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RESEARCH

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PERCEPTION OF OBSTETRIC NURSES ON THE ASSISTANCE TO CHILDBIRTH: REESTABLISHING WOMEN'S AUTONOMY AND EMPOWERMENT

Percepção das enfermeiras obstétricas na assistência ao parto: resgate da autonomia e empoderamento da mulher

Percepción de las enfermeras obstétricas en la asistencia al parto: rescate de la autonomía y empoderamiento de la mujer

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ABSTRACT

Objective: The study's main purpose has been to understand the perception of obstetric nurses vis-à-vis nursing care at Centers for Natural Childbirth. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was performed through semi-structured interviews with eighteen obstetric nurses at the Center for Natural Childbirth from the Municipal Maternity Mariska Ribeiro and submitted to content analysis under the thematic modality. **Results:** There were identified the obstetric model transition and the interface with obstetric nursing, where the practice of obstetric nurses were based on technical-scientific knowledge, favoring a humanized model for the rescue of women's autonomy, and the inhibition of interventionist practices. **Conclusion:** Therefore, it is concluded that the appraisal of humanized practices in the childbirth and birth framework is part of the performance of obstetric nurses, moreover, it holds the possibility of reconsidering the care model towards women undergoing childbirth and birth, with rupture and political, social and economic engagement of humanization.
Descriptors: Obstetric nurses, natural childbirth, humanized childbirth, professional practice.

RESUMO

Objetivo: compreender a percepção das enfermeiras obstétricas sobre a assistência de enfermagem no Centro de Parto Normal. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado entrevista semiestruturada com dezoito enfermeiras

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obstétricas no Centro de Parto Normal do Hospital da Mulher Mariska Ribeiro, e submetidas a analise de conteúdo na modalidade temática. **Resultados:** identificou-se a transição do modelo obstétrico e a interface com a enfermagem obstétrica, com a prática das enfermeiras obstétricas pautadas no conhecimento técnico-científico, favorecendo um modelo humanizado para o resgate da autonomia da mulher, e a inibição de práticas intervencionistas. **Conclusão:** conclui-se que a valoração das práticas humanizadas no contexto do parto e nascimento é integrante da atuação da enfermeira obstétrica, e tem a possibilidade de repensar o modelo de atenção a mulher no parto e nascimento, com ruptura e engajamento político, social e econômico da humanização.

Descritores: Enfermeiras obstétricas, Parto normal, Parto humanizado, Prática profissional.

RESUMÉN

Objetivo: comprender la percepción de las enfermeras obstétricas acerca de la asistencia de enfermería en Centro de Parto Normal. **Método:** estudio descriptivo, exploratorio, de abordaje cualitativo, por medio de entrevista semi estructurada con dieciocho enfermeras obstétricas en Centro de Parto Normal del Hospital da Mulher Mariska Ribeiro, sometidas a análisis de contenido en la modalidad temática. **Resultados:** se identificó transición del modelo obstétrico e interfaz con enfermería obstétrica, con práctica das enfermeras obstétricas basadas en el conocimiento técnico-científico, lo que favorece un modelo humanizado para el rescate de la autonomía de la mujer, además de la inhibición de prácticas intervencionistas. **Conclusión:** se constata que la valoración de las prácticas humanizadas en el contexto del parto y nacimiento es integrante de la actuación de la enfermera obstétrica y es una posibilidad de repensar el modelo de atención a la mujer en el parto y nacimiento, con ruptura e implicación política, social y económica de la humanización.

Descriptores: Enfermeras obstetrices, Parto normal, Parto humanizado, Práctica professional.

INTRODUCTION

In recent decades, providing care to women in the pregnancy-puerperal cycle has undergone changes in Brazil.[1] Such changes have brought back the valorization of natural childbirth, in addition to encouraging a harmonious relationship between technological advances and the quality of human relations in the care for women, this note being one of the recommendations of the World Health Organization (WHO) about assistance to natural childbirth.[2] This change is due to a criticism of the current technocratic model, in which it promotes the promotion of various interventions in the work context of labor and delivery, and possible complications resulting from preventable practices, such as routine oxytocin, episiotomy, Kristeller maneuver, intestinal lavage, among others.[1,3]

Therefore, the humanization of assistance gains visibility in the institutional and social order to foster the rupture of paradigms in favor of obstetric health. In this sense, the WHO proposed assistance based on scientific evidence based on the classification of obstetric procedures in natural childbirth, according to the criteria: usefulness, effectiveness, and risk. These recommendations gave rise to the categories of practices in assisting natural childbirth: category A - practices that are useful and should be encouraged; category B - practices that are harmful or ineffective and that must be eliminated; category C - practices in which there is no evidence to support its recommendation and should be used with caution until further research clarifies the issue; category D - practices that are often inappropriately used.[3] This document was ratified by the Brazilian Ministry of Health for a change in the logic of care for women's health in the context of childbirth and birth, with the rescue of the physiology of childbirth and women's autonomy.

Given this framework, the performance of the obstetric nurse becomes a fundamental component for the rupture of the model with the use of humanized practices at childbirth and birth, based on female autonomy and empowerment.[3,4] Furthermore, scientific evidence shows that births accompanied by obstetric nurses show a better quality of care services, reducing the number of unnecessary interventions such as episiotomy and instrumental delivery.[3] Moreover, it is noteworthy that the performance of such health professional is supported by the Law No. 7,498 on 25th June 1986 (Law of Nursing Professional Exercise), with its role of assisting natural childbirth, without dystocia.

Hence, this study meant to understand the perception of obstetric nurses vis-à-vis nursing care at Centers for Natural Childbirth.

METHODS

It is a descriptive-exploratory study with a qualitative approach, which took place at the Municipal Maternity Mariska Ribeiro located in the *Rio de Janeiro* city, linked to the *Cegonha Carioca* Program and member of Programmatic Area 5.1 (PA 5-1), which covers the following neighborhoods: *Bangu, Campo dos Afonsos, Deodoro, Jardim Sulacap, Magalhães Bastos, Padre Miguel, Realengo, Senador Camará*, and *Vila Militar*.

The study participants were eighteen obstetric nurses working in the aforesaid hospital, with the following inclusion criteria: being an obstetric nurse; to be active in caring for women undergoing childbirth and birth process. So, they were invited to participate in the study, and after accepting the invitation, they were informed about the study and were asked to sign the Informed Consent Form (ICF), ensuring their anonymity using an alphanumeric code: IO1 to IO18, according to the sequence of the interviews. Nurses with less than six months of experience in assisting natural childbirth at usual risk were excluded.

Data collection took place through semi-structured interviews, which were carried out over the period from September to December 2016, in a private room, only in the presence of the main researcher and the participants. The data were collected by a digital device and transcribed in full. After being transcribed, they were submitted to content analysis in the thematic mode, where the Registration Unit (RU) was used based on the theme, as a strategy for organizing the content of the interviews.[5] The colorimetry allowed the identification of each RU and to group them in related units, allowing an overview of the theme. The interviews originated the following RU: Assistance of obstetric nurse based on scientific evidence; assistive technology based on physiology;

changing the care model; woman as a subject of law. These RU supported the construction of the following thematic category: 1) The obstetric model transition and the interface with obstetric nursing.

In compliance with the Resolution No. 466/2012 from the National Health Council, this study was approved on March 4th, 2016, by the Research Ethics Committee of the Medicine School from the *Universidade Federal Fluminense (UFF)* under the Protocol No. 1438.481/2016.

RESULTS

The obstetric model transition and the interface with obstetric nursing

The participants' statements have showed that providing care to women undergoing childbirth and birth process is based on technical-scientific knowledge and respect, always prioritizing the physiological aspects of giving birth, the right to autonomy and the empowerment of women, so there is safe and humanized assistance:

> *We see that if you let delivery happen more naturally, it is better for the woman.* (IO1)

> *Allowing the process to proceed as naturally as possible, according to the physiology of childbirth. I think that humanization came to this: respecting the time of the woman and the baby, respecting the woman's wishes. (IO6)*

> *Physiological respect for childbirth, we avoid making and stimulating "pulls", unnecessary maneuvers, and manual placental output and, with that, leaving it to detach by itself.* (IO10)

> *Care practices are essential and are based on evidence, so and notorious when process and physiological, it shows an improvement in the quality of care and in the result of the final product, which is a healthy and happy mother and baby.* (IO13)

It was articulated in the participants' statements that welcoming women during the delivery process follows the current scientific evidence and the recommendations of the Brazilian Ministry of Health, the regulatory body in Brazil, always respecting women's autonomy and empowerment:

> *When we welcome, we always do it in a humanized way, the Ministry of Health recommends, we try to observe the needs of that woman by giving individualized assistance, in which we respect her autonomy.* (IO7)

> *For me as an obstetric nurse, to humanize childbirth is to respect the woman's time as much as possible, to help her go through the process in a way, even if it is painful, in a comfortable approach.* (IO11).

The nurses highlighted that their training was aimed at promoting a welcoming, comfortable and safe environment for women undergoing childbirth and birth process, and also recognized that all practices developed were based on the humanized model. They emphasized that the Center for Natural Childbirth was developed for the production of a new model of ambience for the assistance to women in the pregnancy-puerperal period, which facilitated the assistance performance:

> *The unit has already been established with this model, a humanized model. All teams try to do, in other words, to have this humanized practice, based on evidence.* (IO1)

> *The unit helps you performing non-interventionist practices that make the difference in the work of the obstetric nurse.* (IO13)

> *What I have observed in practice, and the welcoming of women in the unit that has been respected, are no longer wandering to give birth, today she has a reference. The* Rede Cegonha *[Stork Network] came to improve the arrival of this patient here with her companion. We cannot forget that Humanization Policies are being applied more in maternity hospitals, that the number of cesarean sections has shown significant falls in Brazil.* (IO18)

The participants underlined that the obstetric care offered to women during labor was a range of interventions classified as not recommended by the WHO:

> *Whoever has worked in obstetric care in the past and works today, knows the importance of people implementing these practices. Because in the past, obstetric care was very interventionist, very bad for women.* (IO1)

> *When the woman comes to us, she is no longer the woman of old times, who had no idea what was going to happen, but today she is better informed.* (IO9)

> *In a conscious way of what she is going through, to have active motherhood, and to participate in childbirth in a different way from what was formerly, that the woman was only passive.* (IO16)

> *In my professional daily life, I realize that we first take this woman to participate in labor and she recognizes that she is the protagonist of the situation.* (IO18)

The participants highlighted the woman's visit to the unit during the gestational period, to get to know the unit, following

the recommendations of the *Rede Cegonha* [Stork Network], as a way of establishing a greater bond with the pregnant woman and her family:

> *Nowadays we have the stork visit, that they come to the unit and we show how it works, what they will find here, which might help during labor.* (IO5)

> *This woman is no longer as lost in the network as she was before, so this strengthening of the bond: the basic unit and the hospital, you do not lose this woman.* (IO9)

> *We have the stork visit that we do as part of presenting to women what they should expect, how is this delivery here performed by the obstetric nurse.* (IO12)

> *During the stork visit, we show her and the accompanying family member what position she can take when giving birth, so she has this free choice.* (IO16)

The participants emphasized the importance of the companion in labor and delivery, which guarantees security and confidence for the parturient women in the entire birth process:

> *The companion remains with her from hospitalization until discharge, even when it is the case that this woman undergoes a cesarean section. It further strengthens the bond with this woman and also gives confidence, because she has a person there at all times that she can trust.* (IO3)

> *Women are more empowered; they are safer when they have a companion.* (IO7)

> *For me, the main three, without disparaging the others, but if the woman is not empowered, she will not do anything, if she does not have a companion, she will not feel safe, and if she is not in a welcoming environment, nothing will be worth it.* (IO17)

> *We encourage them to bring a companion. We also know that this companion is a way for this woman to feel both comfortable and safe during childbirth.* (IO18)

Bearing in mind the aforesaid, emphasizing women concerning the childbirth and birth context becomes essential to rethink the models of assistance, in which the focus of women's needs and the use of humanized practices enabling women's autonomy and empowerment.

DISCUSSION

The humanization of childbirth and birth proposes, in particular, that health professionals respect the physiological aspects, intervene ethically and judiciously, and recognize the social and cultural aspects of women, offering them welcoming assistance based on respect, dignity, in their autonomy and their beliefs.[6] So, the path to the model's transition is respect for the physiology of the process, which requires a transformation in the performance of the health professional, in technical training, in recognition, in the autonomy of professionals to act in this field.[7]

So, the perceptions of obstetric nurses are in agreement with the recommendations of the WHO, concerning obstetric conduct in natural childbirth, when carrying out practices in their daily lives, there is respect for the physiological process of giving birth, as well as respect women's choices, given a humanized approach, essential for their demands to be valued and respected.[8] For, the act of giving birth is the only protagonist of childbirth: the woman; therefore, her choices must be respected, and conditions must be offered so that this experience is as comfortable and safe as possible.[3]

The care practice of obstetric nurses is aimed at appreciating women, strengthening them in the process of giving birth, welcoming them, respecting them in their time, providing care for pain relief and conducting labor, stimulating their execution such as follows: exercises, massages, baths, walking, and adoption of more vertical positions.[9] With this, it is confirmed that the care in delivery and birth care by the obstetric nurse is based and based on scientific evidence, and within a technical-scientific dimension.

Hence, attention to childbirth and birth must be centered on the role of women, letting the physiology of the female body predominate over the technicism of modern obstetrics. Because, obstetric nurses are free to care for women, freeing themselves from the way of caring for obstetric tradition, without neglecting the physiological needs of the body process, and dedicate themselves to the care that originates in women, which is built in encounters with each woman who gives birth, perpetuating humanized practices, whose rescue of the care process, supported by scientific evidence in favor of a safe practice.[10]

Therefore, obstetric nurses must demonstrate through scientific evidence that obstetric care in the care of women who give birth is based on a holistic view, which means that these practices go beyond physiological aspects and make the experience of giving birth a harmonious event and an experience of growth and fulfillment for women and their families.

The Brazilian Ministry of Health recommends that the environment should be welcoming, with individualized care, without rigid routines, so that women can express their needs and feel safe and protected. Obstetric care must provide a welcoming and pleasant space that allows privacy and the

establishment of a bond with the woman, contributing to the reduction of stress during labor.[11,12] Herewith, obstetric nurses must provide women with a silent and comfortable environment, valuing even more the non-invasive and non-pharmacological methods for pain relief in the whole process of giving birth, and favoring the autonomy of women regarding the safest and most reliable choices.

The assistance model implemented for the birthing process has the potential to provide care centered on the needs of women, and that the care offered is not independent of the routines and physical structure of the place of delivery, a professional posture committed to a form is essential. of caring sensitive to the woman.[13] Consequently, the environment must be welcoming, comfortable and safe for both the woman and her relative, as silence and comfort are necessary for the phenomena involved in the parturition process to occur properly with the release of oxytocin and endogenous endorphins, facilitating the normal process of labor.[12]

Given this standpoint, the training in obstetrics gives the nurse skills and competences that enable her to have an integral view of the situation, taking care of what is essential, from the temperature of the delivery room to the brightness and silence, so that each woman feels free and feel free to change your position, guaranteeing your autonomy and empowerment of your care.[9]

Thus, in the perception of obstetric nurses after the increase in delivery care policies and the new model of assistance to women undergoing childbirth and birth process, women have been more active, and their voice has given good results in the process of gestating and giving birth. Because, in the technocratic model, childbirth is based on the passivity of the woman, and the health professional as the sole holder of knowledge, and it is up to him to make the decision. In short, there is the introduction of a cascade of obstetric interventions, institutionalized and rigid conducts, such as episiotomy and routine oxytocin, Kristeller maneuver, the separation of women from their belongings, and family members and the symbolic annulment of their rights in regard to respectful childbirth.[3]

The guidelines of the *Rede Cegonha* [Stork Network], instituted by the Ordinance No. 1,459, on June 24th, 2011, aim to improve access and quality of care for women and children, by linking the pregnant woman to the reference unit and safe transportation, in addition to implementing good practices in childbirth and birth care. These recommendations are inserted in the fourth component of the strategy structure, which are: prenatal care, childbirth and birth, puerperium and comprehensive health care for the child and logistical system, health transport and regulation.[14]

The actions of the *Rede Cegonha* [Stork Network] were developed and grounded to reduce maternal and child morbidity and mortality throughout the Brazilian territory.[15] The actions were developed based on international treaties, including the Millennium Development Goals set by WHO, and experiences existing in actions for the health of women and children across the country.16 In this sense, the visit to the reference maternity hospital constitutes a welcoming practice in which women have the right, in addition to favoring an important strategy to avoid the pilgrimage of and inhibiting the risks of perinatal mortality. Accordingly, the visit to the maternity hospital, in addition to contributing to avoidance and pilgrimage, aims to get to know the environment and how the care process takes place, together with health professionals, which is extremely important for the quality of care.

The appreciation of the presence of the companion and the change in the welcoming environment in the hospital unit, in addition to having a health team that assists women undergoing childbirth and birth process, they all become essential for care centered on the needs of women. It is worth mentioning that the experience of the parturition process in a hospital environment can mobilize positive and unique feelings, such as the birth of the child, and negative, such as the lack of privacy, the need to adapt to the environment and unknown people.[12] Participation of the companion at the time of delivery established by the Law No. 11,108, on April 7th, 2005, be of fundamental importance, because only in this way is it possible to recover the affectivity, the family and emotional reference, so weakened in the hospital environment.[4] Because the monitoring favors more peaceful and hassle-free labor and delivery.[3] Therefore, the assistance provided by obstetric nursing should promote the comfort and empowerment of women in labor and delivery, contributing to them, and their free choice partner, and family experience the moment of birth as a unique moment, thus favoring the autonomy of women, their citizenship rights.[13]

CONCLUSIONS

Thinking about woman-centered care, pursuing autonomy and female empowerment, the obstetric nurse's performance is based on practices that respect the physiology of childbirth, such as welcoming, physical and emotional support to the parturient woman, stimulating non-invasive and non-pharmacological pain relief practices, such as stimulating free movement, walking, and sprinkling bath, monitoring the progression of labor through the use of the partograph, and encouraging the companion of the woman's choice. When all those points are in line as addressed by the WHO, then there is the humanized, healthy and safe childbirth for both mother and baby. Thus, the attention on providing care to women undergoing childbirth and birth process is characterized by measures that promote their autonomy in the scenario in which she (woman) is the protagonist of the care process.

Bearing in mind the aforementioned, it is concluded that the appraisal of humanized practices in the childbirth and birth framework is part of the performance of obstetric nurses, moreover, it holds the possibility of reconsidering the care model towards women undergoing childbirth and birth, with rupture and political, social and economic engagement of humanization.

New studies must be carried out addressing the obstetric model topic, with an emphasis on the interface of care and women's satisfaction, enabling the creation of subsidies to improve the actions of obstetric nursing making them more effective for the safety of the birth process.

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