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THE CHILDBIRTH CARE FROM THE PERSPECTIVE OF PRIMIPAROUS MOTHERS AND HEALTH PROFESSIONALS

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ABSTRACT

Objective: To characterize the care during labor and childbirth in the perspective of primiparous mothers and health professionals. **Method:** Quantitative, cross-sectional study, conducted from April to September 2014 with 26 professionals in the obstetric center and 165 puerperal women at the *Hospital de Clínicas de Pernambuco*. Percentage frequencies were calculated, comparison of proportions, and application of the Chi-square test. **Results:** Prevalent puerperal women's age range 18-24 years (70.3%), deliveries performed by physicians (53.3%), assisted by nurses (7.3%). Venoclysis (97.9%), received episiotomy (11.5%), breastfed in the delivery room (30.3%). Routinary use of the partogram (69.2%), use of oxytocin to induce labor, 3.8% sometimes performing Kristeller maneuver. **Conclusion:** The perception of puerperal women under the childbirth care differed from from the perception of professionals due to practices not recommended by the Ministry of Health that are still used. In this way, it is necessary to rethink strategies to make these professionals that assist women in childbirth aware.

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INTRODUCTION

Maternity is one of the most important physical experiences of the female universe, a process that also involves family members and the community. Regardless of age, for all women, pregnancy, childbirth and the puerperium feature rapid physiological, emotional, and social changes, establishing an expressive and enriching experience for all its participants (Oliveira, 2015; Luz; Assis; Rezende, 2015; Morell; Martin, 2018). Childbirth is a physiological episode in which the humanist care should focus on women and base on evidence-based medicine. In this way, women's rights must be respected, this care model has been recommended for replacement of the paradigm focused on medical interventions and the abusive use of technologies (Leal *et al*., 2015; Silva; Silva; Santos; Santos; Rego, 2014). In this context, the professionals of health staff that serve this population stand out as important mediators and are active participants of this experience, playing an important role (Brazil, 2013). Representing a source of emotional, physical support and information, providing the right of all patients to information with respect to risks, benefits and decision-makings that involve this crucial moment. Consolidating a quality assistance during all the care offered to women (Morell; Martin, 2018; Collaço *et al*., 2016). The World Health Organization (WHO) sets out some attitudes that health professionals should adopt in obstetric care and highlights women's rights to the humanized childbirth. Advocating basic rules and procedures for childbirth, it recommends that ineffective and/or harmful procedures should no longer be performed as a routine. Stressing that the humanization is not merely complying with standards, rules or performing procedures (Santos; Souza, 2015; Costa *et al*., 2015).

These standards have been shown to be effective in countries where they were implemented. However, in Brazil, the harmful practices to childbirth are still being developed in the care to pregnant women, deriving from the authoritarianism that some workers have in relation to the patient at childbirth because they believe that they are the only ones in possession of knowledge (Ferreira; Mesquita, 2014). The interest in the topic of this work arose from the observation of care provided to pregnant women, in particular primiparae, at a maternity ward of a Teaching Hospital of Recife-PE, reference in high-risk pregnancy, where pregnant women's rights were disrespected. Many procedures considered harmful to childbirth by the ministry of health were performed, characterizing a care far from scientific evidence. This study aimed to characterize the assistance during labor and childbirth in the perspective of primiparous mothers and health professionals.

MATERIALS AND METHODS

This is a descriptive, cross-sectional study, with quantitative approach. It was carried out at the Clinics Hospital (HC - *Hospital das Clínicas*) of Federal University of Pernambuco (UFPE - *Universidade Federal de Pernambuco*), Recife-PE. The HC is a reference teaching hospital in the care to high-risk pregnant women, working as gynecological and obstetrical urgency and emergency, in addition to possessing the title of child-friendly hospital. The research population were primiparous puerperae, doctors and nurses in the delivery room. The approached professionals were those that provided assistance to childbirth, working at the obstetric center of the HC. The inclusion criteria were: puerperal women aged 18 years or more after vaginal delivery or cesarean section and who had had their children at the Obstetric Center (COB), HC, UFPE. Regarding the professionals, the study included physicians, nurses and medical residents working in the COB at during the survey. The exclusion criteria were: mothers who gave birth to stillborn fetuses, and who had had their children out of the COB or at other institutions. The sample was made by convenience, in which questionnaires were applied to all mothers who met the inclusion criteria; the required sample size was (n = 165). Regarding the professionals, the number was (n =26). The number of professionals and mothers who participated in the study were proportional to the population found in the service. Data collection occurred through questionnaires applied in the joint accommodation of the HC for primiparous puerperae, and for the professional team. The application of the questionnaires occurred in the period from April to September 2014, in the COB. The instruments used to perform data collections were two structured questionnaires, both prepared by the researcher. Some co-related questions focused on the perspective of the puerperal women and professionals in relation to the assistance during labor.

For data analysis, a database was built in the Microsoft Excel spreadsheet, which was exported to the SPSS software, version 18, in which the analysis was performed. To assess the profile of puerperal women and professionals involved in labor and the performed procedures, the percentage frequencies were calculate and their frequency distributions were built. In the comparison of the proportions found, the chi-square test was applied. All conclusions occurred considering a significance level of 5%. The realization of this research based on the precepts of Resolution 466/12 of the National Health Council, respecting the secrecy and confidentiality of information. The Research Ethics Committee of the Health Sciences Center of UFPE approved the research. Data collection only started after analysis and approval of the research project, which obtained a favorable opinion, with CAAE: 26427913.4.0000.5208.

RESULTS

This study assessed the demographic profile of the interviewed professionals, showing that most professionals were women (84.6%), aged 29 through 39 years (57.7%), residents (42.3%), and had less than one year of specialization (32.0%). Regarding the puerperal women interviewed, there was a predominance of women aged between 18 and 24 years (70.3%), in a stable union (44.8%), with paid work (60.6%), living with an income from 1 to 3 minimum wages (84.2%) and that studied up to high school (60.6%). Regarding the reproductive characteristics of the interviewed women, most of them had no previous pregnancy (92.7%), attended from 6 to 10 prenatal consultations (60.7%), lived in the countryside of the state (55.3%), had their childbirth performed by a physician (53.3%) and were submitted to cesarean delivery (51.5%). Nurses performed only 7.3% of childbirths and 39.4% could not inform who performed the childbirth. Regarding care during labor, table 1 shows that the professionals' group presented greater affirmative in comparison to puerperal women on the use of oxytocin, orientation to the puerperal woman about family monitoring during labor and encouraging breastfeeding in the first hour of birth.

Table 1. Comparison between the professional's and the puerperal woeman's perception on labor assistance, April/September, Recife-PE, 2014

Assessed Actions	Professional (n = 26)	Puerperal Women (n = 165)	p-value[1]
Use of the lothotomic position for childbirth	19(73.1%)	62(77.5%)	0.613
Use of non-pharmacological methods or procedures for pain control	6(23.1%)	48(29.1%)	0.527
Use of venoclysis during labor	13(50.0%)	137(97.9%)	<0.001
Use of oxytocin	20(76.9%)	100(60.6%)	0.110
Episiotomy	3(11.5%)	9(11.5%)	0.744
Kristeller maneuver	0(0.0%)	5(6.3%)	0.415
Zero diet	9(34.6%)	135(81.8%)	<0.001
Guidance to the puerperal woman on the right to a companion during labor	22(84.6%)	121(73.3%)	0.218
Incentive to maternal breastfeeding (MB) in the first hour of birth	22(84.6%)	50(30.3%)	<0.001
Good/very good classification regarding the care provided to the parturient during labor	13(50.0%)	128(77.6%)	0.003

Table 2. Distribution of the study professionals according to frequency of activities related to labor, April/September, Recife-PE, 2014

Activity	Frequency				
	Always	Often	Sometimes	Almost never	Never
Use of partogram	0(0.0%)	18(69.2%)	0(0.0%)	0(0.0%)	8(30.8%)
Episiotomy	0(0.0%)	3(11.5%)	6(23.1%)	16(61.6%)	1(3.8%)
Lithotomic position	7(26.9%)	12(46.3%)	3(11.5%)	3(11.5%)	1(3.8%)
Kristeller Maneuver	0(0.0%)	0(0.0%)	1(3.8%)	5(19.2%)	20(77.0%)
Placenta total output	15(57.8%)	5(19.2%)	2(7.7%)	3(11.5%)	1(3.8%)
Incentive to maternal breastfeeding in the first hour of birth	12(46.2%)	10(38.5%)	4(15.3%)	0(0.0%)	0(0.0%)

Table 3. Distribution of the puerperal women according to guidance on procedures during labor, April/September, Recife-PE, 2014

Assessed factor	n.	%
Regarding the procedures performed during labor, how many times did you receive guidance		
Some	31	18.8
All	130	78.8
None	4	2.4

The puerperal women's group presented greater frequency of statements in relation to professionals about the use of the lithotomic position for performing the childbirth, use of non-pharmacological methods or procedures for pain contro, venipuncture during labor, zero diet and classification of the care received during labor as good/very good (Table 1). Regarding the activities related to labor, Table 2 shows that most professionals routinely use the partogram (69.2%), report almost never performing episiotomy (61.6%), often using lithotomic position (46.3%), never performing the Kristeller maneuver (77.0%), always wait for the total output of the placenta (57.8%), and always encourage breastfeeding in the first hour of birth (46.2%). In relation to the guidelines of procedures during labor (Table 3), 78.8% reported receiving general orientation on all procedures performed during labor.

DISCUSSION

With the intensification of the institutionalization of childbirth, this event, previous private and family, changed dramatically and began to be experienced within the hospital. The woman ceased to be the protagonist, being subject to rules and technological interventions, without her consent (Leal *et al*., 2014). The professionals' perspective of childbirth care differs from the puerperal women's perspective in this study, which showed non-use of the best practices during childbirth (table 1), 77.5% of the women studied gave birth in the lithotomic position and only 24.4% of them received guidance in relation to other positions to give birth. A study (Silva; Soares; Jardim; Kerber; Meincke, 2013), derived from a multicenter study entitled "Humanized Care to Adolescents' Delivery", which involved two public universities: Federal University of Rio Grande and Federal University of Pelotas, with 48 women, found that 100% of women gave birth in the lithotomic position. The WHO encourages the use of non-pharmacological methods (NFMs) for comfort and pain relief, which, in the present study, were encouraged by only 23.1% of the professionals, which are strategies used in labor to increase tolerance to pain, and can be easily used even at maternity hospitals with low resources, such as: walking, massage, cryotherapy, doulas and the stimulus to change position during the postpartum period (Leal *et al*, 2014; Brasil, 2001). According to the WHO, pregnant women should be encouraged to more comfortable positions, avoiding prolonged dorsal decubitus, being the vertical position proven in studies as bringing greater benefits; for it, professionals who attend childbirth should have training in the management of delivery in other positions (Brazil, 2001; Ramos *et al*., 2018). In terms of procedures performed in childbirth care, in the study, 50.0% of the professionals indicated venoclysis during labor, while 97.9% of the puerperal women reported receiving venipuncture during labor. Venipuncture and infusion of liquids must be carried out only in specific cases, such as in the treatment of bleeding and hypotension and the use of anesthesia. They should not be performed routinely to prevent neonatal hypoglycemia (Cavalcante; Gurgel Junior; Vasconcelos; Guerrero, 2013; Mafetoni; Shimo, 2013). Another procedure in the childbirth care that stands out is the use of medication to induce labor, in which 76.9% of the professionals reported prescribing oxytocin to induce labor. The routine infusion of oxytocin increases the need for monitoring and surveillance during childbirth, and the WHO does not recommend routine infusion of oxytocin in healthy pregnant women, because the use of oxytocin is unnecessary and can be harmful (Oliveira; Mattos; Matão; Martin, 2017).

Regarding the indication of a zero diet during labor, the present study shows that 34.6% of professionals reported performing this procedure, however, 81.8% of pregnant women reported not eating, but as their sole option, because they felt nausea and pain during labor, being unable to ingest food. The intake of clear fluids is allowed and should be encouraged during labor, according to the Ministry of Health (MS), even in need for analgesia for labor by epidural method in low-risk parturients (Brazil, 2001; Oreano; Brüggemann; Velho; Monticelli, 2014). Among the pregnant women interviewed, 73.3% were encouraged to have a companion during labor. The mother was the most present family member in some moments of hospitalization, not being allowed to stay during labor and birth. This choice came from both the parturient woman by feeling more at ease with her mother, as due to structure problems of the studied site.

In accordance to this finding, the study (Vargas *et al*., 2014) carried out in the Maternity Hospital Oswaldo de Nazareth, located in the city of Rio de Janeiro, which establishes the presence of a companion, but only allowing female companions, a requirement not recommended by the MS (Silva; Araújo; Silva; Santos, 2014). Studies have shown that the presence of a companion chosen by the woman makes her more quiet and strengthened to give birth. It also reduces labor, pain and unnecessary interventions (Batista; Bruggemann; Junges; Velho; Costa, 2017). In relation to encouraging breastfeeding in the first hour of life, the study showed that only 30.3% of the puerperal women breastfed their babies in the first postpartum hour; most professionals, 84.6% reported having encouraged breastfeeding. The aforementioned findings stand out once the study site is a Child-Friendly Hospital, and the WHO recommends that child-friendly hospitals should have at least 80% of mothers with normal delivery and 50% of those submitted to cesarean delivery should be helped to put the baby in skin-to-skin contact to start breastfeeding (Pereira; Fonseca; Oliveira; Souza; Mello, 2013). Regarding the practices found in the childbirth care (Table 2), according to the WHO classification. The study identified that 69.2% of professionals reported using the partogram as a routine in the childbirth care, indicating that a considerable portion of professionals (30.8%) does not perform this practice as routine, which can compromise the quality of the care provided. The partogram is a extremely important tool, which allows monitoring and registering the labor evolution, and diagnosing its changes, indicating the decision of appropriate behaviors, thus avoiding unnecessary interventions (Silva; Silva; Santos; Santos; Rego, 2014).

The present study found that 48.5% of the interviewed women had vaginal delivery by the normal method, and 11.5% were submitted to episiotomy. This percentage is within the range established by WHO, which is from (10% to 30%)[8]. This fact stated by women in this study may have been interfered by their lack of information regarding the implementation of episiotomy. Many women realize episiotomy by suture and not by knowing the fact (Lopes; Laignier; Primo; Leite, 2013). Even being an unrecommended procedure, it has still been performed, probably because it is a teaching hospital, where students are specializing and need to develop the skills in this practice. A study (Braga *et al*, 2014) showed that episiotomy was more likely in births attended by medical staff than by nurses, being more frequent in primiparous adolescents and women.

Although this study showed that most professionals (77.0%) reported never having performed the Kristeller maneuver, 3.8% said they sometimes perform this maneuver. This procedure is considered ineffective, and should be eliminated (Santos; Souza, 2015; Brazil, 2001; Cavalcante; Gurgel Junior; Vascocelos; Guerrero). Furthermore, 78.8% of the interviewed women (Table 3) stated receiving guidance on all procedures during labor, and only 2.4% responded having not received guidance on any procedure. In accordance with the recommendations of the MS, providing women the information on the procedures performed whenever they wish is their right and the professional's duty, once the information is essential for a quality assistance, because it relieves tension and anxiety (Silva; Silva; Santos; Santos; Rego, 2014; Brazil, 2001). The limitation found in this study was that, although obtaining significant results, the number of participants could be higher, once the results fit only for the population in question.

Conclusion

This study allowed perceiving the obstetric care from the perspective of puerperal women and health professionals. Assistance to labor and childbirth should base on scientific evidence recommended by the WHO. However, the study allowed describing how these practices have been developed in the studied site. Some practices that are being developed in the childbirth care could be identified, which did not have a statistically significant difference between the responses of the puerperal women when compared to the interviewed professionals. The need for effective measures in the assistance is noticeable, and these measures are hampered by lack of material resources and physical structure. Professionals should be encouraged to perform the procedures within the proposals of the childbirth humanization, in order to offer quality care to women, and thus avoid unnecessary interventions. Based on this assumption, it is necessary to rethink strategies that may sensitize these professionals who assist women in the parturition process. In turn, the delivery assistance can be improved by decent conditions of work, valuing and professional training.

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