Practices in attention to childbirth accomplished in a maternity of a paraibano municipality

RESUMO | Descrever as práticas de atenção ao parto realizadas em uma maternidade de um município paraibano. Método: Trata-se de um estudo exploratório e descritivo, com abordagem quantitativa realizado no município de Cabedelo, Paraíba. A amostra foi não probabilística por conveniência constituída por 12 puérperas, em março e abril de 2018. Para a coleta dos dados foi utilizado um formulário específico e a análise estatística ocorreu utilizando-se o programa Microsoft Excel. Posteriormente, os dados foram apresentados em tabelas e interpretados a partir da literatura. O presente estudo foi aprovado sob nº CAAE 83170617.8.0000.5176. Resultados: Constatou-se que as práticas prejudiciais ao parto como manobra de Kristeller, episiotomia, utilização de ocitocina de rotina, posição de litotomia e clampeamento precoce do cordão umbilical ainda costumam ser realizadas com frequência. Conclusão: Percebe-se que é de extrema relevância promover cursos de atualização e capacitação baseados em evidências científicas para os profissionais de saúde.
Descritores: Assistência ao Parto; Parto Normal; Enfermagem Obstétrica

ABSTRACT | Objective: To describe childbirth care practices carried out in a maternity hospital in a municipality in Paraíba. Method: This is an exploratory and descriptive study with a quantitative approach carried out in the city of Cabedelo, Paraíba. The sample was non-probabilistic for convenience, consisting of 12 postpartum women, in March and April, year 2018. For data collection, a specific form was used and the statistical analysis was carried out using the Microsoft Excel program. Subsequently, the data were presented in tables and interpreted from the literature. This study was approved under CAAE No. 83170617.8.0000.5176. Results: It was found that practices harmful to childbirth such as Kristeller maneuver, episiotomy, routine use of oxytocin, lithotomy position and early clamping of the umbilical cord are still often performed. Conclusion: It is perceived that it is extremely important to promote refresher and training courses based on scientific evidence for health professionals.
Descriptors: Midwifery; Natural Childbirth; Obstetric Nursing

RESUMEN | Objetivo: Describir las prácticas de atención al parto realizadas en una maternidad de un municipio de Paraíba. Método: Se trata de un estudio exploratorio descriptivo con enfoque cuantitativo realizado en la ciudad de Cabedelo, Paraíba. La muestra fue no probabilística por conveniencia, conformada por 12 puérperas, en marzo y abril del año 2018. Para la recolección de datos se utilizó un formulario específico y el análisis estadístico se realizó mediante el programa Microsoft Excel. Posteriormente, los datos se presentaron en tablas y se interpretaron a partir de la literatura. Este estudio fue aprobado con el número CAAE 83170617.80000.5176. Resultados: Se encontró que aún se realizan prácticas nocivas para el parto como la maniobra de Kristeller, la episiotomía, el uso rutinario de oxitocina, la posición de litotomía y el pinzamiento temprano del cordón umbilical. Conclusión: Se percibe que es de suma importancia promover cursos de actualización y capacitación basados en evidencia científica para los profesionales de la salud.
Descriptores: Asistencia de entrega; Parto normal; Enfermería obstétrica

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Received: 28/08/2021
Approved: 30/11/2021

INTRODUCTION

Childbirth is a feeling experienced by the woman being remarkable by the birth of a child who will have memories, in detail, by the parturient who conceived and gave birth. (1) The art of giving birth is followed by the history of humanity, especially the history of women in childbirth. (2) In some areas of the country, activities of traditional midwives were developed, with a view to advancing the quality of this assistance, either by the public sector or by collective organizations. (3)

With the change of scenery to the hegemonic model, removing the midwife from the scene, doctors enter and the woman is no longer the feminine essence to be used in the technocratic model. (4) In 1996, the World Health Organization (WHO) published a document recommending good practices in labor and birth care, which must be carried out with care and evidence for excellent assistance. According to the WHO (1996), it expanded the specification of common practices to conduct normal birth, referring to what it does and what it doesn't do in the birth process. (5)

Good practices are divided into four stages: A – useful practices that should be encouraged in normal delivery; B – harmful or ineffective practices that must be eliminated; C – practices with little evidence and that need to be used in moderation; D – practices used inappropriately. (5) Therefore, good practices in childbirth care recommend that women have their autonomy in childbirth and that they ensure quality care practices. (6)

Given the above, this study is justified by the importance it will bring to health and nursing professionals by updating themselves on good practices in childbirth care, in addition to the possibility of encouraging professionals to take measures to reduce or eliminate unnecessary interventions. These measures can be health education with professionals from the Family Health Strategy (FHS), or the maternity hospitals themselves, bringing knowledge to women about the importance of good practices in childbirth, focusing on the benefits that these women will have.

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Thus, the following guiding question emerged: What are the birth care practices carried out in a maternity hospital in Cabedelo? The study aims to describe, from the perspective of women, the birth care practices carried out in a maternity hospital in Cabedelo.

METHOD

This is an exploratory, descriptive study with a quantitative approach. The research was carried out at the Hospital and Maternity Hospital Padre Alfredo Barbosa in the city of Cabedelo, Paraíba. The universe of the study consisted of all postpartum women admitted to the aforementioned maternity hospital. The sample was non-probabilistic for convenience, consisting of approximately 12 postpartum women who were present on the days of data collection and met the inclusion and exclusion criteria.

Inclusion criteria were: being over 18 years old; being in the Cabedelo maternity hospital, having had a normal birth and accepting to participate in the study by signing the free and informed consent form (TCLE). The exclusion criteria were: women in labor, but who evolved to forceps or cesarean section and/or who were admitted to the maternity hospital during an expulsion period or after the baby was born.

The instrument used for data collection was a specific form containing questions related to childbirth care practices. The analysis of data from the forms took place in a statistical manner. Thus, the forms answered were properly coded and entered into the spreadsheet of the Microsoft Excel data program. Subsequently, the data were

presented in tables and interpreted from the literature.

This study followed the rules and guidelines regulated by Resolution 466/12, (BRASIL, 2012) which regulates research involving human beings and was approved by the Research Ethics Committee of the University Center of João Pessoa under number CAAE 83170617.8.0000.5176.

RESULTS

After the data collection process, the study tables were built, which dealt with the theme of childbirth care practices, which were seen from the rights exercised by the patients, to the conduct of the professionals who provided care for them.

Below, in table 1, the variables related to the guidelines for the rights of pregnant women in prenatal care are described:

The correlation in Table 1 shows that in the variable received guidance about the place of birth, most women (n=75%) did not receive this information, in the variable the companion was prevented from following the labor (n=16%) answered yes, and finally, the variable was required to be in the lithotomy position during the expulsion period (n=41%), a considerable number of women remained in this position. The results showed some difficulties regarding the rights offered to them, especially when directed to the maternity hospital, and this reflects the lack of access to the health service, as well as the restriction to guarantee what is written in the law, such as the presence of a companion.

Correlation in table 2, in the variable verbal aggression it is observed that (n= 25%) there was verbal aggression, as in the variable about the use of embarrassing comments (n= 08%) answered yes. Unfortunately, in professional practice, some professionals behave differently from what is expected by the patient, and also for ethical reasons. The results demonstrate the performance of verbal aggression and embarrassing comments, which is inadmissible in health care.

DISCUSSION

According to Silva et al., (2016), preparing them during the prenatal period to promote empowerment and active participation during the birth process is the responsibility of those who are in the process of giving birth. (7) Law nº 11.108/2005, guarantees that the parturient has the right to choose a companion of her own choice during labor, delivery and immediate postpartum. (8)

The reception of women and their companions in the maternity ward is essential as a measure to alleviate the discomfort in the parturition process. Women in the pre-delivery room who were unaccompanied felt more unprotected and despised by the professionals, since the nurses were not present, covering other activities. (9)

The presence of a companion during labor and delivery contributes immensely to making this event run as smoothly as possible, taking place with tranquility and care. (6)

The WHO recommends that the parturient have autonomy in position and movement during labor, as it improves the physiology of labor and offers greater comfort. During childbirth, some health institutions in the country used and indicated the result of the acceptance of the vertical position by parturients, mainly in childbirths attended by obstetric nurses. (10)

Considering that the lithotomy position is still culturally accepted as convenient for childbirth, for health professionals, but mainly for women. (11) However, the vertical position in childbirth facilitates and its duration is short compared to the lithotomy position. The use of other positions during the expulsion period is encouraged in public institutions that provide childbirth care and offer humanized care to parturients. (7)

In the article by Silva et al., (6) the humanization in labor and birth begins

Table 1 - Distribution of variables related to guidelines for the rights of pregnant women in prenatal care. Cabedelo, Paraíba, 2018 (N=12):

Variables	n	%
In the prenatal period, she was advised about the place of birth		
Yes	03	25%
No	09	75%
There was a pilgrimage in search of obstetric care		
Yes	02	16%
No	10	83%
The companion was prevented from following		
Yes	02	16%
No	10	83%
Procedure was performed without explanation		
Yes	03	25%
No	09	75%
She was forced to be in a lithotomy position during the expulsion period		
Yes	05	41%
No	07	58%

Source: research data, 2018.

Table 2- Distribution of variables related to obstetric violence. Cabedelo, Paraíba, 2018 (N=12):

Variables	n	%
Was she verbally assaulted		
Yes	03	25%
No	09	75%
Embarrassing comments were used		
Yes	01	08%
No	11	91%

Source: Research data, 2018.

in the first prenatal consultations, offering knowledge, explanation, reception and guidance in the birth process. In this study, it is observed that most women (n=75%) were not instructed to which maternity unit they should go to when they start labor.

Being focused and involved in labor can make a woman not offended by obstetric violence against herself. (12) The current research found that the number of verbal aggressions was 25%, which can cause psychological damage to the woman.

Obstetric violence causes countless times, the silence of women during childbirth, in which some women suffer verbal aggression such as rude treatment, coercion, screams, humiliation and verbal abuse. (12-13) In complying with verbal or psychological violence, it was evidenced that women living in the Northeast area, sheltered in the public sector, reported a higher incidence of violence. (14) According to the study, protagonism in childbirth is a way of humanizing and valuing this moment, and with the use of non-invasive technologies, it will be possible to help with comfort and reduce anxiety in parturients. (15)

CONCLUSION

It is concluded that the study participants reported that the professionals in childbirth care did not explain other positions for giving birth, did not provide childbirth assistance following the WHO recommendations, and did not encourage the use of the Swiss ball and stool during childbirth. It is necessary to inform that the WHO published the best practices in labor and birth care in 1996, that is, more than two decades ago. Therefore, it is clear that health institutions do not fully comply with the recommendations.

It is important that women are oriented at the Family Health Unit where they perform prenatal care about good practices in labor and birth care, the rights and duties of pregnant women, parturients and postpartum women, among other important information.

Furthermore, it is suggested that refresher and training courses based on scientific evidence be promoted for health professionals involved in childbirth care. Therefore, it is incumbent upon health managers and administrators to implement public policies aimed at assisting women in childbirth, ensuring that the pregnant woman is welcomed, ensuring her rights and promoting good practices in childbirth care at this time that the mother finds herself more vulnerable and in need of emotional support. The research had difficulty in collecting the sample data, as the number of abdominal surgeries was very high and another complication found was the direction of not providing the number of women who underwent vaginal delivery during the month.

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