

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

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## PERCEPTIONS OF POSTPARTUM WOMEN ABOUT LABOR ASSISTANCE

*Percepções de puérperas sobre a assistência ao trabalho de parto**Percepciones de las puérperas sobre la asistencia al parto***Maria Beatriz Rodrigues de Oliveira<sup>1</sup>** **Ana Luiza Paulino<sup>2</sup>** **Adriana Valongo Zani<sup>3</sup>** **Fabiana Fontana Medeiros<sup>4</sup>** **Milena Passarelli Cortez<sup>5</sup>** **Keli Regiane Tomeleri da Fonseca Pinto<sup>6</sup>** 

### RESUMO

**Objetivo:** identificar as percepções das puérperas sobre a assistência durante o trabalho de parto e parto. **Método:** estudo descritivo, qualitativo, realizado com 24 puérperas que tiveram seus partos em duas maternidades de um município do Sul do Brasil. A coleta dos dados ocorreu por meio de entrevistas semiestruturadas, realizadas de janeiro a março de 2021. A análise dos dados foi feita pelo Discurso do Sujeito Coletivo. **Resultados:** a partir da análise dos dados emergiram duas Ideias Centrais: Demora no atendimento e evolução do trabalho de parto e Assistência humanizada. **Considerações finais:** as percepções das puérperas demonstraram que elas associam a demora no atendimento com a evolução do trabalho de parto, mas também perceberam a assistência recebida embasada em carinho, demonstrando um cuidado humanizado.

**DESCRITORES:** Parto humanizado; Enfermagem obstétrica; Trabalho de parto; Saúde materno-infantil.

### ABSTRACT

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**Objective:** to identify the perceptions of puerperal women about assistance during labour and delivery. **Method:** descriptive, qualitative study, carried out with 24 puerperal women who had their deliveries in two maternity hospitals in a municipality in Southern Brazil. Data collection took place through semi-structured interviews, conducted from January to March 2021. The data analysis was done by the Collective Subject's Discourse. **Results:** from the data analysis, two Central Ideas emerged: Delay in care and evolution of labour and Humanised Care. **Final considerations:** the perceptions of the puerperal women showed that they associate the delay in care with the evolution of labour, but they also perceived the assistance received based on affection, demonstrating a humanised care.

**DESCRIPTORS:** Humanizing delivery; Obstetric nursing; Labor pain; Maternal-child health services.

## RESUMEN

**Objetivo:** identificar las percepciones de las puérperas sobre la asistencia durante el trabajo de parto y el parto. **Método:** estudio descriptivo y cualitativo, realizado con 24 puérperas que dieron a luz en dos maternidades de un municipio del sur de Brasil. La recopilación de datos se realizó a través de entrevistas semiestructuradas, realizadas de enero a marzo de 2021. El análisis de los datos fue realizado por el Discurso del Sujeto Colectivo. **Resultados:** a partir del análisis de los datos surgieron dos Ideas Centrales: Retraso en la atención y evolución del trabajo de parto y Asistencia humanizada. **Consideraciones finales:** las percepciones de las puérperas demostraron que asocian la demora en la atención con la evolución del trabajo de parto, pero también percibieron la asistencia recibida basada en el cariño, demostrando un cuidado humanizado.

**DESCRIPTORES:** Parto humanizado; Enfermería obstétrica; Labor pain; Salud materno-infantil.

## INTRODUCTION

Childbirth is a unique moment that represents a new cycle in a woman's life, and can leave positive and/or negative marks generated by this experience. Health professionals play a fundamental role in this process, and attention is needed to care for the parturient woman in order to transmit confidence, thus reducing negative feelings of stress, fear and anxiety generated by the pain of labor.<sup>1</sup>

Over the years, new standards of obstetric care have been established, aiming to give parturients a leading role in the process of giving birth, valuing quality care based on humanization with practices that respect women's physiology, providing comprehensive care, emotional support and autonomy.<sup>2</sup>

Therefore, when we think of humanized care, we are mainly referred to nursing professionals, professionals who work directly in intrapartum care. Nursing provides respectful practices, preserving women's right to choose, encouraging the use of non-pharmacological methods for pain relief during labor, respecting the unique experience of becoming a mother and reducing unnecessary interventions.<sup>3</sup>

From this perspective, this study aims to identify the perceptions of puerperal women about care during labor and childbirth, in order to produce evidence of how the care process is going, seeking the adequacy of care based on practices based on scientific evidence, bearing in mind that the satisfaction of

puerperal women with the birth is an important evaluation tool, as it reflects various aspects of the care process.

## METHOD

This is a descriptive, cross-sectional study with a qualitative approach, carried out in two maternity hospitals that serve women through the Unified Health System (SUS), located in a municipality in southern Brazil. The participants were 24 puerperal women who had given birth vaginally in these maternity hospitals.

The inclusion criteria were women who had given birth vaginally in the maternity hospitals studied, agreed to take part in the study and signed the Informed Consent Form. The exclusion criteria were unfavorable clinical conditions (some serious complication of pregnancy/childbirth) that made it impossible to take part in the interview and the absence of a guardian to sign the consent form for puerperal women under the age of 18.

Data collection took place from January to March 2021, through a semi-structured interview, conducted individually in a private room, guaranteeing privacy and minimal interruptions, with the following guiding question: "Tell us about the support you received from the professional who was with you during labor and delivery"?

The average duration of the meeting between the researchers and the puerperal women was 30 minutes, taking into account the initial interaction and the interview itself.

The interviews were recorded and at the end the puerperal woman was asked to listen to the recording of the interview, guaranteeing her the right to change the information if she felt it necessary.

The data was analyzed using the Collective Subject Discourse (CSD) technique.<sup>4</sup>

The anonymity of the participants was guaranteed by individual coding using P1, P2, P3 and so on, representing the participation of the puerperal women.

The research project was approved by the Research Ethics Committee, under Certificate of Submission for Ethical Appraisal (CAAE) no. 77190824.9.0000.5231, respecting the formal requirements of the regulatory standards for research involving human beings.

## RESULTS

The puerperal women taking part in the study were aged between twenty and thirty-four, with eight or more years of schooling, a partner and no paid work.

From the analysis of the reports and the construction of the discourses, two Central Ideas (CI) emerged: CI 1 - Delay in care and progress of labour; CI 2 - Humanized care.

### CI 1 - Delay in care and progress of labor

In the speeches, the puerperae showed some negative perceptions related to care during labor, associating the delay in care with the evolution of labor.

*CSD 1- Suffered, bad, because it was a pain that nobody deserves, I think they took a while, if they had induced me when I arrived at 2, because I had already said that I take a long time to dilate, and it wasn't as I had planned, totally different, I found it strange, it was very painful, I suffered a lot there in the little room, the bag burst naturally in one day, but the baby was only born the next day, I spent a long time in the shower to see if it would dilate (P4, P8, P12, P21, P22, P24).*

### CI 2 - Humanized care

The following discourse demonstrates the puerperal women's perceptions of the care they received from professionals, associating it with positive feelings, especially in terms of pain relief and humanized care.

*CSD 2 - I was in a lot of pain, but in terms of care they attended to me very well, all of them, I'm just talking about the pain, they gave me medicine in the vein, they saw the baby's heartbeat (P1, P3, P11, P20, P23).*

*CSD 3 - The professionals were very good, very attentive, they were helping me at the most difficult moment. They stayed with me, I even have their names with me, they made the tree with the placenta, they put a dedication on it, apparently they really liked me. I have nothing to complain about, they treated me very well. The nurses were lovely, they were caring, they massaged me, they knew how to understand the time of the contractions. The doctors were kind too, they congratulated me (P4, P6, P8, P13, P18, P24, P25).*

## DISCUSSION

The puerperal women's perceptions of the care they received during labor were conflicting. They reported that the care they received was satisfactory, but in some of their speeches they stressed that there was a lot of pain and suffering during the process and that it took a long time to induce labor.

Labor is the time before childbirth, triggered by stimuli that are still unknown, but it is known that hormones act to make it happen. This event is divided into three periods, the first of which is called dilation, which consists of the start of uterine contractions and cervical dilation, occurring gradually and dynamically. This is followed by the expulsion period, which begins with complete cervical dilation and ends with fetal expulsion. Finally, there is the period of dehydration, which begins with fetal expulsion and ends with the exit of the placenta.<sup>5</sup>

Labor is marked by innumerable feelings, at which time the woman suffers hormonal influences, which generate painful stimuli.<sup>6</sup> Pain in labor is surrounded by emotional and physical aspects, which depend on the parturient's perception, and is tolerated at different thresholds, which can be reflected by feelings of fear and anguish and lead to sensations of discomfort during the labor process.<sup>7</sup>

It is therefore essential for professionals to introduce non-pharmacological methods of pain relief during labor, such as the Swiss ball, immersion baths, auriculotherapy, massage, assistance in caring for the needs of parturients, among others, in order to promote relaxation, safety, reduced anxiety and pain, so that labor progresses more quickly and with satisfactory results.<sup>8,9</sup>

The use of non-pharmacological methods has positive effects at this time, and is seen as a good tactic for pain relief.<sup>10</sup> These approaches guarantee women the right to normal childbirth in the most natural and humanized way, avoiding the use of unnecessary interventions and hasty approaches, which is recommended by the normal childbirth care guideline.<sup>11</sup>

Humanized childbirth focuses on the care provided for the birth, the woman and the newborn, bringing with it a more simplistic aspect, ensuring that patients receive humanized care that addresses complex situations, providing information about the childbirth process, placing women in a position of choice and desire at this time.<sup>12</sup>

Another point that was highlighted in the puerperal women's speeches was the attention given by professionals throughout labor, where they stressed that most of them respected their moment and were attentive. Studies show that professionals are an essential factor in conducting childbirth, offering support and encouragement to overcome the difficulties that parturients may experience, such as fear and pain.<sup>7</sup> Therefore, the importance of this humanized assistance from the team can be taken into account, as it is what leads to a unique and special experience for these women.

The hospital is seen as the ideal place for childbirth, because it is understood that the patient will be assisted by a trained team to help her give birth. However, studies show that the structure of the institution influences the experience of labor, as the environment can provide non-pharmacological pain relief measures, relaxation and warmth, which are fundamental during labor,<sup>7</sup> however, in this study the interference of the physical structure in the care received did not appear..

## FINAL CONSIDERATIONS

The speeches showed that the puerperal women expressed ambivalent feelings about labor and childbirth; they associated the delay in care with the progression of labor, but they also perceived the care provided to be based on affection, demonstrating humanized care.

Therefore, the importance of humanized care in this process is evident, as it is a unique and particular moment for each woman and it is her right to be able to experience it in a respectful and integral way, so that it becomes a special moment. Therefore, the professionals present must be flexible when dealing with this woman, understand her needs and well-being, and provide quality care with a technical-scientific content.

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