



ASSISTANCE TO WOMEN FOR THE HUMANIZATION OF CHILDBIRTH AND BIRTH ASSISTÊNCIA À MULHER PARA A HUMANIZAÇÃO DO PARTO E NASCIMENTO ASISTENCIA A LA MUJER PARA LA HUMANIZACIÓN DEL PARTO Y NACIMIENTO

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ABSTRACT

Objective: to analyze the assistance to women for the humanization of childbirth and birth. **Method:** this is a qualitative study, type reflexive analysis, originated in the scientific initiation of the undergraduate nursing course, through the following steps: searching the databases, reading the selected material, moving the analytical praxis of the subject, and formulating written material. **Results:** humanization is an integral part of the quality of care of obstetric indicators, which seeks the autonomy of women, their right to a respectful birth, and the abolition of unnecessary interventions in the birth process. **Conclusion:** despite numerous efforts for the implementation of Humanization, it is still a great cause to be mobilized in the country, since there are many practices promoted in the delivery and birth care, especially the episiotomy and the Kristeller maneuver. In this way, the study contributes to how the assistance to women is being carried out, focusing on the principles of humanization. Thus, studies are needed to understand the process of humanization implementation. **Descriptors:** Natural Childbirth; Labor, Obstetric; Humanizing Delivery; Humanization of Assistance; Obstetrics; Obstetric Nursing.

RESUMO

Objetivo: analisar a assistência à mulher para a humanização do parto e nascimento. **Método:** estudo qualitativo, tipo análise reflexiva, originado na iniciação científica do curso de graduação em enfermagem, mediante as seguintes etapas: busca nas bases de dados; leitura do material selecionado; movimento da práxis analítica da temática; e formulação do material escrito. **Resultados:** a humanização constitui uma parte integrante para a qualidade da assistência dos indicadores obstétricos, que busca a autonomia da mulher, o seu direito a um parto respeitoso e abolição das intervenções desnecessárias no processo de nascimento. **Conclusão:** apesar de inúmeros esforços para a implantação da Humanização, ainda constitui uma grande causa a ser mobilizada no país, pois há inúmeras práticas promovidas na atenção ao parto e nascimento, principalmente a episiotomia e a manobra de Kristeller. Desse modo, o estudo contribui para como está sendo realizada a assistência com as mulheres, focalizando os princípios da humanização. Assim, faz-se necessários estudos com o propósito de compreender o processo de implantação da humanização. **Descritores:** Parto Normal; Trabalho de Parto; Parto Humanizado; Humanização da Assistência; Obstetrícia; Enfermagem Obstétrica.

RESUMEN

Objetivo: analizar la asistencia a la mujer para la humanización del parto y nacimiento. **Método:** estudio cualitativo, tipo análisis reflexivo, originada en la iniciación científica del curso de graduación en enfermería, mediante las siguientes etapas: búsqueda en las bases de datos, lectura del material seleccionado, movimiento de la práctica analítica de la temática, y formulación del material escrito. **Resultados:** la humanización constituye una parte integrante para la calidad de la asistencia de los indicadores obstétricos, que busca la autonomía de la mujer, o su derecho a un parto respetuoso, y abolición de las intervenciones desnecesarias en el proceso de nacimiento. **Conclusión:** apesar de innúmeros esfuerzos para la implantación de la Humanización, todavía constituye una grande causa a ser mobilizada en el país, pues, hay innúmeras prácticas promovidas en la atención al parto y nacimiento, principalmente la episiotomia y la maniobra de Kristeller. De este modo, el estudio contribuye para como está siendo realizada la asistencia junto a la mujer, focalizando los principios de la humanización. Así, son necesarios estudios con el propósito de comprender el proceso de implantación de la humanización. **Descriptores:** Parto Normal; Trabajo de Parto; Parto Humanizado; Humanización de la Atención; Obstetrícia; Enfermería Obstétrica.

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INTRODUCTION

This article has the humanized assistance to the woman in the process of the childbirth and birth as an object of study.

Humanization in the health area is indisputably described as a model based on a woman-centered approach,¹ and as an ethical-aesthetic-political bet. It is an ethical bet because it involves the attitude of patients, managers and health professionals committed and co-responsible. It is aesthetic because it refers to the process of health production and autonomous subjectivities and protagonists, and it is politics because it is associated with the social and institutional organization of care and management practices in the SUS network.²

Thus, the definition of humanized care during the gestation process incorporates knowledge, practices and attitudes ensuring a healthy childbirth and birth, with the objective of preventing maternal and perinatal morbidity and mortality.³ This proposed focus has the perspective of the Program (PHPN), created by the Ministry of Health (MS) through Administrative Rule number 569 of June 1, 2000, with the specific objective of attention to pregnant women, parturients, centered efforts to reduce the high rates of maternal and perinatal morbidity and mortality recorded in the country; besides to upholding the practice that ensures the improvement, the guarantee of access, the ability to attend pre-partum, childbirth and the puerperium.⁴

In this sense, the Prenatal and Birth Humanization Program is based on the precepts of the humanization of obstetric care, and the adequate accompaniment of childbirth is a condition. Humanization comprises at least two fundamental aspects. The first aspect concerns the conviction that it is the duty of the health units to receive with dignity the woman, her relatives and the newborn. This requires ethical and supportive attitude by the health professionals and the organization of the institution to create a welcoming environment and to establish hospital routines that break with the traditional isolation imposed on women. The other aspect refers to the adoption of measures and procedures known to be beneficial for the follow-up of childbirth and birth, avoiding unnecessary interventionist practices, which, although traditionally carried out, do not benefit the woman or the newborn, and often entail greater risks for both.⁵

In this perspective, the humanization of childbirth is a condition of respect for women as a single person, in the matter of citizenship. It is also the respect for the developing family and the baby, who have the right to a healthy and harmonious birth.⁶ In this way, the humanization of birth must be a practice where the health professional must respect the physiology of childbirth, identifying the social and cultural aspects of childbirth, promoting physical and emotional support to the woman and her family,³ and not to a childbirth with numerous adoptions of unnecessary interventions in childbirth and birth,⁷ since childbirth has become increasingly medicalized and centralized in process, rather than the physiology of birth.⁸

Studies show that insertion of the obstetric nurse in childbirth leads to improved care.⁹ For the obstetrician nurse to act in the humanized model of childbirth, Cofen Resolution 0516, June 24, 2016, was created to regulate the performance of the obstetrician nurse. Thus, the model of humanized delivery to obstetrical nurses when inserted in care, supposedly occurs to the improvement in the aid to humanized childbirth.⁹

It is hoped that with this study, health professionals and obstetrics professionals will be able to reflect on the humanization of childbirth and birth, providing the pregnant woman with a humanized birth without unnecessary interference.

OBJECTIVE

- To analyze the assistance to women for the humanization of childbirth and birth.

METHOD

This is a qualitative study, reflexive analysis, based on a bibliographical review elaborated through scientific articles, manuals of the Ministry of Health, books, supported by the assistance offered to women in childbirth and focused on the humanization of care, developed as a project of Scientific Initiation in the area of women's health, of the nursing course of the Anhanguera University Center (UNIAN), with the purpose of answering the following guiding question: How is the assistance provided to women in the process of childbirth and birth, with the focus of humanization of care?

Data collection was performed from August to December 2016. The following controlled descriptors were used: "Labor"; "humanized birth"; "humanization of care"; "obstetric nursing". The articles were selected through the databases: Latin American and Caribbean

Literature in Health Sciences (LILACS), Nursing Databases (BDENF), and the electronic library Electronic Scientist (SciELO) available electronically, published in Portuguese, English, and Spanish; in the period from 2006 to 2016.

For the preparation of the study, the articles with information related to abortion process assistance were verified, followed by the reading and analysis of the material, which allowed the identification of what would be used; and later the assembly of the study, according to all the reflections made.

RESULTS AND DISCUSSION

Humanized care in childbirth and birth women acquires an important feeling of strength and optimism during the parturition process and in the care of the baby. Humanizing childbirth suggests leading the woman as the protagonist, interacting closely with the decisions that will be made about her care.¹⁰

This humanization has the purpose of providing women with autonomy and self-confidence in labor and delivery, in order to respect their rights. For the woman's assistance to be humanized, it is necessary for the team to welcome this pregnant woman, respecting the physiological and biological process of parturition and not using unnecessary interventions, especially without her consent.¹¹ Also, the humanization of care aims to protect the natural physiological nature of the process of being born, providing the woman with an optimistic experience without trauma and without invasive maneuvers.¹²

However, this is not the reality of the country, that about 25% of women suffer some type of violence during childbirth, and for disrespectful and gross conduct, which are the most present complaints among women. The relationships between health professionals and patients from disadvantaged socioeconomic classes are pointed out by distrust, disrespect, conflict, and mistreatment, making as a reason the use of unnecessary interventions.¹³ For the conversion of a difference and an asymmetry into a hierarchical relationship of inequality for the purpose of domination, exploitation and oppression, as well as an unequal relationship between the superior and the inferior contributes to passivity¹⁴ and the oppressive way to choose how the mechanism of labor will occur, strictly related to the choice of the health professional, and not the woman. In this respect, an unequal relationship of power

allows the introduction of numerous practices to labor and delivery, and consequently a technocratic model of childbirth, and inhibiting the humanization of care.

One of the most discussed points is about the episiotomy,¹⁵ which is one of the most routinely used procedures worldwide, with the argument that the possibility of third-degree perineal dilations, protection of the perineal musculature and sexual activity is reduced, thereby restricting fecal and urinary disorders.⁴ The high rates of episiotomy contravene guidelines recommended by the World Health Organization (WHO), which considers episiotomy as a practice that is frequently used inappropriately and should be limited in its use, up to 15% of cases.¹⁶

The foundation in a humanized ideology should always emphasize its practices based on scientific and cost-effective confirmations, the episiotomy should be abolished from the routine practices of modern obstetrics when the care of the pregnant woman is performed in a humanized way, the care becomes less interventionist.^{4,16}

Its use may be weighted, but not mandatory, in events where proceeds may be greater than risks such as shoulder dystocia, pelvic delivery, forceps or vacuum extractions, varieties of posterior positions or in situations where it is obvious that Failure to do so may result in increased perineal trauma.⁴

For the Kristeller maneuver, studies have failed to demonstrate the benefits of these practices and have a strong recommendation to avoid it as a routine use.¹⁷ Kristeller's maneuver is an obstetric maneuver performed during childbirth which involves applying pressure to the upper part of the uterus with the purpose of facilitating the expulsion of the baby during the period of delivery. The Kristeller Maneuver is described as harmful to Women's Health and does not present the safety benefits of the patient written in RDC number 36 of July 25, 2013.¹⁸ Likewise, the Federal Nursing Council, in its opinion n° 338/2016, prohibited of nursing professionals in performing the Kristeller maneuver.

The Ministry of Health has launched the National Guidelines for Assistance to Normal Birth, with the purpose of contributing to the rupture of the use for a transformation of obstetrical practices to take place, and to provide actions for the humanization of assistance, as for the autonomy of women

and their right, of invasive and often unnecessary methods of childbirth, and contributing to greater parental risk.¹⁹ The humanization of childbirth and birth must make a model of obstetric care,²⁰ in the units where the birth process is attended to respect the right of women to choose a respectful childbirth, and according to their expectations, besides the right to autonomy to the body itself, as to its improper manipulation, and humanization appears as a possibility of ruptures of practices harmful to childbirth.

CONCLUSION

Despite the many efforts that have been made in obstetric health, with the effort to implement the Humanization of Childbirth and Childbirth, it is still a great cause to be mobilized in the country. There are innumerable practices promoted in the care of childbirth and birth, especially the episiotomy and the Kristeller maneuver, culminating in acts of violence in many cases. Thus, the daily practices in the care process of women in obstetrics should be rethought.

In this sense, despite the efforts of the World Health Organization, the assistance to women has not been focused on humanization and its respect. It is believed that further studies are needed to understand the process of implantation of the humanization of childbirth and birth, as a way of evaluating the process of insertion of humanization in the country's maternity hospitals.

Thus, the study contributes to a reflection on how women's care is being offered, with a focus on humanization, and favoring this process should permeate women's respect for their rights and the abolition of interventionist practices, such as the insertion of good practices in childbirth and birth.

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