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WOMEN'S PERCEPTIONS ABOUT NURSING CARE DURING NORMAL DELIVERY

PERCEPÇÕES DE MULHERES SOBRE A ASSISTÊNCIA DE ENFERMAGEM DURANTE O PARTO NORMAL

PERCEPCIONES DE LAS MUJERES SOBRE LA ATENCIÓN DE ENFERMERÍA DURANTE EL PARTO NORMAL

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Objective: to know women's perception about the nursing care received during the normal delivery process. Method: descriptive research with qualitative approach, carried out in two public maternity hospitals in Salvador, Bahia, Brazil. Data were collected by interview between November 2017 and April 2018. The participants were 13 women. Data systematization was performed by Bardin's theoretical framework. Results: two scientific categories emerged: Nursing care permeated by satisfaction; and care permeated by vertical relationships and feelings of abandonment. The women verbalized satisfaction with Nursing care, related to the application of non-pharmacological methods for pain relief, support and promotion of well-being, despite the vertical-oriented process of relationships and the absence of professional follow-up. Conclusion: women's perception about Nursing care received during the normal delivery process was dichotomous.

Descriptors: Nursing Care. Childbirth Assistance. Obstetric Nursing. Normal Childbirth. Humanized Childbirth.

Objetivo: conhecer a percepção de mulheres sobre a assistência de Enfermagem recebida durante o processo de parto normal. Método: pesquisa descritiva com abordagem qualitativa, efetuada em duas maternidades públicas de Salvador, Bahia, Brasil. A coleta de dados foi efetuada por entrevista, entre os meses de novembro de 2017 e abril de 2018. Participaram da pesquisa 13 mulheres. A sistematização dos dados foi realizada pelo referencial teórico de Bardin. Resultados: emergiram duas categorias científicas: assistência de Enfermagem permeada por satisfação; e assistência permeada por relações verticais e sentimentos de abandono. As mulheres verbalizaram satisfação com a assistência de Enfermagem, relacionadas à aplicação dos métodos não farmacológicos para alívio da dor, apoio e promoção do bem-estar, embora também se fez presente a verticalização das relações e a ausência de acompanhamento profissional. Conclusão: a percepção das mulheres sobre a assistência de Enfermagem recebida durante o processo de parto normal foi dicotômica.

Descritores: *Assistência de Enfermagem. Assistência ao Parto. Enfermagem Obstétrica. Parto Normal. Parto Humanizado.*

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Objetivo: conocer la percepción de las mujeres sobre la atención de enfermería recibida durante el proceso normal de parto. Método: investigación descriptiva con enfoque cualitativo, realizada en dos hospitales públicos de maternidad en Salvador, Bahía, Brasil. Los datos fueron recogidos por entrevista entre noviembre de 2017 y abril de 2018. Participaron en el estudio 13 mujeres. La sistematización de datos fue realizada por el marco teórico de Bardin. Resultados: surgieron dos categorías científicas: cuidados de enfermería impregnados de satisfacción; y la asistencia impregnada de relaciones verticales y sentimientos de abandono. Las mujeres verbalizaron la satisfacción con la atención de enfermería, relacionada con la aplicación de métodos no farmacológicos para el alivio del dolor, el apoyo y la promoción del bienestar, aunque también estuvieron presentes la verticalización de las relaciones y la ausencia de seguimiento profesional. Conclusión: la percepción de las mujeres sobre la atención de enfermería recibida durante el proceso normal de parto fue dicotómica.

Descriptores: Cuidado de Enfermería. Asistencia al Parto. Enfermería Obstétrica. Parto Normal. Parto Humanizado.

Introduction

Obstetrical care to women has experienced changes in the past twenty years, especially regarding the care to delivery and childbirth. These changes led to a 44% reduction in deaths of women of childbearing age worldwide from 1990 to 2015[1]. The care provided by nurses is part of this context of advances, since the performance of these professionals, based on the humanization of care for delivery and childbirth, is closely related to changes in care practices that institutionalized the process of pregnancy and giving birth, which can greatly contribute to the empowerment of those women during childbirth[2].

The obstetric nurse's care reinforces the important contribution of this professional concerning care practice, in accordance with the recommendations for humanized care at delivery and childbirth. This care is capable of reconfiguring the model of delivery care, besides contributing to changes through an autonomous, collaborative, quality action, in compliance with national and international public health policies[3].

Health managers should provide conditions for the implementation of the care model that includes the obstetric nurse and the obstetrician in low-risk childbirth care, for presenting advantages in relation to the reduction of interventions and providing greater satisfaction of women. The transformation of the obstetric care model is a current challenge that requires efforts from both health managers and professionals[4].

The reason many women fear normal delivery is the large number of interventions, often unnecessary, that surround obstetric care: prolonged fasting, venous access, labor-inducing medications, Kristeller maneuver, episiotomy, among others. Thus, added to the fear of pain and the statements that question the ability of women to give birth, cesarean section becomes a relief[5]. This scenario may have influenced the increase in the cesarean section index in recent years in Brazil.

Thus, in order to strengthen the humanization of childbirth care, whether vaginally or not, women should be included as the center of the delivery process, respecting and encouraging their autonomy and freedom of choice at decision-making moments. Therefore, it is extremely important to recognize the nurse's performance in this scenario, because this professional brings in essence an assistance that transcends the use of technical procedures and involves sensitivity[6].

Several studies have demonstrated the Obstetric Nursing's role in improving care, which is also recognized by the World Health Organization (WHO) as a possibility for reducing unnecessary procedures, as well as reducing perinatal morbidity and mortality[1-7]. In addition, some strategies have been launched in recent years to disseminate the process of humanization of delivery and childbirth. Thus, the following question arose: how do women perceive the care of this professional category? Therefore, this

research aims to know the perception of women about nursing care received during the normal delivery process.

Method

This is a descriptive, exploratory and qualitative research, linked to the matrix project "Social actors and factors involved in the delivery process", developed in two public maternity hospitals. Considering that the first study site began to be renovated, receiving only clinically regulated high-risk patients, we asked the Research Ethics Committee (REC) to expand the data collection site. Both institutions provide academic assistance with similar profiles of users, located in the city of Salvador, Bahia, Brazil.

This research was inserted in the Brazil Platform and evaluated by the Research Ethics Committee, obtaining a favorable Opinion n. 2026663/2017. The ethical and legal components were respected at all stages of the research, in accordance with Resolution n. 466/12 of the National Health Council (CNS). The participants were approached and invited to participate in the research; then they signed the Informed Consent Form (ICF), containing information on the measures that ensured anonymity and confidentiality about the origin of the data obtained. The participants were identified with the letter "W" of woman, followed by a cardinal number, related to the order of occurrence of the interview: W1, W2 to W13.

The research participants were randomly chosen, according to the following inclusion criteria: 24-hour normal postpartum women, with delivery predominantly assisted by an obstetric nurse, confirmed in medical records, and who received assistance during labor and delivery in the maternity hospitals surveyed. Postpartum women underage, who gave birth while going to the maternity hospital, or regulated from another institution, were excluded. The interruption of data collection and the definition of the selected sample size occurred with theoretical saturation in the thirteenth interview.

The data collection period occurred between November 2017 and April 2018. The technique chosen for the collection was the interview, because it provides less distortion of the reality to be researched, due to its breadth and flexibility. The instrument used was a semi-structured form. The first part of the form focused on the sociodemographic and obstetric characterization of the participants and the second part was the guiding question: how was the care received from Nursing during the whole delivery process?

The interviews lasted an average of 20 minutes and were recorded through an electronic recorder and thus fully transcribed, until achieving no new perceptions that could add other inferences in the recording units. After organizing the statements, the information on the perception of women about nursing care received during the normal delivery process was grouped.

The data were interpreted based on the Content Analysis theoretical framework, proposed by Bardin[8]. This technique goes through essential stages for the understanding and better exploration of the collected material by reading the interviewees' discourses and agglomeration in cores of the central ideas of each one's speech.

Initially, a pre-analysis of the floating reading of the material was performed. Then, a thorough reading was performed for the familiarization with the content and to favor the construction of the categories. Clippings were performed in meaning units, through analysis and selection of fragments of interviews that expressed the perception of women about the nursing care received during the normal delivery process. Subsequently, there was the last stage, of inference, which allowed the treatment and interpretation of the results, supported by authors that discuss the theme.

Two scientific categories emerged from the interviews, with the first requiring subcategorization to facilitate the grasp of the content from the participants' statements: Category 1 – Nursing care permeated by satisfaction, Category 2 – Care permeated by vertical relationships and feelings of abandonment.

Results

The participants were 13 women, with a mean age of 31 years. Regarding education, ten women stated that they had completed high school, two had higher education and only one woman had incomplete elementary school. Concerning the economic situation, seven had individual income and six were unemployed. Family income ranged from 1/5 to 6 minimum wages; brown color was predominant. As for the number of pregnancies, the average was three pregnancies per woman.

Category 1– Nursing care permeated by satisfaction

The study participants report satisfaction with Nursing care related to the care received, the promotion of well-being provided to them and the development of a relationship of trust.

Sub-category 1– Received care

The women stated that they were satisfied with the Nursing care during the delivery process. Therefore, there were reports of comfort promotion, tranquility and pain relief, evidenced in the following statements:

> *I have already been to another maternity hospital, and they did not treat me as well as they did here, I felt like I was home.* (W1).

> *The* [nursing] *team helped me, encouraged me. The delivery here was differentiated, private-clinic type. I had this impression, by the care of the people around me. They treated me very well.* (W2).

> *I found the assistance I received good. What I most liked was that no one was rude to me, they were polite with me, they spoke calmly.* (W10).

> [...] *when I left* [the admission], *I talked a lot about the nurses' role, who gave me all this support. It was very important to me. I felt embraced by it. You know, when you put all your trust in that person, this happened with me.* (W12).

Sub-category 2 – Promoting women's well-being

Nursing care was often associated with the word comfort, denoting a promotion of the well-being of those women:

> *The nurse was next to me, holding my hand, every pain I felt she told me to hold her hands, to shake her hand.* (W8).

> *I felt comfortable with the treatment of the employees here, they supported me holding my hand, giving me strength.* (W11).

> *The* [nursing] *care was great, because they treated me well, gave me the attention I needed, helped in many things in my delivery process, especially in what I should do. I already knew, but they helped me take a bath, walk.* (W13).

The National Humanization Policy considers humanization as the valorization of the subject, respecting his/her autonomy; the women in this study felt valued in their delivery process:

> *They asked me permission to touch* [the nurses], *they told me it would not hurt, they were careful. The way they spoke and treated me, they were polite.* (W2).

> *They explain the best options, they let me choose. They explained everything right. In everything they* [nurses and nursing technicians] *thought, even a lamp, if it was off or on, what was better, they asked me.* (W9).

Category 2 – Care permeated by vertical relationships and feelings of abandonment

Women identify the application of soft-hard and hard technologies during the delivery process. Those women, based on common sense, probably interpret the execution of these procedures as something strictly necessary:

> *We lie down, stretch, bathe in hot water and I hate bathing in hot water, especially in the lumbar. And the contractions were in the lumbar.* (W10).

> *They* [nurses and nursing technicians] *pulled me out of bed and told me to do squats so I could give birth.* (W5).

> *I came and stayed on the ball, then she* [nurse] *told me to walk, everything she told me to do.* (W1).

During labor, women experience feelings such as discomfort, abandonment and neglect:

> *I called politely, but no one showed up. Nurse, please come here and take a look to see how I am, but no one showed up and I was in pain alone.* (W6).

> *I spent the whole night all alone. I stayed in that admission room, feeling terribly cold, complained I was cold, no one cared, I spent the whole night without any assistance, I even wanted to leave the hospital. (W9).*

Discussion

The women in this research report satisfaction with nursing care, relating it to the care received

during the treatment according to individual and subjective needs, standing close to them and receiving words of encouragement during the parturition process. Satisfaction with delivery and childbirth is linked to cultural factors, previous experiences and, above all, to the care and treatment received during labor[9].

Nursing care during the parturition process is imbued with a feeling of support, expressed by the action of holding the hand, which provides the woman with a feeling of tranquility and establishes a relationship of trust among those involved in the delivery scenario. This relationship of mutual trust developed between nursing and the woman favors her well-being. Thus, it is necessary to create bonds through interaction and listening capacity, in order to make those relationships more horizontal and therapeutic, which also includes professional competence with problem-solving capacity[10].

The applicability of non-pharmacological methods of pain relief, bathing and ambulation was highlighted as one of the components involved in women's satisfaction in relation to Nursing care. These methods are practices that can be developed by health professionals to provide humanized care to the parturient. Such practices involve respect and emotional support, besides stimulating the active participation of companions and parturients themselves in the delivery process[11].

The informed consented of the nurse for the performance of vaginal touch, the concern of aspects of ambience that can generate discomfort for women, such as lighting, were aspects addressed in the women's statements. The information offered by the Nursing team, such as asking which position the parturient wishes to give birth, the incentive to ambulation or a bath, implies the valorization of her autonomy in her labor. The offer of a cozy environment is part of a commitment that health units must have with the ambience in order to provide well-being to these women[12].

It is necessary and respectful to inform the woman about the procedures that will be performed on her body during the parturition process. A horizontal relationship between health professionals and parturients should thus give women the freedom to choose or refuse consciously any procedure related to her body; and this choice needs to be in line with her well-being[13].

Valuing women's protagonism is one of the most efficient ways to humanize childbirth care, learning to share knowledge and recognizing women's rights at a time that is entirely hers, rescuing physiological processes in the parturition process[11]. Women's care in the delivery process may reveal a scenario of meetings between professionals and women, so that both can place one another in a relationship of existentiality[14].

In care relationships, especially in childbirth care, professionals historically assume a posture of conducting the care process. This fact is also related to the health worker's freedom in his/her work process. Subjectivity is a reality operator, that is, the singular way in which each one means work, and care influences the way health action is produced. In this sense, in a scenario in which women feel fragile, vertical care relationships have several expressions, including vertical ones[15]. Thus, this research identifies the position of the nurse and nursing technicians as subjects who order to sit, bathe, walk, and the woman's position as a passive person who performs what had been ordered.

Warm bathing is effective in relieving pain during labor, as it provides muscle relaxation. However, it is a mistake to generalize this beneficial effect for all women. This practice evidences the sovereignty of the scientific view on the human body in a relationship in which the body is considered as an object of science[16].

The comparison with the care of private institutions in the women's speech permeates the understanding that, in public hospitals, childbirth is undifferentiated, not taking into account the uniqueness of each woman. The dismay with pregnant women who use public services has been widely disseminated[17]. The feeling of abandonment was related to the expectation of having professionals close to them, which was not effective. The neglected treatment of professionals, added to the lack of information, shows neglect and is configured

as institutional violence. This can be expressed, for example, by the negligence in the care and omission of analgesic medication when technically indicated[18].

In general, women' expectations about the delivery experience in the maternity hospital are constructed historically and socially, which can impute in their perceptions values related to (dis)satisfaction with the entire delivery process. The absence of continuous follow-up during labor, cited by women, transcends satisfaction and demonstrates fragility in care. In addition to strengthening a perception of abandonment in maternity hospitals, it contributes to women's insecurity, since, if this care does not occur in a timely manner, outcomes unfavorable to delivery and childbirth may occur, impacting maternal and neonatal mortality rates[18].

Although the research was developed in two maternity hospitals, the first of them underwent a process of renovation of the obstetric center, receiving only regulated patients and outside the usual obstetric risk, limiting data collection. This situation allowed continuing data collection in another maternity. Another limitation was the absence of the documental analysis of medical records, which would help differentiate the care of the obstetric nurse to justify the procedures implemented. Nevertheless, the findings of this study may support reflections about the elements that involve assistance to women in the parturition process.

Conclusion

Women's perception about the nursing care received during the normal delivery process was dichotomous, permeated by satisfaction, tied to the care received by the team upon providing well-being through the development of a relationship of trust, existentiality, offer of support, words of encouragement and use of non-pharmacological methods for pain relief in the delivery process.

However, there were findings of dissatisfaction related to the vertical-oriented process of relationships, lack of professional follow-up and trivialization of pain during labor. This problem needs to be constantly discussed because it demonstrates fragility in care and exposes women and newborns to unexpected outcomes in the parturition process, including gender clipping, since these women are more vulnerable to violation of rights.

Collaborations:

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