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PERCEPTIONS IN THE FORMATION OF GRADUATES OF RESIDENCY IN OBSTETRIC NURSING: A DESCRIBED-EXPLORATORY STUDY

As percepções na formação de egressos da residência em enfermagem obstétrica: estudo descrito-exploratório

Percepciones en la formación de egresados de residencia en enfermería obstétrica: un estudio exploratorio descrito

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ABSTRACT

Objective: to understand the perception of training graduates of the residency in obstetric nursing. **Method:** descriptive and exploratory research, with a qualitative approach, with 14 graduates of the residency in obstetric nursing at the Federal University of Pará through a semi-structured interview using the google meets application, during the period from October to December 2020. The data were transcribed and submitted to the content analysis using the ATLAS.ti 8.0 software. **Results:** the residency constitutes a pillar for a professional trajectory, with new knowledge and practices for the construction of professional competences, acting in the entire line of care of the pregnancy-puerperal cycle. However, the obstetric model centered on the doctor and a performance focused more on bureaucracy, constitute a limitation of the performance of the graduates. **Conclusion:** the training of the residency made it possible for the graduates to exercise it safely, with the knowledge acquired, but it still needs a broad movement to guarantee its practice.

DESCRIPTORS: Nursing; Obstetric nursing; Professional autonomy; Internship and residence; Nursing education.

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RESUMO

Objetivo: compreender a percepção da formação de egressos da residência em enfermagem obstétrica. **Método:** pesquisa descritiva e exploratória, com abordagem qualitativa, com 14 egressos da residência em enfermagem obstétrica da Universidade Federal do Pará mediante de entrevista semiestruturada pelo aplicativo google meets, durante o período de outubro a dezembro de 2020. Os dados foram transcritos e submetidos à análise de conteúdo com auxílio do software ATLAS.ti 8.0. **Resultados:** a residência constitui pilar para trajetória profissional, com novos saberes e práticas para construção de competências profissionais, atuando em toda linha de cuidado do ciclo gravídico-puerperal. Mas, o modelo obstétrico centrado no médico e uma atuação volata mais para a burocracia, constituem com limitação da atuação dos egressos. **Conclusão:** a formação da residência possibilitou para os egressos o seu exercício com segurança, com os conhecimentos adquiridos, mas ainda necessita um amplo movimento para a garantia de sua prática.

DESCRITORES: Enfermagem; Enfermagem obstétrica; Autonomia profissional; Internato e eesidência; Educação em enfermagem.

RESUMEN

Objetivo: comprender la percepción de los graduados en formación de la residencia en enfermería obstétrica. **Método:** investigación descriptiva y exploratoria, con enfoque cualitativo, con 14 egresadas de la residencia en enfermería obstétrica de la Universidad Federal de Pará a través de una entrevista semiestructurada utilizando la aplicación google meet, durante el período de octubre a diciembre de 2020. Los datos fueron transcritas y sometidas al análisis de contenido utilizando el software ATLAS.ti 8.0. **Resultados:** la residencia constituye un pilar para una trayectoria profesional, con nuevos conocimientos y prácticas para la construcción de competencias profesionales, actuando en toda la línea de atención del ciclo gestante-puerperal. Sin embargo, el modelo obstétrico centrado en el médico y una actuación más centrada en la burocracia, constituyen una limitación de la actuación de los egresados. **Conclusión:** la formación de la residencia posibilitó que los egresados la ejerzan con seguridad, con los conocimientos adquiridos, pero aún necesita un amplio movimiento para garantizar su práctica.

DESCRIPTORES: Enfermería; Enfermería obstétrica; Autonomía profesional; Prácticas y residencia; Educación en enfermería.

INTRODUCTION

The predominant model of obstetric services in Brazil is characterized as interventionist on the natural processes of parturition and the female body. This Brazilian model values the performance of the medical professional, in which he uses in practice a cascade of interventions, with emphasis on amniotomy, intravenous infusion of synthetic oxytocin, intrapartum analgesia, episiotomy, and even obsolete procedures such as the Kristeller maneuver, the epidemic of unnecessary cesarean sections.[1-2]

These factors contributed to the country not reaching the goal of maternal mortality reduction agreed upon in the Millennium Development Goals (2015), with a projection of 35 deaths per 100,000 live births. There is stagnation of reduction since the 2000s, making it impossible to meet this goal, obtaining, in 2018, a rate of 56.2/100,000 live births.[3] Thus, to achieve the Sustainable Development Goals (2030), with the goal SDG 3.1, it becomes essential the performance of Obstetric Nursing (OE), in changing this panorama of obstetric care.[4]

Furthermore, there is a model that does not value interprofessionalism and collaborative practice in obstetric care, with the centrality of the medical professional, without following scientific evidence, based on the individual's own convictions and worldviews, focusing on fostering a hegemonic power of obstetric care for medicine.[5] Thus, it becomes important to add to the policies of training and continuing education, permeated by the appreciation of the interprofessional and collaborative model, for the transformation of this reality and to translate a humanized, dignified, qualified, and safe care.[5-8]

Within the scope of these actions and the policy of reorientation of health workers, especially for the strategic areas of the Unified Health System (SUS), in 2012 the MS with the Ministry of Education (MEC) promoted incentive for OE training, through the creation of the National Program of Residency in Obstetric Nursing (PRONAENF).[9]

This program aims to train specialists in residency modality, to act in women's health care in the work processes of reproductive health, prenatal, labor and birth, puerperium, and family, guided by a public investment by the health policies in force of SUS and in the transformation of the panorama and indicators of maternal and child care.[1,9-10]

The Residency in Obstetric Nursing (REO) arises for the greater interaction between teaching and service, articulated with the promotion of skills and competencies, based on the International Confederation of Midwifes (ICM), in addition to the recommendations of the International Federation of Gynecologists and Obstetricians and the World Health Organization (WHO) which subsidize the development of guidelines and recommendations for Brazilian obstetric care,[11] guaranteeing the autonomy and work process centered on the woman and her family, as collaborative care, based on scientific evidence, with the encouragement of normal birth[1,7,9-12] in line with the legality of autonomy in professional practice.

For, Law No. 7.498/86 guarantees the competence of the EO in assisting the usual risk birth,[9-12] as the Resolution of the Feral

Nursing Council (COFEN) No. 272/2021, which guarantees the performance and responsibility of the EO in obstetric care and No. 627/2020 with the performance of ultrasonography by the EO, with the purpose of assisting autonomy within the SUS. Thus, the formation of the REO comes to contribute to the work process, accessibility, and assistance for many women, enabling the redesign of the way of caring and being with them in the context of labor and birth.

Thus, the work process of the EO was built throughout the experience with the REO, which allowed the acquisition of the knowledge of the specialty and beyond a range of professional skills and competencies. However, it is necessary to advance to reorganize a model that is centered on medical knowledge, where there is a need for an interprofessional work, facing a collaborative practice in maternal care, to promote a better assistance to the woman and the newborn.

Thus, the question is: how has the residency in obstetric nursing enabled the professional practice of nurses who graduated from the REO? Thus, the objective was to understand the perception of the training of egresses from the residency in obstetric nursing.

METHOD

This is a descriptive, exploratory study, with a qualitative approach, aiming at the valorization of subjective data in social research.[13] We used the standardized checklist, the Consolidated Criteria for Reporting Qualitative Research (COREQ), which provides the consolidated criteria for qualitative research reports, to ensure the methodological content.

The study site was the Residency Program in Obstetric Nursing of the Institute of Health Sciences of the Federal University of Pará, Pará-Brazil. The course was initiated in 2012, with the approval of the request for vacancies for PRONAENF, obtaining 12 vacancies, which 8 classes have already been formed, making a total of 96 egresses.

Recruitment was carried out by convenience among the egresses of the first and second graduating classes in 2013 and 2014. Contact was requested with the graduates of these classes and was made through the WhatsApp application. After the invitation, the objectives of the study were explained, inviting them to participate in the research. Of the total of 24 graduates, 14 responded positively and 10 did not provide any response to the invitation for their participation.

After this process, the following inclusion criteria were applied: 1) graduates who work professionally in the Metropolitan Region of the State of Pará, which comprises the municipalities of Belém, Ananindeua, Benevides Castanhal, Marituba Santa Barbara do Pará, and Santa Isabel do Pará. Those who were not working in EO after the completion of the REO were excluded from the study.

The data collection closure process and the establishment of the number of participants occurred by the theoretical saturation of the data, when the perceptions of the elders' speeches became convergent and provided a central meaning of the researched theme, contributing to the understanding of the studied phenomenon,14 obtaining a total of 14 elders from the REO.

The data were collected between October and December 2020, being conducted by the main researcher, through interviews scheduled via google meets application, using videoconference, which lasted an average of 40 minutes. The interviews included questions related to the participant's profile and two related trigger questions: how does the residency contribute to your professional practice? What are the challenges and obstacles after the residency favors your practice?

The data obtained were recorded with the help of a Google meets tool, with the purpose of video recording the interview, being used as a resource to contribute to the transcription of the data. After this process, they were transcribed in full by the main researcher and submitted to content analysis,[15] with the support of the ATLAS.ti 22.7 software.

The organization of the data began with pre-analysis: with perceptions from the 14 graduate interviews, from which a deep reading was performed, with the choice of relevant and representative information. After this process, we proceeded to the exploration of the material, in which coding interventions were made, relating the egresses' speeches in order to categorize them.[15] In this step, the functionality of the ATLAS.ti 22.7 software was aimed with the inductive analysis, in view of the coding of the speech excerpts with the identification of codes and creation of themes, namely: specialized care, women's health, labor and birth, teaching, acquired knowledge, scientific evidence, transforming education, staff dimensioning, institutional devaluation, biomedical model, lack of opportunities.

In the last phase of the analytic process, the treatment of results, interference, and interpretation, the collected material was submitted, and each one was identified with the term documents, with the acronym followed by numbering, as the software itself uses, going from D1 to D15, a posteriori, citations of parts of the documents were created, thus, these were listed with codes, which were named according to the meaning interpreted by the researcher.

From this stage on, the quantity of codes needed was created, according to the inductive themes prevalent in the interviews and, after the saturation of these codes, which occurred through the repetition of meanings, in which no new codes were found, only those already created, thus meaning the consolidation of a dictionary of codes. These make possible the creation of the group of codes and the respective citations, thus identifying the units of meaning, with the categorization of the constructive elements and the regrouping of the meanings, based on the non-aprioristic categorization,[15] which emerged in the context of the participants' answers, which were the basis for the construction of categories.

The study was approved by the Research Ethics Committee of the Institute of Health Sciences of the Federal University of Pará, as provided in Resolution No. 466/2012 of the National Health Council. To preserve the respective confidentiality, anonymity, and reliability, the deponents were identified with the letter (EEO)

of obstetric nursing egresses, followed by a numeric number corresponding to the sequence in which the interviews were conducted (EEO1, EEO2, EEO3, ..., EEO14), in addition to the guarantee of voluntary participation, by means of a virtual Google Forms signature of the Informed Consent Form.

RESULTS

Regarding the profile of the 14 REO graduates, 12 participants declared themselves female and two male. Regarding the age range, there was a predominance of eight over 30 years old and six under 30 years old. Regarding the institution of graduation, there was a predominance of public institutions, with 12 graduates and two in private educational institutions.

Regarding having another graduate course, seven egresses stated that they had no other course completed, while another seven egresses had another graduate course, in different areas, such as intensive care unit in the adult and neonatal area, cardiology nursing, besides master's and doctorate degrees. Regarding the length of experience in the area of obstetric nursing, the majority indicated more than five years, with 13 graduates, and only one with less than five years of professional experience.

The perceptions of the REO graduates allowed the construction of the following categories: 1) Residency in obstetric nursing: the construction of professional training; 2) Professional trajectory of the egresses of obstetric nursing: affirmative actions for the expansion of professional training; 3) The practice of the egresses of residency in obstetric nursing: limitations in the work process.

Residency in obstetric nursing: the construction of professional training

The graduates pointed out the value of the practice of obstetric nursing residency, which enables greater consolidation of the professional career.

> *Everything that I do today in my care was built inside the residency, not only because of the training that I received inside the university, but also because we took many courses during residency, extra courses and experiences during residency that added to the practice that I have today, it was all a construction.* (EEO 7)

> *Not only the knowledge, but also the experience that I acquired in residency was what prepared me to work in obstetric nursing* [...] *because before it was only an area of nursing that I liked a lot, and despite what we see in graduation, I had no real notion of what it is to work in obstetrics.* (EEO 10)

In relation to the REO training, the graduates signaled the possibility of acquiring new knowledge and new possibilities, being a contributing factor to the construction of their professional practice.

> *So, it contributed in a way that we as professionals acted with more security, more autonomy because we spent a lot of time in the hospital, had a lot of practice, this certainly contributed positively to my training as an obstetric nurse.* (EEO 9)

> *And the residency in obstetric nursing helped a lot, in the sense of having a lot of autonomy. And to be sure in my activities, to be firm in my competencies and abilities. For example, the practices in the working scenarios helped me a lot to have autonomy and have scientific knowledge and know how to act in an intercurrence and obstetric emergencies.* (EEO 8)

The speech of the REO graduate, one can observe a change that induces a sense of caring for women, centered on scientific evidence and sustained by the knowledge acquired, in view of the abilities and competencies for a performance with more quality, safety and respect.

> *The residency brought me a different look than the undergraduate course. During residency, I had a highly interventionist view, with no autonomy for the patient, and it was very much the old model, where the professional dictated the rules and the patient just accepted* [...]. *When I entered residency, I started to review this thinking and really put myself in the place of the patient, that's when everything changed, I left the box and opened a range of options, where I saw that that moment had to be integrative both for the professional and the patient, so it was really the residency that changed my view.* (EEO 14)

Professional trajectory of the egresses of obstetric nursing: affirmative actions for the expansion of professional training

The assistance from the REO graduates brings a specialized care in the distinct fields of women's health care. In this way, the experience in residency by the participants provided autonomous training in the field of action, whether the care for the woman or the newborn.

> *A gente atuava também realizando consulta pré-natal de risco habitual e prestava assistência ao RN, nos cuidados imediatos ao RN. Quando a gente sai da graduação, a gente sai de uma forma muito generalista. E, quando a gente vai afunilando mais o conhecimento, digamos assim. A residência trouxe muito, muito conhecimento com relação a isso, muitas coisas que a gente não viu, tanto na prática como na teoria. A gente, na maioria, a gente não viu na graduação. Na graduação, é muito básico. Então, com certeza a residência contribuiu até porque é quase 80% de prática, então, foi essencial.* (EEO 1)

> *Atualmente, eu atuo em sala de parto. Logo após que eu me formei, também trabalhei em uma instituição privada, na*

qual eu atuei em sala de parto e no Centro Obstétrico, após um tempo, eu fui atuar em um Centro de Parto Normal. (EEO 2)

The REO training also contributed to acting in other fields, not only in assistance, but in teaching, contributing effectively to the training and the teaching-learning process, with the realization of knowledge and know-how in educational institutions.

I finished residency in 2015 and soon I was invited to be an internship preceptor. Actually, I was invited to be a classroom teacher in a private institution [...] *and internship preceptor in another, so, at the beginning, it was practically based on teaching, teaching, where I put my knowledge into practice. And so, what helped me a lot, what the residency contributed a lot was the question of us working on this question of teaching, teaching with the residents that came later, with the R1's* [...] *I ended up bringing a lot of knowledge in this area of methodologies, how to try to share this knowledge, I also started to accompany the labor.* (EEO 3)

Today, I apply my knowledge of residency in teaching [...] *I am a teacher in educational institutions in the area of women's and children's health. In one, I minister, I am a teacher of women's health at the hospital level which is obstetrics. So, today I apply my knowledge from the residency in teaching, which is where I work. The contribution of residency came from the daily experience with obstetrics, with our direct assistance.* (EEO 4)

The practice of graduates of residency in obstetric nursing: limitations in the work process

The speeches of the graduates bring the difficulty of acting, mainly by institutions that disrespect the right of autonomy of the obstetric nurse for professional practice and determine the actions, many directly aimed at the bureaucratic and administrative sphere, leaving out direct activities in the care of women, besides the lack of adequate dimensioning, which hinders professional autonomy.

[Well, right when I finished residency, what I found in the maternity hospitals in Belém [...] *the presence of the obstetric nurse in the maternity ward itself was not yet mandatory, let's say. So, we saw a lot of generalist professionals working in these sectors, so, this was, let's say, an obstacle, you know* [...]. *To start the nursing practice even in this sector. And, when I started to work in obstetrics* [...] *I started in a private institution.* (EEO 5)

[...] *First that nurses, especially in hospitals where we deal a lot with bureaucracy and this ends up hindering our direct assistance to labor* [...] *then, we have a reduced time. It's not that the quality drops, but the frequency goes down. We need to reduce some of the time we would have with the woman to have to resolve other bureaucracies. I think that this is also related to the question of professional dimensioning, if we had more nurses, we would be able to better deal with this issue of labor.* (EEO 6)

The valorization of the technocratic model, with hegemonic medical knowledge, allows the practice of EO to be disrespected, due to a vision of assistance sustained in the scope of biomedical and interventionist performance.

This model that we observe, which is very centered in medical power, then we as nurses, at least in an institution like this, we don't have total autonomy. So, what we observe as an obstacle [...] *not only inside the institution, but I believe that this comes from our graduation. That our own colleagues from other professions, not only doctors, but other professions, they also learn the model as being the center. And, then, I believe that this reflects in this performance, in this practice* [...] (EEO 12)

I think that it is limited. Because there is a very large medical dominance in the place where I work. Both quantitatively and even by the Sunday of the service. Let's say a certain authority over the patients. As time went by, I gained the trust of this medical team and today I have more autonomy, but even so, it is still not what should be recommended to the obstetric nurse in the maternity ward where I work. I think that the obstetric nurse's space could be more expanded and more valued for sure [...] (EEO 13)

DISCUSSION

The REO training enables the expansion and consolidation of practical experience and knowledge, with know-how, with the acquisition of professional skills and competencies, which meets the needs of the graduates. A survey[16] revealed that residents expect to acquire knowledge and skills in residency to act safely in the profession. However, during this process, the perception of oneself as an EO is still in the process of formation/construction and the period of training in care seems to be fundamental to consolidate the professional being in the specialty.[16]

In this way, security in practical skills and knowledge of doing tends to be achieved after the residency training, which constitutes an excellent training strategy, guaranteeing the necessary competencies for guaranteeing care and entry into the labor market. For, the REO guarantees the movement between the theoretical base and the practice, bringing foundation for knowledge and sustaining the competence with its professional exercise,1 especially the support for the care of the entire gravidic-puerperal cycle, a care with safety, which constitutes as primordial for life as an EO.[2-3,9-11]

Over the years, OE has gained prominence, promoting discussions on behalf of humanized care and ensuring humanized[11,17] and quality training for women in the process of pregnancy and childbirth. With this, the MH has been investing in the quali-

fication of professionals, aiming at actions for humanization and insertion of OE in the context of normal childbirth care, to change the Brazilian scenario, with a decline in unnecessary interventions and cesarean sections.[11,18] Therefore, the REO programs aim to strengthen this process to ensure the ethical and transformative exercise, with training focused on humanization and scientific evidence.

Currently, the scientific evidence applied in the practical daily life of women's care has been discussed, and it is believed that the OER enhances these necessary transformations aligned with the scientific evidence, thus gradually enabling the change of the current obstetric scenario.[1,4-7,11,17] Professional practice supported by scientific evidence can contribute to a new panorama of obstetric care in the country, looking at birth and the female body in a natural way, avoiding unnecessary obstetric procedures, such as episiotomy, excessive touching, Kristeller maneuver, among others.[6,-9,16-18]

Obstetric nursing starts from the identity premise of scientific knowledge, which mirrors the professional practice, in addition to the search for the guarantee of its professional exercise in accordance with responsibility and commitment.[1] The obstetric nurse is a holder of knowledge, with knowledge, know-how, and conjectural performance that versus legality and professional respect, since it guarantees the performance with zeal, care of the woman, without any act of negligence. For, its exercise is linked to responsibility and to the very guarantee of the act, be it in the political or institutional field.

The modality under professional residency collaborates to the specialized formation of the EO, contributing with the knowledge and know-how, with the knowledge and technique, being an important means for the professional qualification of Brazilian nursing.[1,8-9,16] For, this experience, in fact, occurs during this modality, which during graduation, the deepening is not experienced, due to the character of the formation of the nurse, as a generalist, according to the National Curriculum Guidelines, who has the due knowledge in all areas of action, without the sense of specialty.

Thus, the residency arises as a form of deepening in the demands for specialization imposed for the work and education market. In this way, the REO makes it possible to act in different fields, whether prenatal care, labor and birth, care of the newborn, and the puerperium, guaranteeing autonomy in the professional practice.

The scientific literature[1,5-12,18-19] confirms the performance of the OE in the lines of care for women and newborns, in which it is evident that the global performance of the obstetric nurse occurs both in primary care, with prenatal care, and in multiple sectors of the hospital, such as triage, delivery room, and rooming-in. The trajectory in the context of labor and birth constitutes one of the central points of the REO, ensuring its professional exercise with direct care of the woman in the parturient process, whether in the normal delivery center, delivery room, obstetric center or prepartum/puerperium.

The International Council of Nurses (ICN) has stated that EO should develop competencies, through educational programs, with sufficient academic and clinical content to facilitate safe and autonomous practice. Thus, these professionals must possess competencies to manage both gestation, labor, delivery, and birth at usual risk. These competencies are grounded in the practices, based on the recommendations of the ICM competencies.[10] Moreover, it is important to highlight that countries, states and/or municipalities should provide legal and normative support to subsidize the participation of these professionals in improving maternity care.[19]

The experience as EO allowed the construction of knowledge that consolidates the performance of educational practice, linked to a strong social value for transformative education of the reality of each subject.[20-21] Thus, the REO graduate expands the field of action, not only focused on assistance, but a competence in the educational sphere, contributing to the training of new professionals, culminating in the practice as a teacher with a training link, without the detachment of theory and practice, because the experience in the REO contributes to problematize everyday situations of assistance and care in obstetric nursing.

The graduates experience numerous obstacles in their professional practice. This is due to the model that prevails in midwifery within health institutions, in which the EO is not yet perceived by management as an essential professional who contributes significantly to the work process. Thus, there is a "preference" for the generalist nurse, devaluing all the experience and expertise coming from the specialty, conditioning the graduates to accept opportunities outside the practice, being a limiting factor as to the performance and exercise of the profession. There is a lack of appreciation of the specialist nurse, as well as a lack of professional dimensioning of EO to occupy the space in the right care for women and newborns.

The day-to-day work of the EO is configured as a process that requires attributions that are often beyond their competence, or even attributions that require specific time, because some institutions work with a reduced number of EO, disrespecting the dimensioning of the nursing professional and being considered an obstacle to collaborative work and quality care; because the assistance is compromised, overloading the student with bureaucratic activities, thus making it impossible to maintain the focus on obstetric care to parturients.[22]

An institutional policy and the insertion of collaborative protocols establish attention focused on the woman and not only a predetermined knowledge, as the only holder of all knowledge. It is necessary to advance collaborative work, which in the country is still with initial initiatives, therefore, the advancement of institutions that value the team of professionals is of paramount importance, with the guarantee of autonomy.

In analyzing the practice of the obstetric nurse, it is emphasized that within the biomedical care model, it ends up being limited and conditioned by the demands of medical work, since the EO constitutes a professional who works for the rupture of the technocratic model in obstetrics, being an inducer of

transformations in daily care, with a practice aligned with respect, physiology, and scientific evidence, associated with the humanization model, anchored in public policies, especially the Stork Network.[23]

And when the maintenance of a model, which is interventionist, medicalized, valuing the established medical knowledge, allows the performance of the EO to be curtailed, even if the Law of Professional Practice of Nursing establishes the performance of EO in direct assistance to pregnancies and deliveries of usual risk.[1,7-8,17-19,24]

Thus, in view of the public policies to improve and encourage the formation of the EO, the role cannot be limited, but the assistance must be guaranteed, with a collaborative, scientific and humanized work process,[5-6,10-11,17] focused on the quality and safety of labor and birth. In this context, the quality of care depends on the joint action between the teams, such as the exchange of knowledge and decision making, so that each professional has their unique importance in the care of women and newborns, promoting collaborative action aligned to the physiology, humanization, and proven beneficial practices.[25]

For, the physician-nurse relationship was frequently addressed, emphasizing the dichotomy between the professions and during professional performance in the same work environment. There is evidence in the findings,[9,25-26] corroborating that such interaction is a result of the difference between professional practice and the legal support for the EO's performance. This is due to the low number of active OEs and non-recognition of the assistance provided by these professionals, and thus, considering discrimination by the institution and the medical team itself, which devalues the assistance and practice in the health team.[25]

From this perspective, the current model of obstetric care in Brazil, despite great changes for the benefit of women's health through public policies, is considered centered on the figure of the medical professional and determined by institutional culture with outdated and unnecessary routines[2,8,10-11,17,24] that are outside the current context of changes, suggested by the WHO and the MH, which guarantee the valorization of the knowledge, know-how, and knowhow of the EO, and being an essential professional in conducting direct care to women and newborns.

FINAL CONSIDERATIONS

The study revealed to understand the perception of the training of egresses of the residency in obstetric nursing. The REO shows itself to be a political-institutional program of paramount importance for the professional training of obstetric nurses in the country and fostering the improvement and quality of obstetric care, with a program before the knowledge built, the projection in the career and autonomy.

The practice of the graduates was supported in the formation of the residency in obstetric nursing, with the objectification of care with the knowledge acquired in the program, in the theoretical and practical field. This relationship has the intention of changing the panorama of obstetric care in the country, inhibiting unnecessary interventions and the epidemic of cesarean sections. The knowledge acquired supports the performance in the field of women's care, throughout the pregnancy-puerperal cycle, especially in the assistance to habitual risk childbirth.

However, the performance of the graduates is still full of obstacles and numerous challenges, such as the issue of the experience of its exercise, as the main obstacle is the predominant model in health services, the authority and centrality in the medical figure, devaluation and lack of professional dimensioning, which cause limitations in their performance. Therefore, it is still perceived that the EO needs to conquer and expand the spaces in the maternity hospitals, ensuring the respect for their professional practice.

In this sense, it becomes necessary the understanding of managers and health professionals that obstetric nursing can contribute satisfactorily to care, when it has a practice aligned to the professional practice, ensuring better health indicators.

It reaffirms the need for studies with the object for professional training of REO, whether from other educational institutions, or from trained nurses, to evaluate whether the residency program has contributed to the real change in Brazilian health.

The study was limited by the fact that other data collection strategies had to be used, which was made unfeasible by the context of the international health emergency.

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