

DOI: <https://doi.org/10.36489/nursing.2021v24i280p6169-6178>

Perception of pregnancy care at a public normal childhood center in Pernambuco

ABSTRACT | Objective: To analyze the perception of puerperal women attended at a Public Normal Birth Center in Pernambuco about humanized childbirth. Methods: This is a descriptive exploratory study of a qualitative nature, carried out in a Normal Childbirth Center in Pernambuco with 10 postpartum women between July and August 2020. Data collection took place through semi-structured interviews, guided by a script, recorded and transcribed in full, and analyzed using the content analysis technique. It is reiterated that the study was approved by an Ethics Committee (4,136,314). Results: There was satisfaction among the puerperal women regarding the experience and procedures performed at the Centro de Parto Normal, especially the care and guidance provided by the nursing team regarding the delivery process and the puerperium. Conclusion: The puerperal women were satisfied with the care offered by the Centro de Parto Normal, especially due to adherence to the good practices recommended by the World Health Organization.

Keywords: Obstetric nursing; Nursing care; Humanization of Assistance; Natural Childbirth.

RESUMEN | Objetivo: Analizar la percepción de las puérperas atendidas en un Centro Público de Partos Normales de Pernambuco sobre el parto humanizado. Métodos: Se trata de un estudio exploratorio descriptivo de carácter cualitativo, realizado en un Centro de Parto Normal en Pernambuco con 10 puérperas entre julio y agosto de 2020. La recolección de datos se realizó mediante entrevistas semiestructuradas, guiadas por un guión, grabadas y transcritas íntegramente y analizadas mediante la técnica de análisis de contenido. Se reitera que el estudio fue aprobado por un Comité de Ética (4.136.314). Resultados: Hubo satisfacción entre las puérperas con respecto a la experiencia y procedimientos realizados en el Centro de Parto Normal, especialmente los cuidados y orientación brindados por el equipo de enfermería en relación al proceso de parto y puerperio. Conclusión: Las puérperas se mostraron satisfechas con la atención brindada por el Centro de Parto Normal, especialmente por el apego a las buenas prácticas recomendadas por la Organización Mundial de la Salud.

Palabras claves: Enfermería obstétrica; Cuidado de enfermera; Humanización de la asistencia; Parto normal.

RESUMO | Objetivo: Analisar a percepção de puérperas atendidas em um Centro de Parto Normal público de Pernambuco sobre o parto humanizado. Métodos: Trata-se de um estudo descritivo exploratório de caráter qualitativo, realizado em um Centro de Parto Normal de Pernambuco com 10 puérperas entre julho a agosto de 2020. A coleta de dados ocorreu por meio de entrevistas semiestructuradas, guiadas por um roteiro, gravadas e transcritas na íntegra, e analisadas pela técnica de análise de conteúdo. Resultados: Constatou-se satisfação entre as puérperas frente a vivência e aos procedimentos realizados, principalmente aos cuidados e orientações concedidas pela equipe de Enfermagem quanto processo de parto e puerpério. Conclusão: As puérperas mostraram-se satisfeitas em relação ao atendimento oferecido pelo Centro de Parto Normal, especialmente devido à adesão às boas práticas preconizadas pela Organização Mundial de Saúde.

Palavras-chaves: Enfermagem obstétrica; Cuidados de Enfermagem; Humanização da Assistência; Parto Normal.

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Received on: 06/14/2021

Approved on: 06/17/2021

INTRODUCTION

Maternal mortality is characterized as one of the indicators that indicate the health conditions of a given population. At this threshold, maternal conditions are among the leading causes of death among women worldwide, although there is a large difference in the pattern of deaths for women in countries due to income. ⁽¹⁾

From the second half of the 20th century, the obstetric hospital model was based on the "medicalization" and "hospitalization" of childbirth, being, in large part, a response to the demands of doctors and pregnant women who wanted to accelerate the process of labor,

running away from pain and even being able to rest after birth in the protected environment of a hospital. ⁽²⁾

In this perspective, in reaction to the perceived excesses of the medicalization of childbirth, the “Birth Homes” or “Birth Centers” were created. In 1998, the first Birth Center in São Paulo was inaugurated and in 1999 Ministerial Decree 985/GM of 08/05/1999 was published, creating the Normal Birth Centers, within the scope of the Unified Health System (SUS). ⁽³⁻⁵⁾

In these health centers, a model of childbirth care would be put into practice in which accessible technology could be used with criteria and the woman's autonomy in labor would be regained. These houses then emerged, with the aim of trying to reproduce as much as possible home birth through the creation of a home and family environment, with medical surveillance and a minimum of interventions during childbirth, in addition to encouraging the presence of family and friends during the period. ⁽²⁾

Large SUS maternity hospitals are often unable to offer this type of individualized care and the health staff of large institutions can be overwhelmed by the number of births at any given time, causing women to not receive respectful treatment, in addition to unnecessary and harmful interventions. ^(6, 7)

In this context, considering that childbirth in most situations constitutes a physiological event, in which the need to use medical technologies can be seen as an exception, the Obstetric Nurse is of fundamental importance in the management and assistance to parturients in the Birthing Homes. This is due in large part to the encouragement of childbirth to be carried out in a welcoming environment, without medicalization or routine procedures, with individualized support for each patient and assisted by an Obstetric Nurse and not just by a Doctor. ⁽⁸⁾

Nurses are one of the main agents



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in the process of humanization and qualification, in health care, in the process of learning to share knowledge and recognize rights. Therefore, articulating several fields of knowledge are necessary in the integral care of women and be an instrument to guarantee their rights in health actions. ⁽⁹⁾

From this perspective, humanizing labor should be a common practice to be followed by all health professionals who work in direct delivery care. According to the World Health Organization, humanization-based maternal care is that which is organized and provided to all women in order to maintain their dignity, privacy and confidentiality, free from any harm or abuse, in addition to guaranteeing information and continuous support. ⁽¹⁰⁾

In view of this, one of the questions to be asked is: What is the perception of postpartum women attending a Normal Birth Center about humanized childbirth? Based on this question, this study was developed with the aim of analyzing the perception of postpartum women about humanized childbirth in these health institutions.

METHODS

Descriptive exploratory study of a qualitative character carried out at the Normal Childbirth Center of Paudalho (CPNP - Centro de Parto Normal de Paudalho), located in the municipality of Paudalho, Pernambuco, Brazil. The CPNP is a public and community health institution composed exclusively of the nursing team (nurses obstetricians and nursing technicians) destined to receive pregnant women in eutocic labor.

This Center is the first unit totally dedicated to humanized care in the Zona da Mata Norte in the state of Pernambuco. It is an institution isolated from the hospital that provides care during low-risk pregnancy and childbirth; was established through health

policies and programs that seek to undertake humanized care practices in childbirth care in the country.

The study had 10 postpartum women as participants delimited by data saturation, that is, when the inclusion of new participants is interrupted due to the redundancy presented in the case reports. New mothers admitted to the CPNP, submitted to normal (vaginal) delivery and those aged 18 years or over were included. Postpartum women who underwent abdominal delivery with or without dystocia were excluded.

Data collection took place between July and August 2020 through semi-structured interviews consisting of previously formulated questions, which addressed issues related to three central axes: humanized childbirth, obstetric experience at the place of birth and information acquired about childbirth and the puerperium. The interviews were recorded using a portable mp3 player and fully transcribed later. The interviews were individually directed to the women, in a reserved space in order to provide privacy.

Data were analyzed using the content analysis technique. The following steps were followed: 1) Floating reading of the interviews' corpus; 2) Selection of analysis units; 3) Carrying out the categorization process using the relevance criterion.

The results were presented descriptively and to preserve the anonymity of the participants, they were designated with flower names, for example: Margarida, Jasmim, Rosa, Orquídea, among others.

This study was approved by the Research Ethics Committee of the Catholic University of Pernambuco, in accordance with the guidelines of Resolution 466/12 of the National Health Council, ⁽¹¹⁾ with CAAE number: 33989220.2.0000.5206 (opinion: 4.136.314).

RESULTS

This research was carried out with ten women in the immediate postpartum period. An age group between 19 and 33 years old was identified, being six single, six with complete high school, seven women who do not have a paid job and regarding the number of births, eight are multiparous.

From the understanding of the testimonies of the mothers, the following thematic categories were identified: 1) Knowledge about the concept of humanized childbirth; 2) Satisfaction with humanized childbirth; 3) Obstetric experience at the birthplace; 4) Experience with obstetric nurses; 5) Information acquired about childbirth and puerperium.

Category 1: Knowledge about the concept of humanized childbirth

Before addressing issues inherent to the labor process itself, the postpartum women participating in the study were asked about the concept of humanized childbirth, but it was found that 100% did not know how to conceptualize it, demonstrating low knowledge regarding the procedures performed. This can be seen in the fragments below:

"[...] No, I have no knowledge." (Lírio)

"[...] I don't know what humanized birth is, but I think it's normal birth" (Amarílis).

Category 2: Satisfaction with humanized childbirth

Despite identifying that the puerperal women had no knowledge related to the concept of "humanized childbirth", it was noticed that they had an empirical knowledge, but true in relation to this approach to childbirth, indicating that this type of procedure can be performed with quality in a public service led by obstetric nurses, as can be seen in the fragment below:

"[...] For me it was surprising, it was new, but I believe that this way, he is better than what people say, we have more support than people say, it is much more than what is said. Generally people say: humanized childbirth will be good, you will feel pain but there will be someone to help you, the girls will accompany you, help you with what to do, this is important especially for people who are mothers for the first time, but like that, it went much further than that." (Orquídea).

Although humanized normal childbirth causes fear in some women because it is painful, satisfaction and emotion were identified as greater than any "suffering", and this could be demonstrated in the speech of five mothers (50%), evidenced in two fragments:

"[...] It was nice, very simple. Whether you like it or not, the pain comes, but it goes away later, it's some pain that you can bear, give it to bear." (Margarida)
 "[...] At the time of childbirth I felt a lot of pain, but it's like they say, that the woman who has a C-section does not feel the pain that a mother has when having a child through normal delivery, it's like a reward, and it's actually a reward." (Flor de Lótus)

Category 3: Obstetric experience in the Normal Delivery Center

No momento em que as participantes foram questionadas sobre a experiência obstétrica no Centro de Parto Normal, o principal ponto elencado foi a experiência exitosa, como se observa no seguinte fragmento:

"[...] The experience here was very good because the service is very good. The nurses are

nice and treat me very well. When she (the baby) was born, the nurse who was with me put her on my lap, they cleaned me, they cleaned my baby, they put her next to me.” (Lírio)



Category 4: Nursing care in humanized childbirth

This category prioritizes the perception of postpartum women in relation to the care provided by the Nursing Team in the normal delivery center. Analyzing the interviews, it can be seen that 100% of the women highlighted positive results, as shown in the fragments below:

“[...] The nurses' care is perfect, they attend very well” (Flor de Lótus).

“[...] Since the visit, she explained everything to me, how it worked, as we are in times of pandemic, only one visitor would go out with me at the end.” (Rosa)

When asked if the experience in a Normal Birth Center managed only by nurses was a benefit, all women showed gratitude, happiness and satisfaction.

“[...] The care during childbirth was wonderful! I would recommend this service because there are hospitals that the person goes to and is not well cared for, and here I was very well cared for, they paid a lot of attention, they came to the room to see if everything was ok and if not, they told me to walk. When he (son) was born, the nurses immediately put him in my lap.” (Flor de Lótus).

Category 5: Information acquired about childbirth and puerperium

The health education process is something inherent to the care provi-

Regarding the performance of the CPNP Nursing Team, it was observed that the professional-user relationship was an important link between the subjects and their companions, which demonstrated confidence and satisfaction with the procedures performed.



ded by the Nursing Team and from the analysis of the interviews it was found that 100% of the postpartum women reported receiving care instructions in childbirth and puerperium, as shown in the following fragment:

“[...] Yes, for me to be calm, they told me to exercise to help the baby to be born and when I was going into labor, she asked me to stay calm, because the more nervous we get, the more child gets too. And when he was born, they guided me to breastfeed, give him a dream bath, put him to pull on the breast, because women don't always have milk at the beginning, right?” (Violeta)

DISCUSSION

From the analysis of the interviews, it was found that none of the puerperal women knew how to answer what humanized childbirth is all about, despite the fact that they empirically have the knowledge of the experience obtained in the CPNP. The participants' lack of knowledge reveals the predominance of the biomedical model still in force in society, in which childbirth is accompanied by techniques and procedures that value technologies to the detriment of women themselves.⁽¹²⁾

Regarding the performance of the CPNP Nursing Team, it was observed that the professional-user relationship was an important link between the subjects and their companions, which demonstrated confidence and satisfaction with the procedures performed.

A survey carried out in a public Normal Birth Center in São Paulo also showed that the continued care provided by the Nursing Team was a marker of excellence in the care provided, demonstrated through great satisfaction among postpartum women.⁽¹³⁾

Adequate care for parturients is an

extremely important factor as it generates feelings of security and well-being and this often requires flexibility from the Nursing team, which, when solving the problem of each user, needs to act on the concept of individuality and specificity of each one. ⁽¹⁴⁾

It was found that all puerperal women reported receiving guidance on childbirth and the care that should be performed in the puerperium. The main ones were related to its evolution, adequate body positions, exercises before and after delivery, breastfeeding and care for the newborn.

From this perspective, the postpartum woman starts to feel more valued and included in the care, promoting empowerment in all phases of the delivery and postpartum process. ⁽¹⁵⁾ A qualitative study carried out in a public maternity hospital in Santa Catarina with nine postpartum women identified a process of knowledge construction among the participants, based on health education promoted by the obstetric nurses. ⁽¹⁶⁾

Likewise, another study carried out with twenty postpartum women from a Normal Childbirth Center in Piauí shows how much more empowered and confident women felt based on the guidance received by nurses. ⁽¹⁵⁾

It should be noted that the World Health Organization recommends adequate practices in humanized childbirth care, which were identified in the CPNP. It is necessary, then, that health professionals identify and respect the personal characteristics of each user, inserting them in the context of care, thus promoting awareness and, consequently, effectiveness. ⁽¹⁷⁾

In addition to advocating good health practices, the CPNP presents a clinical protocol based on scientific evidence that guides all actions to be taken in an urgent and emergency situation identified in the health unit. Whenever there is an obstetric or clinical complication, the protocol guarantees the transfer of the pregnant woman, parturient or postpartum woman

to a referral hospital in a timely and safe manner.

CONCLUSION

In this study, it was possible to verify that the mothers were satisfied and confident about the humanized birth process and the structure of the public normal birth center in the interior of Pernambuco, as well as the procedures performed by the Nursing Team.

The services provided by the delivery center are based on the good actions for delivery and birth recommended by the WHO; allowing to infer, in the puerperal women's view, that the health unit managed exclusively by obstetric nurses is an appropriate and safe place for humanized childbirth in the environment of the Unified Health System. In this perspective, the research objectives were achieved, and that this study can serve as subsidies for further research in the area, deepening the theme. 🌱

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