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THE MEANINGS ATTRIBUTED TO THE REGULATION OF OBSTETRIC NURSING BY THE PARÁ REGIONAL NURSING COUNCIL

Os significados atribuídos sobre a regulação da enfermagem obstétrica pelo conselho regional de enfermagem do Pará

Los significados atribuidos a la reglamentación de la enfermería obstétrica por el consejo regional de enfermería de Pará

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RESUMO

Objetivo: compreender os significados atribuídos na regulação da Enfermagem Obstétrica. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, com oito entrevistas semiestruturadas com profissionais da câmara técnica de saúde da mulher e conselheiros efetivos do Conselho Regional de Enfermagem da Seccional Pará, Brasil. Os dados foram transcritos na íntegra e submetidos ao tratamento com a análise de conteúdo. **Resultados:** os significados atribuídos se entrelaçam por meio de normativas, resoluções, pareceres e diretrizes que conferem legitimidade à atuação da Enfermagem Obstétrica. O processo de trabalho regulamentado amplia melhores resultados na assistência e indicadores obstétricos, fortalecendo a autonomia da Enfermagem Obstétrica no seu exercício profissional. **Conclusão:** a compreensão dos significados atribuídos

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pelos participantes na regulação da Enfermagem Obstétrica estabelece um sólido arcabouço que não apenas legitima a prática da Enfermagem Obstétrica como profissão, mas também eleva a valorização do cuidado direcionado às mulheres.

DESCRIPTORES: Enfermagem Obstétrica; Regulação e Fiscalização em Saúde; Prática Profissional; Política Pública.

ABSTRACT

Objective: To understand the meanings attributed to the regulation of obstetric nursing. **Method:** a descriptive and exploratory study, with a qualitative approach, with eight semi-structured interviews with professionals from the women's health technical council and effective councillors from the regional nursing council of the Pará section, Brazil. The data was transcribed in full and subjected to content analysis. **Results:** the meanings attributed are interwoven through regulations, resolutions, opinions and guidelines that give legitimacy to the work of obstetric nursing. The regulated work process leads to better results in obstetric care and indicators, strengthening the autonomy of obstetric nurses in their professional practice. **Conclusion:** Understanding the meanings attributed by participants to the regulation of obstetric nursing establishes a solid framework that not only legitimizes the practice of obstetric nursing as a profession, but also raises the value of care for women.

DESCRIPTORS: Obstetric Nursing; Health Care Coordination and Monitoring; Professional Practice; Health Policy.

RESUMEN

Objetivo: comprender los significados atribuidos a la reglamentación de la enfermería obstétrica. **Método:** estudio descriptivo y exploratorio con abordaje cualitativo, con ocho entrevistas semiestructuradas a profesionales del consejo técnico de salud de la mujer y consejeras efectivas del consejo regional de enfermería de la sección de Pará, Brasil. Los datos fueron transcritos íntegramente y sometidos a análisis de contenido. **Resultados:** los significados atribuidos se entretajan a través de reglamentos, resoluciones, dictámenes y directrices que dan legitimidad al trabajo de enfermería obstétrica. El proceso de trabajo regulado conduce a mejores resultados en los cuidados e indicadores obstétricos, fortaleciendo la autonomía de las enfermeras obstétricas en su práctica profesional. **Conclusión:** la comprensión de los significados atribuidos por los participantes a la reglamentación de la enfermería obstétrica establece un marco sólido que no sólo legitima la práctica de la enfermería obstétrica como profesión, sino que también eleva el valor de la atención a las mujeres.

DESCRIPTORES: Enfermería Obstétrica; Regulación y Fiscalización en Salud; Práctica Profesional; Política de Salud.

INTRODUCTION

Nursing, in the context of its professional practice, is undergoing a continuous process of regulation, as it needs control, rules and guidelines to guarantee its professional practice, since it plays an integral role in achieving universal health access and coverage. To ensure that nurses are well prepared and effectively deployed, countries must provide a regulatory framework that ensures competence, defines scopes of practice and promotes continuous development.¹

Thus, the Strategic Direction for Nursing in the Americas states that specific nursing regulations must be implemented and applied in each country. There are approximately 7 million nursing professionals in the Americas, which constitutes more than 56% of the health workforce, and one of the key actions to advance nursing in this region is to strengthen regulatory frameworks.¹

It is therefore up to the Regional Nursing Councils (COREN) to supervise the practice of nursing professionals

in terms of compliance with the regulations issued by the Federal Nursing Council (COFEN), the federal body that disciplines Brazilian nursing, as well as the laws pertaining to the profession and related legislation.

In this context, the Pará Regional Nursing Council is an authority that supervises and disciplines the professional practice of nursing in the state of Pará, continuously contributing to the provision of qualified care for society as a whole, based on scientific, ethical and legal principles. Thus, this body, which is responsible for supervising and disciplining nursing in Pará, seeks solutions that value professionals and protect the interests of society, preserving the ethical principles of the profession. It contributes to the technical and scientific development of the care provided by professionals, ensuring that all of them carry out their duties legally and with excellence in care.³

Since 2012, COFEN has set up the National Women's Health Commission, which has started to create Women's

Health Technical Groups (GT), Commissions or Technical Chambers (CT) in each regional council with the aim of creating an inter-institutional support network. The TCs are permanent advisory, propositional and evaluative bodies on matters relating to the practice of nursing, formed by a collegiate body of nurses, masters and doctors, who advise on questions from nursing professionals, developing studies that influence behavioral change or the evolution of techniques developed in the various areas of the profession.⁴⁻⁵

From this perspective, among the professionals legally qualified to carry out labor and birth is the nurse specializing in Obstetric Nursing (ON). These professionals need all the support they can get to regulate their specialty, with the support of the CTs via the COFEN/COREN system, with the aim of safeguarding the autonomy and regulation of ON work in its different areas of activity. There are countless challenges for its regulatory practice in guaranteeing full professional practice, in the face of public policies in the field of reproductive health. Faced with the movement to value ON for their work and for being present at every moment of parturition, it should be borne in mind that the meaning of this presence is to promote safety, welcoming and effectiveness, always striving for quality care.⁶

In view of the growing movement to value Obstetric Nursing for its work, it is necessary for the COREN/COFEN system bodies to regulate it in order to guarantee ON's professional practice. In this respect, the study's guiding question was: How is the regulation of obstetric nursing unveiled in the context of its work in labor and birth?

Regulation meets three points of regulatory models, namely: self-regulation, where professionals themselves define the mechanisms for entering the market and technical competence; regulation with state sanction, characterized by institutions in charge of formulating and implementing regulatory mechanisms with the consent and support of the state; and direct state regulation, exercised by specialized public institutions.⁷ Thus, it is necessary to broaden the discussion on the subject within the scope of the study, which is essential to understand the meanings, since there is a process that even with the legitimized right, the performance of Obstetric Nursing is curtailed due to a lack of knowledge by Nursing professionals, which leads to a lack of autonomy. This enables political and institutional progress to be made in guaranteeing the regulation of Obstetric Nursing in the field of its professional practice.

To answer this question, the study aimed to understand the meanings attributed to the regulation of obstetric nursing.

METHOD

This is a descriptive and exploratory study, based on a qualitative approach. The research was carried out at the Pará Regional Nursing Council, since this body has an important position and representative role in regulation in the context of nursing in Pará. In addition, as it is a body with technical opinions, it reinforces the responsibility and commitment of its employees and managers.

Participants were selected on the basis of convenience, with the participants being permanent members of the Women's Health Technical Chamber (CTSM) and effective COREN-PA councillors. Firstly, a letter was sent to the principal researcher requesting the telephone and e-mail contact details of potential participants. The following eligibility criteria were applied: 1) holding a position in the technical chamber or as a councillor; 2) issuing an opinion on the regulation of obstetric nursing; 3) holding the position for at least 6 months. Those excluded were: 1) members away from their duties due to vacation or illness; 2) leaving their duties for management.

No participant was excluded by means of the eligibility criteria.

After the initial contact, a formal invitation to take part in the research was sent via email and WhatsApp. Upon acceptance, the study was explained, including its objectives, data collection techniques, risks and benefits. The eligibility criteria were also applied and data collection was scheduled at COREN itself. During data collection, the participants were asked to sign the Informed Consent Form (ICF). To ensure the privacy and confidentiality of the data collected, the participants were identified by the letters E (Interviewee), followed by an Arabic numeral (E1, E2, E3,..., E8), as the interviews took place.

All the councillors and members of the women's health technical chamber took part in the study. In this way, eight (08) professionals took part in the research, with the main researcher conducting individual semi-structured interviews between February and May 2023, in a private place without the presence of third parties. It should be noted that prior to data collection, a pilot study was carried out with two participants who did not make up the number of participants.

In the structured interview, a script was used with closed and open questions with data on gender, age, training institution, year of training, specialization, work in the service and in Obstetric Nursing and guiding questions such as: What is your understanding of the obstetric nursing regulation process? How do you perceive the impact of regulation on professional practice? How does obstetric nursing regulation correlate with public policies in obstetric health?

The statements were recorded and then transcribed in full by the researcher. The transcripts were returned to the participants for validation. It should be noted that this stage was only carried out by the main researcher in order to ensure similarity during data collection.

After the speeches were returned, data processing began with a succession of content analyses.⁸ After characterizing the local authority's professionals, the results inherent in data processing are presented below. In the first phase, pre-analysis, a floating reading of each interview was started with the aim of familiarizing the content and thus choosing representative elements. The second phase followed with the exploration of the material, where coding interventions were constructed in relation to the participants' transcribed statements, for categorization.

In this phase, the unit of meaning was used, initially assembling a table of units. After some organizational strategies, the expanded spreadsheet was chosen, using colorimetry with the marking of different colors in Microsoft Word® and a legend for the meaning of each established color and grouping in all related units, allowing an overview of the registration units, namely: obstetric nursing, regulation, legislation, labor and birth, autonomy, resolutions, training, knowledge, inspection, safety, professional practice, policies. In the last phase of the analytical process, the inference and interpretation of the results obtained, the units of meaning were identified, which made it possible to categorize the constructive elements and regroup the meanings based on non-aprioristic categorization.⁸

Thus, the units enabled the construction of a thematic unit, which led to the organization of two thematic categories: 1) The regulation of obstetric nursing from the perspective of COREN-PA: bases for action in the field of labour and birth; 2) The Pará Nursing Council: the impact on the professional practice of obstetric nursing. The Consolidated Criteria for Reporting Qualitative Research (COREQ) was used to ensure the quality and transparency of the research.⁹

The study was approved by the Research Ethics Committee of the Institute of Health Sciences of the Federal University of Pará (CEP-ICS/UFGPA), in accordance with Resolution 466/2012 of the National Health Council.

RESULTS

As for gender, six were female and two male. There was a predominance of participants aged between 31 and 40 with four professionals, followed by those aged over 51 with three and 41 to 51 with one participant. The training institution

had seven participants from public institutions and one from a private institution.

In terms of year of training, there was a predominance of three participants between 1991 and 1995 and three between 2011 and 2015, followed by two between 2006 and 2010. All have a lato sensu specialization in nursing and 4 have a master's degree in accordance with the COREN/COFEN specialty resolution. Of the 8 participants in the survey, most have more than one specialization. Of these, four are specialists in obstetric nursing. With regard to the length of time they have held their position at COREN-PA, seven of them have been in post for between 1 and 5 years, followed by one who has been in post for between 6 and 10 years.

The regulation of obstetric nursing from COREN-PA's perspective: bases for working in the field of labor and birth

For COREN-PA's board members, the regulation of obstetric nursing involves acting in line with the attributions of the Regional Nursing Council and the legal precepts of COFEN. This regulation is based on specific legislation that guarantees obstetric nurses professional practice, requiring them to be qualified and trained to provide safe, quality care during labor and birth.

So, the advisor has the role of educating, guiding and supervising the exercise of the profession with the structure of the Coren/Cofen system. It is the advisor who draws up the technical opinions that set out their vision based on nursing legislation. It is the counselor who issues opinions on complaints related to the work of nurses in obstetrics. So the councilor has a representative, supervisory, legislative and judging role. (E2).

The Pará nursing council has an inspection department that is considered one of the best in Brazil. They are experienced and qualified inspectors who work to a schedule of inspections and also investigate specific complaints in relation to obstetrics. And where do they go to check working conditions and the size of the nursing staff? In birthing centers, obstetric centers, maternity hospitals. Everything that involves labor and birth, so obstetric nursing has its own peculiarities (E4).

Contrary to the merely punitive view, inspection aims to guarantee the quality of effective nursing care in all health institutions. It is governed by a set of laws, resolutions and decisions, as well as a specific manual, which guides the conduct of the inspector. It is part of an educational process that aims to prevent ethical violations for nursing professionals, and to ensure the safety and quality of care for the mother/baby binomial during the parturition period.

There is a whole planning process within this Women's Health theme, so there are meetings, we hold events with professionals, we do this not only here, but in all the municipalities, so the council works in this way, in addition to the inspection work in the institutions (E4).

Both the councillors and the GT work to strengthen women's health in our state, acting in various ways, taking part in events and processes. We work to strengthen and regularize inspection, seeking to observe irregularities and illegalities in order to draw up a set of actions that result in resolutions, regularization and strengthening of women's health care in the state (E7).

For the members of the Women's Health Technical Chamber and COREN-PA advisors, the regulation of obstetric nursing in labor and birth promotes education and awareness of women's health, advancing care with best practices and innovative technologies. This boosts maternal and child care, ensuring that professionals act with safety, autonomy and humanized practices based on evidence, avoiding negative outcomes for mother and baby.

The GT has no investigative function. Our role is much more educational. For example, we have an inspection department, and there are inherent issues that are very specific to obstetrics, so what can the GT do? It provides the inspection department with technical information, so the inspectors go to the institutions, carry out the necessary inspections, and have this knowledge from the GT (E6).

The GT works in the area of women's health, drawing up opinions, providing support in accordance with our legislation, and also providing training activities (E5).

We know that obstetric nurses are essential professionals in the labor and birth process. They help to reduce the number of caesarean sections, obstetric violence and unnecessary interventions. I experienced obstetric violence when I had my first child in 1996 and also with my second child. He died as a result of the obstetric violence I suffered (silence). And today, in 2023, we can still see maternal and neonatal deaths occurring as a result of obstetric violence and it is this scenario that we as GT are trying to change, bringing information and knowledge to change this reality (E8).

The regulation of obstetric nursing is based on legislation that specifies the work of obstetric nurses, guaranteeing their professional practice. It is essential that these professionals are qualified and trained to provide safe, quality care in labor and birth, following requirements for training, licensing, certification, codes of ethics and standards of practice. This significantly impacts safe care for women in the pregnancy-puerperium cycle.

Nursing today is not something empirical. It's a science, and because it's a science, we need to have the foundations, to have the scientific work focused on our area to further subsidize the care we provide to our patients and show the quality of care, because it's not just about caring, it's about being close, it's the art of welcoming. So it's essential that we have normative documents, resolutions that subsidize and support the science of obstetric nursing (E3).

I believe that the process of regulating nursing is ahead of other professions, but it still needs to be refined, considering that nursing is a very complex profession (E4).

The regulation of Obstetric Nursing legitimizes its practice in labour and birth, promoting competent, safe and autonomous maternal and child care, with a focus on humanized and evidence-based practices. Regulation includes strict requirements for training, licensing, certification, ethics and standards of practice, based on scientific evidence and national and international guidelines. It is essential to periodically review and update this regulation to align it with best practices and emerging needs in maternal and child health, ensuring safe, quality care for pregnant women and newborns.

When you have a resolution that says, in the article: "it is the professional's right to work safely, to have a safe workplace, so that they can carry out their activities with integrity and without risk of physical or emotional violence [...]" this brings security to you and your patient, because you have the security to act correctly and provide quality care, which is what is recommended today, care that is free from harm to the patient, and in this respect it correlates with safety for both the professional and the patient (E6).

In relation to Obstetric Nursing, there are closed resolutions, institutional opinions that support care [...] and now, more recently, we have advanced practices based on pure scientific knowledge, which support quality care. It's very important, in both public and private services, to have professionals with an ethical and scientific basis [...] regulation is there to help in this process (E3).

The Nursing Council of Pará: the impact on the professional practice of obstetric nursing

The meanings of professional practice guarantee greater autonomy in obstetric nursing, backed by legal regulations. For the participants in the study, regulation legitimizes the practice of labor and birth, in line with public policies on Women's and Children's Health.

Everything in our profession involves public policies, including women's health, and we see an important role for nurses in this area, and the regulation of obstetric nurses provides them with support to carry out prenatal consultations, childbirth and newborn care more safely, based on good childbirth care practices, aspects that contribute to strengthening the profession (E7).

When nurses have an understanding of the health and disease process, when they make a prenatal appointment, when they prescribe recommended medication, when they do health education, they are making public policy, aren't they? And regulation is here to provide nurses with the support they need to act safely in complying with public policies (E8).

The regulation of Obstetric Nursing and changes in public policy are essential to advance obstetric care in the country, strengthening the practice and valuing the category. Advanced practices in Obstetric Nursing seek to provide quality care centered on women during labor and birth, respecting their autonomy and improving their experience. Constantly updating knowledge and valuing the specialty are fundamental to improving obstetric and neonatal care, promoting high-quality care through regulation and advanced practices.

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So, the impact in this sense is to strengthen the practice of obstetric nursing in Brazil, so that nurses can act autonomously and demonstrate their technical capacity (E2).

With regard to advanced practices, it is understood that obstetric nursing has a long way to go. With a view to improving care for women from family planning, pregnancy, childbirth and the newborn, these practices need to be regulated in order to guarantee safe, qualified care for both women and professionals (E8).

The regulation of Obstetric Nursing and changes in public policy are crucial to the advancement of care in the country. They strengthen this practice, value professionals and have a positive impact on women's experience during labor and birth, improving maternal and child care. These measures not only offer opportunities for improvements in professional practice, but also require efforts to overcome emerging challenges.

It is extremely important that we develop policies that involve women as the centerpiece of public health policies (E6).

COREN recognizes the Stork Network as fundamental to women's lives, especially Amazonian women who are in great need of differentiated care and the Stork Network is essential in this process of welcoming and integrating primary and secondary care services so that it can have an impact on our state's negative indicators (E5).

Changes in public policies have a significant impact on the professional practice of obstetric nursing, creating opportunities for improvement and facing challenges that require attention and effort to overcome. These health policies promote the humanization of labour and birth, encourage normal birth, reduce unnecessary medicalization and value adequate prenatal care and comprehensive care for pregnant women and newborns, positively impacting the practice of obstetric nurses.

DISCUSSION

Historically, nurses began to feel the need to see the profession regulated, given the proliferation of different groups of people, with little or no training, carrying out nursing activities. The solution, identified by the pioneering nurses at the time, was the creation of a Nursing Council. Twenty-eight years of struggle were needed for the Brazilian Nursing Association to succeed in making Law No. 5.905 of July 13, 1973, which created the Federal and Regional Nursing Councils, a reality. Law 7.498/1986, which regulates the professional practice of nursing, took eleven years to be approved.^{7,10}

With regard to the duties of nursing professionals, Law 7.498/86 made it clearer what the ON) are, as described in article 11, such as: assisting the parturient and normal childbirth; identifying obstetric dystocias and taking measures until the doctor arrives; performing episiotomy and episiorraphy and applying local anesthesia, when necessary.¹¹

As the class representative of Brazilian nursing, COFEN/COREN is responsible for formulating the rules for professional practice, with emphasis on the code of ethics which guides professional behavior on morally acceptable grounds, in relations with users or peers, providing greater security in the performance of the profession. Practicing nursing based on legal precepts is, therefore, a key factor in acting responsibly and committed to the care needed by human beings. In this sense, following the legislation and rules that govern the profession means providing care that is free of risk and harm to the patient, resulting in greater safety and autonomy in the work of the professionals themselves, in accordance with the nurse's competencies in their professional practice.¹¹

From this perspective, the meanings of the COREN representatives from the Pará section deal with autonomy,

which can be understood as a certain degree of power, theoretical and/or practical knowledge of the work environment, the ability to make choices, the capacity for action and responsibility in decision-making. It should be noted that this is not a singular property of the subjects, but a connotation that requires intersubjectivity, as it is based on a set of socially constructed conditions.¹² In this way, the autonomy of ON has directly implied assistance and improvement of health indicators based on the presence of ON, made possible by COFEN Resolutions 439/2012; 516/2016; 627/2020; 672 and 679/2021; 690/2022; 736 and 737/2024 and Opinions No. 206/2015; 09 and 229/2016; 278/2017; 003 and 04/2019; 10/2020; 001 and 0052/2021, with the expansion and redesign of more qualified and safer childbirth care for women and their families. Based on this discussion, the autonomy of the ON promotes its protagonism without, however, canceling out the protagonism of the woman.¹³

In these circumstances, while nurses are gaining ground and trying to take on their duties autonomously, keeping up with technological advances and progress in the health sciences, doubts are also arising about professional responsibility in its legal aspects. In this way, the meanings of the professionals from COREN's Pará branch relate to ethical responsibility, which focuses on the professional conduct of nurses that is compatible with the duties, principles, rights, responsibilities and prohibitions regulated by the competent nursing bodies. Nurses' actions must be guided by ethical and moral principles, always respecting human dignity.

The World Health Organization (WHO) reveals that few countries have an ON team qualified to act in crucial reproductive health circumstances. It also points out that an ON team that is qualified and trained under international standards, following the guidelines of Obstetric Nursing competencies, constitutes professionals capable of meeting the demands of health services in the field of labor and birth care.¹⁴

Thus, ONs use the people-centered care model (women), favoring proximity to health service users and the community, characteristics that are consistent not only with the 3rd Sustainable Development Goal (health and well-being), but also with those directly related to Maternal and Newborn Health. Their roles are fundamental to achieving Universal Health Coverage and the Sustainable Development Goals, and although the calls of the Universal Agenda 2030 provide many challenges, there are many gains to be made by the opportunities for improvements in the nursing workforce, especially with regard to education, Obstetric Nursing services and the regulation of care.¹⁵⁻¹⁶

Regulation of professional practice, according to the representatives of COREN Pará, promotes and protects professional integrity and is a mechanism for ensuring competent and well-qualified professionals. Legislation and regulations need to be revised to optimize aspects of professional practice, for which factors such as: competencies, professional roles, workforce optimization, migration, recruitment and retention, and working conditions such as personal safety, employment and professional rights of nurses, including decent working environments and hours, workplace safety and attractive salaries are considered.¹⁷ Furthermore, such regulation is essential to improve the structuring of health systems and enhance the performance of nursing teams. It is necessary to qualify nursing professionals in order to guarantee the quality of care and expanded care for the population with humanized and evidence-based practices, as health cannot be promoted without investments in human resources.¹⁸

It is therefore necessary to review legislation and regulations in order to optimize professional practice, taking into account competencies, professional roles, workforce and decent working conditions, in order to provide greater safety for nursing professionals and patients, as well as increasing the effectiveness and efficiency of health services.¹⁷

In this context, in order to guarantee quality care and guide Obstetric Nursing in its professional practice, it is essential that the COFEN/COREN System regulates the practice of Brazilian Obstetric Nursing, based on standards and resolutions, legitimizing and safeguarding its care practice by complying with the Law on Professional Nursing Practice.

The organization of the CORENs uses objective criteria, evaluating the number of registered professionals, revenue, default rate and number of public employees in the COREN. The final ranking was based on the total number of professionals registered with the CORENs. COREN Pará is classified as large, according to the criteria established by the number of registered professionals (up to 120,000).¹⁹

Professional regulations, established by COFEN/COREN normative acts with the force of law, must be known and followed by nurses. The obstetric nurse, in addition to the duties of the generalist nurse, must assist in normal childbirth, identify obstetric dystocias and act until the doctor arrives.⁴ From this perspective, the qualification of the O.N. generates quality performance, leading to positive indicators in the process of humanizing labour and birth, contributing considerably to the reduction of unnecessary interventions. Given that the presence of the obstetric nurse in the parturition process is of paramount importance as it provides safety, welcome and effectiveness for labor and birth.²⁰

In this context, the ON professional's assistance is essential for a safe, humanized childbirth. There is a quest to reverse the process of institutionalizing childbirth with the aim of making it as humanized as possible, prioritizing care for all aspects involving women: spiritual, psychological, social and biological.²¹

International organizations have been encouraging the inclusion of ON as a tool for enhancing normal-risk childbirth processes, with the aim of increasing the number of normal births, as well as significantly reducing interventionist practices and promoting the most physiological childbirth possible, with the knowledge to make complex decisions and the skills needed for advanced practices, thus being able to manage and take responsibility with independence and leadership.^{13-17,22-23}

In this context, the meanings of the representatives of the COREN Pará section reaffirm that Advanced Nursing Practices (ANP) have stood out, especially in countries with these regulated practices, where nurses stand out as professionals capable of responding to the needs of the population in various areas. They have the potential to expand equitable access to health and universal coverage, being prepared for clinical care and, additionally, for active participation in education/teaching, research, management and leadership, as well as, of course, clinical care.¹⁷

In Brazil, the discussion about EAPs continues to grow. However, for many researchers, it is still unclear what actions should be related to EAP and what is needed to become capable and competent to carry them out in the perspective of their legal regulation.²⁴ In this circumstance, Brazil launched the Stork Network (SR) in 2011, with the aim of ensuring qualified, rights-based care for women and children in the pregnancy-puerperal cycle up to the age of two, promoting humanized care based on scientific evidence.²⁵

The CR, in line with the demands of women's movements regarding obstetric violence, took on the need to change the model of care for childbirth and reducing maternal and neonatal morbidity and mortality, including broad institutional support for managers and strategic services.²⁶ It was through the CR that obstetric nurses were encouraged to train and work in the field of care in order to provide more humanized care, guided by good care practices.²⁷

In this context, ON has gained ground in public health policies, due to the efforts made by this professional category to ensure that eutocic childbirth flows naturally without the need for unnecessary interventions. In addition, they contribute to building an empathetic relationship with women and their families due to their qualified and humanized approach to the parturition process.²⁸ ON professionals recognize the

humanization of childbirth as aspects that permeate the organization and structure of health services, in order to provide quality care, standing out in their assistance because they are able to respect the rights, choices and autonomy of women in labour.²⁹

Thus, the continuous updating of the regulatory process in nursing redefines the scope of practices shared with other professional categories, seeking consensus and mutual recognition, minimizing conflicts. In addition to supervising and regulating, the Professional Councils promote a social movement in defense of fundamental rights, contributing to an ethical society, with respect for human rights, social justice and democracy, through the collaborative revision of rules and values.³⁰

Thus, the regulation of Obstetric Nursing in the context of the COFEN/COREN system has a profound impact on the quality of nursing care provided to the Brazilian population, as it not only legitimizes the work of these professionals, but also broadens their scope of action in various care environments, promoting more effective and humanized care.

The study was limited by the small number of participants, given the quantitative nature of the scenario, which made it impossible to extrapolate other meanings.

CONCLUSION

The purpose of the study was to understand the meanings behind the regulation of Obstetric Nursing, which obtains knowledge about the legislative framework of ON, values ordinances, resolutions and opinions and believes that they are important milestones within this nursing specialty.

They also strive to base their conduct on the use of scientific evidence in accordance with the guidelines for labor and birth care. The study highlighted that empowering professionals through their regulatory body could be a way of strengthening nursing care practice, with a view to recognizing the profession's social role. However, there is a need for the category to know its regulations and, above all, to use them as guidelines for professional practice.

Based on the meanings, the commitment of the team that makes up the technical group and advisors to disseminating knowledge about good practices in labor and birth care is notable. In this way, COREN, the Pará branch, contributes to ensuring that professionals act in accordance with their responsibilities through inspection, regulation and the application of safe nursing care.

Changes in public policy value obstetric nursing and offer opportunities to improve professional practice. Women's health policies promote good practices in labor and birth,

helping to reduce unnecessary interventions and caesarean sections. Thus, there is a satisfaction in showing interest in disseminating knowledge about regulation in childbirth care, promoting advanced practices and improving the indicators of care for women in Pará.

This study aims to provide more information to promote the dissemination and valorization of knowledge about the regulation of obstetric nursing. It is hoped that by improving understanding of this area, more professionals will be mobilized to fully assume their duties and responsibilities, thus guaranteeing quality and safe care for women, babies and families. In addition, we suggest encouraging and supporting the emergence of new research that deepens the understanding of ON regulation.

REFERENCES

1. Pan American Health Organization. Expanding the roles of nurse in primary health care [Internet]. 2019. [acesso em 18 de novembro 2024]. Disponível em: https://iris.paho.org/bitstream/handle/10665.2/34958/9789275120033_eng.pdf?sequence=6&isAllowed=y
2. Soldera AGS, Penha LS, Silva DL, Duarte SJH, Almeida RGS. Supervision of professional nursing practice in Brazil: a scoping review. *Rev. Bras. Enferm.* [Internet]. 2023 [acesso em 25 de julho 2024]; 76(suppl 3). Disponível em: <https://doi.org/10.1590/0034-7167-2023-0077>
3. Conselho Regional de Enfermagem do Pará. Regimento Interno do Conselho Regional de Enfermagem do Pará [Internet]. 2018 [acesso em 25 de julho 2024]. Disponível em: <https://ouvidoria.cofen.gov.br/coren-pa/transparencia/3028/download/PDF>
4. Mata LRF, Silva AE, Pedrosa MMTV, Ferreira DB, Oliveira PS, Lara DLO. Consultas mais frequentes respondidas pelo Conselho Regional de Enfermagem de Minas Gerais: atuação da câmara técnica. *Enferm. Foco* [Internet]. 2019 [acesso em 25 de julho 2024]; 10(1). Disponível em: <https://doi.org/10.21675/2357-707X.2019.v10.n1.1381>
5. Conselho Federal de Enfermagem. Decisão Cofen nº 0052, de 17 de abril de 2019. Altera o Regimento Interno das Câmaras Técnicas do Conselho Federal de Enfermagem, e dá outras providências [Internet]. 2019 [acesso em 25 de julho 2024]. Disponível em: <https://www.cofen.gov.br/decisao-cofen-no-0052-2019/>
6. Conselho Federal de Enfermagem. Resolução COFEN Nº 726/2023 [Internet]. 2023 [acesso em 25 de julho 2024]. Disponível em: <https://www.cofen.gov.br/resolucao-cofen-no-726-de-15-de-setembro-de-2023/>
7. Machado MH, Koster I, Filho WA, Wermelinger MCMW, Freire NP, Pereira EJ. Labor market and regulatory processes – Nursing in Brazil. *Ciênc. Saúde Coletiva* [Internet]. 2020 [acesso em 25 de julho 2024]; 25(1). Disponível em: <https://doi.org/10.1590/1413-81232020251.27552019>
8. Bardin L. *Análise de Conteúdo*. São Paulo: Almedina; 2011.
9. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. *Acta Paul. Enferm.* [Internet]. 2021 [acesso em 25 de julho 2024]; 34. Disponível em: <https://doi.org/10.37689/acta-ape/2021AO02631>
10. Silva NAR, Santos RM, Macedo AC, Costa LMC. Circunstâncias de instalação do conselho regional de enfermagem de Alagoas (1973-1978). *Hist. Enferm. Rev. Eletrônica* [Internet]. 2016 [acesso em 25 de julho 2024]; 7(1). Disponível em: <https://here.abennacional.org.br/here/a05.pdf>
11. Costa RLL, Barbosa CO. Responsabilidade legal da Enfermeira Obstétrica na assistência ao parto. *Rev. Enferm. Contemp.* [Internet]. 2019 [acesso em 25 de julho 2024]; 8(2). Disponível em: 10.17267/2317-3378rec.v8i2.2193
12. Santos FAPS, Enders BC, Brito RS, Farias PHS, Teixeira GA, Dantas DNA, et al. Autonomy for obstetric nurse on low-risk childbirth care. *Rev. Bras. Saude Mater. Infant.* [Internet]. 2019 [acesso em 25 de julho 2024]; 19(2). Disponível em: <https://doi.org/10.1590/1806-93042019000200012>
13. Saad DEA, Riesco MLG. A autonomia profissional da enfermeira obstétrica. *Rev. Paul. Enferm.* [Internet]. 2018 [acesso em 25 de julho 2024]; 29(1-3). Disponível em: <https://docs.bvsalud.org/biblioref/2019/02/970743/autonomia-profissional-da-enfermeira-obstetrica.pdf>
14. Jacob TNO, Rodrigues DP, Alves VH, Reis LC, Ferreira ES, Carneiro MS, et al. A autonomia da enfermagem obstétrica na assistência no centro de parto normal. *Av. Enferm.* [Internet]. 2022 [acesso em 25 de julho 2024]; 40(3). Disponível em: <https://doi.org/10.15446/av.enferm.v40n3.93559>
15. Homer CSE, Lopes SC, Nove A, Michel-Schuldt M, McConville F, Moyo NT, et al. Barriers to and strategies for addressing the availability, accessibility, acceptability and quality of the sexual, reproductive, maternal, newborn and adolescent health workforce: addressing the post-2015 agenda. *BMC Pregnancy Childbirth* [Internet].

- 2018 [acesso em 25 de julho 2024]; 18(1). Disponível em: 10.1186/s12884-018-1686-4
16. Oliveira APC, Ventura CAA, Silva FV, Neto HA, Mendes IAC, Souza KV, et al. The state of nursing in Brazil. *Rev. Latino-Am. Enferm.* [Internet]. 2020 [acesso em 25 de julho 2024]; 28. Disponível em: <https://doi.org/10.1590/1518-8345.0000.3404>
17. Cassiani SHB, Dias BM. Perspectives for advanced practice nursing in Brazil. *Rev. Esc. Enferm. USP* [Internet]. 2022 [acesso em 25 de julho 2024]; 56. Disponível em: <https://doi.org/10.1590/1980-220X-REEUSP-2021-0406n>
18. Zanga R. Trabajo Regulación Profesional en Salud: análisis de normas regulatorias en América del Sur [Internet]. 2021 [acesso em 25 de julho 2024]. Disponível em: https://www.superdesalud.gob.cl/app/uploads/2022/03/articles-20859_recurso_1.pdf
19. Persegona MFM, Cruz M, Ferola BG, Bernardini F, Freire NP, Persegona JM. Programa de Integridade do Sistema COFEN/Conselhos Regionais de enfermagem: concepção e implantação. *Rev. Latino-am. Gov.* [Internet]. 2023 [acesso em 25 de julho 2024]; 3(1). Disponível em: <https://doi.org/10.37497/ReGOV.v3i1.49>
20. Conselho Federal de Enfermagem. Decisão Cofen nº 243/2016, de 26 de outubro de 2016. Dispõe sobre a classificação dos Conselhos Regionais de Enfermagem em micro, pequeno, médio, grande e macro porte, quanto ao número de inscrições definitivas [Internet]. 2016 [acesso em 25 de julho 2024]. Disponível em: <https://www.cofen.gov.br/decisao-cofen-no-2432016/>
21. Alves TCM, Coelho ASF, Sousa MC, Cesar NF, Silva OS, Pacheco LR. Contribuições da enfermagem obstétrica para as boas práticas no trabalho de parto e parto vaginal. *Enferm. Foco* [Internet]. 2019 [acesso em 25 de julho 2024]; 10(4). Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/2210>
22. Balsanelli AP, David DR, Ferrari TG. Nursing leadership and its relationship with the hospital work environment. *Acta Paul. Enferm.* [Internet]. 2018 [acesso em 25 de julho 2024]; 31(2). Disponível em: <https://doi.org/10.1590/1982-0194201800027>
23. Guerra SS, Salmerón JM, Zabalegui A. Profile of advanced nursing practice in Spain: a cross-sectional study. *Nurs. Health Sci.* [Internet]. 2018 [acesso em 25 de julho 2024]; 20(1). Disponível em: 10.1111/nhs.12391
24. Vargens OMC, Silva ACV, Progiante JM. Contribuição de enfermeiras obstétricas para consolidação do parto humanizado em maternidades no Rio de Janeiro-Brasil. *Esc Anna Nery* [Internet]. 2017 [acesso em 25 de julho 2024]; 21(1). Disponível em: <https://doi.org/10.5935/1414-8145.20170015>
25. Mortelaro PK, Cirelli JF, Narchi NZ, Campos EA. Da Rede Cegonha à Rami: tensões entre paradigmas de atenção ao ciclo gravídico-puerperal. *Saúde Debate* [Internet]. 2024 [acesso em 25 de julho 2024]; 48(140). Disponível em: <https://doi.org/10.1590/2358-289820241408152P>
26. Vilela AT, Tenório DS, Silva RMS, Silva JCB, Albuquerque NLA. Perception of obstetric nurses before humanized birth. *Rev. Enferm. UFPE online* [Internet]. 2019 [acesso em 25 de julho 2024]; 13. Disponível em: <https://doi.org/10.5205/1981-8963.2019.241480>
27. Feijão LBV, Boeckmann LMM, Melo MC. Conhecimento de enfermeiras residentes acerca das boas práticas na atenção ao parto. *Enferm. Foco* [Internet]. 2017 [acesso em 25 de julho 2024]; 8(3). Disponível em: <https://doi.org/10.21675/2357-707X.2017.v8.n3.1318>
28. Duarte MR, Alves VH, Rodrigues DP, Souza KV, Pereira AV, Pimentel MM. Tecnologias do cuidado na enfermagem obstétrica: contribuição para o parto e nascimento. *Cogitare Enferm.* [Internet]. 2019 [acesso em 25 de julho 2024]; 24. Disponível em: <http://dx.doi.org/10.5380/ce.v24i0.54164>
29. Ferreira MC, Monteschio VC, Teston EF, Oliveira L, Serafim D, Macron SS. Perceptions of nursing professionals about humanization of childbirth in a hospital environment. *Rev. Rene* [Internet]. 2019 [acesso em 25 de julho 2024]; 20. Disponível em: <http://dx.doi.org/10.15253/2175-6783.20192041409>
30. Toso BRGO, Padilha MI, Breda KL. The euphemism of good practice or advanced nursing practice. *Es. Anna Nery* [Internet]. 2019 [acesso em 25 de julho 2024]; 23(3). Disponível em: <https://doi.org/10.1590/2177-9465-EAN-2018-0385>