

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

INTEGRATIVE REVIEW OF THE LITERATURE

DOI: 10.9789/2175-5361.rpcfo.v14.11672

CHALLENGES IN THE IMPLEMENTATION OF GOOD PRACTICES IN CHILDBIRTH CARE

Desafios na implementação das boas práticas de atenção ao parto

Desafíos en la implementación de buenas prácticas en la atención del parto

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ABSTRACT

Objective: to identify in the scientific literature the factors that make it difficult to implement good practices in childbirth care in Brazil, by the nursing team. **Method:** this is an integrative literature review. A literature search was carried out in June 2020, in the LILACS, SciELO and BDENF databases, of scientific productions published between 2010 and 2019. **Results:** 15 studies were selected to compose the integrative review, which made it possible to identify factors that have hampered the implementation of good practices in childbirth care in Brazil, such as inadequate structure of health services, overcrowding, inadequate dimensioning, non-compliance with the companion law and lack of institutional protocols, hegemonic posture and interventionist medical culture, deficient knowledge and awareness of professionals, and lack of preparation of parturients for the delivery process. **Conclusion:** It is essential that good practices in childbirth care are implemented, as well as effective solutions for the factors that make their implementation difficult.

DESCRIPTORS: Parturition; Humanizing delivery; Implementation science; Obstetric nursing; Nursing care.

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Received: 01/27/2022; Accepted: 07/28/2022; Published online: 10/28/2022

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How cited: Bellay ABS, Oliveira RR, Gasquez AS, Ribeiro HF, Silva MAP. Challenges in the implementation of good practices in childbirth care. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11672. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v14.11672>



RESUMO

Objetivo: identificar na literatura científica os fatores que dificultam a implementação das boas práticas de atenção ao parto no Brasil, pela equipe de enfermagem. **Método:** trata-se de uma revisão integrativa da literatura. Efetuou-se a busca na literatura no mês de junho de 2020, nas bases de dados LILACS, SciELO e BDENF, de produções científicas publicadas entre 2010 e 2019.

Resultados: selecionaram-se 15 estudos para compor a revisão integrativa, que possibilitaram identificar fatores que tem dificultado a implementação das boas práticas na atenção ao parto no Brasil, como estrutura inadequada dos serviços de saúde, superlotação, dimensionamento inadequado, descumprimento da lei do acompanhante e falta de protocolos institucionais, postura hegemonicá e cultura médica intervencionista, conhecimento e sensibilização deficiente dos profissionais, e despreparo das parturientes para o processo de parto. **Conclusão:** É primordial que as boas práticas de atenção ao parto sejam implementadas, como também soluções efetivas dos fatores que dificultam a sua implementação.

DESCRITORES: Parto; Parto humanizado; Ciência da implementação; Enfermagem obstétrica; Cuidados de enfermagem.

RESUMEN

Objetivo: identificar en la literatura científica los factores que dificultan la implementación de buenas prácticas en la atención del parto en Brasil, por el equipo de enfermería. **Método:** se trata de una revisión integrativa de la literatura. Se realizó una búsqueda bibliográfica en junio de 2020, en las bases de datos LILACS, SciELO y BDENF, de producciones científicas publicadas entre 2010 y 2019. **Resultados:** 15 estudios fueron seleccionados para componer la revisión integradora, lo que permitió identificar factores que han obstaculizado la implementación de buenas prácticas en la atención del parto en Brasil, tales como estructura inadecuada de los servicios de salud, hacinamiento, dimensionamiento inadecuado, incumplimiento de la ley acompañante y falta de protocolos institucionales, postura hegemonicá y cultura médica intervencionista, deficiente conocimiento y conciencia de los profesionales, y falta de preparación de las parturientas para el proceso de parto. **Conclusión:** Es fundamental que se implementen buenas prácticas en la atención del parto, así como soluciones efectivas a los factores que dificultan su implementación.

DESCRIPTORES: Parto; Parto humanizado; Ciencia de la implementación; Enfermería obstétrica; Atención de enfermería.

INTRODUCTION

The World Health Organization (WHO), aiming to change the obstetric scenario around the world, published in 1996, a classification based on scientific evidence, of common practices performed in the conduct of childbirth, establishing which were proven effective and should be encouraged, as well as which were harmful or ineffective, lacked evidence, or were performed incorrectly.¹ In 2018, through the publication of the document "Intrapartum care for a positive childbirth experience", the recommendations were updated based on the latest scientific evidence.²

It is pointed out that, aiming to establish improvements in labor and birth care in Brazil, as well as to reduce maternal and perinatal morbidity and mortality, the Ministry of Health instituted some programs and health policies that brought important advances in the care of pregnant women, parturient women, and newborns.³ In this context, some recent initiatives stand out, such as the Stork Network (2011), and the Suitable Childbirth Project (2015).

It is known that in this same perspective, in 2017, the National Guidelines for Assistance to Normal Childbirth were prepared, with the objectives of promoting changes in clinical practice, reducing the variability of conduct among professionals, reducing unnecessary interventions and their complications, and disseminating evidence-based practices.⁴

Despite these efforts, the obstetric scenario in Brazil is characterized by a predominance of cesarean sections and assistance to normal birth with high rates of unnecessary interventions that

go against good practices, such as: excessive medicalization and vaginal touches, routine amniotomy and episiotomy, restriction on the presence of a companion, lithotomy position, restricted feeding, and kristeller maneuver.⁵

Given this scenario, and taking into account that women should have their autonomy to choose the route of delivery preserved, and the right to quality and humanized care guaranteed, it is important to identify the potential factors that hinder the implementation of good childbirth care practices, especially by the nursing team, which operates throughout the whole process of parturition and has a key role in reducing unnecessary interventions, as well as in the implementation and encouragement of good practices.⁶

In this context, this study aims to identify in the scientific literature the factors that hinder the implementation of good practices in childbirth care in Brazil by the nursing team.

METHODS

This is an integrative literature review. It should be emphasized that integrative literature review is a methodological approach that allows a broad understanding of the phenomenon under study through the synthesis of research on a given theme, which currently makes it an important instrument in the health field.⁷

The following steps were performed: 1) Definition of the topic and research question; 2) Literature search; 3) Categorization of studies; 4) Evaluation of studies included in the review; 5) Interpretation of results; 6) Synthesis of knowledge and presentation

of the review.⁸ Using the PICO strategy, the research question was formulated: What factors hinder the implementation of good childbirth care practices by the nursing team in Brazil?

The inclusion criteria were: scientific productions carried out in Brazil, published between 2010 and 2019, in Portuguese, available in full and without access restrictions. Duplicate studies, gray literature, and publications that did not answer the research question were excluded.

A literature search was performed in June 2020 in the following databases: Latin American and Caribbean Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), and the Nursing Database (BDENF). As a search strategy, the following Health Sciences Descriptors (DeCs) were used: "Normal Childbirth", "Humanized Childbirth", "Nursing Care", "Humanization of Assistance", "Nursing Team" and "Obstetric Nursing", combined with one of the Boolean operators "OR" and "AND".

For categorization of the studies included in the review and extraction of the data of interest, an instrument was used containing: identification of the study (title, year of publication, journal, authors), database, objective, methodological characteristics, results related to the research question, and level of evidence.

The levels of evidence were classified according to the following hierarchical levels: I - Systematic review or matrix analysis; II - Controlled and randomized clinical trial; II - Controlled clinical trial without randomization; IV - Case control or cohort study; V - Systematic review of qualitative or descriptive studies; VI - Descriptive or qualitative studies; VIII - Opinions of experts.⁹

The fifth step was the interpretation, synthesis of results, and comparison with findings of other authors in the scientific

literature, which allowed the authors to draw conclusions and inferences. The publication of the research defined the last stage.

With regard to the ethical aspects of the research, it is emphasized that an integrative literature review does not require the approval of the Research Ethics Committee (REC).

RESULTS

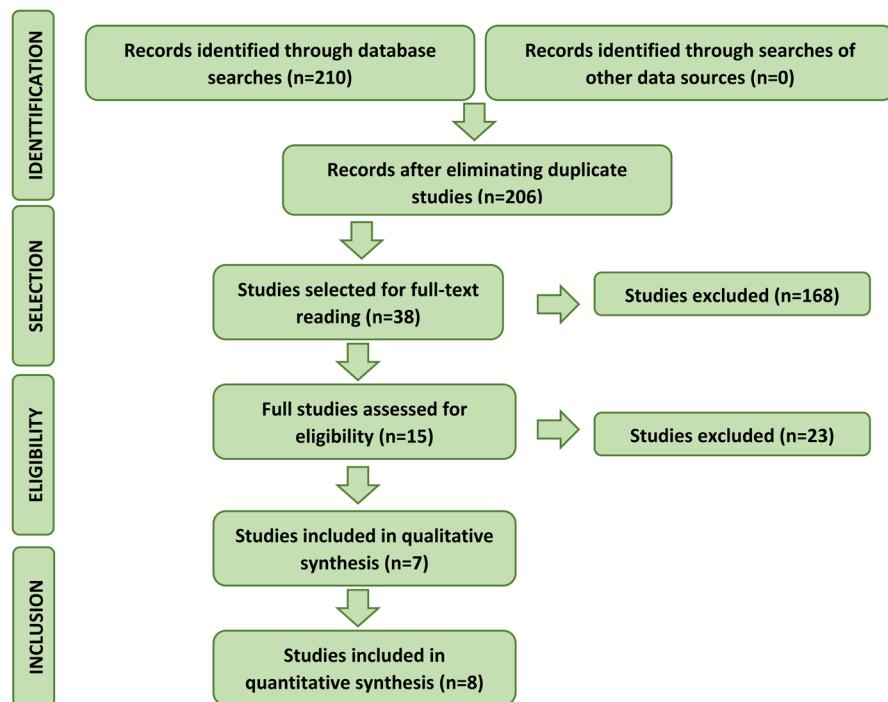
From the search strategy, 210 publications were found, of which 15 studies were included to compose the integrative review, these were found in greater number in the BDENF database. It is observed, with respect to the year of publication, that 80% of the studies were published in the period 2016 to 2019.

It is pointed out, that 53% of the studies are of quantitative approach and 47% of qualitative approach. It is noteworthy, that most publications (80%) had as study scenario, maternity hospitals and obstetric centers of public hospitals, located in the Northeast (40%), South (27%), Midwest (20%) and Southeast (13%) regions of Brazil. In 3 publications, there is no mention of the type of financing of the study setting. The level of evidence of the analyzed articles corresponded to VI.

DISCUSSION

According to the literature, the factors that have hindered the implementation of good practices in normal childbirth care in Brazil are evidenced, and it is verified that the inadequate structure of maternity hospitals was the factor most evidenced

Figure 1 – Flowchart of study selection adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Maringá, PR, Brazil, 2021



Source: The author.

Table 1 – Studies included in the integrative review, according to author, year of publication, title, database and type of study. Maringá (PR), Brazil, 2021.

Author	Year	Title	Database	Type of study
Pereira ¹⁰	2012	Care characteristics of normal deliveries attended by nurse midwives	BDENF	Quantitative, descriptive and retrospective
Bruggemann ¹¹	2013	The insertion of the birth companion in the public health services of Santa Catarina, Brazil	LILACS	Quantitative and descriptive
Guida ¹²	2013	The relaxation environment for humanization of hospital delivery care	LILACS	Qualitative
Medeiros ¹³	2016	Humanized care: the insertion of obstetric nurses in a teaching hospital	SCIELO	Quantitative, descriptive, and transversal
Campos ¹⁴	2016	Profile of hospital care provided by nurse residents in obstetrics in Brasília, Federal District	LILACS	Quantitative, descriptive and exploratory
Motta ¹⁵	2016	Implementation of the humanization of natural childbirth care	BDENF	Quantitative, descriptive and cross-sectional
Oliveira ¹⁶	2016	Perception of obstetric nurses in the assistance to the parturient woman	BDENF	Qualitative and descriptive
Giantaglia ¹⁷	2017	The care provided by nurses in an obstetric residency program from the perspective of humanization	BDENF	Qualitative, descriptive and exploratory
Cordeiro ¹⁸	2018	Humanization in labor and birth assistance	BDENF	Quantitative, descriptive and exploratory
Piler ¹⁹	2019	Good obstetric practice protocol for nursing care in the delivery process	LILACS	Qualitative
Inagaki ²⁰	2019	Portrait of obstetric practices in a public maternity hospital	LILACS	Quantitative, analytical and cross-sectional
Braz ²¹	2019	Interdisciplinarity in childbirth care: obstetric nurses' perception	BDENF	Qualitative, descriptive and exploratory
Vilela ²²	2019	Obstetric nurses' perception of humanized childbirth	BDENF	Qualitative, descriptive and exploratory
Ferreira ²³	2019	Perception of nursing professionals about humanization of childbirth in hospital environment	BDENF	Qualitative
Anjos ²⁴	2019	Presence of the companion during the process of delivery and birth: analysis of the practice	BDENF	Quantitative and cross-sectional

Source: The Author.

by the studies. The inadequate structure was exemplified as the existence of separate labor and delivery rooms, collective pre-delivery rooms, lack of privacy between the beds, lack of individualized bathroom and the lack of prepartum, labor and postpartum (PPP) rooms and obstetric center.^{12,15,18,20,22-23}

It is noted that the precarious structure associated with the scarcity of equipment that could contribute to the birth process has also hindered the implementation of care, which provide comfort and contribute to a good quality in childbirth care.^{15,18,20} The stool and the Swiss ball are examples of equipment that can be used in the movement of women, because it encourages the vertical position, bringing relaxation and freedom in movement and in the choice of different positions.²⁵⁻²⁶

It was revealed that overcrowding in hospitals has hindered the implementation of good practices, because it compromises care and is significantly related to the lack of quality of care provided to pregnant women.^{18,20,22} Corroborating the findings of the review are the results of a study carried out at an obstetric emergency unit of the Hospital das Clínicas in the state of Pernambuco, which showed that overcrowding associated with a reduced number of professionals compromises the first care, the continuity of screening, reevaluation of pregnant women, and consequently the performance of humanized practices during labor, delivery and postpartum.²⁷

Inadequate staffing, which leads to an insufficient number of professionals to meet the large number of patients, was identified in three studies.^{15,18,23} In one of the studies, good practices requiring supervision, professional availability, physical resources and adequate infrastructure were performed less frequently. It is noted, however, that the difficulties are not only related to the insufficient number of professionals, but also to the lack of trained professionals and sensitized to the process of parturition.¹⁵

Nursing professionals recognize the importance and the need to update themselves through scientific evidence on childbirth, birth and postpartum care.¹⁹ Given that the deficiency of knowledge and the lack of awareness of the professional were factors identified in the studies that have hindered the implementation of good practices and negatively impacted childbirth care, continuous training and awareness of the team involved in the care of the parturient woman are essential.^{10,16,18-19}

The presence of a companion of the woman's choice throughout labor and delivery is a practice recommended by the World Health Organization (WHO), endorsed by the Ministry of Health (MOH), and guaranteed by Federal Law No. 11.108/2005, known as the Escort Law, which applies both within the Unified Health System (SUS) and in the private network.²⁸ Continuous support is proven beneficial to the mother and results in numerous advantages to the birth process.²⁹

Despite this, it is revealed that many women are still deprived of this right. In three studies, it was possible to identify that the implementation of this right is made impossible by the institutional routine itself, which does not allow male companions, a restriction imposed by the presence of collective rooms.^{14-15,20} Another factor mentioned was the inadequate physical structure that does not allow adequate accommodation of the companion, besides overcrowding and the consequent lack of private clotheis.^{11,18,24,20} And finally, the resistance of professionals to accept the presence of the companion.^{11,15,24}

A study in Santa Catarina described various aspects related to the insertion of the companion of choice of the parturient during labor, delivery and postpartum in 135 health services, and among the questions raised, the inadequate structure was indicated by the services as the greatest difficulty for the insertion of the companion during the delivery process, followed by the resistance of the medical team, which corroborates the findings of the review.³⁰

It is known that professional resistance is often based on the belief that the companion can hinder the birth process due to lack of knowledge.¹¹ However, there is ample scientific evidence that shows the benefits of the presence of a companion during labor, since the emotional support offered reduces stress, contributes to a reduced need for interventions, better evolution of labor and greater satisfaction of women with the birth experience.^{31,32}

With regard to institutional protocols, one of the studies included in the review showed that nursing professionals recognize that the lack of institutional protocols causes communication failures and divergences in the care process, and the development of protocols based on scientific evidence contributes to the promotion of qualified assistance based on good childbirth care practices.¹⁹

It is known that interdisciplinary action in labor and delivery care is an important strategy for the humanization of care, however, it was found in five studies, the difficulty in achieving interdisciplinary care, due to the hegemonic posture of some medical professionals, associated with the traditional and technocratic model, since some doctors do not accept the decisions and approaches made by the nursing team, making it impossible to implement good practices in childbirth care.^{10,14,17,21,23}

Practices such as amniotomy, indiscriminate use of oxytocin and peripheral venous access, routine episiotomy and in some cases without the pregnant woman's consent, kristeller maneuver, enema, trichotomy, restriction to supine position, vaginal touches performed by more than one professional, are procedures often performed in childbirth care in Brazil, and strongly discouraged by WHO and MS because they are not beneficial and/or are harmful to women and newborns.^{2,4}

The role of the obstetric nurse in the care process during labor and birth has determined a humanized care, with a preponderance of good practices recommended and based on scientific evidence, reducing unnecessary and harmful interventions. Therefore, for there to be an advance in childbirth care towards humanized care that respects the physiology and autonomy of women, it is

necessary to invest in the development of strategies that ensure an interdisciplinary approach and the autonomy of nurses as members of the multidisciplinary team.^{10,13-14}

It is described that some studies pointed out the unpreparedness or lack of information of the parturient woman about labor and delivery, as a factor that has hindered the implementation of good practices, where the nursing staff reports resistance of women against the guidelines that can contribute to the birth process.^{16,18,22-23} It is emphasized the importance of physical and psychological preparation of the parturient woman during prenatal care, through health education activities that provide self-knowledge, understanding of the birth process and a more conscious, positive and safe experience. However, even though the prenatal period is an opportune moment for such practices, there is a perceived insufficient supply of educational activities by the professionals who assist women during the gestational period.³³

CONCLUSION

We conclude that the factors that have hindered the implementation of good practices by the nursing team in normal childbirth care in Brazil are related to inadequate infrastructure of maternity hospitals and lack of resources, overcrowding, inadequate number of professionals, institutional policies that do not comply with the companion law, lack of institutional protocols, hegemonic posture and interventionist medical culture, poor knowledge and awareness of professionals, and unpreparedness of women in labor for the delivery process.

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