Characterization of birth care practices in the perception of mothers

RESUMO | Objetivo: Caracterizar a percepção das mães acerca das práticas de atenção ao parto. Método: Estudo de natureza exploratória, descritiva, tendo como caminho a abordagem quali-quantitativa. Realizado em três Unidades de Saúde da Família (USF), no ano de 2016, pertencentes aos municípios de Pilar e Mari no estado da Paraíba, Brasil. A população foi composta por todas as mães cadastradas nas referidas USF´s e a amostra 30 participantes. A análise dos dados oriundos dos questionários ocorreu de maneira estatística, a partir do programa Statistical Package for Social Sciences (SPSS), versão 20.0. A pesquisa atendeu aos requisitos propostos pela Resolução 466/12. Resultados: Falta de conhecimento e empoderamento das mães participantes quanto aos seus direitos durante o trabalho de parto e parto, dessa maneira conclui-se que existe pouco entendimento e percepção com relação às ações realizadas. Conclusão: Espera-se o conhecimento e empoderamento das mães participantes, bem como, mudar a realidade obstétrica no Brasil.
Descritores: Saúde da mulher; Parto; Mães; Práticas.

ABSTRACT | Objective: To characterize the perception of mothers about childbirth care practices. Method: Study of an exploratory, descriptive nature, with the qualitative-quantitative approach as a path. It was carried out in three Family Health Units (USF), in 2016, belonging to the municipalities of Pilar and Mari in the state of Paraíba, Brazil. The population consisted of all mothers registered in the USF's references and a sample of 30 participants. Data from the questionnaires were analyzed statistically, using the Statistic Package for Social Sciences (SPSS) program, version 20.0. The research met the requirements proposed by Resolution 466/12. Results: Lack of knowledge and empowerment of participating mothers about their rights during labor and delivery, thus it is concluded that there is little understanding and perception regarding the actions taken. Conclusion: Knowledge and empowerment of participating mothers is expected, as well as changing the obstetric reality in Brazil.
Keywords: Women's health; Childbirth; Mothers; Practices.

RESUMEN | Objetivo: caracterizar la percepción de las madres sobre las prácticas de atención al parto. Método: Estudio de carácter exploratorio, descriptivo, con el abordaje cualitativo-cuantitativo como camino. Se llevó a cabo en tres Unidades de Salud de la Familia (USF), 2016, pertenecientes a los municipios de Pilar y Mari en el estado de Paraíba, Brasil. La población estuvo compuesta por todas las madres registradas en las referencias de la USF y una muestra de 30 participantes. Los datos de los cuestionarios se analizaron estadísticamente mediante el programa Statistical Package for Social Sciences (SPSS), versión 20.0. La investigación cumplió con los requisitos propuestos por la Resolución 466/12. Resultados: Falta de conocimiento y empoderamiento de las madres participantes sobre sus derechos durante el trabajo de parto y parto, por lo que se concluye que existe poca comprensión y percepción sobre las acciones realizadas. Conclusión: Se espera conocimiento y empoderamiento de las madres participantes, así como cambiar la realidad obstétrica en Brasil.
Palabras claves: Salud de la mujer; Parto; Madres Prácticas.

Edjane Carneiro da Silva
Nurse. University Center of João Pessoa.
ORCID: 0000-0003-3169-8918

Perla Figueredo Carreiro Soares
Nurse. Master in Cognitive Neuroscience and Behavior. Postgraduate in obstetric nursing. Head of the Diagnostic Services Nucleus/SES/PB.
ORCID: 0000-0002-0407-685X.

Josefa Danielma Lopes Ferreira
Nurse. Master in Nursing Postgraduate Program in Nursing at the Federal University of Paraíba (PPGENF/UFPB). Doctoral student in nursing at PGGENF/UFPB.
ORCID: 0000-0003-4209-4781

Aline Freire Falcão
Nurse. Master in Education from the Federal University of Paraíba UFPB.
ORCID: 0000-0002-6493-0018

Alane Barreto de Almeida Leôncio
Nurse. Master in Nursing from the Postgraduate Program in Nursing at the Federal University of Paraíba (PPGENF/UFPB). Specialist in Child Health by the Multiprofessional Residency Program of the State of Paraíba.
ORCID: 0000-0003-4575-1900.

Luanna Silva Braga
Nurse. Master in Nursing from the Postgraduate Program in Nursing at the Federal University of Paraíba (PPGENF/UFPB).
ORCID: 0000-0002-0093-0406.

Received: 15/07/2021
Approved: 10/08/2021

INTRODUCTION

In Brazil, some practices in obstetric care occur frequently and few women are able to identify it as a type of violence. Those who are able to identify, report having suffered maltreatment during childbirth care, excess of unnecessary interventions, such as venoclysis, routine oxytocin, episiotomy and deprivation of care based on good practices, such as: denial of choosing a delivery in vertical position, impossibility to eat and move during labor and prohibition of the presence of a companion. [1]

A survey conducted in 2010 by the Perseu Abramo Foundation showed that one in four women suffer obstetric violence. In addition, it was found that the

low level of education, social level and race make women more vulnerable to negligence and violence in labor. Another aggravating factor is that many of the women who suffer aggression, whether verbal or physical, still believe that these are normal and necessary acts. [2]

Childbirth is a special and magical event where the woman will exert a force unknown to herself and for that she needs to be encouraged and protected, favoring a peaceful and physiological labor. Due to hormonal changes the woman becomes more sensitive and can easily change her mood from joy to sadness. [3]

In addition, most births take place in hospitals, causing the mother to be surrounded by professionals and people who are strangers to her life, which can lead to a negative impact on the evolution of labor, violence becomes part of the birth routine, which makes it difficult for these women to identify that they are suffering violence. [4]

Thus, it is important that women have knowledge about their rights and good practices in childbirth care, as it is possible to reduce the duration of labor and postpartum depression, culminating in a positive result. For some women, childbirth is seen as a moment of loneliness and pain. [5] Once the mother has been fully supported in the labor, she will transmit all the care and love to her baby.

Therefore, the Ministry of Health created the Comprehensive Women's Health Care Policy, which aims to guarantee the citizenship, sexual and reproductive rights of this group, in addition to promoting knowledge and updating for health professionals and society in general. [6]

In view of this, there was an interest in conducting a study where it was possible to listen to women who had children and suffered some type of obstetric aggression during childbirth, in addition to demonstrating the importance of clarifying the proper procedures for the parturient's body. Thus, the following guiding questions emerged: What is the perception of mothers about childbirth care practices? What is the socioeconomic and demographic profile of the mothers participating in the study? Its objective is: To characterize the perception of mothers about childbirth care practices.

Childbirth is a special and magical event where the woman will exert a force unknown to herself and for that she needs to be encouraged and protected, favoring a peaceful and physiological labor.

METHOD

Cross-sectional study of an exploratory, descriptive nature, using the quantitative-qualitative approach as a path. It was carried out in three Family Health Units (USF - Unidades de Saúde da Família) in 2016, belonging to the municipalities of Pilar and Mari in the State of Paraíba, Brazil. The population consisted of all mothers registered in the aforementioned USF's and the sample was selected in a non-probabilistic way for convenience, consisting of 30 mothers who were present at the USF on the days of data collection and who met the inclusion criteria.

The research inclusion criteria were: being over 18 years old, with at least one child and accepting to participate in the study by signing the free and informed consent form (FICF). Women under the age of 18, who do not have children and who did not accept to participate in the research were excluded.

The instruments used for data collection were a socioeconomic and demographic questionnaire to characterize the profile of women and a specific questionnaire containing questions related to obstetric care. The analysis of data from the questionnaires took place in a statistical manner. Thus, the answered questionnaires were properly coded and entered into the spreadsheet of the Microsoft Excel data program, and then received statistical treatment using the Statistical Package for Social Sciences (SPSS), version 20.0. The research met the requirements proposed by Resolution 466/12,

which provides for the standards and regulatory guidelines for research involving human beings, approved under the opinion number: 1802145 and CAAE: 59903316100005176, from the University Center of João Pessoa (UNIPÊ).

RESULTS

This research was about childbirth care, and was seen as relevant, as it covers important aspects of care offered to the health of women and newborns. The results show, in a clear, objective and succinct way, the main points that characterize the process of caring and offering health in the maternal and child care line.

According to the analysis of the survey data, table 1 below presents the profile of the mothers participating in the survey. From the social, economic, demographic characteristics, to the conditions of birth and practices prevalent in the health care of these mothers, they were identified. All aspects analyzed were relevant to characterize the care that was being offered to women during childbirth, making the study important.

The participating mothers who responded to the survey were aged between 25 and 32 years (12; 40%), were single in a stable relationship (15; 50%), self-declared brown (19; 63%), declared a farming profession (20; 67%), those who declared themselves without income (19; 63%) and with the number of residents of the house 3 people (11; 37%).

Below, in table 2, it is possible to view questions about prenatal care, educational actions and guidance during this period.

Regarding table 2, in the variable had prenatal care, all study participants had prenatal care (30; 100%) with an average of 7 to 10 consultations (19; 63%). In the variable participated in educational activities, it was observed

Table 1 - Distribution of socioeconomic and demographic characteristics of the mothers participating in the study. Pilar and Mari, Paraíba, Brazil, 2016.

Socioeconomic and demographic characteristics	Participants (N)	Participants (%)
Age		
Under 25 years old	05	17
From 25 to 32 y/o	12	40
From 36 to 39 y/o	07	23
From 40 to 49 y/o	06	20
Marital status		
Single	15	50
Married	09	30
Divorced	02	7
Stable Union	04	13
Education		
Complete Elementary School	03	10
Incomplete Elementary School	13	43
Complete High School	05	17
Incomplete High School	05	17
Complete Higher education	02	7
Color		
White	06	20
Black	03	10
Brown	19	63
Yellow	02	7
Profession		
Farmer	20	67
Housewife	05	17
Hairdresser's assistant	01	3
Secretary	01	3
Maid	01	3
Saleswoman	01	3
Teacher	01	3
Income		
Without income	19	63
From 1 to 3 minimum wage	11	37
Number of residents in the house		
2 people	02	7
3 people	11	37
4 people	04	13
5 people	08	27
6 to 7 people	04	13

8 people	01	3

Source: research data, 2016.

Table 2 - Distribution of responses regarding prenatal care according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

Questions	Participants (N)	Participants (%)
Did prenatal care		
Yes	30	100
How many consultations participated		
Up to 4 appointments	03	10
Between 5 and 6 appointments	04	13
Between 7 and 10 appointments	19	63
More than 10 appointments	04	13
Participated in educational activities		
Yes	08	27
No	22	73
Was informed about the types of delivery		
Yes	21	70
No	09	30

Source: research data, 2016.

Table 3 - Distribution of responses regarding variables related to guidance about the place of birth according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

Variables	Participants (N)	Participants (%)
She was advised about the place of birth		
Yes	13	43
No	17	57
Did you go visiting the place?		
Yes	02	15
No	11	85
Reason why didn't visit		
Doesn't remember	01	9
It was far away	06	55
She didn't care	01	9
Other reasons	01	9
Didn't want	02	18

Source: research data, 2016.

that 22 (34%) women did not participate in the activities. Finally, 21 (70%) women reported having been informed about the types of delivery in the variable, demonstrating an acceptable percentage of information.

On table 3, in the variable orientation regarding the place of birth, it is observed that 17 (57%) women were not instructed to visit the maternity hospital where they will be assisted during labor and delivery. As for the variable about the number of mothers who visited the place of birth, of the 13 women who were instructed to carry out the visit, 11 (85%) were not. Finally, the variable reason for not visiting the option with the highest prevalence was related to distance (6; 36%).

Regarding table 4, it was possible to observe that in the variable "had the child in the first hospital/maternity hospital", 23 (77%) pregnant women gave an affirmative answer. Regarding the variable how they traveled to the hospital, 16 (53%) women traveled by municipal ambulance. While in the variable time to be seen 15 (50%) mothers reported having waited a maximum of 30 minutes.

The result of the variable shows that, of the participants who had a companion (6; 35%), 04 reported that the mother was their companion (4; 66%), of the participants who had no companion, the hospital did not leave with them (11; 46%). Thus, through the results listed, articles related to the research findings were used to support what was found in the study.

DISCUSSION

According to Stropasolas [7], each time women have gained prominence in various productive activities in agriculture, their role in agriculture is not just as a rural worker, but rather to maintain and support the whole family. Between 2004 and 2014 there was a reduction of 10,9% in female unemployment, women continue to be the second population group with the highest rate of unemployment and no income, being second only to young people.

Regarding income, studies show that there was a decrease in gender inequality, in 2014 the greatest difference was evidenced among women with informal jobs receiving an average of 50%. The brown population exceeds half of the total number of Brazilians since 2008, in the education ratio, the proportion of students aged between 18 and 24 years black and brown who attend higher education in 2014. [8]

During pregnancy, every woman should be assured of quality prenatal care. Therefore, from the moment she becomes pregnant, it is the right of every pregnant woman that municipalities have health services that provide assistance to prenatal care, childbirth, puerperium and neonatal care. [9]

It is important for the pregnant woman to participate in lectures, conversation circles and educational activities since these are means of guidance and information during pregnancy, thus providing more security to the pregnant woman so that she can experience these moments more peacefully. One of the results discussed spoke about health education, unfortunately, most pregnant women had not participated in educational activities that would provide knowledge about childbirth and its entire context. Continuously, educational activities are essential to guide the woman and her family about the management of childbirth, care for the newborn and clarify all possible doubts for her and her family. [8,13]

Discussing another result based on the literature, regarding women knowing the birth environment, this act is part of health education actions as well, in addition to providing effective continuity of care between primary care and related care levels to pregnant women and mothers. [8,13] Therefore, the professional's care at this time should be humanized and individualized, focusing, in addition to technical practice, on promoting guidelines, since the lack of information can lead to unne-

Table 4 - Distribution of responses regarding variables related to displacement to the place of birth according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

Variables	Participants (N)	Participants (%)
She had a baby in the first hospital/maternity she sought?		
Yes	23	77
No	07	23
How she went to the hospital/maternity hospital		
Municipal ambulance	16	53
Rented car	09	30
Own car	02	7
Third party car	02	7
On foot	01	3
Time to be attended		
30 min.	15	50
30 min to 1 hour	07	23
1 to 2 hours	04	13
2 to 4 hours	02	7
More than 4 hours	01	3
Doesn't remember	01	3

Source: research data, 2016.

Table 5 - Distribution of responses regarding variables related to the companion according to the questionnaire applied to the study participants. Pilar and Mari, Paraíba, Brazil, 2016.

Variables	Participants (N)	Participants (%)
Had a companion		
Yes	06	20
No	24	80
Who was the companion		
Her mother	04	66
Family member (sister)	01	17
Family member (aunt)	01	17
Reason why there was no companion		
The hospital didn't let	11	46
She didn't know I could have one	06	25
There was no one	05	21
Did not want to	01	4
Other reasons	01	4

Source: research data, 2016.

cessary concerns and frustrating expectations. [9-10] According to Cunha, [11] during prenatal care, women who use SUS care find it difficult to visit the place where they want to have their child.

Cunha [11] he also emphasizes that it is increasingly difficult to find vacancies in a hospital/maternity hospital, which makes these women have to travel to more than one location in search of a bed. According to Castro, [12] studies carried out in other countries show the importance of having the presence of a companion in labor and delivery, and should be seen as part of helping the woman, contributing to the entire health team, in which she needs to be prepared to welcome not only the pregnant woman, but also her partner and her family, creating a bond that will transmit comfort and confidence to the parturient. [13] The presence of the companion is relevant in this process, because under the law in Brazil, it is important that they be involved from the consultations until the postpartum period, and this needs to be guaranteed by health professionals during care, without restrictions. [8,12,13]

It is possible to understand that there is a need to bring this theme from the graduation of health professionals, addressing the issue in the form of training. [14]

CONCLUSION

Through the research, it is noticed the lack of knowledge and empowerment of the participating mothers regarding their rights during labor and delivery, thus it is concluded that there is little understanding and perception regarding the actions taken. In addition, women understand that procedures performed as routine in hospital institutions are normal and necessary during labor and delivery.

The theme is little discussed and publicized, both in society and by primary care professionals during prenatal care. Thus, it is necessary for there to be humanization in the care provided by professionals during the gestational phase and especially in labor and delivery, as this very important and special moment in women's lives can become a frustrating event, of suffering and a trauma that will never be forgotten.

It is also necessary to encourage good practices in childbirth care, promote health education during prenatal care, encourage women to know their rights, discuss practices that should be discouraged, value the professional/patient relationship, among other measures so that it is possible to change and improve the obstetric reality in Brazil.

References

1. Tesser, CD. et al. Violência obstétrica e prevenção quaternária: o que é e o que fazer, Revista Brasileira de Medicina de Família e Comunidade. Rio de Janeiro, v.10, n. 35, p. 1-12, 2015.

2. Venturi W, Bokany V, Dias G, Alba D, Rosas W, Figueiredo N. Mulheres e gênero nos espaços públicos e privado. Fundação Perseu Abramo, 2014.

3. Brasil. Ministério da Saúde. Secretaria de Políticos de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério: assistência humanizada à mulher/ Ministério da Saúde, Secretaria de Políticas de Saúde, Área Técnica da Mulher. – Brasília: Ministério da Saúde, 2001.

4. Sousa M, Costa R, Ribeiro R. A influência de fatores culturais na alimentação da gestante e nutriz. Saúde & Amb. Rev.Epidemiol Control Infect .2008. v.3, n.1, p. 128-129.

5. Fio Cruz. Principais Questões sobre Boas Práticas no 3º e 4º períodos do Trabalho de Parto 2020.

6. Souza, TG, Gaíva, MAM, Modes, PSSA. A humanização do nascimento: percepção dos profissionais de saúde que atuam na atenção ao parto, Porto Alegre, 2011.

7. Stropasolas, VL. O Mundo Rural no Horizonte dos Jovens. Florianópolis: Editora da UFSC, 2006. p. 152.

8. Brasil. Ministério da Saúde. Diretrizes da assistência ao parto normal/ Ministério da Saúde, 1. ed. – Brasília: Ministério da Saúde 2017.

9. Brasil. Ministério da Saúde. Além da sobrevivência: Práticas integradas de atenção ao parto, benéficas para a nutrição e a saúde de mães e crianças. Brasília; 2011.

10. De Moura, JWSet al. Humanização do parto na perspectiva da equipe de enfermagem de um Centro de Parto Normal. Enfermagem em Foco, v. 11, n. 3, dez. 2020.

11. Cunha, SF et al. Peregrinação no anteparto em São Luís – Maranhão. Cogitare Enferm. v. 15; n. 3. P. 441, 2010.

12. Castro, JC. Parto Humanizado na percepção dos profissionais de saúde envolvidos com a assistência ao parto. Ribeirão Preto,2003. Escola de Enfermagem de Ribeirão Preto – Universidade de são Paulo.

13. Brasil. Ministério da saúde. Parto, aborto e puerpério: Assistência Humanizada

13. Brasil. Ministério da saúde. Parto, aborto e puerpério: Assistência Humanizada
14. 15. à Mulher. Brasília –DF, 2003.

14. Silva MI, Aguiar RS. Conhecimento de enfermeiros da atenção primária acerca da violência obstétrica. Nursing. v. 23. n. 271, 2020.