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CONCEPÇÕES DE MULHERES ASSISTIDAS POR ENFERMEIROS OBSTETRAS NO CENTRO DE PARTO NORMAL INTRA-HOSPITALAR

*Conceptions of women assisted by obstetric nurses in the in-hospital normal birth center**Concepciones de mujeres asistidas por enfermeras obstétricas en el centro de parto normal intra-hospitalario*Maísa Silva de Castro¹ Arinete Veras Fontes Esteves² Patrícia da Costa Franco³ Maria Suely de Sousa Pereira⁴ 

RESUMO

OBJETIVO: descrever a percepção de puérperas assistidas por enfermeiros obstetras em Centro de Parto Normal Intra-hospitalar da cidade de Manaus – AM. **Método:** estudo qualitativo, realizado com 15 puérperas cujo parto foi assistido por enfermeiros obstetras em um centro de parto normal intra-hospitalar. A coleta de dados ocorreu através de entrevistas semiestruturadas, guiadas por um roteiro e submetidas à análise de conteúdo temática de Minayo. **Resultados:** os depoimentos das puérperas destacaram a importância da atenção, apoio e confiança transmitidos pelas enfermeiras obstetras durante a assistência, contribuindo para uma percepção positiva e uma experiência satisfatória de parto. **Considerações finais:** as puérperas reconheceram a abordagem holística das enfermeiras obstetras, que atenderam suas necessidades físicas, emocionais e psicossociais durante o parto. O estudo sublinha a necessidade de valorizar o cuidado humanizado e estratégias de conforto na assistência materno-infantil, recomendando o aprimoramento de políticas que fortaleçam o papel das enfermeiras obstetras.

DESCRITORES: Enfermagem obstétrica; Parto humanizado; Centros de assistência à gravidez e ao parto.

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ABSTRACT

OBJECTIVE: to describe the perception of postpartum women assisted by obstetric nurses in an Intra-hospital Normal Birth Center in the city of Manaus, Amazonas. **Method:** this is a qualitative study conducted with 15 postpartum women whose births were attended by obstetric nurses in an Intra-hospital Normal Birth Center. Data collection was carried out through semi-structured interviews, guided by a script, and analyzed using Minayo's thematic content analysis. **Results:** the postpartum women emphasized in their statements the importance of the attention, support, and trust conveyed by the obstetric nurses during labor, contributing to a positive perception and a satisfactory birth experience. **Final considerations:** the postpartum women highlighted the holistic approach of the obstetric nurses, who addressed their physical, emotional, and psychosocial needs during childbirth. The study emphasizes the importance of valuing humanized care and comfort strategies in maternal and child care, recommending the enhancement of policies that strengthen the role of obstetric nurses.

DESCRIPTORS: Midwifery; Humanized childbirth; Pregnancy and childbirth care centers.

RESUMEN

OBJETIVO: describir la percepción de puérperas atendidas por enfermeros obstetras en el Centro de Parto Normal Intrahospitalario de la ciudad de Manaus – AM. **Método:** estudio cualitativo, realizado con 15 puérperas cuyos partos fueron asistidos por enfermeros obstetras en un Centro de Parto Normal Intrahospitalario. La recolección de datos se llevó a cabo mediante entrevistas semiestructuradas, guiadas por un guion y sometidas al análisis de contenido temático de Minayo. **Resultados:** las puérperas destacaron en sus testimonios la importancia de la atención, el apoyo y la confianza transmitidos por las enfermeras obstetras durante el trabajo de parto, lo que contribuyó a una percepción positiva y a una experiencia de parto satisfactoria. **Conclusión:** las puérperas resaltaron el enfoque holístico de las enfermeras obstetras, quienes atendieron sus necesidades físicas, emocionales y psicosociales durante el parto. El estudio subraya la importancia de valorar lo cuidado humanizado y las estrategias de confort en la atención materno-infantil, recomendando la mejora de políticas que fortalezcan el papel de las enfermeras obstetras.

DESCRIPTORES: Enfermería obstétrica; Parto humanizado; Centros de asistencia al embarazo y al parto.

INTRODUCTION

Data from the United Nations Population Division indicate that approximately 139 million children are born every year globally.¹ In Brazil, around 3 million births are registered every year, which represents an average total of 6 million people involved in the parturition process, considering the mother-child binomial. Most of these births are classified as low risk, with no obvious factors that could lead to maternal or neonatal complications.²

According to the Information Technology Department of the Unified Health System, the majority of births (>98%) take place in hospitals, both public and private. In this context, hospitalization and medicalization have become central focuses of the parturition process, where the woman loses her leading role as interventions are carried out to initiate, accelerate or monitor the physiology of labour.^{2,3}

The abusive use of technologies by health professionals culminates in birth outcomes that disregard the uniqueness of women and the particularities of each birth, resulting in a cascade effect of interventions to conduct childbirth.⁴

A study evaluating the interventions provided to habitual risk parturients based on data from the Birth in Brazil survey (2011/2012) found that of the universe of 23. 894 parturients, there was a technical approach with indiscriminate use of episiotomy (53.5%), predominance of the lithotomy position during the expulsive period (91.7%), use of synthetic oxytocin (36.4%), Kristeller maneuver (36.1%), little practice of immediate skin-to-skin contact (16.1%), low inclusion of a full-time companion (18.8%), with evidence of lower levels of satisfaction during labor.⁵

Considering the need to change the Brazilian obstetric system, the creation of out-of-hospital, peri-hospital or in-hospital Normal Birth Centers (NBCs) presents itself as a possibility for a model of care for women based on practices recommended by the World Health Organization (WHO), in addition to being places that provide rapid recovery in the postpartum period, reducing the risk of infections, hemorrhages and other complications.^{6,7}

The creation of the NPC highlighted the role of the obstetric nurse as the coordinator and technical manager of this center. This standardization is supported by Law No. 7,498, which

regulates the practice of nursing, and also states that the O.N. is legally responsible for assisting parturients and normal births without distortions, identifying obstetric distortions and taking action until the doctor arrives.⁸

Studies have shown that the creation of Intra-hospital Normal Birth Centres (IHNCs) is an alternative for implementing a new model in obstetric care, and that the assistance provided by professional nurses is advantageous in terms of carrying out good practices in labour and birth care in a humanized way, with fewer interventionist practices, absence of severe lacerations, low risk of infections and hemorrhages, and rapid postpartum recovery.^{9,10,11}

The obstetric nurse integrates care for the parturient woman by planning and promoting care according to her specific needs, creating a qualified bond, offering physical and emotional support, with a non-pharmacological approach to pain relief. It should be noted that nurses have the skills and profile to monitor the labour and birth process, recognizing when interventions and referrals are necessary to ensure the well-being of the binomial.^{12,13}

In view of these considerations, we were interested in investigating the perceptions of women who had their births assisted by OI in a maternity hospital that currently offers this type of care. The concern arose from experiences with women in labor during the Obstetric Nursing Residency, contact with their reports after giving birth and the need for an attentive look at women's health care in the pregnancy-puerperal period.

We therefore set ourselves the following methodological question: What are women's perceptions of the care provided by the OE during their labor and delivery at CPNI?

METHOD

This is a descriptive study with a qualitative approach,¹⁴ carried out in a NICU of a state high-risk maternity hospital located in the city of Manaus - AM, between July and September 2023.

The inclusion criteria were: puerperal women who had their labor and delivery assisted by OE at the NICU. The exclusion criteria were women who were underage; indigenous; who were admitted and admitted to the maternity hospital by doctors; who had their labor and delivery conducted by obstetric nursing residents; who after delivery were not in a clinical condition to answer the interview script reliably.

The participants were selected from among the puerperal women who were hospitalized at the time of data collection, and who agreed to take part in the study after being explained the research, as well as its risks and benefits. The study included

15 puerperal women who voluntarily took part by signing the Free and Informed Consent form made available before the study was carried out. In order to preserve the confidentiality of the interviewees and guarantee their anonymity, the participants were given the names of goddesses from Greek mythology: Aphrodite, Ananke, Artemis, Athena, Demeter, Gaia, Hebe, Hera, Hestia, Hygiea, Irene, Iris, Nix, Persephone and Themis, which appeared alongside excerpts from the puerperal women's responses.

Data was collected in person and individually in the CPNI suites, using a semi-structured interview. The data collection instrument included socioeconomic questions, such as age, color, marital status, place of birth, schooling, occupation and family income, as well as questions related to obstetric history. Participants' perceptions of humanized childbirth, good practices, previous childbirth experiences, current experiences in the NICU environment, OE assistance and their opinion of the sector being staffed exclusively by OEs were explored through open-ended questions.

The data was submitted to the thematic content analysis technique. Content analysis provided a systematic and objective interpretation of communications, while thematic analysis allowed for the identification, categorization and interpretation of recurring patterns within the material collected. This process involved the following stages: 1) floating reading (pre-analysis), 2) exploration of the material and 3) treatment of the results obtained and interpretation.¹⁴

This study was submitted to the Research Ethics Committee and accepted and approved under CAAE: 46919721.3.0000.5020 with Opinion Number: 4.854.632, respecting the terms that regulate research with human beings proposed by the National Health Council.

RESULTS

The research provided an overview of the socio-economic profile of 15 women who had their vaginal births assisted by OE at CPNI. The participants, aged between 19 and 33 and living in Manaus-AM, mostly reported being housewives with a family income of between 2 and 3 minimum wages and living in their own home. There was also a predominance of stable consensual unions and complete high school education among the participants.

The obstetric profile revealed significant diversity. All the participants were admitted at term gestational age. Among them, four were primiparous, indicating the presence of women experiencing childbirth for the first time in an OE-managed environment. Among the multi-gestational parturients,

one had undergone a caesarean section, while the other had previously experienced a spontaneous abortion. In addition, the interpartum interval was found to be more than two years.

The qualitative results were presented systematically in an attempt to identify the perception of women assisted by OE at CPNI. For a better understanding of the research, after the organization, grouping and categorization phase, three thematic categories emerged from the exhaustive reading and analysis of the interview transcripts, namely: “Autonomy of the obstetric nurse in the NICU”, “Obstetric nurse in the NICU: good practices in labour and birth”, and “Care beyond techniques”.

Autonomy of the obstetric nurse in the NICU

The main characteristics reported by the interviewees about the nurses’ care were attention, specialized support, and the confidence that these professionals transmitted at the time of care.

The nurses are to be congratulated, because they gave me their full attention and support.” (Aphrodite)

[...] here I had all the attention [...] they (the nurses) were with me all the time, I had a lot more attention [...]. (Gaia)

[...] I thought it was wonderful [...] there was a lot of support, although at the time of delivery we get a bit irritated because of the pain [...], but they provided a distraction, a more welcoming environment; despite the pain, we remember afterwards that we were welcomed. (Hestia)

When asked if the experience of giving birth assisted by OE at the NICU was a positive one, the puerperae unanimously reported feelings of gratitude and security. The testimonies highlighted recognition of the technical competence of these professionals, even in the face of previous misinformation about their role in some reports.

I think it was good, the nurses are more careful [...] the nurses were able to take care of me.” (Aphrodite)

I felt that they (the nurses) were safe and that gave me security, even the one who was doing the stitches knew very well what she was doing.

I wondered if they were the right people to deliver babies [...] at first I was afraid of only having nurses, but then their calmness gave me peace of mind. (Iris)

For me, as I’m not used to being attended to by nurses, I was a bit apprehensive at first, but then they gave me peace of mind and reassurance. (Hestia)

[...] even after I had her (newborn), they (the nurses) kept coming in to see if we were all right, they helped me with breastfeeding, they’re very attentive, I felt safe with them. (Themis)

The care provided by OEs generates feelings of trust and tranquillity in the puerperal women. And by solving each woman’s problem, acting on the principles of individuality and comprehensiveness, they illustrate their autonomy and competence in caring for high-risk and postpartum women.

Obstetric nurse in the NICU: good practices in labor and birth

Good practices in labor and birth care are part of the recommendations of the WHO and the Ministry of Health (MoH). Most of the reports point to remarkable and satisfactory experiences, mentioning minimal interventions, qualified presence, application of pain relief methods and guidance on labor.

One thing that really stood out was that they (the nurses) helped me, massaged me, helped me with the positions for giving birth, told me what I had to do so that the baby would be born well. (Demeter)

The nurses tried not to let the pain take over, massaging my back and helping me a lot with the exercises. (Artemis)

[...] it was easier to deal with the pain, because they (the nurses) massaged my back, I had a bath, all of which I think made it a lot easier, because I didn’t have that in my first birth. (Irene)

They gave me a massage, a warm bath, there was music, a light, I just didn’t have the patience for the ball [...] they put me on my side, I hadn’t had a baby like that before, but I liked it, it was easier. (Gaia)

I felt a lot more pain during this birth, but the massages and the other methods really helped me to forget about the pain. It would have been worse without them (the nurses). (Ananque)

[...] when I arrived, I was already desperate with the pain, I think that if it hadn’t been for them (nurses) it would have been worse and it would have taken longer, because they helped me do exercises to get the baby down. (Hebe)

Even though they don’t know how to conceptualize or point out what good labor and delivery care practices are, it is possible to infer from the puerperal women’s reports that the EOs adopted practices based on scientific knowledge, such as: free movement, massage, pelvic exercises, warm baths, penumbra, Swiss ball exercises, and different positions during the expulsive period.

Care beyond techniques

The testimonies show nursing care based on welcoming and bonding, illustrating the importance of these practices during

childbirth. Respect for individual choices and preferences and constant motivation throughout the process stand out. These practices contribute to a more welcoming environment and are considered essential for the physical and emotional well-being of parturients.

I'll never forget what they did, they supported me all the time, I was already tired, but I listened to them (the nurses) and that's when I succeeded. (Aphrodite)

From the moment they (the nurses) brought me here, they showed total care, attention to explaining, patience to wait. (Persephone)

They (nurses) also told me that I could shout, so I felt more at ease here. (Irene)

I'll remember their (the nurses') affection for the rest of my life, without comparison, she hugged me all the time, cuddled me, talked to me. (Hygiea)

I was desperate and they all helped me, telling me to calm down, that was humanized childbirth for me. (Hera)

They waited for her (the newborn) moment to come, without rushing me. (Iris)

Here the attention was greater, the care too, I really felt like the protagonist of the birth. (Nix)

The OEs' actions, based on critical thinking and scientific knowledge, were associated with emotional support and professional empathy, thus conveying safety while remaining sensitive to the emotional needs of the parturients.

DISCUSSION

The testimonies revealed that the puerperal women had satisfactory perceptions of the childbirth experience assisted by the OEs at CPNI. These perceptions are associated with care characterized by continuous attention and support, resulting in confidence and well-being on the part of the women. These findings corroborate previous research on the experience of puerperal women in NIPC, which highlighted the safety and tranquillity of puerperal women in the face of the care provided by OEs.^{11,15}

Care during labor, childbirth and the puerperium requires OEs to be flexible in order to attend to the various specificities of each patient.¹⁶ This study corroborated this view, through the unanimous reports of gratitude and well-being from the puerperae in relation to the care received from the OEs. These findings suggest that care practices adapted to the particularities of each patient promote a meaningful childbirth experience.

Despite their satisfaction with the care they received, some puerperae revealed that they were initially unaware of the

OE's role in childbirth care. Similarly, a study also identified misinformation about the role of OE among puerperae at a NPC in the northeastern hinterland.¹⁵ However, as observed in this study, this lack of knowledge was not a major obstacle to care, since the puerperae evaluated the OE as competent and efficient after the care they received.

The puerperae highlighted that the OEs played a comprehensive role during the parturition process, providing not only suggestions for labor progression, but also implementing various relief and comfort techniques, such as: free movement, massage, pelvic exercises, warm bath, penumbra, Swiss ball exercises, adoption of different positions during the expulsive period, meeting the guidelines described as "Good practices in childbirth care" in the Ministry of Health's National Childbirth Care Guidelines.¹⁷

Interventions to promote comfort and pain relief during labor were fundamental to creating a welcoming environment. This approach resulted in positive birth experiences for women, highlighting the importance of both emotional and physical support for parturient satisfaction.

Congruently, a study focused on the perceptions of puerperal women assisted at a NPC described the greater appreciation and inclusion in care that parturients felt as a result of the humanization of care. The study's findings indicate that the perspective of humanized childbirth does not only seek to meet clinical needs, but also aims to create an environment that promotes the parturient woman's ability to exercise her role in a more influential and decision-making way.¹¹

The study that investigated the experience of 13 puerperal women whose births were assisted by OEs, highlighted that these professionals represent a differential by maintaining the protagonism of women, guiding them and respecting them from admission to the postpartum period.¹⁹ This approach suggests that OEs guarantee the empowerment of parturients, making them active agents in their labor and delivery.

These behaviors enrich the work of obstetric nurses and show that OEs are committed to the guidelines updated by the Ministry of Health, aiming not only to manage childbirth, but also to the autonomy of parturients. This fact was described in a study conducted at a CPNI in Recife, which concluded that access to evidence-based information plays a fundamental role in promoting the autonomy of parturients and facilitating their participation in decision-making related to labor.¹⁸

In addition to the technical and scientific dimensions, the testimonies of the participants in this study highlighted that the care offered by the OEs at the NICU transcended biomedical care, incorporating a humanized approach by

demonstrating a lack of haste in conducting the delivery and concern for the comfort of the parturients.

A study examining the care provided by OEs in NIPCs reinforces this perspective by linking the bond between the nurse and the parturient with these women's positive childbirth experience. This bond showed that care encompasses both technical and emotional aspects.²⁰ The respect, empathy and emotional support present in OE practices suggests that the quality of care is intrinsically linked to the ability to establish human connections and understand the broader needs of parturients.

This finding reaffirms the need to welcome and motivate parturients through emotional support. Studies corroborate this approach, highlighting that emotional support is important to prevent physical and psychological suffering related to childbirth.^{21,22} Understanding and motivation contribute to building a more favourable environment, promoting the well-being of parturients and minimizing potential negative impacts related to childbirth.

FINAL CONSIDERATIONS

The conclusion is that the puerperal women had a favorable perception of the OEs who assisted them during labor and delivery at CPNI. The work of OEs involves a holistic approach that considers the physical, emotional and psychosocial needs of parturients. The bonding and emotional support offered have a significant impact on the women's experience, making the NICU a welcoming and favorable environment for childbirth care.

Initially, some puerperae expressed apprehension and lack of knowledge about the role of OEs, especially in relation to their ability to conduct childbirth. However, this mistrust was quickly overcome by the professionals' technical skills. The OEs' competence in assisting labor and providing effective care was widely recognized and unanimously appreciated, contributing to a satisfactory birth experience for the women they assisted.

We hope to make the importance of this profession visible in order to reshape the maternal and child care scenario, through the formulation of health policies aimed at valuing OEs and promoting more humanized, parturient-centered care. In this sense, it is also essential to strengthen public policies on maternal and child health, including encouraging the construction of new NPCs.

Therefore, this study contributes to the advancement of scientific knowledge in the field of obstetrics by highlighting the autonomy of OE practices in NIPC. By providing important insights into the effectiveness of woman-centered care and comfort practices during childbirth.

This study was limited to just one NICU, which has its own contextual specificities. Another limitation was the investigation of the meanings attributed to obstetric care only by the puerperal women, without exploring the perspective of the other actors involved in this process, such as family members and nurses.

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