

PUERPERAL WOMEN'S EXPERIENCES REGARDING THE NURSING TEAM PERFORMANCE DURING LABOR

Vivências de puérperas frente à atuação da equipe de enfermagem durante o trabalho de parto

Vivencias de puerperas frente a la actuación del equipo de enfermería durante el trabajo de parto

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ABSTRACT

Objective: The study's purpose has been to gain further understanding in regards to the puerperal women living experiences towards the nursing team performance during labor. **Methods:** It is a descriptive-exploratory research with a qualitative approach, which was carried out with 12 women who underwent labor in a hospital in *Candido Mota* city, *São Paulo* Sate, Brazil. The participants were randomly selected over the period from August to September 2017, and a semi-structured script was used for individual interviews, containing identification data and two guiding questions that were analyzed according to the thematic content analysis method. This research was approved by the ethics committee of the *Universidade Paulista de Assis/São Paulo* Sate, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 70102217.2.0000.5512. **Results:** Through data analysis, the following categories appeared: "the life experience of puerperal women during labor" and "the nursing team performance towards the woman undergoing labor". **Conclusion:** Women facing this process need humanized treatment from the nursing team, which can make the difficulties a bit easier to handle, and also give support and confidence to the future mothers.

Descriptors: Labor, nursing team, pregnancy, humanizing care.

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RESUMO

Objetivo: Compreender as situações vivenciadas por puérperas frente à atuação da equipe de enfermagem durante o trabalho de parto.

Métodos: Pesquisa qualitativa realizada com 12 mulheres que passaram por trabalho de parto em um hospital de Candido Mota-SP, Brasil, selecionadas aleatoriamente entre agosto e setembro de 2017, utilizando-se roteiro semiestruturado para realização de entrevistas individuais, contendo dados de identificação e duas questões norteadoras, que foram analisados segundo o método de análise temática de conteúdo. A pesquisa obteve aprovação do comitê de ética da Universidade Paulista de Assis-SP, sob CAAE 70102217.2.0000.5512. **Resultados:** Emergiram as seguintes categorias: “a experiência das puérperas durante o trabalho de parto” e “a atuação da equipe de enfermagem frente à mulher em trabalho de parto”. **Considerações finais:** As mulheres que enfrentam este processo precisam de um tratamento humanizado da equipe de enfermagem, que pode amenizar as dificuldades enfrentadas e dar forças e segurança às futuras mães.

Descritores: Trabalho de parto, Equipe de enfermagem, Gravidez, Humanização da Assistência.

RESUMÉN

Objetivo: Comprender las situaciones vivenciadas por puérperas frente a la actuación del equipo de enfermería durante el trabajo de parto. **Métodos:** Investigación cualitativa realizada con 12 mujeres que pasaron por trabajo de parto en un hospital de Candido Mota-SP, Brasil, seleccionadas aleatoriamente entre agosto y septiembre de 2017, utilizando un itinerario semiestruturado para realización de entrevistas individuales, conteniendo datos de identificación y dos cuestiones orientadoras, que fueron analizadas según el método de análisis temático de contenido. La investigación obtuvo la aprobación del comité de ética de la Universidad Paulista de Assis-SP, bajo CAAE 70102217.2.0000.5512. **Resultados:** Emergieron las siguientes categorías: “la experiencia de las puérperas durante el trabajo de parto” y “la actuación del equipo de enfermería frente a la mujer en trabajo de parto”. **Consideraciones finales:** Las mujeres que enfrentan este proceso necesitan un tratamiento humanizado del equipo de enfermería, que puede amenizar las dificultades enfrentadas y dar fuerzas y seguridad a las futuras madres.

Descritores: Trabajo de Parto, Grupo de Enfermería, Embarazo, Humanización de la Atención.

INTRODUCTION

Prenatal care is a period of singular importance, both for the pregnant woman, who is full of doubts and fears, and for the nursing team, who must provide relevant information and provide humanized care, the first contact.¹

After the prenatal period comes the moment of labor, which is an event that generates feelings that permeate the whole process of gestation and puerperium period, since all expectation of the woman is focused on this event.² This moment is noticed by the occurrence of uterine contractions with regular rhythm and frequency, usually two to three every ten minutes.³

Labor occurs in three stages, as follows: dilatation, characterized by dilation of the cervix and birth canal, where the baby passes out, dilating up to ten centimeters; expulsion, where the cervix has already reached its maximum dilatation and begins the phase of the expulsive period, which

can take up to two hours; and deconditioning, occurring after birth, being characterized by the exit of the placenta. The diagnosis of childbirth is a dynamic process and there must be strong, rhythmic and regular uterine contractions, erasure and progressive dilatation.⁴

At this time it should be observed, according to the clinical conditions of the woman and the fetus, whether the delivery will be performed by cesarean or vaginal route.

If the cesarean section is chosen, and these signs occur before the scheduled date for the procedure, the doctor should be contacted immediately. If the choice is made by normal birth, it is important that the pregnant woman be calm and that the contractions are monitored, since this period from the beginning of the first signs until the birth of the baby can take several hours, and the pain resulting from this process can gradually increase, so the pregnant woman should be relaxed to support delivery in the best possible way.³

Faced with the entire period of gestation and labor, there is a nursing team that, in the same way that can help a great deal of tranquility, alleviating fears and minimizing the impacts, can also negatively affect the imaginary of pregnant women, placing still more doubts about the success of childbirth, increasing the pressure on their choices.⁵

The nursing professional should make the environment calm and comfortable, where the essential condition for this comfort to occur is to promote an environment in which the woman is cared for, and the woman can feel cared for, perceiving that she has been offered affection, warmth, attention, and love, and these will favor relief, security, and well-being.⁶

In order to provide the emotional/professional support to the pregnant woman and her family, the nursing team must take care not to provide a mechanized care and, above all, to perform an authentic and humanized care.⁷

Humanization in the care of pregnant women is able to guarantee a favorable environment so that their decisions can be taken with comfort.⁸ Thus, the interaction between the nursing professional and the woman in the pregnancy-puerperal cycle should be based on dialogue, sensitivity, affectivity, in the pleasure of being with the other and in the attention to the biopsychosocial-spiritual welfare.⁹

Therefore, acting with empathy and proximity, makes the environment more pleasant for puerperal women, since labor is a time of stress for the organism.⁹

It is of the extreme importance that health professionals remain sensitive regarding the relevance of their performance during labor, but also must be prepared to perform their activities with the companion and parturient, informing them about the evolution and conducts to be performed during the process of childbirth, keeping the woman more calm and prepared over the entire procedure. These are simple but effective attitudes that can positively influence the mother's care reality and also her baby.¹⁰

Hence, the study's goal was to gain further understanding in regards to the puerperal women living experiences towards the nursing team performance during labor.

METHODS

It is a descriptive-exploratory research with a qualitative approach. In a qualitative research, it is necessary to recognize the complexity of the object of study, to critically review the theories on the subject, to establish relevant concepts and theories, to use relevant data collection techniques and, conclusively, to analyze all the material in a specific and contextualized manner.¹¹ This method deals with human beings in society, their relationships, as well as their history and symbolic production.¹²

The research was performed in the hospital named *Santa Casa de Misericórdia* from *Candido Mota* city, *São Paulo* State, Brazil. Such hospital is the largest health unit in the city, which serves both private patients and the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] and various agreements, having a great demand for the entire population, especially pregnant women.

The hospital of *Candido Mota* has about 50 beds, including a medical clinic, surgical clinic, pediatrics, semi-intensive unit, surgical center, and obstetrics. Provides the following services to the population: ultrasound, endoscopy, x-ray, electroencephalogram, and electrocardiogram.

Twelve women who went through labor in the *Santa Casa de Misericórdia* from *Candido Mota* city over the period from August to September participated in the study, being interviewed between one and five days after the childbirth.

For data collection, a semi-structured interview script was used, containing the identification data of the participating woman and the following guiding questions: "how can you describe your experience during the labor process?" and "how can you describe the nursing team performance at this moment?".

Subsequent to the data collection, they were analyzed based on the methodology of content thematic analysis, followed by the three phases: pre-analysis, material exploration, and interpretation.¹³

After analyzing the data, two categories emerged: "the life experience of puerperal women during labor" and "the nursing team performance towards the woman undergoing labor".

The research complied with the precepts addressed by the Resolution No. 510/2016 from the National Health Council, and the project was authorized by the ethics committee from the *Universidade Paulista (UNIP)*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 70102217.2.0000.5512 and Legal Opinion No. 2.213.373, as well as by the co-participating institution. The interviewees and the researcher signed a free and informed consent in two ways of equal content and to ensure anonymity the subjects were identified with the name of each month of the year, since the number of subjects of the survey is twelve, as well as the total of months, followed by the age of the participant.

RESULTS AND DISCUSSION

Considering the 12 participating puerperal women, eight of them were between 18 and 25 years old, and the majority had either complete or incomplete high school, covering nine of the 12 interviewees. In relation to income, three had above three minimum wages, eight between two and three, and one of them had incomes of up to a monthly minimum wage. Observing the marital status, there were four single women, four married and four with loose engagements.

In a study carried out at a maternity hospital in the *São Paulo* city, *São Paulo* State, Brazil,¹⁴ to assess the socio-demographic and behavioral profile of teenage pregnancy, which addressed a thousand adolescents, pointed out that 68% reported monthly family income of up to four minimum wages and in this study 75% of puerperal women showed a family income of up to 3 minimum wages, levels very close to those found here. Schooling is a point that diverges due to research conducted in the state capital to consider only adolescents. Regarding the schooling, 67.3% of the adolescents were no longer studying at the time of the interview; in the survey done in *Cândido Mota*, 58.33% had finished high school or higher level. In relation to the family structure, only 7.2% were legally married, but 62.7% reported living with a partner, which is similar to the data on marital status found here, although the participants were not mainly adolescents.

The following categories appeared after data analysis: "the life experience of puerperal women during labor" and "the nursing team performance towards the woman undergoing labor".

The life experience of puerperal women during labor

Most women expressed a positive experience during delivery, as can be observed in the reports:

Best time of my life. (June, 19 years old)

It was very exciting. (July, 23 years old)

Even though it is a normal birth, I really enjoyed it. I've had one before and it was more difficult. (August, 20 years old)

Nevertheless, some women reported experiencing some level of pain, others reported feeling anxiety, and others were fearful during the labor process.

I had only pain during the prepartum, I was only a little anxious and apprehensive but in the rest, it was very quiet, thank God. (February, 38 years old)

It was quiet too, but I was a bit anxious. (January, 25 years old)

Pain is a mechanism of physiological expression of either relief or defense against a real or similar potential aggression,¹⁵ which could be observed during the parturition of the participants, and contributes to the increase of anxiety.

Many concerns directly related to the childbirth concern the fear of something wrong with the fetus, of being born dead or with their own health. If the pregnant woman is primiparous, she may fear the path taken until the baby is born, and those who already have previous experience with many pains are afraid that this situation will persist.¹⁶

Women face the difficult moment of childbirth in a variety of ways and many are the feelings that go through the entire gestation process, intensifying during childbirth, making them sensitive.¹⁷

The feelings of the pregnant women can vary a lot, since they can see the delivery as something welcome that will end the long wait for the baby, others may consider it as a test of resistance, while some may find it a terrible suffering. Rarely will the pregnant woman be indifferent. As a rule, most are affected by emotional and psychological issues.¹⁸

It is known that the unknown often generates fear, and in the case of childbirth, women who have not yet experienced this tend to be more tense and nervous, and the puerperal women who have had other experiences usually compare the previous childbirth.¹⁹

It was my second child, it was more painful than the previous one but it was faster. The sack burst and it lasted about 3 hours. (March, 20 years old)

This is my second child, normal birth. It all happened normally, the first delivery was worse. (May, 19 years old)

The normal childbirth was completely different than I thought. Born very fast. The bag broke at 3:30 and she was born 3:35. (June, 19 years old)

It was noticeable that the experience of puerperal women in this very complex moment is full of ups and downs and many feelings are faced, with great emotional load, this leaves women fragile and the posture of the health professionals makes all the difference, being able to influence negatively when there is no commitment, turning an unforgettable moment into a traumatic experience. Likewise, a quality treatment, with commitment and in a humanized way can generate tranquility to the patient and bring success to the whole procedure.¹⁵

The nursing team performance towards the woman undergoing labor

Most of the women participating in the research highlighted the positive performance of the nursing team during labor:

They were great professionals, very nice and they supported me a lot. (July, 23 years old)

It was quiet, I have nothing to complain about but the "midwife" is a bit nervous but I think it was because I gave a little work. (March, 20 years old)

I gave a little work, I'm afraid of a needle. A girl punctured me six times, and then another one came in and bit off and took the vein. I went wrong, some were cool others did not. (April, 29 years old)

They all treated me well, especially the nurse who gave birth. (August, 20 years old)

Therefore, to have compassion, to be tolerant, honest and considerate, is to appreciate the need for self-understanding, so that it is possible to respect one's own limits and those of the people around.¹³

The attention given by the nursing professional was a positive highlight in several reports collected, regardless of social class, age or schooling level of postpartum women:

I was well welcomed and the nursing staff was very attentive to me. (January, 25 years old)

It was nice, I really enjoyed the treatment of the entire staff and they were very attentive. (February, 38 years old)

Very good, they were very caring. I was treated well by all. (September, 21 years old)

Some common terms underlined in the parturient women's opinions regarding the nursing team's performance as "All of them treated me well", "supported me a lot", "were very nice people", "careful", among others, points out that the differential was the empathy of the health professionals, which is a characteristic of humanized care.

This humanization should be sought by all nursing staff to ensure quality in the services provided. In this sense, humanization can be understood as the ability to relate: "the woman, her spirit, her mind, and her body; the wife, her son, and her companion; the woman, her relationship with family and society."^{19:20}

Thus, it is evident in the speeches of the puerperal women the attention paid by nursing professionals during the labor process, and the care offered was to meet the demands of these women, demonstrating that the nursing team is prepared to assist this public.

Every taken attitude and every word said has a great impact on the course of the birth process. Expectations for the baby's arrival, fear of complications, and generalized anxiety leave the puerperal women emotionally destabilized, and what they are most looking forward to is support and dignified treatment to face this situation by feeling safety and comfort.²⁰

Hence, when performing humanized treatment, the nursing team can transform the difficult moment of delivery

into a positive experience and minimize the impacts caused by the emotional shocks faced, generating well-being for the mother, for her family and also for the baby.^{5,6}

FINAL CONSIDERATIONS

Bearing in mind reports of the puerperal participants, it was possible to identify the experiences of the puerperal women during the childbirth and the nursing team performance related to this situation.

The experiences were positive but permeated by feelings and emotions related to waiting for the moment of delivery. Women who had gone through previous labor demonstrated a more prepared posture for what was to come. Thus, the experiences are unique, and each woman goes through this moment according to her previous experience.

The nursing team has great importance in the success of delivery and has a fundamental role in conducting the labor with excellence, as verified in the reports here addressed. The benefit of the humanized treatment is emphasized, which empathizes and compromises confidence and makes the delivery experience more pleasant.

It was evidenced that the performance of the nursing team was satisfactory during the labor process, from the women's viewpoint, then showing preparation to attend this clientele.

As a limitation, it was not possible to explore the negative aspects of nursing care because they did not appear in interviews. It is suggested that future researches should search for understanding the situations experienced by the nursing team during labor, in order to identify what this moment means for the professionals and to allow thinking about the provided care.

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