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NURSING DIAGNOSES IN WOMEN'S HEALTH: PARTURIENTS IN THE FIRST PHASE OF LABOR BIRTH

DIAGNÓSTICOS DE ENFERMAGEM NA SAÚDE DA MULHER: PARTURIENTES NA PRIMEIRA FASE DO TRABALHO DE PARTO

DIAGNÓSTICOS DE ENFERMERÍA EN LA SALUD DE LA MUJER: PARTURIENTAS EN LA PRIMERA FASE DEL LABOR DE PARTO

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ABSTRACT

Objective: analyzing the main nursing diagnoses seen in pregnant women in the first phase of normal parturition. **Method:** a qualitative study, whose data were obtained by interview, physical examination and observation with 20 mothers met in a public maternity hospital. The development of nursing diagnoses of the study took place from clinical judgment and experience of the authors in care to mothers, as well as studies that identified nursing diagnoses in this clientele. The project was approved by the Research Ethics Committee, CAAE 0230.0.045.000-08. **Results:** settled nursing diagnosis according to Taxonomy II of NANDA 2009-2011: Urinary elimination impaired, impaired sleep and rest, impaired physical mobility, risk of infection, acute pain, impaired comfort, anxiety and deficient knowledge. **Conclusion:** the basic needs of women affected visibly met, highlighting the need for planning and implementing appropriate strategies for improving nursing care for women during childbirth. **Descriptors:** Labor Birth; Normal Birth; Nursing Process; Nursing Diagnosis; Women's Health.

RESUMO

Objetivo: analisar os principais diagnósticos de enfermagem verificados em parturientes na primeira fase do trabalho de parto normal. **Método:** estudo qualitativo, cujos dados foram obtidos por meio de entrevista, exame físico e observação com 20 parturientes atendidas em uma maternidade pública. A elaboração dos diagnósticos de enfermagem do estudo deu-se a partir do julgamento clínico e da experiência dos autores na assistência às parturientes, bem como em estudos que identificaram diagnósticos de enfermagem nessa clientela. O projeto teve a aprovação do Comitê de Ética em Pesquisa, CAAE 0230.0.045.000-08. **Resultados:** estabeleceram-se os diagnósticos de enfermagem de acordo com a Taxonomia II da NANDA 2009-2011: Eliminação urinária prejudicada, Sono e repouso prejudicados, Mobilidade física prejudicada, Risco de infecção, Dor aguda, Conforto prejudicado, Ansiedade e Conhecimento deficiente. **Conclusão:** as necessidades básicas das mulheres encontraram-se visivelmente afetadas, evidenciando a necessidade do planejamento e implementação de estratégias adequadas para a melhoria da assistência de enfermagem prestada à parturiente. **Descritores:** Trabalho de Parto; Parto Normal; Processos de Enfermagem; Diagnóstico de Enfermagem; Saúde da Mulher.

RESUMEN

Objetivo: analizar los principales diagnósticos de enfermería verificados en las mujeres embarazadas en la primera etapa del trabajo de parto normal. **Método:** un estudio cualitativo, cuyos datos se obtuvieron mediante una entrevista, examen físico y la observación de 20 madres asistidas en un hospital maternidad público. El desarrollo de los diagnósticos de enfermería de la investigación se realizó de juicio clínico y la experiencia de los autores en la atención a las madres, así como los estudios que identificaron los diagnósticos de enfermería en esta clientela. El proyecto fue aprobado por el Comité de Ética de la Investigación, CAAE 0230.0.045.000-08. **Resultados:** establecieron se los diagnósticos de enfermería de conformidad con la Taxonomía II de NANDA 2009-2011: La eliminación urinaria alterada, el sueño y el descanso dañados, la movilidad física dañada, riesgo de infección, dolor agudo, alteración de confort, ansiedad y el conocimiento deficiente. **Conclusión:** las necesidades básicas de las mujeres afectadas visiblemente se encontraron, destacando la necesidad de la planificación y la implementación de estrategias adecuadas para la mejora de la atención de enfermería para las mujeres durante el parto. **Descriptor:** Trabajo de Parto; Parto Normal; Procesos de Enfermería; Diagnóstico de Enfermería; Salud de la Mujer.

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INTRODUCTION

Childbirth is a unique experience, with psychological significance and that triggers diverse feelings, depending on the situation experienced by women. In this sense, women should not be seen as a simple collaborator, but as the protagonist of a process that goes beyond the physiological barriers.¹⁻²

Until the mid-twentieth century, childbirth was exclusively a shared experience among women. Midwives, healers or godmothers were responsible for the activity of midwifery, in possession only of popular knowledge, knew the pregnancy and postpartum period from their own experience and respected expectant birth.³⁻⁴ However, after this period, with the advent of obstetric medicine, birth acquired a pathological significance, considered as a risk event, to be conducted in a hospital setting by professionals who started using procedures and medications improperly.⁵ However, this method of birth care, many sometimes dehumanized and driven mechanization and fragmentation of care, with the excessive use of interventionist practices, led to women feelings of insecurity, fear and anxiety.⁶

Before this, the need to humanize birth, from practices to promote healthy parturition and birth, as well as the lack of unnecessary interventions. Thus, it has become essential to incorporate this proposal by health professionals, to respect the privacy and autonomy and establish link with the user in order to identify the needs, expectations and capabilities of women dealing with the birth process. For this reason, the quality of care provided to women during this period is directly linked to the competence, commitment and responsibility of health professionals, particularly nurses who carry out this activity. This can be expressed in the form of skilled care achieved by the implementation of the Care System Nursing (SAE - Systematization of Assistance of Nursing) in the care of the labor of women in birth.

The Federal Nursing Council considers that the SAE organizes professional work on the method, personnel and instruments, making it possible to operationalize the nursing process. This consists of an instrument and scientific method that directs the work of nurses assisting in the determination of customer needs, which should be performed in all public or private environments, in which professional nursing care so deliberate and systematic occurs.⁷

The Nursing Process is a methodology which guides the professional nursing care and

documentation of this practice, promoting the visibility and professional recognition. Registration must be done in a formal way, using an instrument that includes history and physical examination performed during the consultation nursing, nursing diagnosis defined from the consultation, interventions and achievements.¹

The restlessness of the authors regarding this study arose because it was considered that adequate attention to women at the time of parturition is a necessary step in order to ensure that the mother carries motherhood with safety and well-being. From this perspective, that the implementation of nursing care becomes effective is crucial to identify the needs of women, through the identification of nursing diagnoses. Thus, the aim with this study is:

- Analyzing the key of nursing diagnoses seen in pregnant women in the first stage of normal parturition.

METHOD

A qualitative approach study, developed with pregnant women attended at a public maternity of reference in Teresina-Piauí, January-February 2010.

The sample consisted of 20 pregnant women who met the inclusion criteria: being in the first stage of labor, primiparous or multiparous, with at least two uterine contractions every ten minutes, cervical dilation up to 06 cm, single fetus in the presentation cephalic and gestational age between 37 and 42 weeks. We excluded people with mental disorder, who presented the clinical condition incompatible with the interview and did not accept to sign an Informed Consent Form.

The data collection required the development of an instrument that included interview, physical examination and observation, included questions established from the defining characteristics and related factors/risk factors of diagnostic interest, the Taxonomy II of the North American Nursing Diagnosis Association - International (NANDA), 2009-2010 version.⁸ Importantly to ensure that the development of nursing diagnoses of the study took place from clinical judgment and experience of the authors in care to mothers, as well as studies that identified nursing diagnoses of that clientele.⁹⁻¹⁰

The study was approved by the Research Ethics Committee of the Federal University of Piauí (CAAE No 0230.0.045.000-08), respecting the principles of Resolution n. 196/96 of the National Health Board about research involving humans.

RESULTS AND DISCUSSION

The study included 20 pregnant women, of whom six were aged between 25-29 years old, 10 were single and 12 worked and had studied for more than eight years. The average family income was between one and two minimum wages, 12 had up to three members in the family. Concerning the gynecological and obstetric data, there were 15 pregnant

women experiencing their first pregnancy. The mean gestational age was 39 weeks. Of the 20 mothers, 12 reported rupture of amniotic membranes, there is a time interval of 5,4 hours on average. All did an average of 5,6 consultations of prenatal.

From the domain and class nine nursing diagnoses were developed, which represent elements that should be the focus of the work of nurses in the birthing work (Figure 1).

Basic Human Needs	Domains	Nursing diagnosis of NANDA II
Psychobiological Needs		
Elimination	Elimination and change	Impaired urinary elimination
Sleep and rest	Activity/home	Sleep and rest harmed
Motility and locomotion		Impaired physical mobility
Neural regulation	Safety/protection	Risk of infection
Painful perception	Comfort	Acute pain
		Comfort impaired
Psychosocial Needs		
Emotional safety	Coping/tolerance to stress	Anxiety
Learning/health education	Perception/cognition	Deficient knowledge

Figure 1. Nursing Diagnostics distribution built from the fields of NANDA-II classification, according to Basic Human Needs of Wanda Horta.

Nursing diagnoses presented are real and of risk and are related to both functional and emotional an sributed as follows: **Psychobiological Needs:** removal and replacement (1), activity/home (2), safety/protection (1) comfort (2), **Psychosocial Needs:** coping/stress tolerance (1), perception / cognition (1).

The nursing diagnoses elaborated expressed the intrinsic phenomena to women needs that experience childbirth. Their preparation required the use of NANDA as a classification system, which allows the standardization of professional language for the determination of the concepts identified in care practice.

Nursing support activities are based in theories and conceptual models. In this study it was used the Horta model as a reference in guiding the identification of nursing diagnoses which reflect basic human needs affected during parturition.

Regarding the identified diagnoses, **impaired urinary elimination** was mainly characterized by the presence of oliguria and urinary hesitancy, which prevailed among mothers who were in the supine position, since that position leads to compression of the ureters by the gravid uterus. It is, therefore, impairment in the release of urine and in labor, is related to the compression exerted by increased uterine volume on the ureters. Furthermore, the distended bladder can block the descent of fetus by inhibiting the spontaneous pull. Thus, it is important to monitor the urine elimination during pre-parturition.^{8,12}

Impaired sleep and rest usually also occur because of discomfort from poor positioning due to the pain of labor, respiratory distress,

or anxiety, these phenomena expressed by the mothers of the study. Adapting the environment in which the mothers are is important to improve the standard of sleep and rest, since the environment free from light, noise pollution, among other factors, is favorable to it. Moreover, it is advisable to implement comfort measures such as massage, positioning and affective touch.⁹

The Mobility Impaired physical diagnosis was identified from difficulties in walking, due to the characteristic pain of the first stage of labor, which causes restriction of movement, or continuous intravenous infusion of oxytocin itself, contributing to the permanence of the laboring woman in bed. Studies indicate that the installation of venipuncture and administration of oxytocics, impair active movement during the antepartum and vertical positioning , which enhance the evolution of the active phase and favor natural childbirth.¹²⁻⁴

Regarding the activity/exercise, it is highlighted that even ambulation during labor shortens the duration of labor. Moreover, the vertical positions favor the respiratory and metabolic function and operate as a measure of comfort.¹⁵

As for risk of infection, it was associated particularly to premature rupture of amniotic membranes. Other defining characteristics also supported this diagnostic development: drinking, smoking, preexisting health conditions, incomplete tetanus vaccine regimen and high number of touches vaginas. Smoking and alcohol cause changes in placental perfusion which may culminate in premature rupture of membranes.¹⁶⁻⁷

During the interview, the mothers expressed a feeling of acute pain through bodily and verbal expressions, and crying, inability to relax, restlessness and fear. The pain during labor is a physiological complex, subjective and multidimensional to sensory and relates to physical and environmental aspects stimuli response. Incidentally, originates worries and other negative feelings that encompass the birth process, and among these the fear that influences the behavior of the woman in labor, especially if this does not feel welcome and protagonist of labor.¹⁸⁻⁹

Premature rupture of membranes is another factor that leads to increased pain with the evolution of labor, since the function of slowing the fetal environment from trauma was lost.²⁰

Regarding the Comfort harmed not only the restriction of movements, but also the hostile environment of the hospital obstetric unit, where the scientific professionals find overlaps the autonomy and female role, contributed to the preparation of this diagnosis. Thus, to provide comfort, essential condition is the existence of an enabling environment, ie, considerate, warm, affectionate and welcoming environment that fosters relief, safety, security and well-being for women during childbirth.²¹

In addition to the biological changes, this period also occur changes and psychosocial adjustments that can generate anxiety, determined by agitation, fear and altered breathing pattern.

Regarding the nursing diagnosis anxiety, it can be said that is characterized by a vague, uneasy feeling of discomfort or dread accompanied by an autonomic response. It is a warning sign that draws attention to an impending danger and enables the individual to take measures to deal with the threat.⁸

Cultural beliefs about childbirth may influence women to regard it as a significant and/or stressful event. The meanings of the role of women and self-concept can affect behavior during labor, translated in the form of fear, anxiety and defensive behaviors. Similarly, if a woman experienced a previous unpleasant experience for childbirth possibly have negative behavior during labor.²²⁻⁴

Overcoming this feeling of fear and isolation that women experience in the healthcare model hegemonic medicalized and interventional obstetric, is given by the humanization of birth in the form of human, comprehensive and individualized care, whose expectations, needs and rights of women in labor should be considered.²¹

Just as anxiety, deficiency of knowledge may also interfere with the development of

the role of the woman in labor. It is the absence or deficiency of cognitive information related to a specific topic, in this case, every subject related to the parturition process, usually passed on to pregnant women during prenatal consultations or from experiences with previous deliveries.⁸

The parturients by verbalization of the problem mentioned absence of exposure to occupational information, as reported not having received guidance on labor and childbirth during prenatal or that the information provided was insufficient.

The literature shows how fundamental is the prenatal the empowerment of women to labor. However, what is observed in everyday life is the lack of essential information for women to experience this moment safely. The female protagonist at the time of labor is compromised if the mother does not know the physiological process of childbirth and hinders making conscious decisions about what kind of interventions will be submitted.^{23,25-6}

The identification of knowledge deficits provides clarification and counseling of pregnant women. Therefore, to ensure the quality of care during labor, the health care team, responsible for assisting in these cases must have a welcoming attitude and qualified hearing, so there is the promotion assistance integral and humanized childbirth.

FINAL REMARKS

One can see that the basic needs of women during the first stage of labor were visibly affected, due to the high and varied amount of nursing diagnoses raised according to the classes of Taxonomy II of NANDA. Furthermore, the survey results also revealed a weakness in the care provided to these patients within the Obstetric Center, observed both in the organization of the work process, as the lack of effective nursing interventions. This situation is justified by a tour in the ways of operating processes in healthcare are not guided by the systematization.

The SAE allows that nurses focusing on the field of knowledge of its own in search of quality care consistent with the needs of the laboring woman. Thus, the planned care is now a consequence of critical reasoning to be based not only on medical prescription, which highlights its autonomy and promotes professional recognition by the team members.

It is essential to plan and implement strategies that can help women to experience birth experiences with minimal fear and anxiety, to resort to coping mechanisms to

reduce the rates of dissatisfaction and help them regain control during childbirth.

The intent of this study was not to exhaust the topic covered, but provide subsidies so that the attention of the laboring woman is held in a systematic, humane and comprehensive manner. The humanization of birth implies that nurses respect the aspects of female physiology, recognize the social and cultural aspects of labor and birth and provide emotional support to women and their families, ensuring the rights of citizenship.

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