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Performance of health professionals and the process of humanization in the obstetric center

ABSTRACT | Objective: To verify in the scientific literature the performance of health professionals regarding the humanization process in the obstetric center. Method: This is a bibliographic study, type systematic review. The search for articles was carried out; published in the last five years (2014 to 2019); in Portuguese, English and Spanish; available in full. The following data platforms were consulted: BDENF, MEDLINE, LILACS and SciELO. Result: Initially 174 were found; however, after reading, only those who met the inclusion and exclusion criteria described in the methodology remained, totaling 10 studies. Conclusion: It was observed that the indispensability of reforming daily practices, consolidating the adoption of practices based on scientific foundations, boosting professionals and civil society to ensure that pregnant women receive health care with equality and remediation; and free from obstetric violence.

Keywords: Health Personnel; Humanizing Delivery; Delivery Rooms.

RESUMEN | Objetivo: Verificar en la literatura científica el desempeño de los profesionales de la salud con respecto al proceso de humanización en el centro obstétrico. Método: Este es un estudio bibliográfico, tipo revisión sistemática. Se realizó la búsqueda de artículos; publicado en los últimos cinco años (2014 a 2019); en portugués, inglés y español; Disponible en su totalidad. Se consultaron las siguientes plataformas de datos: BDENF, MEDLINE, LILACS y SciELO. Resultado: inicialmente se encontraron 174; sin embargo, después de leer, solo aquellos que cumplieron con los criterios de inclusión y exclusión descritos en la metodología permanecieron, totalizando 10 estudios. Conclusión: Se observó que la necesidad de reformar las prácticas diarias, consolidar la adopción de prácticas basadas en fundamentos científicos, impulsar a los profesionales y sociedad civil para asegurar que las mujeres embarazadas reciban atención médica con igualdad y remediación; y libre de violencia obstétrica.

Palabras claves: Personal de Salud; Parto Humanizado; Salas de Parto.

RESUMO | Objetivo: Verificar na literatura científica a atuação dos profissionais de saúde acerca do processo de humanização no centro obstétrico. Método: Trata-se de um estudo bibliográfico, tipo revisão sistemática. Realizou-se a busca por artigos; publicados nos últimos cinco anos (2014 a 2019); nos idiomas português, inglês e espanhol; disponíveis na íntegra. Foram consultadas as seguintes plataformas de dados: BDENF, MEDLINE, LILACS e SciELO. Resultado: Inicialmente foram encontrados 174; contudo, após a leitura permaneceram apenas os que atendiam aos critérios para inclusão e exclusão descritos na metodologia, totalizando 10 estudos. Conclusão: Observou-se a imprescindibilidade de reformar as práticas diárias, consolidar a adoção de práticas firmadas em fundamentos científicos impulsionando os profissionais e a sociedade civil a assegurar as gestantes um atendimento de saúde com igualdade e remediabilidade; e livre de violência obstétrica.

Palavras-chaves: Pessoal de Saúde; Parto Humanizado; Salas de Parto.

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INTRODUCTION

The debate regarding humanization in Brazilian health services has caused changes in professional practices, associated with the principles of the Unified Health System (SUS), which seek comprehensive care, in addition to equity in access and social participation of the user, providing opportunities changes in the work environment that encourage relationships between users and professionals.¹

Around the world, countless women are victims of obstetric violence while in labor at health institutions. The term "obstetric violence" brings together and reports on various forms of violence and damage caused by health professionals during prenatal, childbirth, postpartum and abortion care. In this way, it can be determined as physical, psychological

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and verbal abuse, or as unnecessary interventionist practices.²

In 2014, the World Health Organization (WHO) declared that all women have the right to receive the highest level of medical care, which includes the right to dignified and respectful care in pregnancy and childbirth, in addition to the right not to suffer violence or discrimination. In which, greater support from governments was requested in support of research and actions aimed at improving the treatment provided to women during institutionalized delivery.³

In view of this perspective, the National Humanization Policy (PNH) qualifies obstetric care and consolidates itself as a transversal policy in the SUS, collaborating with work practices in accordance with what is disclosed in the norms that support it. As a State policy, it should be concerned with the training of professionals who will follow its guidelines and, primarily, encourage the insertion of humanization in the training of professionals for the SUS.¹

The health team has a fundamental role in the implementation of humanized delivery. According to the WHO, low-risk pregnancies can be accompanied by an

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obstetric nurse, who is also qualified. The implementation of Multiprofessional Residency Programs and in the Professional Health Area, established by Interministerial Ordinance No. 1077, of November 12, 2009, are established as a fundamental instrument for achieving the goals proposed by the Health Ministry for delivery and birth care.^{2,4,5}

Therefore, in view of this scenario, it is relevant to analyze the performance of health professionals who work in obstetric care centers, in order to identify how the humanization process is carried out, which directly affects the quality of life and care provided. The results may support the reflection of the challenges and impasses for changing this panorama in the scope of Nursing. This study aims to verify in the scientific literature the role of health professionals regarding the humanization process in the obstetric center.

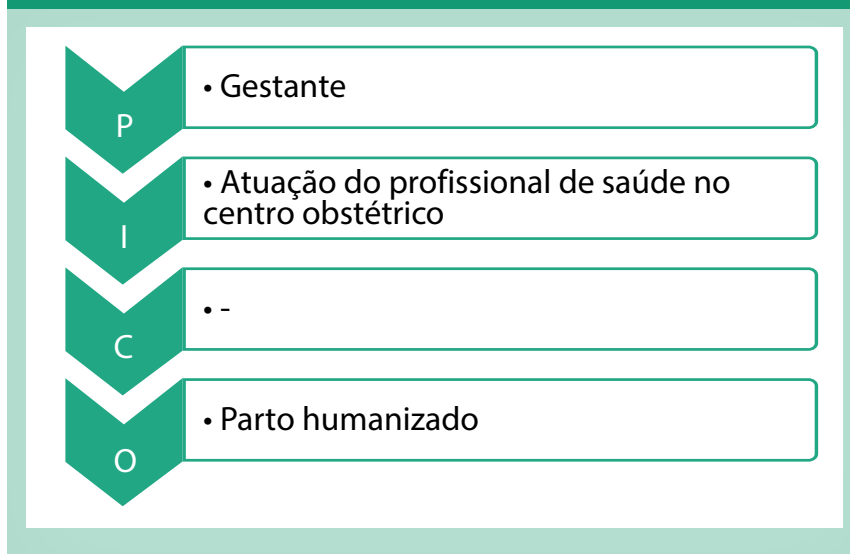
METHOD

This is a bibliographic study, of the type integrative review with a qualitative and quantitative approach, where the search for articles for methodological development was carried out. The following steps were taken: elaboration of the guiding question and objective of the study; definition of inclusion and exclusion criteria for scientific productions; search for scientific studies in databases and virtual libraries; analysis and categorization of the productions found; results and discussion of the findings.⁶

To survey the guiding question, the PICO strategy was applied (P-population / patient, I- Intervention / interest, C- Comparison / Absence and O - Outcome) where C remained absent, as there were no comparative elements. Strategy based on segmentation of the hypothesis, which aims to collect data in a systematic way.⁷

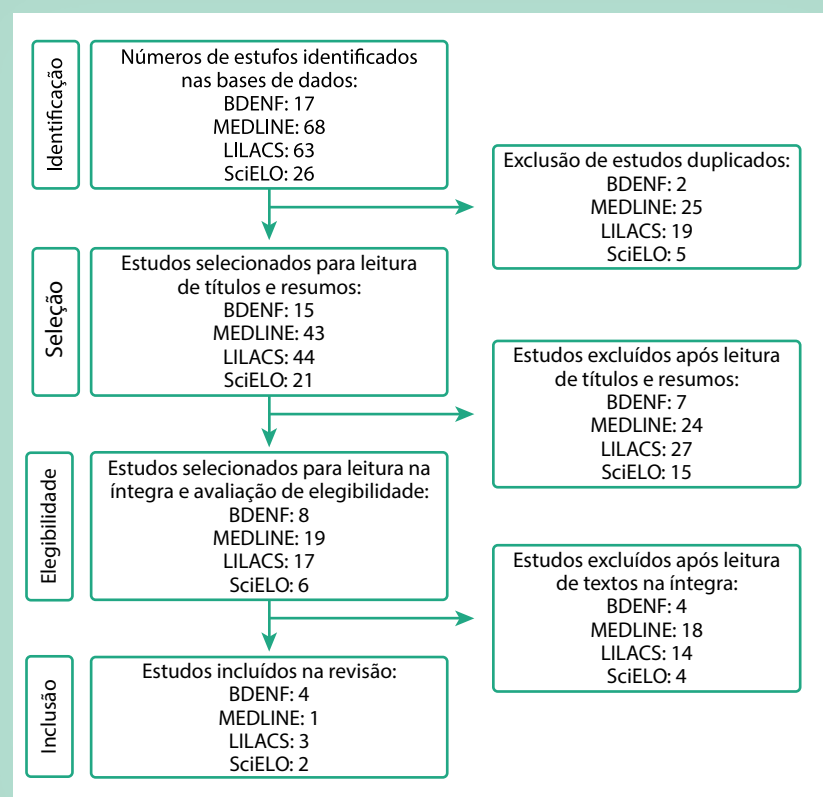
Thus, the following guiding question of the research was defined: "How do health professionals who work in the obstetric center carry out the humanization process?" (Figure 1).

Figure 1: Definition of the guiding question according to the PICO strategy, Recife, Pernambuco (PE), Brazil, 2020.



Source: Own elaboration.

Figure 2: Flowchart of study selection according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2015). Recife, Pernambuco (PE), Brazil, 2020.



Source: Own elaboration.

Table 1: Selected publications on the topic, organized according to the Databases / Virtual library. Recife, Pernambuco (PE), Brazil, 2020.

Base de Dados/ Biblioteca Virtual	Artigos Encontrados	Artigos Selecionados para Leitura na íntegra	Amostra Final
BDNF	17	8	4
MEDLINE	68	19	1
LILACS	63	17	3
SciELO	26	6	2

Source: Own elaboration.

Table 2: Results found in the studies according to title, database, authors, year of publication, design, levels of evidence, location and language. Recife, Pernambuco (PE), Brazil, 2020.

	Título/Base de Dados	Autor/Ano	Delineamento	Local/Idioma
A	Contentamento de púrperras assistidas por enfermeiros obstetras / BDNF.	Ribeiro et al., (2018)	Estudo exploratório, descritivo de abordagem quantitativa.	Brasil (Pernambuco) / Português.

For the selection of articles, the following inclusion criteria were used: being an original article, having been published in Portuguese, English or Spanish, in the last five years (2014 to 2019), available in full. Theses, dissertations and monographs, editorials, case studies, integrative, systematic and conceptual reviews, repeated studies, as well as articles that did not answer the guiding question were excluded.

The data survey, which took place during the months of April and May 2020 in the following databases and virtual libraries: Nursing Database (BDNF), Medical Literature Analysis and Retrieval System Online (MEDLINE); in Latin American and Caribbean Literature in Health Sciences (LILACS); and the Scientific Electronic Library Online Virtual Library (SciELO). Crossings were performed with the descriptors "Health personnel", "Humanized childbirth", "Childbirth room" present in the Health Sciences Descriptors (DecS) base combined with a Boolean operator AND and OR.

At first, duplicate studies were eliminated by reading titles and abstracts. Of these pre-selected, full reading was carried out, in order to verify those that meet the guiding question and the inclusion / exclusion criteria. The final sample was then constructed with studies relevant to the pre-established criteria (Figure 2).

The selection of studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA), a checklist with 27 items and a four-step flowchart, with the objective of assisting in the development of articles and the level of evidence of the selected studies was determined according to the Agency for Healthcare Research and Quality.^{8,9} In order to simplify the understanding of the publications selected in this integrative review, the data were organized in

B	Fatores associados à humanização da assistência em uma maternidade pública / BDEF.	Inagaki et al., (2018)	Estudo quanti-qualitativo, transversal, descritivo.	Brasil (Pernambuco) /Português.
C	Interfaces entre profissionais de saúde e a humanização da assistência ao parto / BDEF.	Pinto et al., (2018)	Estudo descritivo de abordagem qualitativa.	Brasil (Distrito Federal) / Português.
D	Contato pele a pele do recém-nascido com sua mãe na perspectiva da equipe multiprofissional/ BDEF.	Kologeski et al., (2017)	Estudo exploratório, descritivo de abordagem quantitativa.	Brasil (Pernambuco) /Português.
E	Uso de práticas integrativas e complementares por doulas em maternidades de Fortaleza (CE) e Campinas (SP) / LILACS.	Silva et al., (2016)	Estudo qualitativo.	Brasil (São Paulo) / Português.
F	No parto vaginal e na cesariana acompanhante não entra: discursos de enfermeiras e diretores técnicos / LILACS.	Brüggemann et al., (2015)	Estudo exploratório, descritivo de abordagem qualitativa.	Brasil (Rio Grande do Sul) /Português.
G	A equipe de saúde e a segurança do binômio mãe-bebê no parto e nascimento / LILACS.	Dornfeld e Pedro. (2015)	Estudo exploratório, descritivo de abordagem qualitativa.	Brasil (Rio Grande do Sul) / Inglês.
H	Negociação de padrões de qualidade para o fornecimento efetivo de cuidados de parto e parto na Nigéria e Uganda / MEDLINE.	Oladapo et al., (2017)	Estudo qualitativo.	Suíça / Inglês.
I	Práticas de atendimento do parto numa instituição prestadora de serviços da saúde na cidade de Bogotá / SciELO.	Rocha-Acero; Socarrás-Ronderos e Rubio-León. (2019)	Estudo interpretativo, descritivo de abordagem qualitativa.	Colômbia/ Espanhol.
J	Baixa luminosidade em sala de parto: vivências de enfermeiras obstétricas / SciELO.	Rodrigues e Shimo. (2019)	Estudo exploratório, descritivo de abordagem qualitativa.	Brasil (Rio Grande do Sul) /Português.

Source: Own elaboration.

figures and tables, exposed in a descriptive manner.

RESULTS

Of the 174 studies found, 17 were available from BDEF; 68 on MEDLINE; 63 at LILACS; and 26 at SciELO; however, after reading, only those who met the inclusion and

exclusion criteria described in the methodology remained, totaling 10 studies. Table 1 highlights the publications selected according to the databases analyzed.

In table 2, the studies surveyed are arranged highlighting, their titles, authors, years of publication, design, location and language. Where it can be seen that most studies were national, published in Portuguese (n = 7), two articles were international, one published in English and the other in Spanish.

DISCUSSION

After reading the selected studies, the articles were categorized into thematic clippings, classifying the knowledge produced on the topic, in levels of evidence, mostly level IV- Study with non-experimental design as descriptive correlational and qualitative research or case studies.⁹

The humanization of childbirth seeks to overcome the fear and isolation that women suffer in the hegemonic, medicalized and interventionist obstetric care model. The nurse has health education as one of the convenient attributions to his profession. It is essential to demystify the culture of cesarean section and emphasize for pregnant women the benefits of a normal and interference free birth, when possible, so that they can decide more consciously about the method to be selected.^{4,10}

According to the WHO, low-risk pregnancies can be assisted by an obstetric nurse and their performance in labor provides satisfaction to the parturient, her family and also the professional. A study reported that humanization, essentially, requires nurses to have a humanistic view and the need to understand the other, and for this to occur in a complete way, it is necessary to exchange information

and feelings between these people, empathetically.¹¹

All professionals working in childbirth care, whether doctors, nurses, nursing technicians and assistants and even administrative staff, need to be qualified and sensitized as to the humanization of care, including with issues associated with welcoming. It is necessary to observe the physiological and emotional care of the parturient, providing a good experience, minimizing insecurity and distress.¹²

Considering the presence of scientific evidence that increasingly highlights the advantages of humanized assistance, it is essential that academic training integrate the changes in the pattern of health care for women in an integral way. Thus, it is necessary for professionals to assimilate new behaviors, certifying the health and rights of women and their newborns; in addition to the effective incorporation of the humanized model of care as a guideline and institutional philosophy, it seeks to respect the physiology of women and favor the interests of all.¹³



Nursing emerges as the connection between these agents, and its essence is linked to care.



CONCLUSION

This study provided the identification of several scientific publications about the humanization process of childbirth care and analysis. Nursing emerges as the connection between these agents, and its essence is linked to care. They are indispensable professionals for the development of humanization, within this scenario.

It appears that numerous policies for the humanization of obstetric care have been developed, also at the request of society itself. The training, updating and inclusion of the theme in the graduation of health professionals have received attention and investments.

Corroborating, it was observed that it is essential to reform daily practices, consolidate the adoption of practices based on scientific foundations, as well as encourage professionals and civil society on the issue to conceptualize the system; ensuring pregnant women health care with equality, remediation, that is free from obstetric violence, that provides the strengthening and consolidation of SUS. 🐦

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