

Practices in birth: analysis of care in a maternity in paraiban

RESUMO | Objetivo: Caracterizar as práticas em saúde no período do parto em uma maternidade Paraibana. Método: Pesquisa de origem exploratória, descritiva e quantitativa. O estudo ocorreu em 2018, em uma Maternidade Municipal, localizada no município de Cabedelo, Paraíba. A amostra se deu com a participação de 12 pacientes, que se encontravam no período puerperal. Os dados foram analisados sob estatística descritiva e organizados em duas tabelas. Foi aprovado pelo comitê de ética em pesquisa do Centro Universitário de João Pessoa sob nº CAAE 83170617.8.0000.5176. Resultados: Ocorreu aplicação de ocitocina de rotina; Manobras desnecessárias; Amamentação na primeira hora de vida prejudicada e clampeamento precoce do cordão. Conclusão: Percebe-se a necessidade de investir-se em capacitações para os profissionais, visando quebrar a assistência inadequada e fragilizada que está sendo oferecida para as mulheres, no qual é rodeada de intervenções e cuidados desnecessários ao binômio.

Descritores: Assistência ao Parto; Parto Normal; Enfermagem Obstétrica.

ABSTRACT | Objective: To characterize health practices during childbirth in a Paraíba maternity hospital. Method: Exploratory, descriptive and quantitative research. The study took place in 2018, in a Municipal Maternity, located in the city of Cabedelo, Paraíba. The sample took place with the participation of 12 patients, who were in the puerperal period. Data were analyzed using descriptive statistics and organized into two tables. It was approved by the research ethics committee of the Centro Universitário de João Pessoa under number CAAE 83170617.80000.5176. Results: Routine application of oxytocin occurred; Unnecessary maneuvers; Impaired breastfeeding in the first hour of life and early cord clamping. Conclusion: It is perceived the need to invest in training for professionals, aiming to break the inadequate and weakened care that is being offered to women, which is surrounded by interventions and unnecessary care for the binomial.

Keywords: Midwifery; Natural Childbirth; Obstetric Nursing.

RESUMEN | Objetivo: Caracterizar las prácticas de salud durante el parto en una maternidad de Paraíba. Método: Investigación exploratoria, descriptiva y cuantitativa. El estudio se realizó en 2018, en una Maternidad Municipal, ubicada en la ciudad de Cabedelo, Paraíba. La muestra se realizó con la participación de 12 pacientes, que se encontraban en el puerperio. Los datos se analizaron mediante estadística descriptiva y se organizaron en dos tablas. Fue aprobado por el comité de ética en investigación del Centro Universitário de João Pessoa con el número CAAE 83170617.80000.5176. Resultados: se produjo la aplicación de rutina de oxitocina; Maniobras innecesarias; Lactancia materna deteriorada en la primera hora de vida y pinzamiento temprano del cordón. Conclusión: Se percibe la necesidad de invertir en la formación de los profesionales, con el objetivo de romper con la atención inadecuada y debilitada que se ofrece a las mujeres, que está rodeada de intervenciones y cuidados innecesarios para el binomio.

Palabras claves: Asistencia de entrega; Parto normal; Enfermería obstétrica.

Angélica Helena Tito Fernandes

Enfermeira. Centro Universitário de João Pessoa.

ORCID ID: 0000-0002-5035-5593

Alane Barreto de Almeida Leôncio

Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB). Especialista em Saúde da Criança pelo Programa de Residência Multiprofissional do Estado da Paraíba. Docente do curso de enfermagem do Centro Universitário de João Pessoa

ORCID ID: 0000-0003-4575-1900

Wilma Ferreira Guedes Rodrigues

Enfermeira. Doutora em Enfermagem pela Universidade Federal do Rio Grande do

Norte. Docente do curso de enfermagem do Centro Universitário de João Pessoa
ORCID ID: 0000-0002-9003-4807

Luanna Silva Braga

Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB). Docente do curso de enfermagem do Centro Universitário de João Pessoa

ORCID ID: 0000-0002-009-0406

Jeferson Barbosa Silva

Enfermeiro. Doutor em Enfermagem pelo Programa de Pós-Graduação em Enfermagem da Universidade Federal da Paraíba (PPGENF/UFPB).

ORCID ID: 0000-0002-1083-1305

Anna Claudia Silva de Araujo

Enfermeira. Mestre em Biotecnologia e inovação em Saúde.

ORCID ID: 0000-0002-7608-3979

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INTRODUCTION

Childbirth is a feminine and natural event where the moment desired by the woman, the birth of the baby, has arrived. In the past, childbirth took place in the home environment, in which the parturient was normally observed by a trusted midwife, who had knowledge through oral tradition and had the presence of her family members. In Bra-

zil, the demand for the development of home birth care as traditional midwives has been intensively addressed since the 1970s. (1)

The hegemonic models have a great change in women's lives, taking away empowerment and turning the machine and the baby into the product. The hospital, in turn, becomes the factory, the mother's body the machine, and the baby represents the product of an industrial manufacturing process. (2)

The arrival of institutionalization and doctors changing the birth scenario, leaving the procedure robotic and technical, causing an increase in the number of unwanted procedures. The birth model in Brazil is resistant and centralized by the medical professional. (2)

The practice of humanization in assisting parturients in the method of giving birth shows attention aimed at women in particular, being specific, and biological issues, social, ethical, educational and psychological conditions. (3) In the study by Carvalho (4) women are subjected to routine unnecessary interventions without being informed about the practices that would be used.

Without this information, assistance may be being neglected by the team, causing women to be dehumanized. In this view, childbirth care in Brazil is a dehumanized form of violence against women, exposed to the routine practice of episiotomy. (5)

Unnecessary interventions in childbirth can cause a shift in emotional, psychological and physical trauma and that each woman has individual care. The prospect of childbirth to improve emotional well-being and extreme pain is a result of psychological shock for some, for others the undesirable effects of drugs being a negative influence on the birth experience. (6)

Useful practices are behaviors of nursing and health professionals to be used to change the delivery care scenario. Provide nurses and physicians

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with greater knowledge in the care of women, which can increase the safety of this parturient, in such an important event in her life. (7) Careful readings indicate that there is still a lack of understanding of the qualities and limitations in the work process of professionals who work in childbirth care, with low adherence to good obstetric practices. (8)

The need for nursing professionals to have a posture in caring for users with humanization, dignity and appreciation. The users of health services do not complain about the technological knowledge in their care, but the lack of interest and responsibility for the service around them and their problem. (9) The change at birth has been seen in current studies, and corroborates the research cited here, in which it is clear that there was a change in the way of being born, and that such changes have benefited the binomial over the years. (10)

Thus, the research question is: How are the practices in childbirth in a maternity hospital in the State of Paraíba? The aim of the study was to characterize the health practices during childbirth in a maternity hospital in Paraíba.

METHOD

Exploratory, descriptive and quantitative research. The study took place in 2018, in March and April, in a Municipal Maternity, located in the municipality of Cabedelo, Paraíba. The sample consisted of the participation of 12 patients, who were in the puerperal period, according to inclusion and exclusion criteria. The following inclusion criteria were listed: being over 18 years old; being allocated in the chosen maternity ward, having experienced normal birth and accepting to participate in the research by signing the Informed Consent Form (ICF). Women who gave birth in other types of childbirth, under the age of 18 years and who were ad-

mitted after the research period were excluded.

An instrument related to childbirth practices was used as a resource. This instrument was built by the authors of this research. The analyzed data were submitted to descriptive statistics, using Microsoft Excel. Through the interpretation of the results, these were based on studies related to the theme. The research followed Resolution 466/120 (10) and was approved by the Research Ethics Committee of the Centro Universitário de João Pessoa under number CAAE 83170617.80000.5176.

RESULTS

Below, there was a description of the results, which were organized in two tables. The first systematizes obstetric interventions, and the second about breastfeeding and other related practices.

In the variable they denied or did not offer pain relief methods, it is observed that (n=25%) answered yes. Regarding the variable, they administered oxytocin routinely in labor, almost half of the interviewees (n=41%) answered yes. As for the variable, the Kristeller maneuver during childbirth was performed by a considerable number of women (n=41%) who answered yes. And about the variable, some interviewees (n=33%) answered yes.

The second table refers to breastfeeding, scheduling elective cesarean section and clamping the cord early, in which some unnecessary interventions were identified.

Regarding Table 4, the variable delayed or prevented the baby's contact with the mother after delivery, prevented breastfeeding in the first hour of the newborn's life and scheduled a cesarean section without clinical indication, it was found that this type of practice occurred (n=08%). Regarding the variable, early clamping of the umbilical cord was performed, most women re-

Table 1 – Distribution of variables related to the practice of obstetric interventions. Cabedelo, Paraíba, 2018 (N = 12).

Variables	N	%
Denied or were not offered pain relief methods		
Yes		25%
No		75%
They denied or were not offered fluids and food during labor		
Yes		08%
No		91%
They performed successive touch exams		
Yes		08%
No		91%
Administered routine oxytocin in labor		
Yes		41%
No		58%
They performed Kristeller's maneuver during childbirth		
Yes		41%
No		58%
Performed episiotomy		
Yes		33%
No		66%

Source: research data, 2018.

Table 2 – Distribution of variables about babies and breastfeeding. Cabedelo, Paraíba, 2018 (N = 12).

Variables	N	%
Delayed or prevented the baby's contact with the mother after delivery		
Yes	01	08%
No	11	91%
Prevented breastfeeding in the newborn's first hour of life		
Yes	01	08%
No	11	91%
Cesarean section without clinical indication was scheduled		
Yes	01	08%
No	11	91%
Early clamping of the umbilical cord was performed		
Yes	07	58%
No	05	41%

Source: research data, 2018.

ported yes (n=58%).

DISCUSSION

The lowest prevalence of good practices was in the North and Northe-

ast regions, less advanced territories in the country. The repetition of some interventions was lower, which does not mean at all to a less interventionist and more "natural" pattern. (12)

According to this manual (13), some practices are recognized as favorable for labor in women, such as nutrition, mobility and the use of non-pharmacological techniques for pain relief. In the study by Leal (12), medical interventions were considered exaggerated in labor and delivery, with only 5.6% of mothers at usual risk and 3.2% of primiparas having a normal delivery without any intervention in the labor process.

Routine oxytocin infusion is a widely used technique to speed up labor and usually happens in 40% of mothers at usual risk, being more frequent in the public sector in women with low education level, corroborating with the present research that obtained a high number of women who received routine oxytocin infusion (05; 41%) in vaginal delivery.

It is important to emphasize that the World Health Organization considers that the routine administration of oxytocin in labor is a harmful or ineffective practice and should only be used in real need. (12)

Kristeller's maneuver in vaginal deliveries has a high prevalence rate, occurring in about 37% of women with low educational level, corroborating what was found in the aforementioned study in which the Kristeller's maneuver was performed in 41% of deliveries. (12) It is important to remember that the Kristeller maneuver is a prescribed procedure in childbirth, as directed by the Ministry of Health in the Normal Childbirth Assistance guideline (13), proibindo a realização de tal manobra no segundo estágio do parto pela equipe obstétrica.

In the article by Carvalho (4), the practice of episiotomy was inserted into the routine of obstetric care wi-

The National Guidelines for Assistance to Normal Childbirth provide guidance on the physiological role in the third stage of childbirth, covering a complex of care that includes assistance with late clamping of the umbilical cord, only after stopping the pulse. This study found that early cord clamping was performed in (n=58%) newborns, depriving them of the benefits of late clamping

thout there being scientific evidence to prove its risks and benefits of being performed. Episiotomy is defined as a surgical incision made in the second stage of labor, at the beginning of the fetus's expulsion (4), however, it brings in its history throughout obstetrics information for its practice when there is a danger of damage to the pelvic floor, possible occurrence of genital distortions, such as fetal and maternal suffering. (14)

Consequently performed within the criteria recommended by the World Health Organization, Figueiredo et al (15); Silva et al. (16) point out as related by the practice of episiotomy, the ability to increase blood loss, inflammation, sexual dysfunction, dyspareunia, urinary incontinence and cervical prolapse; and, physical and psychological consequences.

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The importance of late clamping (from 1 to 3 minutes after birth) is correlated with the concentration of hemoglobin and high iron stores in the first six months of life of infants, in addition to the prevention of anemia up to the first year of life. (17)

Late clamping of the umbilical cord has benefits for the preterm newborn such as transitional circulation, improvement in red blood cell levels, less need for blood transfusion, and lower incidence of necrotizing enterocolitis and intraventricular hemorrhage. (18)

Mascola et al. (17), comments that obstetricians, nurses and other obstetric care providers who use late clamping of the umbilical cord in term NBs

should monitor neonatal jaundice.

The woman has a unique need, being important for support and communication, to observe changes in behavior as signs of stress, which requires the pain relief method to be a support. (17)

According to Silva et al. (19) comfort must be conveyed with a look, a gentle listening, the perception at the time of delivery and the nursing professional's harmony with the parturient.

It is important to include childbirth and home birth assisted by midwives in the Unified Health System, among the methods for comprehensive care for the health of women and children. (1) The Ministry of Health has trained professionals with solutions that support nursing care during childbirth, a recent practice shows the need for development with defined policies that ensure the pregnant woman. (20)

With home birth, women are empowered to make their choice of birthplace and position that are comfortable and safe. Thus, births performed in different forms of vertical positions are related to the reduced time of the expulsion period when compared to

births in a horizontal position. (19)

In the hegemonic model, the woman is placed in a horizontal position, which can offer limitations during labor. Evidence shows that in current realities, there are women using the horizontal position. There is a significant distance between what is recommended as a practice and the reality in health services. (21-22)

Attention in childbirth, to the exaggerations of interference causing a routine practice, one of them is the episiotomy without evaluating the risk and benefits performed. The practice of episiotomy has been a routine since the previous period, aiming to reduce the damage caused by the perineal laceration, reduce the damage of urinary and fecal incontinence and help the newborn from shock. (12) Many women must know that they have the right to seek help with the support of the law and knowledge. When women look for help, they are also looking for an understanding, because for them and their families the moment of pregnancy and childbirth, in particular, is unique in life and charged with strong emotions. (13)

CONCLUSION

The study reached its initially proposed objectives, characterizing the practices related to childbirth in the chosen maternity hospital. It is perceived the need to invest in training for professionals, aiming to break the inadequate and fragile assistance that is being offered to women, which is surrounded by interventions and unnecessary care for the binomial. Among the limitations of the study are the findings from the year 2018, however, it is within the period of the last five years, characterizing the study as current in the field of health.

From prenatal care, these women need to be oriented, along with their companion, who needs to be talked about their rights at the time of childbirth, and, in addition, to address humanization, aiming to reduce contradictory situations for the assistance to parturients. It is relevant that new researches are synthesized, with the intention of deepening the theme and qualifying the health professionals involved.

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