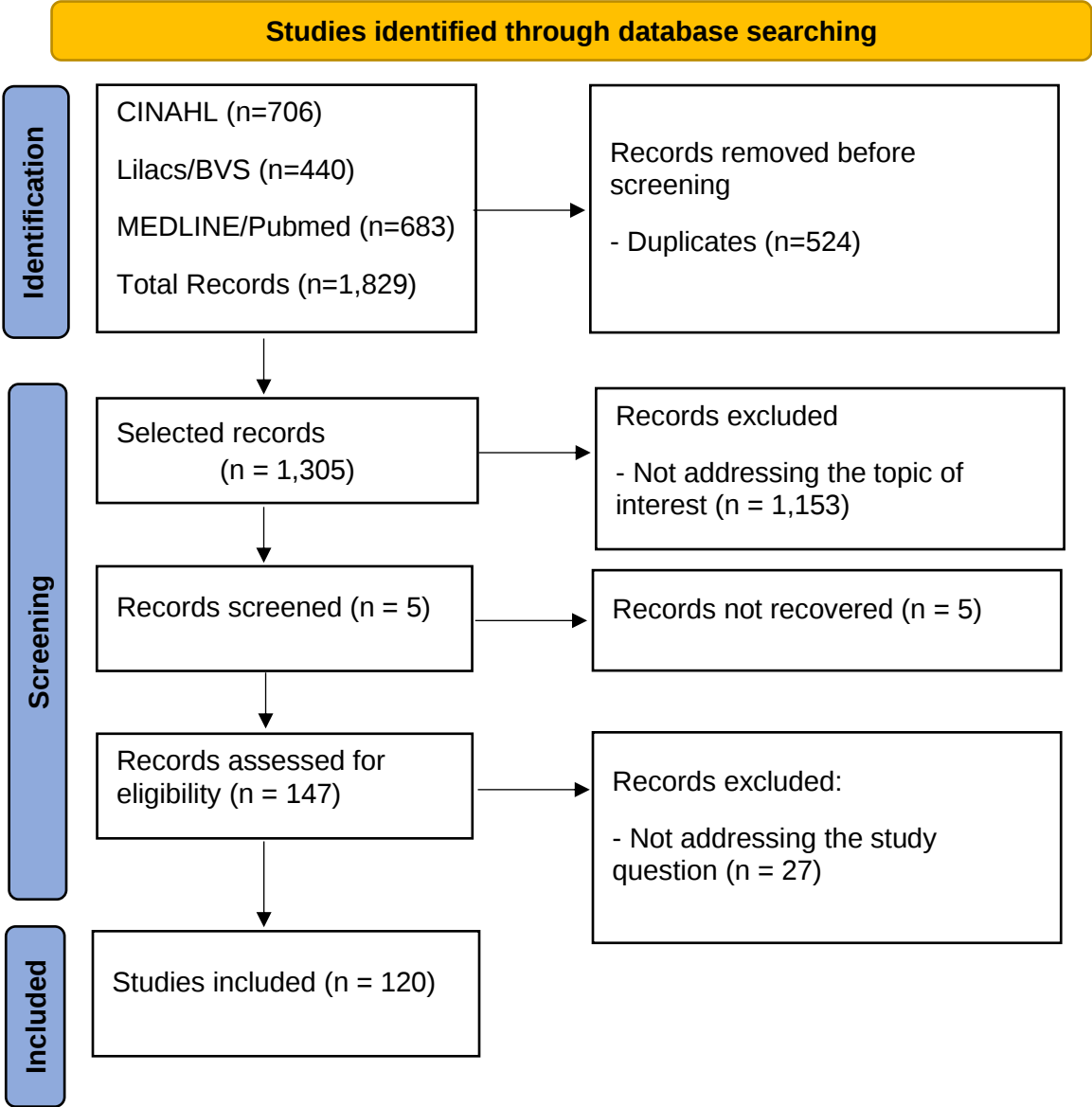


Figure 1 - Flow diagram of the literature search and inclusion of articles, according to the PRISMA-ScR 2020. Belo Horizonte, Minas Gerais, 2021.

The mapping of the characteristics of the 120 scientific publications on obstetric nursing in Brazil included in the review showed that 62 (51.67%) studies were from journals indexed in BVS/Lilacs. Most studies were published in Nursing journals, 108 (90%), while the others were published in public health, maternal and child health, and family and community medicine journals.

The studies were published in 27 scientific journals (three international journals, belonging to the Universidad de Antioquia, Universidad Nacional de Colombia, and Universidad de Costa Rica). Five journals concentrated 66 (55%) publications: Revista Enfermagem UERJ, 18 (15%); Revista Brasileira de Enfermagem, 17 (14.17%); Escola Anna Nery Revista de Enfermagem, 13 (10.83%); Texto & Contexto Enfermagem, 10 (8.33%); and Revista da Escola de Enfermagem da USP (REEUSP), 8 (6.67%).

Most of the studies, 63 (52.50%), were produced in the Southeast region of Brazil, mainly in Rio de Janeiro and, to a lesser extent, São Paulo and Minas Gerais. The second region with the most publications was the South, with 16 (13.33%), especially Santa Catarina, followed by the Northeast Region, with 15 (12.5%); Midwest, two (1.67%); and North, one (0.83%). The review also included multicenter studies carried out in two or more regions of the country, corresponding to seven (5.84%) studies. Among the articles included in the study, 16 (13.33%) were the product of secondary data analysis; therefore, the location was not identified.

Regarding language, 67 (55.83%) of the articles were published only in Portuguese; 48 (40%) in English and Portuguese; two (1.67%) in Spanish only; and three (2.5%) in the three languages. The most frequent form of authorship, 103 (85.83%), was with authors in the same professional category. Nurses were the ones who published the most, authoring 118 (98.33%) of the total number of articles included in the review; followed by physicians, nine (7.5%) studies; psychologists, four (3.33%) studies; and to a lesser extent, physical therapists, nutritionists, and social scientists, two (1.67%) studies. Concerning the year of publication of the studies, it ranged from 1977 to 2021, with production increasing from 2008 and with the highest frequency, 16 (13.33%), in 2020.

Most studies, 90 (75%), were qualitative. The quantitative approach was adopted in 27 (22.5%) studies, and only one (0.83%) used both approaches. In qualitative studies, exploratory designs predominated, being two ethnographic studies; the quantitative ones were mostly descriptive and cross-sectional. Editorials, literature reviews, experience reports, and theoretical essays corresponded to 25 (20.83%) articles.

The main subjects addressed in the studies were health professionals, 68 (56.67%), with a predominance of obstetric nurses. Concerning the data collection methods, most studies, 59 (49.17%), used interviews, followed by documental research, 23 (19.17%), questionnaires, 10 (8.33%), and research group, 3 (2.5%).

Regarding data analysis, 46 (38.33%) studies used content analysis, followed by statistical analysis in 26 (21.67%), discourse analysis in seven (5.83%), and document analysis in five (4.17%). Two (1.67%) of the included studies also mentioned Grounded Theory and Phenomenology as guiding data analysis, and 34 (28.33%) did not specify the analysis method used.

The category of obstetric attitudes and practices was predominant among the studies included, 78 (65%), with a greater concentration on a quantitative methodology. There was an emphasis on the technical skills of obstetric nurses in normal and humanized delivery in the hospital environment. Research on nurses' performance based on good labor and birth care practices, using the partograph and less oxytocin; encouragement of women's protagonism; respect for the physiology of childbirth and the woman's privacy; use of non-pharmacological methods for pain relief; perineal trauma prevention practices; promotion of maternal and family emotional well-being; and defense of sexual and reproductive rights, stood out.¹⁰⁻⁵⁹

The studies characterized nurses' obstetric practice as multidimensional, based on humanistic care that mobilizes intuitive, relational and technical skills, promoting the satisfaction of the assisted women.^{43,59-70} Midwives were also presented as important professionals that act, together with the obstetric nurses, in the promotion of safe motherhood and humanized childbirth.^{35,72-73}

The use of episiotomy, above that recommended by the WHO, and the reproduction of the interventionist technocratic model were identified in the studies as a reality in the practice of obstetric residents⁷⁴ and obstetric nurses working with physicians in maternity hospitals.⁷⁵

Prenatal care by obstetric nurses, within the scope of the Supplementary Health System, for the outcome of preventing premature birth, is presented as superior to the attention of physicians, resulting in resource savings.⁷⁶ The insertion of these professionals in the context of primary health care in the Unified Health System is described as a powerful strategy to reduce obstetric violence and the high rates of cesarean sections.⁷³

The publications covered, within the theme of obstetric attitudes and practices, research on home birth indicated as an appropriate option for women seeking physiological childbirth, with safe care centered on the woman and family.⁷⁷⁻⁸⁵ The studies also report that home birth care faces challenges, such as opposition from other professional categories and the absence of specific resolutions to guarantee the woman's access to public or private health services in case of referral.⁸⁴⁻⁸⁵

The context of the COVID-19 pandemic was addressed, in the category of obstetric attitudes and practices, by studies that discussed the role of obstetric nursing in defense of women's sexual and reproductive rights.^{39,86} In addition, the articles describe the reorganization of care carried out by nurse midwives during the pandemic to ensure good practices in labor and birth.⁸⁷

In the professional training category, 31 (25.83%) studies were mainly dedicated to discussions about the training path of obstetric nurses and the importance of the relationship between theory and practice in teaching. The publications characterized training in obstetric nursing as centered on the precepts of humanization.^{35,66,88-94} The training models, specialization courses in obstetric nursing, and residencies were discussed in the studies, highlighting the potential and limitations of these modalities of training of human resources for the field.^{12,29,37-38,61-62,66,89,92-93,95-111}

Among the implications of professional training, the studies highlighted the contributions to improving assistance to women; the training of new professionals for the job market; the expansion of the horizon of professional performance; the enhancement of nurses' technical-scientific skills; the improvement of the recognition of the medical team; and the reduction of obstetric violence and interventionist practices in childbirth care.^{88-89,93-95,97,101,105,109-110} The residency modality was a differential strategy for evidence-based practice with specific and ethical knowledge, supporting new paths for obstetric nursing, aware of the principles of humanization.^{62,106-107}

The main limitations and difficulties in training described in the studies were: the need for improvements in theoretical content and preceptorship; fragmentation between theory and practice; the inability of the specialization courses to develop the student's technical competence due to the lack of direct action in childbirth care; and difficulty for specializations to achieve quality training, capable of modifying the hegemonic interventionist model of childbirth care.^{12,66,92,96-98,101,108-109}

The studies also showed the difficulties nurses face for specialized training in obstetrics, such as the lack of full-time release from their jobs and, later, not being included in childbirth care after the training program, which leads to evasion from the area.^{95-96,100}

The theme of challenges for professional autonomy brought together 18 (15%) studies that mainly addressed institutional, organizational, and medical hegemony barriers to the exercise of the profession. The studies discuss the lack of recognition of the technical competence of obstetric nurses for childbirth care; interpersonal relationship difficulties; and historical power relations: disputes, interests, and repressions in care practices.^{7,18,20,30,90,92,96-97,103,111-117}

Institutional and organizational barriers refer to the overload of activities for obstetric nurses, with the accumulation of administrative functions and the lack of institutional policies for insertion in childbirth care. The studies point to the need to invest in research that reinforces the autonomy of

obstetric nursing.¹¹⁸⁻¹¹⁹ The nurses participating in the studies reported that the lack of technical-scientific knowledge and the lack of legal support for managing childbirth are barriers to autonomous and safe practice.^{92,97,103,112,117}

The thematic category entitled Working conditions also comprehended 18 (15%) studies included in this review. The publications describe the working conditions faced by obstetric nurses that make humanization practices difficult, such as the distrust of health professionals about professional competence; unfavorable environments with lack of physical space; overcrowding of health services; staff restriction; shortage of inputs, and accumulation of administrative, care and educational functions.^{8,20,24,38,95-97,114-115,120-121} The institutional logic of productivity, with protocols that generate a reiterative practice of the biomedical model, is presented in the studies as a condition of work that interferes with the quality of care and mischaracterizes humanized care.^{22,122}

The adverse conditions in the exercise of the profession are exposed in studies characterized by low remuneration, instability in contractual bonds, little sociopolitical recognition, and psychic overload.^{98,122-127} The uniqueness required in critical care in obstetrics is pointed out by one of the studies as an aggravating factor for the precariousness of the work of midwives during the pandemic, with increased physical and mental suffering.¹²⁸

The publications also discuss neoliberal economic interests in the insertion of obstetric nursing in the labor market as a strategy to ensure a reduction in public spending on low-paid professionals who use light care technologies and lower costs.^{22,122}

Chart 2 presents the notes from the studies on obstetric nursing in Brazil in each thematic category. The notes aimed at improving the professional category in practice, training, autonomy, and working conditions.

Thematic Categories	Notes
Obstetric attitudes and practices	Promote discussions about obstetric violence. ^{36-38,60} Critically reflect on praxis. ^{18,22,29-30,59} Act politically, be flexible, and accept innovations. ⁷² Invest in the gradual and systemic incorporation of obstetric nursing in Primary Health Care. ^{73,76} Consider women's citizenship in childbirth care practices. ⁴⁷ Break with the traditional model of institutionalized childbirth. ⁶⁸
Professional qualification	Review the curriculum to associate legislative, theoretical, and practical knowledge in the teaching of nurse midwives. ^{29,66,92,96-98,101,103,107,109} Increase the offer of specialization courses. ^{89,93-94,100,104} Incorporate the topic of obstetric violence into curricula. ^{37-38,110} Offer the same teaching opportunities to male students. ¹⁰² Invest in the formal training of midwives. ^{35,90,104} Encourage political posture and militancy for issues inherent to the profession. ^{61-62,92} Reorient teaching practice to favor the development of professional autonomy. ⁹⁶⁻⁹⁷
	Strengthen the representative bodies of obstetric nursing and professional identity. ^{92,115}

Challenges to professional autonomy	Plan and implement political strategies to consolidate obstetric nursing in the labor market. ^{97,103} Promote the autonomy of obstetric nursing and overcome power relations. ^{7,18,30,92}
Work conditions	Recognize the lack of qualified personnel and take steps to address this deficiency. ^{98,125} Implement the practices proposed by the Labor and Birth Humanization Policy and SUS guidelines. ^{22,115,122} Resist the undesirable consequences of neoliberal economic policy in work process. ¹²⁴⁻¹²⁵ Foster political awareness to promote changes in the labor reality. ¹²⁷

Chart 2 – Notes from the studies on Brazilian obstetric nursing. Belo Horizonte, MG, Brazil, 2021.

DISCUSSION

The Southeast Region of Brazil concentrates most of the studies produced, thus reflecting the tradition of this region in the training of obstetric nurses, with the creation of the first specialization courses in Brazil.¹²⁹

The social and political transformations influence care, teaching, and research in obstetric nursing.⁴ Thus, the increase of publications from 2008 onwards meets the dates of regulatory frameworks and important public policies for the exercise professional in this category, such as the National Policy for the Humanization of Childbirth in 2000 and, in 2004, the National Pact for the Reduction of Maternal and Neonatal Mortality and the National Policy for Integral Attention to Women's Health.

The actions above contributed to the greater autonomy of nurse midwives in childbirth care and the recognition of these professionals as strategic agents for improving maternal health indicators. In 2011, the institution of *Rede Cegonha* and in 2012, the National Residency Program in Obstetric Nursing served as an incentive for the educational training and insertion of professionals in this area in health services.¹³⁰⁻¹³¹

The higher frequency of publications in 2020 coincides with the international celebration of the "Year of the Nurse and Midwife", designated as such by the World Health Organization and the Pan American Health Organization to publicize the work of these professionals, seeking investments, better work conditions, and professional training.¹³² That same year, the COVID-19 pandemic began, with impacts on the management of the health system, highlighting the importance of nursing professionals in combating the coronavirus.¹³³

The mapping of publications made it possible to identify methodological and thematic characteristics and notes on obstetric nursing in Brazil. Regarding the methodological characteristics, the manuscripts with a qualitative approach and studies using interviews for data collection were the most recurrent. It is noteworthy that most of the quantitative studies were dedicated to the issue of attitudes and practices of obstetric nursing in the monitoring of women during childbirth through descriptive statistical analysis, which demonstrates alignment with positivism to produce this type of knowledge.¹³⁴

Investing in research on obstetric nursing that uses mixed approaches (quantitative and qualitative) favors deeper interpretations of the complexity and uniqueness of the human beings involved in health care.¹³⁵

The cross-sectional analysis of the contents of the thematic categories of this study made it possible to identify a focus on research on obstetric attitudes and practices with an approach to the technical aspects that involve professional practice. Integrative reviews intending to know the scientific production on the management of the obstetric nurse in the use of good practices of labor and birth care¹³⁶ and on the advances of Brazilian obstetric nurses⁴ also identified a concentration of studies on topics related to the practical aspects of the profession.

Power relations and the medical hegemony were presented in the studies as challenging factors for the practice of obstetric nurses,^{103,111-117} and the hospital was the most researched scenario in the studies for the implementation of labor and birth humanization practices. In Brazil, actions are needed to encourage the participation of obstetric nurses in spaces other than the hospital, including in Primary Health Care, as pointed out by some studies reviewed.^{73,76}

The International Confederation of Midwives (ICM) classifies the midwife as a person regularly admitted to a midwifery education program and recognizes one of the competencies of these professionals the high quality of prenatal care, capable of maximizing health during pregnancy through early detection, treatment, and referral in cases of obstetric complications.¹³⁷ In addition, prenatal care is essential for reducing maternal morbidity and mortality rates, especially in areas where these indicators are high. The discussion on avoidable maternal mortality and prevention measures in Brazil still need to advance, overcoming health issues and evoking coping strategies from a reconstructive perspective of care.¹³⁸

Among the attitudes and obstetric practices, the promotion of discussions about obstetric violence in professional practice is indicated by some studies,^{36-38,60} as well as the incorporation of this theme in curricula.^{37-38,110} This approach requires emphasis since the World Health Organization recognizes obstetric violence as a public health issue that affects the mother-child dyad, with high prevalence in Brazil,¹³⁹ and the training of obstetric nurses is one of the means to achieve change in this scenario.³⁸

Concerning the category of educational training, the publications point to the need to reorient the teaching of obstetric nurses with the association of legislative, theoretical, and practical knowledge to promote professional autonomy and overcome the limitations of specializations and residency programs. A study in Ceará analyzed the development of professional competencies in a graduate course in obstetric nursing and reinforced the distance between the contents taught and the practical reality of the internships in which the students participate, presented as challenges faced by the students in the professional performance.¹⁴⁰ On the other hand, a study with nurses who graduated from a residency program identified a positive perception of the professionals about this type of teaching that is considered able to reconcile theory and practice.¹⁴¹

Studies also address the need to increase the offer of specialization courses to improve professional training^{89,93,100,101} and encourage political engagement and militancy for issues inherent to the profession.^{61-62,72,92,98} The limited fragmentation of nursing professionals on political competence is pointed out in methodological research as a limiting factor in professional training.¹⁴²

The publications recommend strengthening the representative bodies of obstetric nurses and planning and implementing political strategies as necessary measures for professional autonomy and consolidation in the labor market. The historical analysis of the construction of nursing in Brazil also shows that professional autonomy can be achieved by incorporating partnerships with health managers who defend the autonomy of nurses through their freedom of thought and action, respecting decisions, and valuing this professional as a critical, reflective and active person.¹⁴³

The publications gathered in the category of working conditions had as their main characteristic discussions based on complaints about the difficulties of physical space and staff dimensioning for the

implementation of humanization practices and the precariousness of the obstetric nurse's work, marked by the demand for productivity, low remuneration, instability in contractual ties, little sociopolitical recognition, and psychic overload. These conditions corroborate the risk of the so-called "uberization" of work relationships, which also extends to the context of nursing.¹⁴⁴

Given the above, to transform the unfavorable conditions, studies suggest suppression of the lack of qualified professionals,^{98,125} implementations of humanization practices proposed by public policies,^{115,122} and resistance to the undesirable consequences of neoliberal economic policy in the work process.¹²⁴⁻¹²⁵ However, the publications do not address the strategies that guarantee the effectiveness of these notes, and only one of the studies¹²⁷ points to the promotion of political awareness as a possibility of transforming reality. In addition to the suggestions of the studies, a systematic review of the National Guidelines for Assistance to Normal Birth indicates the need for intersectoral actions and the engagement of managers and health professionals to change the working conditions of obstetric nurses.¹⁴⁵

The review sought to analyze most of the existing literature. However, as a limitation, due to the breadth of the literature, not all available databases were consulted, and some publications may have been omitted with the search strategy used. Furthermore, the review allowed a better understanding of the panorama of scientific publications on Brazilian obstetric nursing.

CONCLUSION

The scientific production on obstetric nursing is mainly characterized by studies that address the profession's technical aspects, humanized normal birth care, and the potential and challenges in training professionals.

The survey of notes from the studies of this review brings important indications for research and production of knowledge necessary for obstetric nursing, aiming at improvements in educational training, autonomy in professional performance, and scientific strengthening of the nursing category.

Hopefully, this study will contribute to greater visibility in the communication and scientific dissemination of studies related to Brazilian obstetric nursing, identifying areas that need investment to ensure quality training, ethical practice, fair working conditions, and optimal care for women and their families.

CONTRIBUTIONS

The authors contributed equally to the study design, data collection, analysis, and discussion, as well as the writing, critical review, and final approval of the manuscript's content.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

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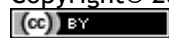
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