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# Knowing from the perspective of puerpera the relevance of the birth care project based on the theory of Virginia Henderson

**ABSTRACT** | The aim of this study is to evaluate childbirth assistance through the extension project "Bem Nascer" in the light of Virginia Henderson's Theory, providing opportunities for the empowerment of the parturient. It is a field research, descriptive and qualitative in nature. The research consisted of a semi-structured interview with a script pre-established by the researcher with patients who were assisted by the humanized childbirth care project, during labor, at the maternity hospital of Grande Vitória-ES in the second half of 2017, to which the interviews were recorded, transcribed and analyzed based on Virginia Henderson's Theory of Fundamental Needs. As for the assessment of assistance to the humanized delivery project by the mothers, we had a total of positive reports. These findings show that female empowerment in parturition aligned with the autonomy described by Virginia Henderson's Theory of Fundamental Human Needs positively favors women as the main subject of their body. Personal and professional commitment to ethical and dignified care for women must be effective and humanized.

**Keywords:** Women's Health; Pregnant Women; Postpartum Women; Humanized Birth.

**RESUMEN** | El objetivo de este estudio es evaluar la asistencia al parto a través del proyecto de extensión "Bem Nascer" a luz de la Teoría de Virginia Henderson, proporcionando oportunidades para el empoderamiento de la parturienta. Es una investigación de campo, de naturaleza descriptiva y cualitativa. La investigación consistió en una entrevista semiestructurada con un guión preestablecido por el investigador con pacientes que fueron asistidas por el proyecto de atención de parto humanizado, durante el parto, en el hospital de maternidad de Grande Vitória-ES en la segunda mitad de 2017, en el que se grabaron las entrevistas, transcritas y analizadas en base a la Teoría de las necesidades fundamentales de Virginia Henderson. En cuanto a la evaluación de la asistencia al proyecto de parto humanizado por parte de las madres, tuvimos un total de informes positivos. Estos hallazgos muestran que el empoderamiento femenino en el parto alineado con la autonomía descrita por la Teoría de las necesidades humanas fundamentales de Virginia Henderson favorece positivamente a las mujeres como el tema principal de su cuerpo. El compromiso personal y profesional con la atención ética y digna para las mujeres debe ser efectivo y humanizado.

**Palabras claves:** Salud de la Mujer; Mujeres Embarazadas; Mujeres Posparto; Nacimiento Humanizado.

**RESUMO** | O objetivo deste estudo é avaliar a assistência ao parto pelo projeto de extensão "Bem Nascer" à luz da Teoria de Virginia Henderson oportunizando o empoderamento da parturiente. Trata-se de uma pesquisa de campo, de caráter descritivo e natureza qualitativa. A pesquisa consistiu em entrevista semiestructurada com roteiro preestabelecido pelo pesquisador com pacientes que foram atendidas pelo projeto de assistência ao parto humanizado, durante o trabalho de parto, no hospital maternidade da Grande Vitória-ES no segundo semestre de 2017, a qual as entrevistas foram gravadas, transcritas e analisadas com base na Teoria das Necessidades Fundamentais de Virginia Henderson. Quanto à avaliação da assistência ao projeto de parto humanizado pelas puérperas, tivemos uma totalidade de relatos positivos. Estes achados evidenciam que o empoderamento feminino na parturição alinhado à autonomia descrita pela Teoria das Necessidades Humanas Fundamentais de Virginia Henderson favorece positivamente a mulher como principal sujeito do seu corpo. O comprometimento pessoal e profissional no atendimento ético e digno à mulher deve ser efetivo e humanizado.

**Palavras-chaves:** Saúde da Mulher; Gestantes; Puérperas; Parto Humanizado.

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## INTRODUCTION

Childbirth is part of the routine in hospitals and maternity hospitals, where each pregnant woman must be attended to individually. Thus, it is necessary to reinforce person-centered care, which is one of the main goals of the World Health Organization (WHO) to achieve universal coverage. In this sense, authors<sup>(1)</sup> highlight the benefits in preparing for childbirth based on scientific evidence and its positive consequences for women when giving birth in a health institution.

Good practices, in addition to making it possible to rethink the obstetric model, contribute to organizing the maternal and child health care network, in order to guarantee access and humanized care<sup>(2)</sup>.

Study<sup>(3)</sup> emphasizes that the hospital occupied an important place in women's narratives, associated with fear, vulnerability, harshness and rigidity, seeming to have been built with the sense of a place to be avoided. The parturient started to be removed from her family in the parturition process, so that she remains isolated in a pre-delivery room, submitted to intense medicalization and surgical routines.

For authors<sup>(4)</sup>, one of the main objectives of quality maternal care is to promote positive experiences for women and their families, maintaining their physical and emotional health, preventing complications and responding to emergencies. Thus, other authors<sup>(5)</sup> present a deep and constant discussion about the reformulation of the model of assistance for childbirth and birth.

The importance of rescuing childbirth as a physiological and social event in a multidisciplinary team involved in the humanized birth process is elucidated, always bearing in mind the safety of women, who can experience this moment, sometimes so significant. Thus, there is a need for reflection on the assistance provided to women during the process of childbirth and birth, aiming at guaranteeing safe motherhood<sup>(6,7)</sup>.

It becomes necessary, therefore, that professionals, in addition to having technical competence, are involved with psychological aspects and, then, are able to understand them, offering necessary emotional support to women, respecting their autonomy, the right of a companion to choice and guarantee of information on all the procedures to which it will be submitted. The role of health professionals, especially nurses, is decisive, who, through welcoming, has the opportunity to promote qua-

lified listening so that the patient can appropriate knowledge and participate with autonomy in all decisions involving work delivery<sup>(8)</sup>.

Study<sup>(9)</sup> concludes that, despite countless efforts to implement Humanization, we are still a long way from qualified assistance to parturition. Therefore, there is a need for further studies focusing on the principles of humanization and its practical application. This proposal is in line with the "Bem Nascem" extension project and its objective is based on the scientifically based guidance and monitoring of parturients.

Theories offer structure and organization to nursing knowledge, give nurses a perspective on how to view the patient's situation, while enabling a systematic way to collect data. In this sense, theories allow nurses to focus on important information, at the expense of irrelevant data. In addition to facilitating data analysis and interpretation, a theoretical perspective allows nurses to plan and implement care systematically and intentionally<sup>(10)</sup>.

In Brazil, one of the most used and applied references is Vanda Horta's Theory of Basic Human Needs (NBH). However, internationally, Virginia Henderson's Theory has been used more frequently. The justification for the great applicability of Henderson's part of its clarity and possibilities in different contexts of care<sup>(11)</sup>.

Promoting the empowerment of women in childbirth is a fundamental condition for the assistance of parturient women, whose providing autonomy is aligned with a theoretical perspective. In his theoretical model, Henderson considers the patient as an individual who needs help to achieve independence and integrality of mind and body. Theory establishes knowledge that guides the practice for the formation of awareness of the human condition, necessary for diversity and that allows the development of assistance<sup>(12,13)</sup>.

Given the context, the objective of

this study is to evaluate childbirth assistance through the "Bem Nascem" extension project in the light of Virginia Henderson's Theory, enabling the empowerment of parturient women.

## METHODOLOGY

It is a field research, descriptive and qualitative in nature. The research consisted of a semi-structured interview with a script pre-established by the researcher with patients who were assisted by the humanized childbirth care project, during labor, at the maternity hospital of Grande Vitória-ES in the second half of 2017, to which the interviews were recorded and transcribed.

In total, 14 patients were treated, of whom six progressed to surgical delivery, two did not want to participate in the research and, therefore, this work contemplates the speech of six patients. The target audience of this project was made up of 6 pregnant women/parturients (identified with the name of flowers) attended at the maternity hospital associated with the educational institution in labor.

The collected data were elaborated, analyzed and interpreted in order to answer the problem question: Based on the theory of fundamental needs of Virginia Henderson, how do you perceive the continuous support in your labor?

The interventions on the part of the extension officers of the "Bem Nascem" extension project were physical and/or verbal, depending on what the patient needs or requests. For the development of the work, materials and techniques that favor labor were used, such as: pilates ball, massages, hot baths, facilitating positions and stool for squatting. Actions taken: monitoring the parturient woman since the beginning of labor and immediate postpartum; instruments and materials used: Swiss ball, birth stool, music device and therapeutic touch; the goal was to contribute to maternal and child health, minimize complication rates and lower rates of postpartum de-

pression, favor breastfeeding in the first half hour of life and mother-infant attachment, reduce unnecessary interventions, favor the Ministry of Health's goal in the reduction of maternal mortality, monitor and evaluate in order to identify the parturient's satisfaction with the activity developed through recording instruments that enable data scoring.

The team, composed by 01 nurse professor and 04 extension workers, this study portrays only the monitoring of 1 nursing student) of the extension project "Bem Nascer" with the objective of accompanying and guiding as to the stages of childbirth experienced by parturients, as well as provide non-pharmacological techniques for pain relief and favor their autonomy, phenomena exactly as they occur in reality, the collection of data related to them and, finally, the analysis and interpretation of these data, based on a consistent theoretical foundation.

The interview was recorded and transcribed and, for that, an Informed Consent Form was signed. The collected data were elaborated, analyzed, and interpreted to answer the problem question.

The interviews were carried out at the interviewees' home, after a sign was accepted to participate in the research after the birth was monitored. This research project was submitted to the Research Ethics Committee (CEP) and approved before data collection.

## RESULTS AND DISCUSSION

This work with the qualitative methodological proposal comes to discuss the reports of the pre-delivery based on guiding questions. In a survey in which the results are obtained by interview. This method is one of the techniques widely used in scientific works, because it allows the researcher a greater amount of information with a wealth of details on the researched subject based on the theory of fundamental needs of

Virginia Henderson<sup>(14)</sup>.

When asked how it was for the interviewee to have the assistance of the humanization of childbirth project, we had the following answer:

" it is wonderful, the guidelines help to be calm, to be strong, to have patience and of course [...] we learn to apply force. When the bag burst, the baby was born very quickly " (Bromeliad).

For Virginia Henderson<sup>(15)</sup>, communication is an action of exchanging information, messages between people and can be face-to-face, verbal or non-verbal, allowing the patient to express themselves, in the case of this study, the parturient.

Continuous support uses technologies that provide comfort and empower women in labor and delivery. Non-pharmacological techniques are developed at different stages of childbirth, in the understanding that the birth process is a natural event, and the application of these techniques has the purpose of not interfering negatively in these physiological processes<sup>(14)</sup>.

"[...] I say that if it weren't for the help of the girls, I wouldn't be standing [...] I really appreciate the girls being there doing this project, because I didn't imagine the fact that I could have that support. [...] it was a blessing from God even though they had the support with me and helped me a lot, you know "(Dahlia).

The importance of knowledge in the delivery process for the author<sup>(16)</sup> contemplates the speech of Bromeliad and Dahlia, when she describes that labor is an instinctive physiological set, as the patient feels calm, making nature become much more evident than scien-

ce itself. Moving and maintaining the posture for the Theory of Fundamental Human Needs is in line with the guidelines regarding the relevant movements of childbirth<sup>(8)</sup>.

Regarding the first question, Rose has the following line:

"[...] I loved being accompanied by the project's academic, I don't even know what would happen to me if she didn't have it here, she calmed me down and explained everything that was happening in labor, this was very important to me because doctors don't talk to we don't explain anything, touch it, listen to the baby's heart and go out [...] we don't know if everything is okay or not. But as soon as the doctor left she explained to me what was going on and said what should be done at every moment of labor, it made me calmer" (Rose).

It is known that one of the ways to offer tranquility and confidence is information, because the lack of education affects the emotional and psychological conditions, being able to cause feelings of fear and insecurity, which can cause the production of hormones, such as adrenaline, which activates the neocortex and hinders the production of other hormones such as oxytocin, endorphin, catecholamines, essences for the progress of labor and delivery<sup>(17)</sup>.

Henderson's 14th need is linked to learning, discovering and satisfying a person's curiosity. The autonomy of women in labor is possible through the promotion of personal relationships between professionals and users free from coercion; and facilitating access to information. In addition to dignity and autonomy, parturients were encouraged to actively participate in any parturitive event<sup>(18)</sup>.

For authors<sup>(19)</sup>, the participation of

the companion for the parturient during labor has brought emotional and psychological comfort that, due to the lack of preparation by the health team or often the lack of time, do not give these patients the guidance and attention they need. The Orchid narrative is explained by the authors mentioned above:

"[...] the monitoring of the girls in the project was great, I had no companion, so they gave me security, they explained what was happening, what was going to happen [...] and and that care, that affection, the touch, wetting my face with a cloth [...] because I was hot [...] talking to me that it was for me to have strength, that for the baby to be born it just depended on me ... and that everything would work out, creating an intimacy that seemed like they were from my family, I felt good, I didn't feel alone, I don't even know what would become of me if it weren't for this girl, psychological support was veryyyy important to me" (Orchid).

The presence of the companion makes the parturient more secure, and the child, a better experience and notion of family relationship, with this companion having a fundamental role in transmitting greater comfort and support, making the moment of delivery reduced, consequently reducing the pain and the need for medication<sup>(20)</sup>.

This psychological support described by the patient Orchid is very relevant, since due to the anxiety factor, the woman in this period becomes more susceptible to emotional upheavals, and may develop problems, such as depression, preventing, depending on the degree, from developing social relationships. , whether at work or at home<sup>(21)</sup>.

The Dahlia participant, in relation

to the question of "Which of the actions developed by the project brought more comfort in labor?", answered:

"[...] the contraction came, I think, in less than a minute, very strong, and the dilation increased, increased, until this, [...] this process of exercising on the ball and such [...] walking, controlling my breathing was what helped me a lot, and especially the hot bath was what eased me the most as well. Is [...] this was what strengthened me, because if I hadn't done this preparation before, I wouldn't have been able to hold on until 9:00 pm at night, especially on an empty stomach, right [...] but it was very gratifying because at the time of delivery I I remembered [...] the breathing control they taught me, right, so for me it was easier, right, to put the baby out, do the expulsion "(Dahlia).

The breathing technique during labor must be explained, comparing the differences between chest and abdominal breathing. Chest breathing allows for increased chest expansion in the lateral direction, relieves the uterine fundus and provides greater oxygenation, the adoption of this type of breathing is guided in contractions of labor. Abdominal breathing is moderately deeper, and its adoption is encouraged for the intervals of contractions, as it provides the parturients relaxation. Breathing, when performed consistently and judiciously, promotes calm and tranquility to the person helping the woman to focus her attention on something, taking an active measure in her labor<sup>(22)</sup>.

According to researchers<sup>(23)</sup>, based on the speech in parturient Dahlia, they say that the use of non-pharmacological methods for pain relief contributes a lot to labor, the warm sprinkler bath favors relaxation, reduces anguish and invigo-

rates, providing pain relief.

In agreement with the authors mentioned above, a study<sup>(24)</sup> states that the hot bath is a non-invasive method of skin stimulation that, when associated with the time of application, has significant effects, for this reason it is considered an alternative and complementary treatment in obstetric practice. Bathing at a temperature of 37° C decreases anxiety, reducing levels of stress-related hormones, improving the pattern of contractions and, subsequently, correcting uterine distortion.

Maintaining body temperature in accordance with the basic theory of this study is consistent with the need for the obstetrics professional to learn how to change temperature during labor and the forms of thermoregulation<sup>(25)</sup>.

The high-water temperature, in a specific place of pain in laboring women, promotes local vasodilation, minimizing pain and providing greater relaxation. This warm bath can be offered to the parturient in a bathtub or simply under the shower<sup>(26)</sup>.

Still on the second question follows the narrative of Jasmine and Daisy respectively:

"[...] I did have massages, warm baths, psychological support mainly for me, some angels arrived to help me, if it weren't for them I believe that I wouldn't have a normal birth, as I arrived at seven in the morning at Heimaba and went to win my baby only at four-fifteen in the afternoon, only after they started doing everything ... massages, exercises and other things, that I started to dilate [...]" (Jasmine).

Evidencing what was reported by the patient above, the humanist model considers the birth process in an integrative way, involving different aspects, such as: physiological, social, spiritual, emotional and psychological, overco-

ming the limiting view of biologicism, as it encourages involvement with the patient, ensuring favorable results for the mother and baby<sup>(27)</sup>.

"[...] I did everything ... I did ball, I did squats, I walked, I did a very good leg exercise, they were very patient, they were really good, I even have them on my Facebook, and thank God in the end everything went well, they were of great help, this project was of great help, congratulations, so very congratulations" (Dayse).

The Ministry of Health recommends using non-pharmacological methods for pain relief, as they are less invasive and safer<sup>(27)</sup>.

Among the humanized practices, the Swiss ball in the development of labor promotes an active participation of the parturient through the parturition process, the movement in the ball contributes to the descent of the fetus, reduction of distortions and, consequently, reduction of surgical delivery<sup>(27)</sup>.

About the actions developed by the Bromeliad and Rose project they report that:

"Massages were my comfort since my contraction came every ten minutes, the relaxing bath, the psychological comfort, everything was a help so that my labor was smooth and very effective" (Bromeliad).

"[...] about the actions that I liked the most were the massages, which greatly relieved the pain in my back, the bath left me very relaxed. But the main thing was the affection with me and the psychological support calmed me, talking about what was happening" (Rose).

The Swiss ball is a widely used comfort practice, bringing postural freedom

and active participation of the parturient. Participating in different recreational activities, according to Virginia Henderson, is in line with the implementation of non-pharmacological strategies<sup>(13,24)</sup>.

"[...] it was a great relief, it brought me peace and the will to go forward I had the opportunity to connect with God and ask for strength. It eased the pain when the girls arrived and I worked hard for my son's arrival, I felt that he needed me a lot to be born and he was born to give my life meaning. Very happy, really happy" (Beloved).

For study<sup>(28)</sup>, experiencing motherhood as a symbolic experience expands your religious awareness, bringing meaning to life. The search for understanding the process of pregnancy and motherhood as elements of the symbolic set for women, point to a dimension that transcends existence.

#### CONCLUSION

Technologies help to reduce pain, avoid invasive interventions, and provide comfort. This research obtained positive results, mentioning the use of relaxation methods, such as the Swiss ball and the walks, which favor the descent and the fit of the baby in the pelvis, the warm bath decreases the pain and helps in the relaxation, the breathing that it diverts attention from pain and aims at the parturients physical well-being, which, when performed, brings a sense of relief and closeness to the companion.

The work of the students of the humanized childbirth care project was of great importance for these parturients, having seen that we have a lack of this assistance in public institutions and, with this extension project, they had this monitoring that some of them were aware of, but they were aware that this

humanization is not yet implemented in public institutions.

Among the actions developed by the project, the ones that stood out the most were warm baths, psychological support and massages, of course, all the actions together brought positive results in labor, but the warm bath reduces stress, they feel invigorated, reducing the pain, which is the main complaint of these women. Psychological support was also of great importance, many times these women were alone, without a companion, and the fact of having a person by their side all the time, encouraging them, giving assistance, passing on information, having a special affection brought them patients a warmth, comfort, since that environment was not, for her, a family environment. As the hours passed, they created a significant bond, facilitating the work of the students of the project, since in the beginning, some patients were resistant, wanted to stay in their corner, but with the encouragement of the students they ended up surrendering the actions developed and saw that the practice of exercises brought many benefits and pain relief that, lying in bed, were not evolving in labor and felt more pain.

The humanized delivery assistance project had 100% satisfaction reported by the parturients. All of them showed good assistance, clarifications about labor, which made them more secure and reduced the anxiety of these patients, since the team rarely provides this type of information and does not have time to provide this adequate assistance.

In relation to the humanization of birth, some of this issue is still very much described in legislation, that the observed practice still needs to be implemented in health services, the environments are still unfavorable. The practices are being implemented slowly, even more so in a very cold and technological universe. The environment does not have much privacy and, often, does not allow us to work correctly with these patients,

the boxes are separated by curtains with companions circulating all the time, not allowing these patients to be totally at ease. There is no structure for humanized practices, baths are done by sprinkling, we do not have bathtubs for immersion and, often, the water temperature is not adequate for an excellent result in relation to pain.

Some employees, professionals directly linked to the birth, still have a mechanistic view of the birth process and, at the beginning, tried to create barriers so that the actions of the project could be developed, with the passage of time and the support of the coordinator of the institution giving information about the results of the actions developed by

the project, we had the support of these employees and today they guide patients on the exercises to be developed on days when we do not have the monitoring of academics at the institution.

This has brought this woman an autonomy of rescue, construction, non-pharmacology, but to favor this autonomy, the empowerment of this woman, making her the protagonist of her labor, and that the doctor is only there to give a support, that childbirth is as natural as possible.

This research brought feelings, there are many questions yet to be investigated, because only women who were assisted by me and who wanted to participate in the research were evaluated,

but several other women did not have the opportunity to be interviewed, amid so much discussion in favoring of cesarean section, in the media talking about obstetric violence, about the question of several studies that speak of negative reports, new studies would be relevant so that they could tell their experiences and that this reality will be transformed.

These findings show that female empowerment in parturition aligned with the autonomy described by Virginia Henderson's Theory of Fundamental Human Needs positively favors women as the main subject of their body. Personal and professional commitment to ethical and dignified care for women must be effective and humanized. 🍀

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