



## ORIGINAL ARTICLE

## CHILDBIRTH: PERCEPTIONS OF WOMEN ASSISTED IN VITÓRIA DE SANTO ANTÃO-PE

### PARTO: PERCEPÇÃO DAS MULHERES ASSISTIDAS NO MUNICÍPIO DE VITÓRIA DE SANTO ANTÃO- PE

#### PARTO: LAS PERCEPCIONES DE LAS MUJERES ASISTIDAS EN VITÓRIA DE SANTO ANTAO-PE

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## ABSTRACT

**Objective:** to analyze how it is being given assistance to pregnant women in Vitória de Santo Antão - PE and know the perception of these women entered into this process. **Method:** this is an exploratory and descriptive study, with qualitative approach. Data were collected in light of the thematic oral history method. The study population of women in puerperium mediate assisted in maternity wards in the municipality during the period November 2009 to January 2010 and enrolled in a Basic Health Unit, which totaled seven interviews. For the analysis it used as a guiding interpretive techniques of social research. **Results:** the statement revealed aspects to be discussed in care, such as; individualized care, non-pharmacological interventions for pain relief, allowing an accompanying right to choose the type of delivery, among others. The speeches of the participants give light to te actions recommended by the Ministry of Health and show that lack much to humanize the deployment of labor. **Conclusion:** this study gave voice to women, exposing their desires to be accepted, be respected, to have space to express their pain and get quality care. **Descriptors:** nursing; humanized childbirth; nursing mothers and infants; qualitative analysis.

## RESUMO

**Objetivo:** analisar como está sendo prestada a assistência às parturientes na cidade de Vitória de Santo Antão - PE e conhecer a percepção dessas mulheres inseridas nesse processo. **Método:** trata-se de um estudo exploratório e descritivo com abordagem qualitativa. Os dados foram coletados a luz do método da História Oral Temática. A população estudada foi de mulheres em puerperio mediato assistidas nas maternidades do município, no período de novembro de 2009 a janeiro de 2010 e cadastradas em uma Unidade de Básica de Saúde, o que totalizou sete entrevistas. Para análise usou-se como norteador a técnica interpretativa da pesquisa social. **Resultados:** os depoimentos revelaram aspectos a serem discutidos na assistência, tais como; atendimento individualizado, intervenções não farmacológicas para alívio da dor, permitir direito à presença de acompanhante, escolha do tipo de parto, entre outros. As falas das participantes dão luz às ações preconizadas pelo Ministério da Saúde e mostram que faltam muito para implantação da humanização ao parto. **Conclusão:** este estudo deu voz às mulheres, expondo seus desejos de serem acolhidas, de serem respeitadas, de ter espaço para manifestarem sua dor e ter uma assistência de qualidade. **Descritores:** enfermagem; parto humanizado; enfermagem materno-infantil; análises qualitativa.

## RESUMEN

**Objetivo:** analizar la forma en que se está prestando asistencia a las mujeres embarazadas em Vitória de Santo Antão - PE y conocer la percepción de estas mujeres insertadas em este procesos. **Método:** se trata de um enfoque cualitativo, exploratório y descriptivo. Los datos fueron recogidos a la luz del método de historia oral temática. La población de estudio de las mujeres en el puerpério mediato asistido em las salas de maternidade em el município durante el período noviembre 2009 a enero 2010 y se inscribió em unav Unidad Básica de Salud, que fue de siete entrevistas. Para el análisis se utilizan como técnicas de guia interpretativa de la investigación social. **Resultados:** las entrevistas revelaron cuestiones que se debatirán em la atención, tales como: atención individualizada, las intervenciones no farmacológicas para aliviar el dolor, lo que permite um derecho de acompañamiento para elegir el tipo de parto, entre outros. Los discursos de los participantes dar luz a las medidas recomendadas por el Ministerio de Salud y demostrar que falta mucho para humanizar el despliegue de la mano de obra. **Conclusión:** este estudio dió voz a las mujeres, exponiendo sus deseos de ser aceptado, ser respetados, tener um espacio para expressar su dolor y recibe una umanción de calidad. **Descriptor:** enfermería; humanización del parto; la lactancia materna-infantil; el analisis cualitativo.

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## INTRODUCTION

Childbirth is a unique moment in the life of a woman. A humanized care at this point includes several aspects, involving changes that vary from the existing hospital organization to performance of professional. The humanized birth is trying to promote and defend the rights of women, assisting them in view of promoting and facilitating a healthy birth, physiological and prevention of possible interventions and injuries.<sup>1,19</sup>

However we can still observe in most hospitals in our country a technical model considering a birth-surgical medical event. It was hoped that advances aid the work of caregivers, providing conditions and time to spend with the parturient. However, this technological and scientific advanced show na uncertainty with regard to care.<sup>2</sup>

In hospital settings, humanized care involves assisting the patient, considering it as being unique. Thus caution should consider the client/patient in the different dimensions that is (dimensions bio-psycho-socio-cultural and spiritual).<sup>3</sup>

The proposals for the humanization of birth have the merit of creating new possibilities for imagination and the exercise of rights, to live motherhood, sexuality, parenthood, life body.

The labor is an extremely important moment in the life of a woman is a rite of passage that must be experienced positively. The nurse midwife is a professional who is in a privileged position with regard to meeting the woman who lives through the parturition process, because it can incorporate all the experience he is able to translate into humanistic models with care practices that take into account women's right to safe motherhood and pleasurable.<sup>4</sup>

Thus this study has focused on answering the following questions: How is being given assistance to the birth in maternity wards in Vitória de Santo Antão - PE? And, what is the perception of pregnant women included in this process? Using the object of study reports of their experiences of childbirth.

## METHODOLOGY

This is an exploratory and descriptive with qualitative approach. It was used the method of Oral History Thematic, based on the concepts of Meihy<sup>5</sup> which is a kind of story that deals with the narrative of the set of life experiences of a person's life. This report spontaneously is what will build the historical document and in the process, freedom is

considered the supreme value of humans. Through a qualitative approach this study aimed to understand the characteristics of each childbirth experience provided by the interviewees and their meanings.

The study was conducted in Vitória de Santo Antão-PE within the coverage area of a Family Health Unit.

The population was composed of seven women who experienced labor of childbirth and childbirth in hospitals in Vitória de Santo Antão - PE between the months of November 2009 and January 2010. The sample consisted of 100% of the population.

The criteria for inclusion in the sample were: to be of age in accordance with the Statute of Children and Adolescent<sup>6</sup>, not be suffering from psychosomatic disorders diagnosed by a specialist physician reported in medical records, puerperium are mediate, like (by signing the Consent and Letter of Assignment) participate in the study and have been assisted during labor childbirth and childbirth in one of the hospitals in Vitória de Santo Antão - PE. On Completion of the Consent participants chose a pseudonym by which were identified in the work.

The study was conducted within the standards required by Resolution N°. 196/96 of the National Research Ethics - CONEP, which was submitted for examination and trial of the Ethics in Research of Hospital Otávio de Freitas, who gave assent to its realization, as protocol n.º 046/2009.

For data collection instrument was used as an unstructured interview (open) containing the following question:

- *Can you tell me their experience of pregnancy and childbirth?*

Other questions arise during the interview in order to guide the interviewee to remain within the target to narrate their experience of childbirth.

Data collection followed the following steps:

- Pre-interview that was to present the Project as well as the invitation to participate in research, signing the consent form, request for a tape recorder and letter of assignment.

- Interview itself containing a central question: Can you tell me your life story from pregnancy and birth? And other questions related to the subject, if necessary.

- Post-na interview, referring to the steps of transcription and trans textualization to make the text available to the public.

The interviews were conducted in the residences of the collaborators, according to the convenience of each, with date and time set and was repeated many times were necessary.

To provide a faithful record of the interviews were recorded in MP3 (Media Player), following approval of the respondent. Was called as a witness "collaborator" for the role it played throughout the research, i.e. from the time of the testimony of its history, passing through the stages of transcription, and tras textualization.

After data collection and processing for written words, they were analyzed by analysisInterpretative that rests on three fundamental aspects:

a) The results achieved in the study (response to the instruments, ideas, documents, etc.).

b) In the theory (management of key concepts and theories from other points of view).

c) On personal experience investigador.<sup>8</sup>

In each interview, we highlight the vital public which allows the rapprochement between the theoretical, the narratives, the public, and research, emphasizing the significance of the speeches of deponents.<sup>9-10</sup> After selecting the vital tone, raised the findings in interviews with the existing documents on the subject worked, Always pointing to the study objectives.

## DISCUSSION

When you go through the stages of transcription and trans interviewess' discourse, the analysis was being shaped. The Oral History provides na analysis that pervades the narrative, so it was possible to bring the stories and their meanings by interpreting each speech recently given birth.

Therefore, it was chose to begin the web, the vital tone of the first witness.

*[...]If were to have another child wanted to normal again. The recovery is faster, better, both for me, both for her[...]So, I guess it does no trise in caesarean he is torn[...] (Paula, multiparous).*

From talking to Paula, we can see that natural childbirth is the delivery of greater choice for women, even those who had complicated vaginal delivery or cesarean section who underwent surgery, said that in the evento f another pregnancy, they would opt for vaginal delivery. What can be confirmed by the speech of the other interviewees.

*[...]normal delivery was rather a thousand times! The pain is on time, after the boy*

*leaves it is over! And caesarian can not eat it, can not eat that, you have to walk slowly, can not climbstairs it sucks not! Please note that normal is better! (Natálisa, multiparous).*

*[...]during my pregnancy I always wanted to be a normal delivery. Because people said it had a cesarean recovery more delicate and I did not depend so much[...] So I expected it to be normal, I really wanted to feel the pain, all this[...] I wanted to be a mother all! (Rose, primipara).*

*[...]normal is better because the recovery is much faster. (Juliana, multiparous)*

Even taking Rose's, it is importante to talk about the expectations of labor pain, demonstrated by some pregnant women. It is possible that on the one hand, the pain of childbirth is seen as something inherent to the delivery process and, secondly, that the pains are considered parto f the experience of becoming a mother, since the ability to confront and resist the pain of childbirth would be a valued aspect of the transition to adult status and mother, represented by parturição.<sup>11-2</sup>

Besides the expectation of pain, many women are afraid of childbirth, influenced bynegative experiences of relatives or friends who were not treated in a humane way.

*[...]they talked it was pretty bad, it was a horrible pain in I know why. But I never really felt no [...](Poly, multiparous).*

*[...]I thought so from birth: he thought he would feel much pain, because here was acase already in my Family as well: when they arrived at the hospital when she was dilated, they tore her[...]she tore that reaches up to her anus and she was defecating through the vagina. So because of that I was scared to death you understand? [...] (Maria, primipara).*

*[...]from my first child was told it was an unbearable pain I would not endure, that you almost die! [...](Paula, multiparous).*

It is necessary to humanize birth, the pregnant woman na adequate preparation for the moment of birth, and this preparation should be started during the prenatal period. To prepare also means providing technical, information from the simplest, where and how the birth should occur until information on the physical and psychological preparation of women, and if possible to shcedule a visit to the maternity Ward to see their facilities, personnel and routine procedures, among others. The Ministry of Health of Brazil advocates non-pharmacological and non-invasive to minimize stress and alleviate pain, such as promoting a calm environment and breathing exercices, relaxation and walking, warm baths, and massages that can be carried out by companions<sup>11</sup>.

To ensure obstetric assistance focused on the needs of the mother, this may have to give him a companion of their choice. This is a right guaranteed by the Federal Law 11.108/06. There is no direct supervision, but the patient is not met, the prosecutor may sue to vindicate their rights. The law provides that the companion must be chosen by the pregnant woman. According to the Ministry of Health, scientific studies show that pregnant women when they have company, they are more secure and confident, able to be the protagonists of the birth process of their children and so we can ensure continuity of quality care<sup>13</sup>.

*[...]my mother was with me the whole time. It was good for me, helped me a lot, for fear of not staying alone, I'd be more excited, nervous, not knowing what to do or ask someone for help. For me it was great, helped me a lot (Juliana, multiparous).*

*[...] I was with a companion[...] Make much difference. It was good! (Natalia, multiparous).*

According to the words of some interviewees, not all hospitals in the city that allow the presence of the companion.

*[...] I had no companion. Could not because the room was antenatal with many women. So, I would like to have someone close to me, but by the fact that other people also, I thought the case would disturb a little[...] (Rose, primípara).*

*[...] I did not have accompanying. It was bad when the boy was born who there was no one else to help[...] (Poly multiparous).*

It is undeniable that the company chosen by the woman helps her not only to relax, but also contributes to the service provided is more humane.

The humanization of care is also in interpersonal relationships, especially between professional and client and escort.<sup>14</sup>

*[...] in the morning there was a personal...there was some students[...]there was Always paying attention, seeing the pressure, seeing the heartbeat, I think every hour, depending on the evolution of the pregnant woman. So I felt very comfortable and safe, I felt safe, right? With the team that I was. Then as we were passing the time, I had no one else, then I was worried, did not come anyone[...] (Rose, primípara).*

*[...]I spent the night with the midwife, I did not like the care of her, because she was half raw, half ignorant, know these things? The I liked it a lot not. Came to relieve me after the doctor arrived in the morning. He is more thoughtful, calms us, distract us, we have to a critical condition, he distracts[...] (Juliana, multiparous).*

According to the Ministry of Health is the empathic feeling that the communication between the professional and mother may manifest. Thus,

the type of relationship that builds on the work process in the obstetric may signal to the humanized delivery which for some professional to show understanding with the feelings that arise at this time. And that requires the expression of empathy and caring treatment.<sup>15</sup>

*[...]I was screaming and she was telling me: Do not over react no! Then I called her the hack and[...] (expletive). Then when I called her a (expletive), she locked me inside the room and walked away[...] It was terrible! Because I had a lot of women, and I left there, left me there alone[...] the nurses were in the other rooms only women who already had[...] (Pamela, multiparous).*

*[...]this (birth) I sat there alone in bed, had more than one hundred women shovel that day having a boy[...] then I said, the girl's coming! There she was, she looked, said he was not doing, the left. Then the other pain that gave the little girl was born. Then the girl was born alone. She was only there to get the girl, cut the navel[...] (Poly, multiparous).*

Then mother can not be considered just one more customer. It should be understood in all its uniqueness, being the health professional, when they have their first contact with her and with his family to capture the experience they bring.<sup>16</sup>

*[...]Who gave me more care nurses were. The doctor went only there to give it high and free[...] (Maria, primípara).*

For promotion of humanized birth, the nurse has a fundamental role, because it can communicate with the mother and information about their needs, fears, doubts and anxieties. This may contribute to lack of action that could disrupt the birthing process, and provide welfare for mother, baby and companion.

Much has been made with the aim of improving care for women during childbirth, through more humane and less pharmacological and interventional. However, there are procedures that are routinely performed in some institutions, although not recommended by the Ministry of Health.

An example is the use of hormones like oxytocin. This hormone is usually administered along with the serum intravenously, to increase the intensity and frequency of uterine contractions, speeding delivery, and increasing pain which in some pregnant women may become intolerable and lead to fetal distress.

*[...]Then they threw me a pill, it was about three o'clock in the afternoon, to increase the pain, when there was a five and put me that low serum, I said I did not want that serum is a terrible pain when he puts serum. I already knew the first girl and two boys. She left the serum prescribed there, so I*



*decided to want the girl to be born soon serum[...] (Poly, multiparous).*

*[...]They put when he was born near an injection which applied to me too. The sérum applied to the injection because I was very weak, my pain, I was not able to push him birth, applied to the injection he was born, injection gives strength[...] (Juliana, mulpiparous).*

*[...]but it does not feel much pain. It just felt pain after he placed a force of sérum at me. (Pamela, multiparous).*

The induction with oxytocin may impose risks to mother and fetus. There are situations where the use of the hormone is indicated as fetal death, premature rupture of membranes, pregnancy-induced hypertension, among others. But the routine use without adequate assessment and without control of the náusea, vomiting, headache and hypertension and postnatal problems like water retention, placenta previa, rupture of the uterus, among others. Women can also become anxious or frightened, the induction is not successful, and they begin to have doubts as to the method of childbirth.<sup>17</sup>

The indiscriminate use of this method of induction has been so frequent that some pregnant women, questioning, angry, not when the medical pharmacologically interfere in their labor, as the testimony of Paula:

*[...]I did not take whey! I have not taken any medication! The only medication I took as after childbirth! [...]There was cutting, unfortunately there was[...] (Paula, multiparous).*

Yet taking the talks to Paula, we realize that other conduct is the conduct of routine episiotomy, which Paul refers to as "cutting". There is no reliable evidence that routine use of episiotomy or profession has a beneficial effect, but there is clear evidence that can cause damage. In a normal birth until then, may occasionally be a valid indication for an episiotomy, but we recommend the limited use of this intervention. And the health professional who makes the episiotomy should be able to suture tears and episiotomies as appropriate, and should receive training for that.<sup>18</sup> In addition to unnecessary interventions, other institutions perform cesarean delivery without indication.

The speech of one of the interviewees shows another common practice of health services: the performance of cesarean section in order to obtain a tubal ligation. Aesthetic reasons or fear of injury on sexual function after vaginal delivery were not reported by the interviewed women as reasons for preference for cesarean section.

*I did not want a normal delivery, to make my connection, right? (Natália, multiparous).*

Cesarean section is a surgical procedure not without risks, originally developed to save the life of the mother and/or child, when complications occur during pregnancy or childbirth. Should be used only when there is some kind of risk to mother and baby, or both.<sup>18</sup>

*[...] Well, cesarean, was not what I thought the bug that I did, huh? I thought the recovery, but I recovered very well[...] (Rose, primípara).*

It should be emphasized that the cesarean section, when done well, is also humanized to the extent that the statement is intended to minimize harm to the mother and fetus<sup>10</sup>.

By not knowing their rights, some women do not require adequate care at delivery, but it is essential to a quality service that meets the expectations of the mother and it must be demanded by patients themselves. Shall require compliance with respect to their individuality and warmth, ensuring your safety and your baby.

In this study, all interviewees had received antenatal care, but only one reported having received information regarding the delivery. Only one witness did not show preference for vaginal delivery, due to negative experiences that occurred with relatives nearby. The others interviewed said that vaginal delivery would be of choice in case of another pregnancy.

Of the seven interviewed, five said they were not well attended by staff during delivery. However, the testimonies reveal aspects that could be improved on the team. As is the case, the individualized care, listen to patient complaints, use of non-pharmacological interventions for pain relief, to allow right to the presence of companions, among others. The speeches of the participants and the review in light of actions recommended by the Ministry of Health showed that much remains to effective enforcement actions, due to lack of professional knowledge about these guidelines or do not consider the importance of these actions in health promotion.

## CONCLUSION

It is noticed that the model adopted by hospitals studied here mostly is interventionist and ignores physiology and the social and cultural aspects of childbirth. It is understood that it is necessary to continue to demystify the idea of medicalized birth and foster mother to the condition of the protagonist of his son's birth.

It is for nurses who have worked with the patient, putting into practice the modelo of care focused on the needs of the patient, the face of difficulties institutional, organizational and physical structure of hospitals and maternity wards.

This study gave voice to women, exposing their desires to be accepted, be respected, to have space to express their pain and have a good quality of care.

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