

## Contribution of obstetric nurse in good practices of childbirth and birth assistance

Contribuição da enfermeira obstétrica nas boas práticas da assistência ao parto e nascimento

Contribución de la enfermera obstétrica en buenas prácticas de asistencia de parto y nacimiento

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### ABSTRACT

**Objectives:** Identify the good practices developed by Obstetric Nurse in a Municipal Maternity of Rio de Janeiro and analyze the assistance of Nurses in Obstetric practice in the time of delivery. **Method:** Documentary study, which was conducted in a maternity ward of the city of Rio de Janeiro from January to July 2015. The study was sent to Brazil Platform and the report released with CAAE number: 51008015.0.0000.5285. **Results:** It was found that Obstetric nurses offered assistance to 367 parturient women using good practice safely. The study showed that the use of good practices has great influence on maternal physiology, in newborn adaptation and reduction of anemia in early childhood. **Conclusion:** It is assistance in good obstetric practices in childbirth and birth of humanized form and in the context of scientific evidence as follows the recommendations of the Ministry of Health.

**Descriptors:** Nurse, Obstetric Humanized Childbirth, Childbirth Assistance.

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## RESUMO

**Objetivos:** Identificar as boas práticas desenvolvidas pela Enfermeira Obstétrica em uma Maternidade Municipal do Rio de Janeiro e analisar a assistência das Enfermeiras Obstétricas nas Boas Práticas no momento do parto. **Método:** Estudo documental, que foi realizado em uma maternidade municipal da cidade do Rio de Janeiro no período de janeiro a julho de 2015. O estudo foi encaminhado à Plataforma Brasil e o Parecer liberado com o nº CAAE: 51008015.0.0000.5285. **Resultados:** Foi constatado que as Enfermeiras Obstétricas ofereceram assistência à 367 parturientes utilizando as boas práticas de forma segura. O estudo demonstrou que o uso das boas práticas tem grande influência na recuperação da fisiologia materna, na adaptação do recém-nascido e redução da anemia na primeira infância. **Conclusão:** Ocorre a assistência dentro das boas práticas obstétricas no parto e nascimento de forma humanizada e no contexto das evidências científicas como segue as recomendações do Ministério da Saúde.

**Descritores:** Enfermeira Obstétrica, Parto Humanizado, Assistência ao Parto.

## RESUMEN

**Objetivos:** identificar las buenas prácticas desarrolladas por la enfermera obstétrica en una maternidad Municipal do Rio de Janeiro y analizar la asistencia del personal de enfermería en la práctica obstétrica en el momento del parto. **Método:** estudio documental, que se llevó a cabo en una sala de maternidad de la ciudad de Rio de Janeiro desde enero a julio de 2015. El estudio fue referido a la Plataforma Brasil y el informe publicado con el número CAAE: 51008015.0.0000.5285. **Resultados:** se encontró que las enfermeras obstétricas ofrecen asistencia a 367 la mujer parturienta utilizando las mejores prácticas de seguridad. El estudio demostró que el uso de las buenas prácticas tiene gran influencia en la fisiología materna, en la adaptación del recién nacido y la reducción de la anemia y primera infancia. **Conclusión:** es la asistencia en las buenas prácticas obstétricas en el parto y nacimiento de una manera humanizada y en el contexto las evidencias científicas como sigue las recomendaciones del Ministerio de Salud.

**Descriptorios:** Enfermería, Obstetricia Parto, Asistencia del Parto Humanizado.

## INTRODUCTION

The usual risk of childbirth care performed by the Obstetric Nurse has its own characteristics that are endowed with respect, knowledge, and scientific evidence, which increasingly strengthen the profession and value safety and quality of care for the woman and the newborn.

Birth and birth in the physiological and natural context in which it is not necessary to use medicalization and interventions allow the woman to experience labor in a natural way in which the release of the hormones happens within the physiology of the process.

*The World Health Organization (WHO) recommends the participation of the obstetrician nurse during childbirth, taking care of the care, not the intervention. This statement contributes to the reduction of high maternal mortality rates, being an important indicator for the evaluation of the living conditions and health of the female population, whose indicators*

*currently show the critical health situation of women in our country.<sup>1:580</sup>*

Nursing care is the essence of the profession that favors a perception and assistance with a broad and objective view that turns to the development of techniques and procedures, and a subjective one, that is based on sensitivity, creativity and intuition to take care of another being.

The Obstetric Nurse in labor encourages the active participation of women by offering encouragement and encouragement throughout the process. It was believed that when women overcame their fear of pain and gained strength, there was incorporation into their habitus that their role in the birth scene is a protagonist, according to one of the principles of the humanized paradigm of childbirth care.<sup>2</sup>

Obstetric Nurses are based on the physiology of labor and have used various care technologies, providing comfort, using behaviors that are not only beneficial for women in the parturients, they are also fundamental for the immediate and future development and health of the newborn. In this context, they develop skin-to-skin contact procedures, timely clamping of the umbilical cord, participation of the companion in the cord cut, respect for the golden hour that refers to the first hour of life of the newborn soon after birth and breastfeeding in this first moment.

The golden hour is considered to be the first hour of life of the newborn and during this period the bonding between the mother and the baby occurs, and the moment of birth should not be interrupted, since natural reflexes begin, such as the search for Maternal breast and, when any interference occurs, the sequence is broken, interrupting the appearance of the sucking reflex so important for the effective breastfeeding.

During contact and initial breastfeeding, women manifest various feelings that are often delayed by hospital standards and behaviors, interfering in the bond between mother and newborn.<sup>3</sup> This unique and unique moment in the life of each woman should be respected the behaviors and attitudes That each parturient can demonstrate in the process of birth and birth.

The World Health Organization<sup>4</sup> has developed a classification of common practices in the conduct of normal delivery, guiding what should and should not be done in the birth process. This classification was based on scientific evidence completed through research conducted worldwide.

*It is recommended by the Ministry of Health that at birth the newborn should be put on skin-to-skin contact to adapt to a new extra-uterine life condition. At this time, the highest level of oxytocin occurs, the mother and her newborn are in a relationship with intense connection that must be respected, and there can be no interruption of this special moment and of great importance in strengthening bonding and assimilation of this new living being. The environment should be at a temperature of 26°C, reducing the risk of hypothermia in term newborns*

*with good vitality, who were born with spontaneous breathing and do not need mechanical ventilation, and who are covered with preheated fields, helping with the adjustment in extrauterine life.*<sup>4</sup>

The newborn in skin-to-skin contact keeps him warm and helps in thermoregulation, instinctively facilitates breastfeeding soon after birth due to the infant's first alertness and innate behavior of sucking the breast by stimulating breastfeeding within the first hour and ensuring the effective and exclusive practice of breastfeeding.

The World Health Organization<sup>5</sup> recommends that breastfeeding be initiated within the first hour of life, as it is associated with a lower incidence of neonatal mortality, longer breastfeeding, better mother-infant interaction, and reduced risk of maternal bleeding.

It is also worth mentioning, as a good practice in childbirth care, the timely clampings used by Obstetric Nurses as a beneficial and evidence-based approach for the promotion of Public Health since one of the most important questions regarding the use of this practice is the reduction of anemia in early childhood. It is possible to observe that newborns who had timely clamping of the umbilical cord at least one minute after birth have a ferritin level higher than those who had clamping of the cord, thus reducing the risk of developing anemia in early childhood. However, there is current contrary to this good practice that considers the fact that the newborn receives more blood increases the risk of excess red blood cells, favoring the appearance of polycythemia and jaundice. Some pediatricians consider the practice of timely cutting the umbilical cord effective because the increased iron intake occurs during pregnancy and the waiting for the clamping increases very little, but they consider important in premature infants due to the need for immediate care and to reduce the need for blood transfusions and the risk of intracranial hemorrhage. Timely cord cutting contributes to minimizing iron deficiency anemia, especially in children who are most vulnerable to the physiological needs of iron in early childhood, and that this serious problem characterized as Public Health occurs in several regions of Brazil, Especially those with major diseases and conditions most affected early childhood economically. It is identified as one of the phases of greatest risk due to factors related to the infant's iron requirements, such as iron reserves at birth, growth rate, intake and loss of mineral.<sup>6</sup>

In this context, Neves<sup>7</sup> states:

*Iron deficiency is the main cause of anemia, and it is the nutritional deficiency of major importance in public health. Infants constitute a risk group for the develop-*

*ment of iron deficiency. The possibility of infants with iron deficiency does not present full neuropsychomotor development, with persistent changes even after the reversion of body iron deficiency, in addition to the occurrence of other negative manifestations of iron deficiency, such as decreased growth and greater susceptibility to infections, which can occur in this age group, characterizes this group as one of the priorities for the implementation of measures for the prevention of this serious nutritional disorder.*

Anemia occurs in children with high prevalence in several regions of Brazil. The Ministry of Health is implementing actions within the good practices of assistance to childbirth and birth to reduce this impact in Public Health and research has been developed with the purpose of optimizing these practices and reducing anemia.

According to Vieira,<sup>1:583</sup> the "acquired knowledge, updating and improvement of the professional in the area of obstetrical nursing are present in our contemporaneity, considering that there is an acceleration in scientific discoveries, aiming at the reduction of maternal and perinatal morbidity and mortality."

The objective of the Obstetric Nurse's assistance is to contribute to the reduction of maternal morbidity and mortality and ensure a safe birth by strengthening the technical capacity of the professionals and the use of humanization strategies and incorporation of good practices based on scientific evidence recommended by the World Organization (WHO).

The objective of the study is the contribution of the Obstetric Nurses in good practices in the care of childbirth and birth in a Municipal Maternity of the City of Rio de Janeiro.

The following objectives were formulated: Identify the Good Practices of Obstetric Nurses in a Municipal Maternity of Rio de Janeiro; To analyze the assistance of Obstetric Nurses in Good Practices at the time of delivery.

Acting as an Obstetric Nurse in a maternity hospital in the city of Rio de Janeiro, over the years it was possible to observe the assistance provided by professionals who care for quality care that contributes to the reduction of maternal morbidity and mortality and ensures a safe birth offering to the newly - decreased risk of anemia, improvement in neurological and psychomotor development, and decreased risk of developing infections.

This study provides reflective approaches by Obstetric Nurses in the use of Good Practices in the care provided in Childbirth and gives the nursing student the experience of good practices based on evidence. The study intends to contribute to the construction of the knowledge on the subject in the area of nursing.

## METHODS

The qualitative research that the study aimed at was carried out within a Municipal Maternity of the City of Rio de Janeiro and followed the methodological procedures through documentary research.

According to Figueiredo,<sup>8,88</sup> “in documentary research the source of data collection is restricted to written or non-written documents, constituting what is called the primary source. There are a variety of documentary sources, such as archives, statistical sources, official of all genres. “

Documentary research is a procedure that uses methods and techniques to apprehend, understand and analyze documents of the most varied types.<sup>9</sup>

The data collection was done in the archive of the documents of the Nursing Service of the Surgical and Obstetric Center of a Municipal Maternity of the City of Rio de Janeiro from January to July of the year 2015. Data analysis followed the precepts of the operational steps Proposed by Minayo.

The study was sent to the Brazil Platform, according to Resolution 466/2012, considering use of the official data of a Maternity of the City of Rio de Janeiro. The Opinion was released under CAAE: 51008015.0.0000.5285

Documentary research, as well as other types of research, proposes to produce new knowledge, to create new ways of understanding phenomena and to know how they have been developed.<sup>9,14</sup> The documents used included written records with information on the Practices developed during labor and birth relevant to qualify the use of good practices within the scientific evidence and provided information that led to an understanding of the care provided by obstetric nurses.

*The perspective of documentary analysis whose mode of study or research based on documents (method), apprehends the documents as the basis for the development of studies and research whose objectives come from the researcher's interest; Can also be perceived as an investigation related to historical research, since it seeks the critical reconstruction of past data in order to obtain clues for future projections.<sup>10</sup>*

All the survey, analysis of the records and evaluation of the information contained in the document were carried out, trying to respect and maintain their loyalty.

## RESULTS AND DISCUSSION

It can be observed from the data collected that Obstetric Nurses offered obstetric assistance in a dignified and safe way to 367 parturients within the humanized model of care for childbirth and birth.

Women of various age groups were assisted, and of this number of 367 parturients, 26% of the deliveries

attended by obstetrical nurses were women who were in the range up to 19 years and 11 months, 51% were between 20 and 29 years and 11 months, 18% from 30 to 39 years and 11 months, and 4% were women aged over 40 years. Regarding the number of pregnancies in these women, 36% were primigravida, 30% secundigestas and 33% multigesta.

During the analysis of the data, it was observed that the follow-up and accomplishment of prenatal consultations indicate a quantitative of 66% of parturients presenting above six consultations, 28% with number below six prenatal consultations and 6% did not show data Documents.

The performance of obstetrical nurses is legally supported to provide assistance in the follow-up of safe labor and delivery. Of the total number of deliveries, 79% were classified as being of habitual obstetric risk and 18% of the parturients were submitted to delivery during the expulsive period, in an emergency (Table 1).

It was verified that 99% of the parturients were not submitted to episiotomy and 1% as having been performed. Failure to perform episiotomy is considered to be a good practice and is part of the recommendations for childbirth care and should not be performed routinely (Table 1).

Several studies have been developed to ensure quality delivery and birth care and have strengthened practice based on scientific evidence. During childbirth and birth, some practitioners adopt the practice of perineal protection which is considered to be handson and practice without the perineal protection also known as hands off. After analyzing the results, it was observed that 87% used the hands off practice, 10% hands on and 3% without information (Table 1).

The presence of the companion is also considered a good practice for the parturient, 83% of the parturients were present during the labor and delivery, 14% did not have the companion and 3% had no information provided in the documents (Table 1 ).

As for the use of good practices soon after birth, it is recommended not to intervene in the newborn, respecting and awaiting adaptation to the extrauterine environment. However, the work of obstetrical nurses in the hospital environment is closely linked with the professional of the pediatric medical category, who commonly uses interventions such as drying and aspiration in the newborn.

In the analysis of the results regarding interventions in the newborn, 40% were observed to be dry soon after birth, 28% were aspirated, 31% were not submitted to any type of intervention and 1% did not present data on interventions.

As to the practice of skin-to-skin contact and timely clamping of the umbilical cord, 97% were placed directly in contact with the mother's skin shortly after birth, and 21% did not obtain this contact due to the moment of birth due to Need of the newborn to have the pediatric doctor's assistance

**Table 1** – Assistance to Childbirth and Birth by Obstetric Nurses in Municipal Maternity of the City of Rio de Janeiro. Rio de Janeiro, RJ, January-July. (N = 367)

Variable	n	%
<b>Habitual obstetric risk</b>		
Yes	290	79,0
No	67	18,2
No record	10	2,8
<b>Episiotomy</b>		
Yes	3	0,8
No	364	99,2
<b>Perineal protection</b>		
Handson	36	9,8
Hands off	321	87,4
No record	10	2,8
<b>Companion</b>		
Yes	303	82,6
No	51	13,9
No record	13	3,5
<b>Cramping of the umbilical cord</b>		
Precoce	39	10,6
Oportuno	323	88,0
No record	5	1,4
<b>Skin-to-skin contact</b>		
Yes	356	97,0
No	9	2,4
No record	2	0,6
<b>Breastfeeding in the 1st hour postpartum</b>		
Yes	300	81,7
No	37	10,1
No record	30	8,2
<b>Positions adopted at birth</b>		
Vertical	40	10,9
Horizontal	25	6,8
Squatting	10	2,8
Semi-vertical	178	48,5
Lateral	68	18,5
Four supports	15	4,1
Delivery Stool	31	8,4

in performing some kind of more specific care. In the analysis of the results regarding cord clamping, it was found that 88% of the newborns had a timely clamping of the cord within one to three minutes after birth or cessation of umbilical cord pulse, 11% And 1% without reported data (Table 1).

Breastfeeding in the first hour of life was performed in 82% of newborns, 10% had no such practice in the first hour and 8% had no data reported in the documents (Table 1).

Regarding the position adopted at the time of delivery being spontaneous or suggested, it is of great importance. Several studies prove that the vertical position is the most recommended in relation to the horizontal position, since the first one brings much more benefits. According to the practices recommended by the World Health Organization, encouraging or inducing the parturient to assume the horizontal (lithotomy) position is considered a clearly harmful or ineffective practice and should be eliminated. In this study, it was observed that the parturients assumed several positions at the time of delivery. The most used position was the semi-vertical position in 48% of deliveries, followed by lateral position with 19%, vertical with 11%, with 8% on the sidewalk, 7% with lateral, 4 supports with 4%, and squatting with 3% (Chart 1).

It is important to emphasize that the obstetrical nurses' performance is based on the use of care technologies based on the scientific evidence that strengthens the obstetric practice, respecting and using the good practices that qualify their care. Among the technologies used by the nurses are: Bath (51%), massage (38%), physioball (1%), penumbra (60%), obstetric bank (14%), ambulation (%), DLE (41%), wobble (20%), respiratory exercise (63%), music (2%), horse (13%), vertical positions (48%) and no technology used (10%) (Table 2).

In this context the study shows that the practices developed and used by Obstetric Nurses prove the Ministry of Health's principles and use the humanized practice within the principles of good practices established by the World Health Organization that classifies common practices in the conduct of normal delivery.

## CONCLUSION

The study shows that in the practice of Obstetric Nurses practice is performed in which assistance is provided within good practices in childbirth and birth, such as: the restriction of the use of episiotomy, hands off practice, encouragement of the presence of the companion, timely clamping Of the

**Table 2 – TNICE used by Obstetric nurses in labor and delivery in Municipal Maternity of the City of Rio de Janeiro. January-July. (n=367)**

TNICE used	n	%
Bath	187	50,1
Massage	140	38,1
Penumbra	222	60,5
Delivery stool	50	13,6
Ambulation	252	68,7
Aromatherapy	46	12,5
Left lateral decubitus (DLE)	152	41,4
Pelvic movements	74	20,1
Respiratory exercises	230	62,7
Piggyback	49	13,3
Vertical positions	175	47,7
None	38	10,3

cord, skin-to-skin contact and breastfeeding in the first hour after birth.

It is observed that the attendance of good obstetric practices in labor and delivery occurs according to the recommendations of the Ministry of Health. Obstetric Nurses respect the practice of not performing episiotomy at the time of delivery, timely clamping of the cord and skin-to-skin contact As recommended by WHO.

The study addresses a classification of common practices in the conduct of normal delivery, which guides what should and should not be performed in the birthing process and classifies the routine practice of episiotomy as a frequently misused practice. Obstetric Nurses perform early skin-to-skin contact between mother and newborn and stimulate breastfeeding within the first hour after delivery, in line with WHO guidelines on breastfeeding, these practices are demonstrably helpful and should be encouraged.

According to the classification of good practices, early clamping of the umbilical cord is considered to be a practice that does not have enough evidence to support a clear recommendation and should be used with caution until more research clarifies the question, for this reason the Obstetric Nurses perform The practice of timely clamp- ing in almost all deliveries favoring and respecting what is advocated by the WHO, favoring a quality in obstetric care.

The parturients are having their rights respected regarding the presence of companions, and in a few situations, they did not have accompanying ones at the option of the parturient herself or because they did not arrive at the time of the delivery.

As for the position in which the parturient assumed the most prevailing position at the time of delivery was the semi-vertical position, followed by the lateral and after the vertical delivery, and it is important to note that the horizontal position is being underused and is not being considered As a good practice in obstetric care. It was observed that the parturients adopted at the time of delivery, the more traditional positions that were the semi-vertical, lateral and vertical in the PPP bed, few of which used the positions of squatting, four supports and vertical on the birth bench.

Obstetric Nurses have in practice practice with the use of non-invasive nursing care technologies, thus promoting a practice based on respect for physiology in the process of labor and delivery. Regarding the technologies used, it was observed that the parturients roam freely, perform the practice of breathing and maintain the environment as welcoming as possible, leaving the environment in the twilight most of the time.

In view of the above, Obstetric Nurses act in a humanized way in the context of scientific evidence as recommended by the Ministry of Health, performing quality work and manage to develop care practices that provide benefits for both mother and newborn. They use care technologies to provide comfort and help in the process of labor, delivery and birth, and encourage parturients to perceive their bodies with autonomy in the process of birth.

They help in the recovery of puerperale in the immediate postpartum period with the practice of not performing the episiotomy, favoring the natural and full physiology of the female body, and the puerperal feel much more apt in day-to-day activities after a normal delivery without interventions.

It is important to emphasize that Obstetric Nurses also contribute to public health due to the prevention of anemia in early childhood with the practice of timely clamping and the stimulation of breastfeeding soon after delivery helping to strengthen the family and favoring the bond between mother and newborn.

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