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Humanization of children's assistance: opinion of nursingacademic

ABSTRACT | Objective: to investigate the opinion of nursing students on the humanization of childbirth care. Method: descriptive, exploratory study with a qualitative approach. For the analysis of the testimonies, the content analysis technique proposed by Bardin¹² was used. Data collection took place in June 2017, at the Nursing Department of the Federal University of Pernambuco (UFPE). The studied population consisted of undergraduate nursing students at UFPE. The selection of participants was casual, in which the researchers personally made the invitation, including students who expressed the desire to participate. Results: it became evident that among the three main categories, centered: 1. on the role of women, 2. on the humanization of childbirth care scenarios and 3. on educational actions by both professionals and parturients. It was also observed, in view of the responses collected, the existence of subcategories that reinforce the importance of the three main ones. Conclusion: it is understood, then, that the humanization process of childbirth care is broad, and analyzing it from the perspective of health professionals and nursing students is one way.

Keywords: Obstetric Nursing; Students; Humanization of Assistance; Natural Childbirth; Humanizing Delivery.

RESUMEN | Objetivo: investigar la opinión de estudiantes de enfermería sobre la humanización del cuidado del parto. Método: estudio descriptivo, exploratorio con abordaje cualitativo. Para el análisis de los testimonios se utilizó la técnica de análisis de contenido propuesta por Bardin¹². La recolección de datos tuvo lugar en junio de 2017, en el Departamento de Enfermería de la Universidad Federal de Pernambuco (UFPE). La población estudiada estuvo constituida por estudiantes de licenciatura en enfermería de la UFPE. La selección de los participantes fue casual, en la que los investigadores hicieron personalmente la invitación, incluidos los estudiantes que manifestaron el deseo de participar. Resultados: se evidenció que entre las tres categorías principales, se centró: 1. en el papel de la mujer, 2. en la humanización de los escenarios de atención al parto y 3. en las acciones educativas tanto de profesionales como de parturientas. También se observó, a la vista de las respuestas recolectadas, la existencia de subcategorías que refuerzan la importancia de las tres principales. Conclusión: se entiende, entonces, que el proceso de humanización del cuidado del parto es amplio, y analizarlo desde la perspectiva de los profesionales de la salud y estudiantes de enfermería es una vía.

Palabras claves: Enfermería Obstétrica; Estudiantes; Humanización de la Atención; Parto Normal; Parto Humanizado.

RESUMO | Objetivo: investigar a opinião dos acadêmicos de enfermagem sobre a humanização da assistência ao parto. Método: estudo descritivo, exploratório com abordagem qualitativa. Para a análise dos depoimentos, utilizou-se a técnica de análise de conteúdo proposta por Bardin¹². A coleta de dados ocorreu no mês de junho de 2017, no Departamento de Enfermagem da Universidade Federal de Pernambuco (UFPE). A população estudada constituiu-se em discentes da Graduação em Enfermagem da UFPE. A seleção dos participantes foi casual na qual as pesquisadoras realizaram pessoalmente o convite, sendo incluídos alunos que expressaram o desejo de participar. Resultados: evidenciou-se que dentre as três categorias principais, centradas: 1. no protagonismo da mulher, 2. na humanização dos cenários da assistência ao parto e 3. em ações educativas tanto dos profissionais quanto da parturiente. Observou-se também, diante das respostas colhidas, a existência de subcategorias que reforçam a importância das três principais. Conclusão: entende-se então que, o processo de humanização da assistência ao parto é amplo, e analisá-lo sob a perspectiva de profissionais da saúde e de estudantes de Enfermagem é um caminho.

Palavras-chaves: Enfermagem Obstétrica; Estudantes; Humanização da Assistência; Parto Normal; Parto Humanizado.

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INTRODUCTION

Childbirth is a natural and physiological event, in the past, this practice was restricted to the home environment, assisted by midwives or *comadres*, who learned to deliver with other midwives and with personal experiences. Women were the center of care and the natural evolution of labor was respected.¹

With the solidification of obstetrics as a science, changes occurred in the delivery care scenario¹, what was previously a natural, private and family event has become something institutionalized, full of technological interventions, decentralizing the figure of the woman as the protagonist and redirecting this attention to the doctor.¹

This transformation in the delivery care scenario made women believe in the need for such interventions, and began to discredit the naturalness of the same. Despite the changes in the delivery care scenario, in most cases, they are responsible for the reduction of maternal and neonatal mortality rates, it is necessary to guarantee that the parturient woman will benefit from scientific advances without, however, naturalizing this factor. The professional must not allow scientific knowledge to overlap with the nature of the female body.^{2,3}

Therefore, movements in favor of the humanization of childbirth care began to emerge, such as, for example, the Movement for the Humanization of Childbirth and Birth (Movimento pela Humanização do Parto e Nascimento - MHPN) in which it seeks to rationalize the use of technologies, as well as to reduce the rate of cesarean sections and maternal mortality, ensuring a more effective participation of the parturient in decisions about her own health and acting during childbirth as a protagonist, exercising, as a consequence, a more decisive and active role throughout the process.⁴ Understanding these needs, the World Health Organization (WHO), in 1995, launched the Safe Mo-

therhood Project that advocates, among other recommendations, the humanization of childbirth care.⁵

Of the challenges faced by health professionals, when providing childbirth assistance in a humanized way, achieving balance in practices, so that they bring more benefits than harm to the parturient, adapting the conducts to each of their individual needs, is a task complex. According to the humanized model, the professional must remain with the patient throughout the labor in order to offer psychological and emotional support, transmit safety, in addition to offering relaxation and comfort techniques.^{3,4,6}

In the quest to make normal birth as natural and physiological as possible, the obstetric nurse has played a fundamental role in transforming the scenario of interventional practices and strengthening the humanistic care model. Its assistance is characterized by a humanized and quality performance, respecting it as something physiological, reducing the rate of unnecessary interventions and morbidity and mortality. Each day, the presence of this professional in assisting low-risk normal childbirth becomes more requested.¹

The review of specific literature shows that the practices of obstetric nursing, in a delivery house, attribute to the woman an active posture during the birth process, respecting the needs and desires of each one, allowing them to exercise their role of protagonist in this scenario.⁷

A study had been carried out in a public maternity hospital in Santa Catarina that aimed to understand the meanings attributed to the parturient to the process of giving birth assisted by the obstetric nurse in the hospital context. In it, it was evidenced that the assistance provided by this professional is characterized by respect for femininity, delicacy, permission of freedom of expression and learning opportunity, transmitting security and spirit.⁸

In view of the above, it is observed the importance of preparing undergra-

duate nursing students during the course, so that they act in a humanized and respectful way during the assistance to women in the whole puerperal pregnancy cycle. As a result, and as a research objective of this study, the following question arises: What is the opinion of nursing students about the humanization of childbirth care?

METHOD

The study uses descriptive and exploratory methods with a qualitative approach. The qualitative methodology seeks deeper aspects, providing a more detailed analysis. This becomes, therefore, an attempt to understand the meanings and situational characteristics, answering particular questions, which involve working in a sector of meanings, motives, aspirations, beliefs, values and attitudes.⁹

Data collection took place in June 2017, at the Nursing Department of the Federal University of Pernambuco (UFPE), Campus Recife. The Nursing Graduation course at UFPE has a minimum duration of ten semesters and enables the student to develop assistential, administrative, extension and research functions in the various scenarios of professional practice.

The studied population consisted of students from the UFPE Nursing Graduation Course, Campus Recife. Including those over 18 who freely accepted to participate in the research. The exclusion criteria consisted of students who were not taking any discipline at the time of data collection.

The research took place from the realization of Focus Group, this technique allows the discussion of the theme suggested by the researcher so that it is possible to obtain opinions from the participants from the group interaction. 10 One meeting was enough to accomplish the research objective, which took place through data saturation, since the group was composed of six students. Saturation occurs when the speeches have repeated content and no new information is ad-

ded, representing a common speech by the group.¹¹

The selection of participants was made at random in which the researchers personally made the invitation, including students who expressed the desire to participate. The focus group was held in a room in the nursing department, guided by two guiding questions: "What is humanization of childbirth care for you?" and "How can the professional practice humanization in practice?". The speeches were recorded with the aid of an application for a mobile device. At the end, the material was validated with the participants, and later transcribed in full.

For the analysis of the testimonies, the content analysis technique proposed by Bardin was used.¹² This technique consists of three stages: pre-analysis, exploration of the material or coding and treatment of the results. After reading the interviews, the nuclei of meaning of each one were selected. These gave the meaning of the category/theme that was developed.

RESULTS

The participants were female, aged between 18 and 20 years old, three were in the 3rd period and three were in the 8th period of the undergraduate nursing course. The analysis of the statements originated three categories, among them, two also presented subcategories, and numbered below.

Category 1: Women's role in childbirth. Subcategories: 1.1: Respect for women's choices; 1.2: Assistance centered on women.

Category 2: Humanization in the different scenarios of childbirth care;

Category 3: Education actions as a tool to promote the humanization of childbirth care. Subcategories: 3.1: Promoting humanization through health education actions aimed at pregnant women; 3.2: Promotion of humanization through professional training.

Each category exposed above is de-

marcated, specifically, by a set of meanings and speeches, also presenting the reading and exhibition of literature that supported and strengthened these statements, and are therefore described below.

Category 1: Protagonism of women in childbirth

Subcategory 1.1: Respect for women's choices

Respect for women was mentioned as a means that makes it possible for the parturient to decide with the professional what is best for her in this very unique moment. Health professionals should suggest methods that facilitate labor, offer means of pain relief, guide the best positions, but the decision is up to the pregnant woman, who will have the right to express herself to make the best choice for herself, without pressure or constraints.¹³ Even if you choose to be accompanied or alone at the moment. As depicted in the statements below:

"Let her (woman) choose how she wants to be, what position, whether or not she will receive invasive methods."

"Letting the woman have these choices, the best position for her to have the baby, what are the best methods, if she wants to be accompanied, by her husband, mother, sister ..."

"Humanized childbirth is that you respect the will of the woman, of what she wants at that moment."

"You (the professional) cannot impose your will."

"Respect the choices they (women) make without wanting to impose anything."

"Respecting what she wants without being invasive, previously determined, the choice is hers."

Subcategory 1.2: Woman-centered care

The woman must be assisted according to her own specificities, the care

must be individualized with respect to her wishes, since she is the protagonist of that moment. As we see in the statements below:

"... The health professional provides assistance, leaving the woman to be the main author of that moment."

"It would be to let the woman be the protagonist"

"It's about respecting the protagonist of women regardless of anything."

"You (professional) have to provide quality assistance, suitable for that woman, specific for her, what she needs."

"It is above all to respect the woman, to respect the woman's body ..."

"It is to let the woman be the protagonist."

Category 2: Humanization in different delivery care settings

Humanization must permeate all assistance to the puerperal pregnancy cycle, being present since family planning. The speech of the participants explains that the good practices of humanization can and should be present in all situations, regardless of the type of delivery, the clinical condition or the choices of the parturient. As noted in the following statements:

"Humanization of childbirth is not just about normal birth. A cesarean section can be humanized, a normal delivery with anesthesia can be humanized."

"Not only in childbirth, since prenatal care, preparation for that pregnancy."

"Prepare the environment to be calm, not to be so cold, darker."

"Do all those practices that promote maximum well-being."

Category 3: Education actions as a tool to promote the humanization of child-birth care

Subcategory 3.1: Promoting humanization through health education actions aimed at pregnant women

The prenatal care model referenced by the Humanization Program for Prenatal and Birth (PHPN) includes, in addition to the individual care provided during consultations, health education actions that offer benefits and add a broader meaning; they also ensure the link with the health team.¹⁴

Health education is an essential tool for the empowerment of women¹⁵ and their assistance. Knowing and understanding the physiology of pregnancy and labor allows women to clarify doubts and reduce fears and anxieties, in addition to providing subsidies for them to make choices regarding labor assistance and also choose to anticipate it through planning, favoring conscious choices, as reported by the participants:

"It is promoting the autonomy of women..."

"Firstly, we inform these women about these rights they have, tell them about the choices they have. Talk about the birth plan"

"Make the woman well aware of the whole process, of what is going to happen."

"Guiding women beforehand, because there are many who don't know the rights they have. Empowerment of this woman."

Subcategory 3.2: Promotion of humanization through professional training

The participants' discourse highlighted the importance of professional training in the humanization of childbirth care, which should raise students' awareness of professional practices, with a care model not being passed on, centered only on the execution of the technique, but encouraging their performance, respecting particularities of each individual,

humanizing the care offered.

Reference was also made to the old care practices, showing the need for updates for professionals who have been in the sector for a longer time, since there were many changes in the recommendations for obstetric care, with divergence regarding the practices, of which some previously considered beneficial are no longer recommended because they have a contraindication.



To humanize is to believe that normal birth is physiological and that in most cases it does not need any intervention; to know that the woman is capable of leading the process and that she is the protagonist of this event...



"Working with the health team, the team is often not open to new behaviors, so the important thing is to raise awareness among the health team, training or lectures."

"It has to come from professional training, it is difficult to change the mind of a professional with years of training."

"For this to happen, it should start with the professional, his interest, and then be able to give these guidelines to women."

DISCUSSION

The humanization of childbirth is beyond practices and techniques, it focuses on respect for women as individuals, at a time in life when they need attention and care, which must extend to the family and the baby, guaranteeing him the right to a healthy and harmonious birth. This process must permeate all health services, which must be involved in the humanization of childbirth care, according to the technical rules and recommendations of the Ministry of Health.¹⁴

To humanize is to believe that normal birth is physiological and that in most cases it does not need any intervention; to know that the woman is capable of leading the process and that she is the protagonist of this event; talking and informing the woman about the procedures, in addition to asking for authorization to perform them, should also be part of the assistance; guarantee and encourage the presence of a companion chosen by her, to convey security and tranquility; promote a welcoming environment, respecting individualities, considering fears and anxieties; offer women the best conditions and resources available, so that they feel welcomed and safe in this very special moment; provide assistance in childbirth and birth following scientific evidence and the highest quality standards, in accordance with the Technical

Norms and recommendations of the Ministry of Health; allow the baby's immediate contact with the mother as soon as she is born, and ensure that they remain together throughout the hospitalization period.¹⁶

In agreement with the findings of this study, a research showed that for nursing students, humanization is a state of well-being, involving affection, dedication and respect for the other, that is, it considers the person as a complete and complex being.¹⁷

In Brazil, culturally speaking, normal childbirth is still associated with suffering and violence, creating in women an idealization that a caesarean section will guarantee the safety of painless childbirth.¹⁷ In addition to this, the disrespectful attendance by many health professionals during this procedure makes women feel humiliated, opting for a form of birth that they consider more hygienic and dignified. Mistreatment reveals prejudice, since it is directed mainly at women with less purchasing power, black, addicted and HIV positive.¹⁸

The practice of humanized care, through a multidisciplinary team that guides the parturient and the companion through educational actions, allows her to move freely during labor, in addition to providing special beds and adaptable to needs it, providing greater maternal satisfaction in relation to childbirth and strengthens the family bond.¹⁶

Humanized Childbirth provides the baby and mother with the real experience of birth, also allowing the participation of the father or other family members at such an important time. Physically, it contributes so that the mother does not have scars, such as that of cesarean section and episiotomy (vaginal cut), which is usually performed in 70 to 80% of hospital deliveries, when the recommended amount is a maximum of 20%. Not having an episiotomy facilitates future sexual intercourse and also prevents the appearance of urinary incontinence.¹⁹

Women perceive the need and yearn to receive information during care, and, at the same time, end up being multipliers of knowledge with other pregnant women, because when they exchange experiences and information, they generate powerful transforming sources of limitations and needs, acquiring control over the body and decision-making power over pregnancy.¹⁵

Communication and health information between professionals and pregnant women should be prioritized in the course of prenatal care in any and all care, since the exchange of information and experiences can be the best way to promote understanding of the gestational process, resulting in women's empowerment.²⁰

Corroborating the result found, a study that analyzed the relationships established between women and their own experience in the parturitive and educational process showed that those involved in educational actions showed different behavior from the other parturients, since they were more communicative, looking for explanations about the behaviors adopted by professionals, made decisions, had initiatives to accept or refuse procedures, showing that health education results in more active attitudes on the part of women.²¹

Therefore, the creation of a space for exchanging experiences and group experiences constitutes an indispensable condition for the mobilization of the stereotypes of each one, which helps each participant to face the situations of changes generated by a certain degree of distortion and fear, once which tends to "re-signify" the experiences through the recognition of others and of themselves.¹⁴

Promoting well-being is inherent to the health sector, especially in nursing, as the nurse spends more time with the patient. This professional deals directly with these actions, health education is a process that takes place throughout the development of these actions/interven-

tions, based on the assumption that every individual has the right to health in an integral way and this virtue occurs at the moment in which the subject becomes aware of the rights.¹

In this context, there is also a need to intervene with health professionals in Primary, Medium and High Complexity Care, so that they can internalize humanized care practices.¹⁴ Despite the new curricular model, the academy still enjoys some problems arising from departments that remain rigid within the same institution.¹⁵ And in the meantime, the professionals who deal more closely with the parturients see themselves as having the right to choose for them, deciding how all the procedures will be until delivery. However, it is understood that they are still rooted in non-personalized teachings, according to what was taught to them during undergraduate and graduate courses.¹⁵

It is up to the institution to reassess this curricular model and the professional must seek training, improvement, specializations, ask critical questions about what is taught in undergraduate courses, in addition to seeking new techniques, discussed and presented and incorporated by the Ministry of Health.^{15,16}

It is perceived that it is not easy to detach from old techniques taught during the entire training process, however, this transformation can be more effective if it starts from graduation, not only with curricular changes, but, above all, in the view of the teachers who are facilitators in the process of teaching future professionals.

In this way, it is believed that humanization in care should start at graduation, because it is in this process that students begin to interact, build knowledge, skills and practices, thus developing professional skills. This becomes the most opportune moment for future professionals to be sensitized and motivated to reflect on the various contents learned.

CONCLUSION

The discussion about the humanization of assistance to normal childbirth, from the perspective of the students interviewed in the Nursing Graduation Course, highlighted important points, even in the statements of those who had not yet experienced experiences in the sector of obstetrics practices, emerging extremely relevant themes such as: the behavior of the health professional in the humanization process of assistance to normal childbirth; the respect of this professional for the woman and health education interventions of the professionals in order

to clarify the patient's doubts since the prenatal period and her empowerment.

This study can show that nursing students associate the humanization of assistance to normal childbirth with respect for the parturient's decision, with an emphasis on her role in childbirth, the right to choose to stay or refuse a companion, to decide where and how delivery will be carried out, entitled to safety, comfort and knowledge of how the processes will take place.

In view of these findings, health education is seen as a gateway to humanized childbirth care, characterized by the process of change, evidenced by the practi-

ces carried out by health professionals, mainly doctors and nurses.

The humanization process of childbirth care is broad, and analyzing it from the perspective of health professionals and Nursing students is one way, but there are many others involved, especially if the educational institution is considered as a propagator of practices and health care processes. It is understood, in such a way, that the conceptions about the process on the part of the teachers and the professionals involved would be extremely valid for a better approach of teaching, learning and practice of humanized assistance to normal childbirth. 🐦

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