

Desafios encontrados na realização da humanização no trabalho de parto

RESUMO | Objetivo: Analisar os desafios encontrados na realização da humanização no trabalho de parto. Método: Trata-se de uma revisão integrativa da literatura. Por meio de descritores foram consultadas as bases de dados Biblioteca Virtual da Saúde, Cumulative Index to Nursing and Allied Health Literature e PubMed. Utilizou-se como critérios de inclusão: estudos publicados entre 2017 até 2022, em Português e Inglês e que estivessem disponíveis gratuitamente. Resultado: totalizou-se 9 artigos, os quais reportaram que nas práticas de humanização relacionadas ao parto, os principais desafios encontrados vão desde o uso de tecnologias inadequadas e intervenções desnecessárias, com ênfase no tratamento desumanizado. Conclusão: Conclui-se que existe uma necessidade de melhoria do cuidado, além da valorização da assistência humanizada e a criação de protocolos de treinamento contendo novas estratégias e habilidades técnicas e científicas voltadas para a ampliação do conhecimento

Descritores: Trabalho de Parto; Humanização da Assistência; Enfermagem.

ABSTRACT | Objective: To analyze the challenges encountered in the realization of humanization in labor. Method: This is an integrative literature review. Using descriptors, the databases of the Virtual Health Library, Cumulative Index to Nursing and Allied Health Literature and PubMed were consulted. The following inclusion criteria were used: studies published between 2017 and 2022, in Portuguese and English and that were freely available. Result: the works will be promoted, which went beyond the report, formed in the practices of humanization, sought in the tasks learned and promoted in the treatment of main interventions, with the objective of promoting the treatment of procedures, they also promoted in the accomplishment of care procedures. Conclusion: It is concluded that there is a need for improvement, in addition to valuing human assistance and creating protocols for new attempts and practical skills for training and technical knowledge.

Keywords: Labor; Humanization of Assistance; Nursing.

RESUMEN | Objetivo: Analizar los desafíos encontrados en la realización de la humanización en el trabajo. Método: Esta es una revisión integradora de la literatura. Mediante descriptores, se consultaron las bases de datos de la Biblioteca Virtual en Salud, Cumulative Index to Nursing and Allied Health Literature y PubMed. Se utilizaron los siguientes criterios de inclusión: estudios publicados entre 2017 y 2022, en portugués e inglés y que estuvieran disponibles gratuitamente. Resultado: se promoverán los trabajos que fueron más allá del informe, formados en las prácticas de humanización, buscados en las tareas aprendidas y promovidos en el tratamiento de las principales intervenciones, con el objetivo de promover el tratamiento de los procedimientos, también fueron promovidos en la realización de procedimientos asistenciales. Conclusión: Se concluye que existe la necesidad de mejora, además de valorar la asistencia humana y protocolos para nuevos intentos y habilidades prácticas para la formación y el conocimiento técnico.

Palabras claves: Trabajo; Humanización de la Asistencia; Enfermería.

Rayane Sousa de Brito

Nursing student at the University Center of Science and Technology of Maranhão – Caxias - MA

ORCID: 0000-0001-8601-7441

Eudilene da Silva Mesquita

Nursing student at the University Center of Science and Technology of Maranhão – Uni-Facema. Caxias - MA

ORCID: 0000-0001-9894-0903

Ana Carla Marques da Costa

Nurse. PhD in Cellular and Molecular Biology Applied to Health at Ulbra. Professor at the University Center for Science and Technology of Maranhão - UniFacema.

ORCID: 0000-0002-4246-145X

Larissa Tainara Santos Barros

Nurse. Resident in Obstetric Nursing at the State University of Maranhão – Caxias – MA

ORCID: 0000-0003-0120-1181

Alcimária Silva dos Santos

Nurse. Resident in Obstetric Nursing at the State University of Maranhão – Caxias - MA

ORCID: 0000-0001-6674-2312

Rafaela Ferreira Vilanova

Obstetric Nurse. Preceptor of the Residency in Obstetric Nursing at the State University of Maranhão – Caxias – MA

ORCID: 0000-0002-7192-0766

Recebido em: 17/06/2022

Aprovado em: 05/08/2022

INTRODUCTION

Childbirth represents a sublime process where the woman is subjected to a series of physiological changes for this to happen. Over the years, instead of being held in a home environment, this event became official, and started to be performed in a hospital environment, being governed by protocols that comprise all the usual routine behaviors.⁽¹⁾

For many years Brazil has experienced an interventionist care model, which is highly harmful to labor, causing a greater risk for both mother and baby. With

this, there was the creation of strategy policies that aim to change the obstetric care network. ⁽²⁾

Within the scope of assistance models, a structured instrument was defined through Rede Cegonha, which aims to ensure women's reproductive rights, this one states that during the delivery of care during labor, humanization must be prioritized in order to contribute to a safe birth. ⁽³⁾

One of the main purposes of maternal care is to provide positive experiences for women and their families during and after labor, contributing to the strengthening of both physical and emotional health on both sides. In this way, the importance of health promotion is illustrated, which begins in prenatal consultations, including guidelines regarding normal delivery, possible complications based on the state of pregnancy, breastfeeding and puerperium. ⁽⁴⁾

According to strategies that guide actions in providing care to women, the National Humanization Policy (PNH - Política Nacional de Humanização) was instituted, which is rich in approaches that must be followed by professionals, since it seeks to improve relationships between professionals in the work environment. That is, it encourages the act of welcoming this customer at all levels of service. Professionals must perform their role of qualified listening, respecting criteria regarding the role of women. ^(5,6)

The nursing team has essential attributions in the humanization process, performing actions that significantly contribute to its execution. Among its attributions, there is: to provide greater comfort for the parturient, ensuring that she has access to her rights throughout the labor process. ⁽⁷⁾

This research has as a guiding question: What scientific evidence points to the challenges encountered in the realization of humanization in labor? To this end, the following general objective was elaborated: to analyze the challenges encountered in the realization of humanization in labor.

METHOD

This is a bibliographic research of the integrative literature review type. It is a method that aims to synthesize results obtained in research in a systematic, orderly and comprehensive manner, using different methodologies. ⁽⁸⁾

The PubMed databases of the National Library of Medicine were consulted

using descriptors; VHL (Virtual Health Library), coordinated by BIREME and composed of bibliographic databases produced by the VHL Network, such as LILACS, in addition to the Medline database and other types of information sources; and CINAHL.

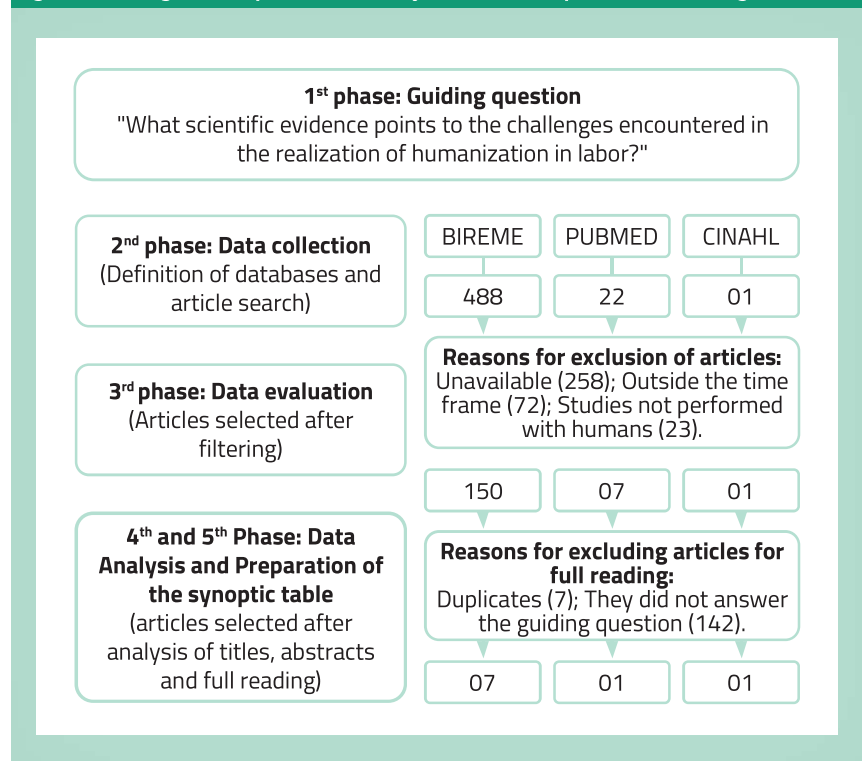
The terms used during the research were classified based on Health Sciences Descriptors (Decs) and Medical Subject Headings (MeSH), resulting in specific

Table 1: Search strategies used in the databases, 2022.

DATA BASE	SEARCH STRATEGY	RESULTS	FILTERED	SELECTION
BIREME (Dec descriptors)	(mulheres grávidas OR parturiente OR gestantes) AND (humanização de assistência ao parto OR humanização do parto) AND (nascimento OR parturição)	488	150	07
PUBMED (MeSH)	((Pregnant Women) AND (Humanization of Assistance)) AND (Parturition)	22	07	01
CINAHL (MeSH)	Pregnant Women AND Humanization of Assistance AND Parturition	01	01	01

Source: Own elaboration, 2022.

Figura 1 - Fluxograma do processo de seleção dos estudos para a revisão integrativa, 2022



Source: Own elaboration, 2022.

strategies for each base, as shown in Figure 1.

Available studies were used in their entirety, published in the last five years, from 2017 to 2022, in Portuguese and English. Book chapters, abstracts, incomplete texts, theses, dissertations, monographs, technical reports and other forms of publication other than complete scientific articles were excluded from the initial search.

The entire search and selection process was described and exemplified in Figure 1.

RESULTS

Among the nine (09) studies included in this review, 02 were in English (22.3%), 07 were in Portuguese (77.7%), and most

publications were concentrated in the year 2020 (04 - 44.5%), with a quantitative approach (05 - 55.5%); cross-sectional studies (07 - 77.7%). With evidence level five (100%); all obtained grade of recommendation A (100%). These 9 studies were presented in Table 2.

DISCUSSION

There are deficiencies in the health care of pregnant women that permeate the parturition process, often expressed through dehumanized treatment, drug abuse, and addressing natural processes in the form of pathological events.^(9,10)

The low adherence of health professionals to strategies aimed at good practices of care during labor and birth is seen as a barrier to improving care for pregnant

women. The use of verbal reprimands, discrimination and negligence during care for pregnant women are characterized as practices that do not guarantee women assistance with freedom, dignity and autonomy during childbirth.^(11,12)

Regarding the preparation of professionals for the use of humanization practices, the lack of knowledge in handling the parturient contributes to the outcome of labor, resulting in helplessness on the part of professionals, which is seen as a negative factor in the face of care.^(13,14,15)

Another study⁽¹⁶⁾ diverges from the previous statements, although there is still a need for further expansion of knowledge that serves as a broad support in the care of obstetric nursing practice, nurses have been gaining visibility by developing an important role in humanistic care for

Quadro 2: Publicações incluídas segundo o título do artigo, delineamento, evidência e resultados, 2022.

DATABASE	DESIGN AND LEVEL OF EVIDENCE	RESULTS
BIREME	Case Series N5	- It was pointed out weaknesses/limitations in the parturition process, ambience and human resources; Imposition of care and lack of privacy for women.
BIREME	Cross-sectional study N5	- 93.3% had a companion of their choice at the time of delivery, with the most frequent presence of the husband/partner (43.9%) and the mother of the parturient (27.6%). - 84.6% used some non-invasive care technology, such as ambulation, bathing and the ball, used in combination in 23.9% of the cases.
BIREME	Cross-sectional study N5	- The categories "Not respecting the role of women", "Unnecessary interventions", "Denying care", "Conflicting professional and parturient relationship", "Verbal aggression", and "Ignorance of professionals and parturients" were found.
BIREME	Cross-sectional study N5	- The search for information on types of delivery was absent in 118 (59%). Regarding humanized childbirth, they had prior knowledge: 61 pregnant women (30.5%). Of these, 51 (25.5%) presented a response considered adequate on the concept. Of the 139 pregnant women who had never heard about humanized childbirth, 91 (65.5%).
BIREME	Série de casos N5	- The lack of instructions to pregnant women received throughout the prenatal period until the puerperium, by the nursing team, as well as the lack of information disseminated in the municipality through formal information, such as newspapers and publications on social networks of a scientific nature
BIREME	Cross-sectional study N5	- 98.7% of those surveyed underwent prenatal care, 73.1% received some professional guidance at the hospital and 93.6% had a companion present; - 73.1% received guidance from professionals at the hospital and 93.6% had the presence of a companion of their choice throughout the parturition process.
BIREME	Cross-sectional study N5	- There was the occurrence of moral distress related to activities that supplant the nurses' ability to perform, leading them to prioritize administrative and managerial activities, failing to participate directly in care, an aspect enhanced by the inadequate number of nursing professionals.
CINAHL	Cross-sectional study N5	- Nurses recognize that humanization programs bring benefits to parturients, the newborn and their families, however, they report that 63% of parturients have resistance and, thus, do not cooperate with the recommendations and 73% responded that the lack of knowledge and/or the insensitivity of some professionals.
PUBMED	Cross-sectional study N5	- Nearly half (50.3%) of participants reported that service providers often do not obtain consent from women before procedures. A quarter (25.9%) reported having witnessed physical abuse (physical force, slapping or hitting). They also reported observing privacy violations (34.5%) and women being detained against their will (18%).

Source: Own elaboration, 2022.



women.

The comfort of health professionals was put as a barrier to the realization of care in obstetric practice, where in many situations nursing professionals are constantly faced with characteristic practices of obstetric violence, they come to accept that such conduct, often violent, is normal in everyday life.^(17,18)

As for the promotion of care in a less invasive way, nursing actions have the function of permeating labor through methods that contribute to its evolution. The use of the Swiss ball, music therapy, massage and ambulation are constantly being used and the use of these practices has been studied and attributed directly to the process of humanization of labor and birth.⁽¹⁹⁾

According to the World Health Or-

ganization, in childbirth care, the nurse must ensure the minimum of interventions in the care routine. This recommendation is due to the adoption of bad obstetric practices that are performed without the support of evidence for their use and that remain until the present day. These contribute to the fact that, instead of childbirth occurring as an event with a natural and physiological evolution, it becomes a procedure marked by an excess of interventions.^(20, 21)

CONCLUSION

The results showed a considerable prevalence of factors that served as a barrier to nursing care, such as disrespect for the role of women, abusive practices compromising professional care, in ad-

dition to the need for training of nurses. As well as the strategies that allowed defining practices that can be used in humanization, trust and comfort, establishing maternal satisfaction, reducing the negative impact on the Nursing care process caused by the excess of interventions in childbirth.

It is observed that despite the advances, the studies pointed out barriers that need to be overcome, such as the deficit in the level of knowledge on the part of the nursing team, and especially the resistance of the medical category through the realization of humanization in childbirth. With this, it was possible to observe a small number of studies with scientific quality in this regard, which resulted in obstacles to the realization of this research.

References

- 1 Oliveira MRR, Elias EA, Oliveira SR. Mulher e parto: significados da violência obstétrica e a abordagem de enfermagem. Rev. enferm. UFPE on line, 14: 1-8, 2020.
- 2 Silva LS, Leão DCMR, Cruz AFN, et al. Women's knowledge about the different positions for labour: a contribution for caring. Rev. enferm. UFPE, 10(4): 3531-3536, 2016.
- 3 Silva LBRAA, Angulo-Tuesta A, Massari MTR, et al. Avaliação da Rede Cegonha: devolutiva dos resultados para as maternidades no Brasil. Ciênc. saúde coletiva, 26(3): 931-940, 2021.
- 4 Ferreira LMS, Santos ADF, Ramalho RCF, et al. Assistência de enfermagem durante o trabalho de parto e parto: a percepção da mulher. Rev. Cub. Enfermería, 33(2): 1-12, 2017.
- 5 Silva ALNV, Neves AB., Sgarbi AKG, et al. Plano de parto: ferramenta para o empoderamento de mulheres durante a assistência de enfermagem. Rev. enferm. UFSM, 7(1): 1-8, 2017.
- 6 Silva GF, Moura MAV, Martinez PA, et al. Training in the obstetric nursing residency modality: a hermeneutic-dialectic analysis. Esc. Anna Nery, 24(4): 1-8, 2020.
- 7 Damas LB, Machado RS, Pérez AS, et al. Teoría Fundamentada aplicada al estudio del cuidado humanizado a la mujer durante el parto. Rev. Cub. Enfermería, 35(4): 1-17, 2019.
- 8 Vilela MEA, Leal MC, Thomaz EB, et al. Avaliação da atenção ao parto e nascimento nas maternidades da Rede Cegonha: os caminhos metodológicos. Ciênc. saúde coletiva, 26: 789-800, 2021.
- 9 Orso LF, Silva AL, Marques SRA, et al. Violência obstétrica: experiência da equipe multidisciplinar em saúde. Rev. enferm. UFPE on line, 15(2): 1-15, 2021.
- 10 Leal NP, Versiani MH, Leal MC, et al. Práticas sociais do parto e do nascer no Brasil: a fala das puérperas. Ciênc. saúde coletiva, 26(3): 941-950, 2021.
- 11 Gonzalez PR, Prates LA, Schmalfluss JM, et al. Práticas de atenção ao parto na experiência de puérperas: análise à luz da humanização. Rev. enferm. UFSM, 11(37): 1-23, 2021.
- 12 Menezes FR, Reis GM, Sales AAS, et al. O olhar de residentes em Enfermagem Obstétrica para o contexto da violência obstétrica nas instituições. Interface-Comunicação, Saúde, Educação, 24: 1-14, 2019.
- 13 Monteiro AS, Martins EM, Pereira LC, et al. Prática de enfermeiros obstetras na assistência ao parto humanizado em maternidade de alto risco. Rev. Rene, Fortaleza, 21: 1-8, 2020.
- 14 Júnior ARF, Brandão LCS, Teixeira ACMF, et al. Potencialidades e limitações da atuação do enfermeiro no Centro Parto Normal. Esc. Anna Nery, 25(2): 1-8, 2021.
- 15 Barbosa IS, Pereira AMM, Costa N, et al. Percepção do enfermeiro da atenção primária acerca do parto humanizado. Enferm. Foco (Brasília), 11(6): 35-41, 2020.
- 16 Lima BCA, Almeida HKSL, Melo MCP, et al. Nascimentos da cegonha: experiência de puérperas assistidas pela enfermagem obstétrica em Centro de Parto Normal. Rev. enferm. UFSM, 11(27): 1-22, 2021.
- 17 Costa MCMR, Farias PHS, Santos FAPS, et al. Vivenciando as desordens na prática do cuidado do enfermeiro obstetra: o olhar complexo ao fenômeno. Rev. Pesqui. (Univ. Fed. Estado Rio J., Online), 13: 490-496, 2021.
- 18 Silva RCF, Westphal F, Assalin ACB, et al. Satisfação de puérperas acerca da assistência ao parto e nascimento. Rev. enferm. UFPE on line, 14: 1-9, 2020.
- 19 Lima MM, Ribeiro LN, Costa R, et al. Enfermeiras obstétricas no processo de parturição: percepção das mulheres. Rev. enferm. UERJ, 28: 1-7, 2020.
- 20 Castro ATB, Rocha SP. Violência obstétrica e os cuidados de enfermagem: reflexões a partir da literatura. Enferm. foco, 11(1): 176-181, 2020.
- 21 Velho MB, Bruggemann OM, McCourt C, et al. Modelos de assistência obstétrica na Região Sul do Brasil e fatores associados. Cad. Saúde Pública, 35 (3): 1-15, 2019.