



## THE HUMANIZATION IN THE ASSISTANCE TO DELIVERY AND CHILDBIRTH

### A HUMANIZAÇÃO NA ASSISTÊNCIA AO PARTO E AO NASCIMENTO

### LA HUMANIZACIÓN EN LA ASISTENCIA AL PARTO Y NACIMIENTO

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#### ABSTRACT

**Objective:** to analyze the humanization actions performed by nurses in the assistance to delivery and childbirth. **Method:** quantitative, field, descriptive and exploratory study, conducted with 30 nurses who work at the Integrated Health Center. The collection of information occurred through a questionnaire. Data were consolidated descriptively and absolutely and presented in tables. **Results:** the nurses recognize that humanization programs bring benefits to pregnant women, to newborns and their families. However, the professionals reported that 63% of parturients have resistance and, thus, do not cooperate with the recommendations and 73% of nurses responded that the lack of knowledge and/or the callousness of some health professionals regarding the importance of the humanization of childbirth leads to a resistance in performing a humanized quality. **Conclusion:** nurses have limits to implement humanized actions in the assistance to childbirth such as physical structure; inadequate accommodation; ineffective nursing team dimensioning; insufficient material resources; overcrowding; desensitized professionals and the parturient's resistance to collaborate with certain situations. **Descriptors:** Humanized Delivery; Humanization; Natural Childbirth; Nursing Care; Obstetric Nursing; Nursing.

#### RESUMO

**Objetivo:** analisar as ações de humanização realizadas pelos enfermeiros na assistência ao parto e ao nascimento. **Método:** estudo quantitativo, de campo, descritivo e exploratório, com 30 enfermeiros que atuam em um Centro Integrado de Saúde, por meio de um questionário. Os dados foram consolidados de maneira descritiva e absoluta e apresentados em tabelas. **Resultados:** os enfermeiros reconhecem que os programas de humanização trazem benefícios às parturientes, ao recém-nascido e aos seus familiares, no entanto, relatam que 63% das parturientes possuem resistência e, assim, não colaboram com as recomendações e 73% responderam que a falta de conhecimentos e/ou a insensibilidade de alguns profissionais de saúde quanto à importância da humanização do parto levam a uma resistência em realizar uma assistência humanizada de qualidade. **Conclusão:** os enfermeiros possuem limites na execução das ações humanizadas na assistência ao parto como a estrutura física; acomodações inadequadas; dimensionamento da equipe de enfermagem ineficaz; recursos materiais insuficientes; superlotação; profissionais insensibilizados e resistência da parturiente em colaborar com determinadas situações. **Descritores:** Parto Humanizado; Humanização; Parto Normal; Cuidados de Enfermagem; Enfermagem Obstétrica; Enfermagem.

#### RESUMEN

**Objetivo:** analizar la humanización de acciones llevadas a cabo por los enfermeros en la asistencia al parto y nacimiento. **Método:** estudio cuantitativo, de campo, descriptivo y exploratorio realizado con 30 enfermeros que trabajan en el Centro Integrado de Salud. La recopilación de información ocurrió a través de un cuestionario. Los datos fueron consolidados de manera descriptiva y absoluta y presentados en tablas. **Resultados:** los enfermeros reconocen que programas de humanización traen beneficios a las mujeres embarazadas, los recién nacidos y sus familias. Sin embargo, informaron que el 63% de parturientas tienen resistencia y, por lo tanto, no cooperan con las recomendaciones y el 73% respondieron que la falta de conocimiento y/o la insensibilidad de algunos profesionales de la salud acerca de la importancia de la humanización del parto conduce a una resistencia en realizar una calidad humanizada. **Conclusión:** los enfermeros tienen límites sobre la ejecución de las acciones de la asistencia humanizada al parto como la estructura física; insuficiencia de alojamiento; dimensionamiento del equipo de enfermería ineficaz; recursos materiales insuficientes; hacinamiento; profesionales de aturrido y resistencia de la parturiente en la colaboración con determinadas situaciones. **Descriptores:** Parto Humanizado; Humanización; Parto Normal; Atención Enfermería; Enfermería Obstétrica; Enfermería.

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INTRODUCTION

From the 20<sup>th</sup> century, after the Second World War, childbirth was institutionalized aiming at reducing the rate of maternal and infant mortality. With this, childbirth began to be performed at hospitals instead of at home, as it used to be.<sup>1</sup> Currently, the term humanization is a complex and controversial subject (particularly in the health area), especially when it comes to humanization of childbirth. From this perspective, the key of the humanization of childbirth should be the prenatal, because, in this period, pregnant women can receive guidelines related to the whole process of pregnancy through puerperium, and even the choice of type of delivery (vaginal or cesarean surgery) that she can perform.<sup>2</sup>

Each health professional interprets the term humanization differently: some believe that humanized childbirth means a painless and vertical delivery (vaginal); others, that it is the presence of a companion and, for others, it is a delivery with greater physical and emotional support. However, one can think that none of these situations will be humanized if women’s opinion is disregarded, since she, the newborn and her family are the real protagonists of the scene, being essential the female empowerment considering the values of humanization, her emotional state, beliefs and extolling her dignity and autonomy during the childbirth.<sup>3-4</sup>

The concept of Humanized Childbirth can be represented as a set of behaviors, actions and procedures, discussed together with the woman, aiming at the improvement of labor in order to promote healthy births and prevent maternal and perinatal morbidity and mortality.<sup>5</sup>

The nursing staff plays an active and essential role in the establishment of humanized care throughout the follow-up of the labor and childbirth, respecting time, limits, desires, aspirations and expectations of the people involved. This care experience, by Nursing professionals, has provided benefits for childbirth and babies by means of care and comfort technologies.<sup>6</sup>

In order to provide an improvement in the quality of vaginal, various effective relaxation techniques are performed: the massage, music therapy, immersion baths, among others that provide several benefits such as pain relief during labor and delivery.

In order to contribute to the sharing of this special moment, the parturient has the right to choose the presence of a companion

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foreseen in Law 11.108/2005, with the aim of relieving the focus of pain and providing emotional support and safety. The legislation ensures the freedom of choosing the childbirth position, walking, free feeding, reduction of risk factors from the surgery, the best adaptation to postpartum and a cozy environment.<sup>7</sup>

The experience of childbirth represents an important event in women’s life, being a unique and special moment experienced by the woman’s transformation in her new role of being a mother. Based on this thought, regardless of the delivery route, the attention and the holistic care of health professionals are a duty, being the provision of a humanized assistance a right of pregnant women and their families.<sup>8</sup>

OBJECTIVE

- To analyze the humanization actions performed by nurses in the assistance to delivery and birth.

METHOD

This is a quantitative, field, descriptive and exploratory study, performed in the period from April to June 2016, in the Integrated Health Center Amaury de Medeiros/University of Pernambuco (CISAM/UPE), in the field of obstetrics, located in the city of Recife, Pernambuco, Brazil.

The study subjects were all nurses who work, directly and indirectly, performing nursing care to women in the period of prepartum, delivery and postpartum and that work in the Obstetric Screening and Care, Obstetric Center (OBC), Delivery Room, as well as the Joint Accommodation in CISAM. The inclusion criteria were: being a nurse in the aforementioned sectors; time of work in these sectors greater than or equal to three months, as well as those who had assented with the participation by means of reading and signing the Informed Consent Form (ICF). The exclusion criteria were: nurses who were not in service at the time of collection (away or leave) and which were not part of the team of the sectors in question or worked in the sector sporadically.

The universe consisted of 36 nurses in the sectors referred to the study, and 32 of these met the inclusion criteria. However, two nurses refused to answer the questionnaire. Thus, the sample size of the study was 30 nurses.

The data collection instrument was performed individually, through the application of a questionnaire with 23 closed

questions prepared by the authors of this article, seeking to identify the actions performed by nurses in a humanized manner in the assistance to delivery and birth. The exposure variables were sociodemographic variables - age (21 to > 50 years) and gender (males and females).

The data were consolidated and analyzed in Excel 2010, Windows®, in which they were analyzed descriptively using relative and absolute frequencies of the data, later presented in tables for better visualization.

The study followed all ethical precepts of the Resolution of the National Health Council (CNS/MS) 466/12, being the research

approved by the Research Ethics Committee (REC) of the Salgado de Oliveira University (UNIVERSO - *Universidade Salgado de Oliveira*) under CAAE 53942116.4.0000.5289.

RESULTS

This chapter will show the results that identify the actions performed by nurses in a humanized way, in the assistance to delivery and birth, participating in the research 30 nurses who work at the Integrated Health Center Amaury de Medeiros - CISAM, in the daytime and nighttime shifts. The data were collected in the period from April to June 2016.

Table 1. Social characterization of the nurses working at the Integrated Health Center Amaury de Medeiros (CISAM). Recife (PE), Brazil, 2016.

Variables	n	%
Age		
20 years	-	-
21 - 30	08	27
31 - 40	13	43
41 - 50	07	23
> 50	02	07
Gender		
Female	29	97
Male	01	03
Working time (Month/Year)		
6 months	03	10
6 - 1 year	01	03
1 - 2 years	04	13
2 - 4 years	05	17
4 - 10 years	09	30
> 10	08	27
Work shift		
Day	21	70
Night	09	30
Specialization/ Residency		
Yes	17	57
No	13	43
Satisfaction with the work		
Unsatisfied	-	-
Little satisfied	04	13
Satisfied	20	67
Very satisfied	06	20

According to Table 1, the characterization of CISAM nurses shows that 43% are in the age range from 31 to 40 years, and female predominance, with 97%. Nurses' professional description has resulted in 30% of time of

activity in the area from four to ten years; 70% work in the daytime shift; 57% have a specialization and 67% feel satisfied with the work they perform.

Table 2. Childbirth humanization programs practiced by the nurses of the Integrated Health Center Amaury de Medeiros (CISAM). Recife (PE), Brazil, 2016.

Variables	n	%
<b>Humanization Programs in the institution (n.* 40)</b>		
Companion's Law	26	65
Rede Cegonha (Stork Network)	14	35
No programs	-	-
<b>Humanization programs and benefits (n. 30)</b>		
Bring safety to birth	30	100
They do not, once they are only in fashion	-	-
They do not, regardless the programs, there are no changes	-	-
I do not know	-	-
<b>Humanization Programs in the institution (n.* 40)</b>	-	-

n.\* = multiple answers

According to Table 2, among the childbirth humanization programs practiced by the CISAM nurses, 65% of them say that the existing program in the institution is regulated by the Companion's Law; 35% indicate the

*Rede Cegonha* program, and 100% of the interviewees state that these programs bring benefits to pregnant women and their families, who feel safe in relation to the childbirth.

Table 3. Nursing care in the prepartum, delivery and postpartum of the Integrated Health Center Amaury de Medeiros (CISAM). Recife (PE), Brazil, 2016.

Variables	n	%
<b>HUMANIZED care performed</b>		
<b>In delivery stages (n. 30)</b>		
Adequate information on delivery evolution	30	100
Trichotomy, Oxytocin use, Kristeller's maneuver	-	-
Others:	-	-
<b>Nursing Care in vaginal delivery (n.*104)</b>		
Respect the time for childbirth	18	17.3
Fit to the parturient's limits and desires	19	18.26
Perform relaxation techniques	19	18.26
Clarify on the right to a companion	17	16.35
Freedom to chose the delivery position, walk and provision of clear fluids	24	23.1
Restrictionless feeding depending on the case	07	6.73
Others	-	-

Table 3 shows the nursing care in prepartum, delivery and postpartum of CISAM, where 100% of the respondents have adequate information about the delivery evolution and its development within realistic and positive expectations for the parturient and her

companion. Regarding nursing care, considering vaginal birth route, 23.1% state that there is freedom in the choice of the parturient's position regarding the delivery and/or childbirth, with the possibility of walking and provision of clear fluids.

Table 4. Nursing care in prepartum, delivery and postpartum of the Integrated Health Center Amaury de Medeiros (CISAM). Recife (PE), Brazil, 2016.

Variables	n	%
<b>Progresses in the humanized care for women (n.*78)</b>		
Safety and tranquility in delivery	27	35
Reduced delivery suffering/pain/discomfort	22	28
Reduced postpartum complications	16	20
Reduced mother-child mortality	13	17
No difference at all	-	-
Others	-	-
<b>Humanized care performance (n. 30)</b>		
No difficulty at all	01	03
Little difficulty	02	07
Some difficulty	15	50
A lot of difficulty	12	40
Others	-	-
<b>Difficulties regarding humanized care (n.*65)</b>		
Physical space	23	35
Reduced Nursing Team	26	40
Lack of material	16	25
None	-	-
Others	-	-

Table 4 shows that, regarding nursing care in prepartum, delivery and postpartum of CISAM, 35% indicated more safety and tranquility in the vaginal delivery in relation to the main progress of a humanized nursing care for women’s health; 50% reported some

difficulty performing a humanized care in the institution; 40% show that the biggest difficulty is the reduced nursing team and 35% reported the lack of physical space as the greatest difficulty faced.

Table 5. Resistance of nurses, parturients and companions regarding humanized care at the Integrated Health Center Amaury de Medeiros (CISAM). Recife (PE), Brazil, 2016

Variables	n	%
<b>Resistance of parturientes and companions</b>		
Yes, parturientes do not collaborate	19	63
None, parturientes and companions collaborate	11	37
Others	-	-
<b>Resistance among nurses</b>		
They have due to lack of knowledge on humanization	22	73
They do not perceive any resistance, since they work in teams	08	26
Others	-	-

Furthermore, as shown in table 5, 63% of parturients have resistance and, thus, do not cooperate with the recommendations brought by the nurse to ensure a safe and smooth prepartum and childbirth. As for 73% of the nurses, the lack of knowledge or the callousness of some health professionals regarding the importance of the childbirth humanization leads to a resistance in performing a humanized quality.

contextualizes during the Carlos Chagas Reform, in the 1920s, creating the first nursing school composed exclusively by women which valued, at the same time, the technical and philanthropic care understood as an extension of women’s role at home performing tasks related to the care of others.<sup>9</sup>

DISCUSSION

The predominance of female portrays the Nursing history itself, requiring people with female-nature properties, with discreet, quiet and charitable care. The female gender

Nursing symbolizes the female gender that remains in the profession in Brazil, considering the influence of Florence Nightingale when institutionalizing a profession only for women, who are naturally prepared.<sup>10</sup>



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satisfaction of professionals within the hospital environment.<sup>11</sup> Nurses' professional satisfaction enables developing their activities with pleasure and less stress, reflecting on the character of patient care.<sup>12</sup>

The obstetric nurse, in his/her professional practice, uses the routine linked to the human being to perform his/her activities and actions described in the specialization and in personal, professional and environmental interactions. During the care provided to women, nursing professionals play, to the maximum, procedures experienced at Obstetrical Nursing Specialization Courses providing this woman the most natural delivery and childbirth as possible.<sup>13</sup>

In Brazil, various programs and laws were developed by the Ministry of Health. The main one is Law 11,108, of 07 April 2005, which guarantees, for the parturient, the presence of a companion during labor, delivery and immediate postpartum.<sup>14</sup> The permanence of a person in the parturition scenario, accompanying the woman and offering ongoing support implies positive results for both physical as psychological aspects for the pregnant woman and her family.<sup>15</sup>

The *Rede Cegonha* program, released in 2011 by Decree 1,459, consists of a set of care that ensures the woman the rights to reproductive planning and humanized care during pregnancy, childbirth and puerperium. In this way, the rights assured to women are: expansion of access; receptiveness and quality of prenatal care; subsidy to the transport of urgency and emergency; linking of the pregnant woman to a reference institution for childbirth assistance; safe delivery and birth through good care practices; the presence of a companion chosen by the woman during childbirth; access to quality care and the child's right to a safe birth, healthy growth and development.<sup>16</sup>

Although the parturient's right to a companion is protected by law, many health institutions still denies it claiming various problems such as the companion's unpreparedness, who does not know the physiology of delivery, and lack of adequate physical structure to this humanization practice.<sup>17</sup>

The "Welcoming Whoever Receives Project", from CISAM, aims at welcoming and including the companion in the institutional framework by means of information and health educational activities at the time of screening and admission of pregnant women.<sup>18</sup>

In order to provide a humanized care, health professionals should provide adequate

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information for each situation, from prenatal to puerperium, offering physical and emotional support, informing about the right to a companion and calming their anxieties and fears.<sup>19</sup>

The childbirth humanization practices include the supply of diet and techniques for pain the relief, such as: warm bath, massage, music therapy, positions to relieve pain, swiss ball, freedom for the childbirth position, walking, cozy atmosphere, among others.<sup>20</sup> By means of scientifically proven practices, the woman and the newborn will receive many benefits, such as: breastfeeding in the first hour of life; early skin-to-skin contact and umbilical cord clamping after ceasing the heartbeat.<sup>21</sup>

Humanized nursing care, as a simple information, will provide women a feeling of trust and tranquility during childbirth, in addition to improving birth conditions, reduced number of cesarean sections and complicated deliveries, promoting respect for women (paramount factor), thus providing emotional support, education and information for the parturient regarding the procedures to be performed, whether in the vaginal delivery or cesarean surgery, offering freedom of position, movements and provision of clear fluids and pain control by means of relaxation techniques and massages, which are essential for the parturient's comfort.<sup>5, 22</sup>

Nursing is responsible for providing a clear humanized service, for a quality assistance to occur.<sup>23</sup> The difficulties providing a humanized assistance can be illustrated with professionals' unpreparedness or lack of knowledge about the procedures, lack of interest and willingness of institutions, accommodation and physical space, demotivation of staff and insufficient number of nurses.<sup>24</sup>

The nursing professional, who has working conditions and adequate knowledge for performing his/her activities, must feel recognized and valued, reflecting in a assistance to women prioritizing a more humanized care.<sup>25</sup>

## CONCLUSION

The study outlines the socioprofessional profile of nurses who provide assistance to delivery and birth, with the predominance of female professionals, average age between 21 and 30 years. Most of them work in the daytime shift and have worked in the health area from four to ten years. Many respondents have specialization in obstetrics and feel satisfied with the work they perform.

The study could list humanized actions performed by nurses regarding women's care in prepartum, delivery and postpartum, as recommended by the Ministry of Health, highlighting the provision of adequate information about the delivery evolution, thus developing realistic and positive expectations for the parturient and her companion.

Use of relaxation techniques for pain relief and exercises to facilitate labor, clarification to the parturient about her right to a companion, the freedom to choose the childbirth position, to walk and the provision of clear fluids and food are simple attitudes that can positively influence the reality of care to the mother and her fetus.

Regarding the aforementioned actions, some benefits brought by them to this special moment for the mother, the baby and her family stand out: safety and tranquillity in the vaginal delivery; reduction of suffering, pain and discomfort in the vaginal delivery; respect the time of birth of every baby; reduction of postpartum complications and maternal and infant mortality and the protagonism.

This study shows that nurses have some limits and difficulties to implement humanized actions in the assistance to childbirth, emphasizing the physical structure, with the reduced amount of folding screens, thus leading to exposure of the parturient, and inadequate accommodations for companions. These problems hinder the fulfillment of the law and existing programs in the institution. Other difficulties include reduced nursing team, lack of material, overcrowding, deficiency of knowledge or awareness of professionals and the resistance of the parturient to collaborate with certain situations.

Nurses still perform the actions recommended by the MH, despite difficulties in the institution to provide a quality assistance. This hospital space must be rethought as a more private, cozy and conducive environment to implement humanized practices, in addition to the sufficient availability of materials, being necessary to include continuing education for health teams, improving their knowledge, and the acquisition of qualified professionals, committed and sensitive personally and professionally.

Humanizing birth assistance is not only giving birth in water or at home, but it is part of a set of procedures such as respecting the role of the woman and fetus, physiology, limits, anxieties, fears, among others, and above all, to welcome the family in this special moment.

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