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OBSTETRIC NURSING ACTIVITIES FOR THE PARTURIENT IN A NORMAL DELIVERY CENTER

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ABSTRACT

Objective: To describe the performance of obstetrical nurses in the care of the parturient during labor and parturition in a Normal Delivery Center located in the municipality of Castanhal / Para, Brazil. **Method:** This is a field research, with qualitative approach of the descriptive type. Held at the Haydee Pereira de Sena Normal Delivery Center. Conducted with 8 nurses working in parturient care during the parturition process. The analysis was made from the proposal of Bardin. In the second phase of the Bardin analysis, the Iramuteq Software and the method proposed by Reinert were used, in which 5 thematic axes emerged. **Results:** Three categories with a higher level of use of the textual corpus were selected following Reinert's analysis: The advantages and difficulties evidenced by obstetrician nurses when developing their performance in the Normal Delivery Center; The assistance of the obstetrician nurse in the care of women in labor, delivery and puerperium in the Normal Birth Center; Experiences experienced by obstetrician nurses at the Normal Delivery Center. **Conclusion**: It is the only extra-hospital Normal Delivery Center in the northern region, where care is exclusive to the nursing team. It was evidenced the commitment of the obstetrician nurse rescuing the physiological parturition.

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INTRODUCTION

Childbirth is a unique moment in which the woman has the opportunity to experience the unique experience, which is the act of conceiving life, in this way, it is necessary to count on professionals committed to lead the delivery, with the objective of respecting and valuing the wills of each, during each stage that composes this moment (ALVES *et al.,* 2018). Therefore, aiming to improve maternity care, the World Health Organization (WHO) has created the prenatal and birth humanization program, with the purpose of transforming obstetric care, giving women the key role at the moment of parity, being assisted in a humanized way and ensuring a quality care that goes from prenatal to delivery, this being conducted with the minimum of interventions and respecting the autonomy and physiology of the woman (SILVA *et al.,* 2017). Following the humanization thinking, Veloso and Santos (2016) argue that the obstetrician is the professional trained to follow the gestation at birth, and based his assistance on the principles of humanization, he is able to identify possible abnormalities that require a specialized assistance, allowing the active actuation of the pregnant woman and valuing her beliefs, cultures and values. In addition, the practice of Obstetrics Nurses is legally protected by Law No. 7,498 / 86 and regulated by Decree No. 94406/87, which provides obstetric nurses with assistance to the parturient and normal childbirth at normal risk. Thus, adding technical knowledge to act according to the ethical principles in the conduction of vaginal parturition in a humanized way, respecting the autonomy of women (VARGENS; SILVA; PROGIANTI, 2017). Obstetric nurses aim to ensure safe birth

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and contribute to the reduction of maternal morbidity and mortality rates by strengthening their behavior in scientific evidence and using humanized practices in their care, according to the World Health Organization (WHO) (RAMOS *et al.,* 2018). In this way, obstetrical nurses have employed interventions favorable to the parturient during all the phases of parturition providing that the benefits are extended to the newborn (NB). Among these benefits, are the guarantee to the right of the companion during the labor and parturition; skin-to-skin contact; helps in the term regulation of the NB; the immediate breastfeeding that allows greater interaction between the mother and her child, ensuring the continuity of exclusive breastfeeding, reducing the rates of neonatal death and maternal hemorrhage; the timely closure that offers the reduction of the risk of anemia in early childhood and respect for the first hour of the birth of the newborn, known as golden hour (RAMOS *et al.,* 2018). The Ministry of Health, through ordinance No. 11, dated January 7, 2015, establishes the implantation and habilitation of Normal Delivery Centers (NDC), integrating the Unified Health System, with the purpose of offering assistance to women and to the newborn in the period of childbirth and birth as recommended by the Stork Network (BRAZIL, 2015). The creation of Normal Delivery Centers was intended to implement a new model of obstetric care, favoring the autonomy of obstetric nursing, following the precepts of WHO and providing an adequate environment for the care of the parturient and increasing the technical competence of these professionals, as well as a care satisfactory and differentiated to the user (SILVA; NASCIMENTO; COELHO, 2015).

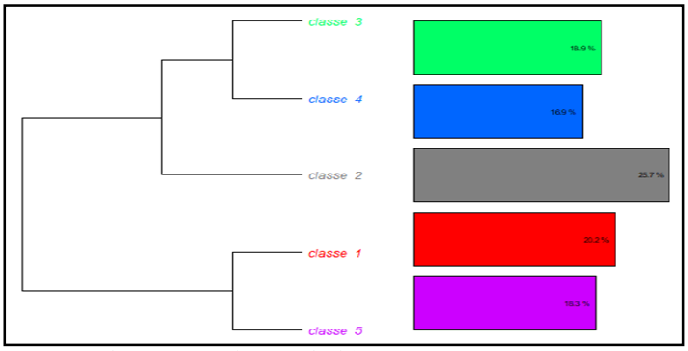
The obstetric nurse has the capacity to perform the reception, evaluate and examine the clinical and obstetric conditions of the woman within the NDC Promoting a distinguished and humanized care model, in the follow-up of pregnant women during normal risk of parturition. By providing a satisfactory experience to the parturient by providing and offering non-pharmacological methods of pain relief, granting the woman the freedom to choose the best position at the time of giving birth, favoring skin-to-skin contact, encouraging breastfeeding in the first hours of life of the newborn and eliminating unnecessary interventions during labor. With this incessantly seeking to value the individualities, beliefs and choices of each woman (SOUSA; SOUSA, 2018). Therefore, the objective of this study was to describe the performance of obstetric nurses in parturition assistance during labor and delivery in a Normal Delivery Center (NDC), located in the municipality of Castanhal, State of Para.

MATERIALS AND METHODS

This was a field research with qualitative approach of the descriptive type. The research was carried out at the Haydee Pereira de Sena Normal Delivery Center, located in the municipality of Castanhal, in the state of Pará. The unit provides an excellent structure to promote care for women and the newborn in the pregnancy-puerperal period. Currently, the team of the Normal Delivery Center is composed of 11 obstetrical nurses, 1 coordinator and 10 assistants, after applying the inclusion and exclusion criteria that were established as follows: to provide care at the Normal Delivery Center for at least six months, to agree on participate in the research and sign the Free and Informed Consent Term. From this, the study was carried out with 8 nurses who worked in the parturient care during labor, delivery and puerperium.

The study was sent to the Ethics Committee of the University Center of Maranhão - UNICEUMA, where it obtained the legal consent to carry out the research through ethical principles, according to the Certificate of Presentation for Ethical Appreciation - CAAE number 00985518.4.0000.5084, obtaining approval through opinion No. 2,994,613. The data collection took place during the month of November, 2018, where the participants presented the Free and Informed Consent Term with the purpose of guaranteeing the anonymity and secrecy of the data. After signing the Free and Informed Consent Term, a semi-structured interview script was applied, with open questions. The interviews were recorded in audio through a smartphone-type mobile device and filed in a confidential way by the researchers. Then, the transcription of the data was analyzed according to content proposed by Laurence Bardin, and it was implemented in three phases: Pre-analysis, material exploration and interpretation of results (BARDIN, 2016). In the pre-analysis the general reading of the material was carried out, being organized and constituting like an intermediate phase, that gathered all the content to treat the information collected.

The exploration of the material was done so that among the collected material only the specific elements were used according to the purpose of the study, being thematically grouped into initial, intermediate and final categories which sought to understand the interviewers' sense of speech. In the second phase of the analysis, the software IRaMuTeQ (Interface of Routles Analyses Multidimensionnelle de Textes et de Questionnaires) 0.6 alpha 3, developed by Pierre Ratinaud, was used as a tool, which allows to make statistical analyzes on textual corpus and on tables individuals / words. The corpus consisted of 8 texts, divided into 366 Initial Context Units, with 503 analyzed segments, that is, 72.76% of the corpus. The Reinert method was used, crossing text segments and words, in which 5 classes appeared according to the dendogram below (Figure 1).



Source: Authors, 2018. Reinert method (IRaMuTeQ 0.6)

Consequently, the interpretation of the results represented the contents contained in all material collected in the interview, documents and observation. In this phase, a general reading of the material was carried out, the Interpretative reading, exhaustive analyzes of the material collected and acquired from the statements of the participants, which offered a broader meaning to the results obtained, these were described with the purpose of identifying the nursing performance obstetric care in the care of the parturient in the Normal Delivery Center. Nurses' statements were coded during the semi-structured interview. The codes were grouped by similarities of meanings into specific categories. The study participants were coded as E01, E02 ... E08. Then the classification and categorization of the speeches were done,

with coincident and divergent summaries of ideas, and their connection, or not, to some category. Thus, we selected three categories with a higher level of use of the textual corpus following Reinert's analysis and also because these categories identify how the obstetric nurse acts in the normal delivery center: The advantages and difficulties evidenced by obstetrician nurses in developing their role in the Normal Delivery Center; The assistance of the obstetrician nurse in the care of women in labor, delivery and puerperium in the Normal Delivery Center; Experiences experienced by obstetrician nurses at the Normal Delivery Center.

RESULTS AND DISCUSSION

The participants of this study were all obstetrical nurses, female; all of them had postgraduate degrees in obstetric nursing, with graduation time averaging 3 to 7 years, ranging in age from 27 to 39 years. The period of care in NDC care ranged from 6 months to two and a half years, and all reported being up to date through the participation of numerous courses aimed at improving obstetric care. Based on the analysis made from the respondents' answers, it was decided to work on these thematic axes, since they showed the form of performance of the obstetric nurse in a Normal Delivery Center:

The advantages and difficulties evidenced by obstetrician nurses when developing their activities in the Normal Delivery Center: According to the nurses' speeches interviewed, it was highlighted in their reports as advantages to work in the Normal Delivery Center:

> *"The advantages are that we have more freedom, more autonomy to work [...] we speak the same language because everyone is a nurse ... it has a greater facility to understand and put into practice the humanization we learn, it has no obstacle to this ... we have the facility here to make these changes to adapt to good practices based on the scientific evidence [...] "(E05).*
> *"The advantages are all I would say, we have the freedom to have a greater bond with the pregnant woman and with her family, she is bringing her into the NDC to be doubting. We have more time in the labor market, we have been able to provide non-interventionist assistance [...] "(E06).*

The Ministry of Health has intensified the qualification of obstetrical nurses since 1998 to include them in childbirth care, backed by ministerial ordinances and obstetric nursing specialization courses. Stimulating also the exclusive performance of these professionals in Normal Delivery Center. Aiming, with this, the reduction of unnecessary interventions (GOMES *et al.,* 2014). The nurses' welcome, through their behaviors, the increase of the trust of the woman and her relatives, because she transmits all her commitment, respect and availability. This facilitates a greater link between professional and user, which is of paramount importance for a favorable outcome of childbirth (SILVA *et al.,* 2017). Also noteworthy are the difficulties faced by obstetrical nurses for their role in assisting with normal Delivery in NDC. This fact was evidenced in the speeches below:

> *"... we have the difficulty of our prenatal, which unfortunately are still very incomplete, as we need a pregnant woman who has had a good prenatal, because for me to classify this risk I need to have some tests that I they say that everything is ok [...] "(E03).*
> *"Our great difficulty is the cultural issue, we note that having normal childbirth is still seen as something abnormal. So the cultural issue for both the user, the professional and especially the physician is the great difficulty [...] and because in the birth center only obstetrical nurses work, it is still seen as an institution that is not safe for a woman to give birth [...] "(E04).*

"My difficulty is resistance in the transfer, unfortunately the Normal DeliveryCenter is not seen as a partnership of the maternity [...]" (E08).

The interviewee E07 complements that:

> *"... we feel that the professionals are not very receptive, they look at you and sometimes they treat you as if they were not professionals, as if they were suspicious of your conduct ..." (E07).*

Lack of care during prenatal care prevents early complications such as: hypertensive disorders, urinary tract infections, diabetes, among others, which may occur during pregnancy. Thus, the insufficient number of consultations performed during prenatal care makes it difficult to conduct adequate interventions to ensure a healthy outcome of gestation and birth in a normal-risk childbirth that can be followed by the obstetrician nurse (MARTINELLI *et al.,* 2014). In this way, Almeida; Alcântara and Araujo (2017) complement the importance of prenatal care, before the preparation of the woman, through appropriate guidelines and clarifications, in the face of her fears and expectations for the moment of parturiton, because the lack of information regarding the types of delivery attracting the pregnant woman to opt for the surgical delivery, due to the fear of the pain felt during the evolution of the normal birth, therefore, strengthening the cesarean culture, in which the woman loses its protagonism to the biomedical model. In view of the erroneous culture of which the presence of the physician is essential in the conduct of normal delivery, obstacles remain to be overcome by obstetrical nurses in the autonomy of their performance. Even with all the proven benefits at the Normal Delivery Centers, where care is only implemented by nurses in a competent way and with models based on humanization, there is still resistance to being accepted by other professionals, doubting that nurses can provide comprehensive care to women in all phases of childbirth (Almeida; Gama; Bahiana, 2015). Despite this, the medical class assumes that the obstetric nurse cannot conduct the physiological delivery without distortion, by challenging their abilities and skills subjecting the professionals to numerous questions about their scientific knowledge and decision-making power. Even with the whole historical process for the recognition of the nurse in assisting in childbirth care, it is essential that the category be self-confident in order to achieve it professional autonomy (SOUZA *et al.,* 2015).

The assistance of the nurse obstetrician in the care of the woman in the labor, parturition and puerperium in the Normal Delivery Centers: During the phases that make up normal parturition, it is essential that the team dispense the pregnant woman and her family members with quality care. And the obstetric nurse understands the reception as a form of humanization in health care practices. The following

participants' statements show their commitment to offer women quality care during the parturition process, guiding the care provided according to what is recommended by the Ministry of Health and Stork Network.

"... within the NDC all the humanization recommendations that the Ministry of Health and the Stork Network recommend for this woman, we really try to make it happen in labor and childbirth of it ... it is admitted in labor in the active phase with 4 cm or more, with effective contractions, then from that moment assistance is given, observing fetal vitality, labor progress, and all these findings, these evaluations always described in medical records, with parameters and documents which show us in graphs, not only partogram, more vitality chart and uterine dynamic chart, to accompany that everything is kept according to what is physiological, as is expected in normal childbirth [...] we also include and love to include non-pharmacological methods for pain relief during labor [...] we use various methods such as aromatherapy, music therapy, visualization, massage, ball exercise [...] in short everything that is possible to provide as a non-pharmacological method for this patient we offer only do not perform epidural analgesia [. ...] and from that moment the presence of the companion is also emphasized ... "(E06).

"... they are going to give birth to free choice, the position they decide, we show all possible positions, she experiences, and she will decide the position she wants to give birth, we try to intervene as little as possible ..." (E01).

"[...] we were able to provide continued care during labor, in addition to checking the fetal heart ratein the active period every 30 minutes and the expulsive period every 5 to 15 minutes [...]" (E07)."... we do not perform directed pulls, then the force is the one that determines, we receive theNB, the baby goes directly to the mother's lap to be breastfed, we respect the golden hour and all the procedures are closed there, if everyone is well, if nobody needs anything of any kind ... all the procedures that can wait are performed after that first hour, then we review the birth canal, and the placental deprivation occurs spontaneously [...] "(E02). "[...] if there are intercurrences we can and should intervene, perform an immediate clampdown, provide some emergency maneuvers with thisNB, and if it is necessary to make the separation of the mother outside this everything is done with the baby in the lap [...] "(E06). "[...] in the puerperium she spends 24 hours with us, we evaluate the bleeding, the uterine involution is occurring, we evaluate and help breastfeeding, so that she leaves here with an effective breastfeeding ... the puerperium consultation is done on the fifth day that is the peak of bilirubin, to check whether the baby has jaundice or not [...] "(E02). "... evaluating and accompanying this woman in a humanized way, doing something different, initiating a change is not easy, but it is possible and we are here to prove [...]" (E08).

The nursing team is indispensable in the use of non-pharmacological methods for pain relief, reducing the use of medications, guaranteeing comfort and making childbirth humanized, with this, giving the woman a positive experience of childbirth (SOUZA *et al.,* 2015). Therefore, non-pharmacological methods of pain relief may be associated, such as: immersion or shower bath with warm water, lumbar massage, use of Swiss ball, horse and muscle relaxation, these techniques are aimed at minimizing the perception of pain during labor (ANDRADE *et al.,* 2017). Therefore, obstetrical nurses aim to use interventions that benefit not only the parturient but also the newborn throughout the care provided, providing immediate skin-to-skin contact in order to prevent neonatal hypothermia by encouraging early breastfeeding and ensuring its continuity, with the aim of reducing the risks of postpartum haemorrhage, the timely clamping of the umbilical cord, as a prevention of the risk of anemia and respecting the golden hour that strengthens the affective bond between mother and baby (FREIRE *et al.,* 2017). During the puerperium it is necessary to have an intensive surveillance of the nursing team, since it is the period in which the woman can present a high risk of developing hemorrhages, the palpation of the uterine fund should be performed and uterine contraction, control intermittent auscultation of fetal heart rate (FHR), observing the emotional state and strict control of vital signs (GOMES; SANTOS, 2017).

Experiences experienced by obstetrician nurses at the Normal Delivery Center: The conduction of humanized delivery within the NDC allows the obstetrician nurse to experience singular and rewarding experiences that favor the encouragement of this professional to continue performing a differentiated and welcoming assistance rescuing the childbirth as a physiological event, being this action dignifying for the professional life, as it was demonstrated in the following reports.

"... when you are in the NDC you are invited to participate in the physiology and not to think that you are the center of attention at that moment, and to realize that the birth is of the woman, that you are there simply to watch [...] "(E02).

"... I work in other institutions, but it is here in the NDC that I actually live the humanized childbirth happening, it is not to flourish saying that it will always be beautiful, everything perfect [...] no! It can happen some situation that wants to escape a little of what we are expecting more in general is where we see that is returning to the origins ... we often hear some people say you have the normal birthing fashion ... so we tried to make the woman look again and many of them wanting or not after they have been born say: "the normal delivery was actually better! "At the time of the pain we did not talk about it, but after the delivery everything is better the recovery, the freedom and the autonomy that it has over the body itself, about the care with this newborn is totally differentiated, after a birth that was not she saw that everything happened as nature did and the Lord God made it happen in her life [...] "(E06).

"[...] here I already had the feeling that I am in a bubble, had a day I was here in this PPP, I believe that the woman was already nine inches at that time ... the woman was on the horse, outside there was a beautiful moon, the sky full of stars, and the woman in labor out there listening to music, along with her husband. And I was thinking [...] My God! How and where else could I act, that I would live this moment? [...] "(E07).

"[...] in these two years of NDC has never been performed an episiotomy and will never be performed, lacerations can

happen? They can! But it is not always and they are not all that need to suture [...] "(E06).

"[...] and today I am very grateful for this experience, I believe that in two years of assistance I can see that everything is intense, because each childbirth is really a story, but it is possible to prove that obstetrical nursing gives a watch a birthing without distortion [...] "(E08).

In the face of many unnecessary behaviors and interventions in the care of women, changes have been recommended by the World Health Organization (WHO) together with the Ministry of Health. This has encouraged obstetrical nurses to rescue natural childbirth so that it is seen as a physiological process. through their experiences they began to have a new vision of humanized care, valuing the individuality of women in the parturition and puerperal process (POSSATI *et al.,* 2017). According to Garcia; Teles and Bonilha (2017), the use of non-pharmacological methods is valued at the NDC, where the obstetric nurse dispenses with unnecessary procedures such as oxytocin, episiotomy and aminiotomy among others, used only in appropriate situations. In this sense, having a care centered on the needs of the parturient, preserving the corporal and emotional integrity thus bringing better maternal and neonatal results. Thus, obstetrical nursing based on scientific evidence and its exchanges of experience has empowered and guaranteed the quality of care to this woman, assuring her direct and protagonism at the time of delivery, believing that there is no need for medicalization for a satisfactory outcome in the process parturitivo (PERREIRA; RIBEIRO, 2016).

Conclusion

The construction of this study allowed us to prove the obstetric nurse's commitment to the rescue of the physiological birth and to promote a humanized assistance during labor, parturition and puerperium, basing her care on good obstetrical practices, with the purpose of giving women autonomy over your body and give positive experiences at the time of giving birth. Thus, the Normal Delivery Center contributes to the autonomy of the obstetric nurse in the conduct of the usual risk childbirth, since it is a professional endowed with skills and conduct based on evidence providing an integral and individualized care, guaranteeing respect for women's rights, of the newborn and its companion, as recommended by WHO. With this, the obstetric nurse plays an important role in the change in the daily routine of parturition, as it seeks to humanize all the procedures performed, eliminating the practice of unnecessary interventions routinely used in childbirth care, seeking to focus their attention on the real needs of the parturient through a holistic vision, which confers a closer relationship between the user and the Professional, favoring the increase of the woman's confidence and the reduction of her anxieties and fears in order to experience a long-awaited moment that is the birth of a child. Therefore, it was possible to observe that the obstetrical nurse prioritizes and encourages non-pharmacological methods of pain relief as a resource to provide women with a better experience of the parturition process, as it alleviates the discomfort caused by uterine contractions, reduces stress and strengthens participation active, which confronts the traditional model of assistance. Nevertheless, difficulties are also faced in regard to the assistance to normal parturition, conducted by obstetrical nurse in the NDC, being questioned, many times, the technical and scientific competence of these professionals, however, it should be emphasized the quality of assisted obstetric nursing care by scientific evidence, both for the application of humanized practices and for carrying out interventions when necessary. Given this, the importance of the obstetric nurse in the comprehensive care for childbirth within the NDC is evident, as it acts in a committed way with good practices throughout the parturitive process, demonstrating the benefits to the mother-child binomial, thereby strengthening humanization in the care as the model of care to be followed.

Also, there is still a long way for nursing to occupy the space and recognition it deserves within the obstetric area. However, Normal Delivery Centers has been shown to be a normal parturition scenario, increasing the scope of obstetrical nurses exclusively to help with normal childbirth. This is the only extra-hospital NDC in the northern region, where care is exclusive to the nursing team throughout the parturition process. With this, it is necessary to raise the importance of the implantation of more NDCs in the northern region and in Brazil to leverage observer nursing notoriety and to increase the possibility of more women being assisted during labor and parturition in a respectful, dignified and value your wants and physiology.

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