

PRÁTICAS DE ATENÇÃO AO PARTO E NASCIMENTO: UMA REVISÃO INTEGRATIVA

LABOR AND BIRTH CARE PRACTICES AN INTEGRATIVE REVIEW

PRÁCTICAS DE CUIDADO AL PARTO Y NACIMIENTO: UNA REVISION INTEGRADORA

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RESUMO

Objetivo: identificar na literatura científica as práticas de atenção ao parto e nascimento desenvolvidas pelos profissionais de saúde no Brasil. **Método:** Trata-se de uma revisão integrativa, realizada na biblioteca eletrônica SCIELO, na base de dados especializada em enfermagem e na Literatura Latino-Americana e do Caribe em Ciências da Saúde. **Resultados:** das 172 publicações encontradas, 15 foram incluídas no estudo. Algumas publicações destacam as boas práticas ao parto e nascimento úteis, como apoio, acolhimento e medidas não farmacológicas para alívio da dor, e outras publicações apontaram alguns entraves para efetivar as boas práticas como a episiotomia de rotina. **Conclusão:** espera-se que esta revisão contribua para a construção de novas pesquisas e na área da saúde, permitindo, dessa forma, reflexão, e fortaleça o papel dos profissionais da saúde, especialmente do enfermeiro.

Descritores: Saúde da mulher; Parto normal; Parto humanizado; Enfermagem.

ABSTRACT

Objective: To identify the scientific literature about the practices of attention to labor and birth, developed by health professionals in Brazil. **Method:** It is an integrative review, held in Scielo electronic library, in specialized database in nursing and in the Latin American and Caribbean Literature in Health Sciences. **Results:** Of the 172 publications found, 15 were included in the study. Some publications highlight good practice in labor and delivery useful as support, hosting and no pharmacological measures for pain relief, and other publications pointed out some obstacles to effect good practices such as routine episiotomy. **Conclusion:** It is expected that this review will contribute to the construction of new research and in health and thus enable reflection and strengthen the role of health professionals, especially nurses.

Descriptors: Women's health; Natural childbirth; Humanizing delivery; Nursing.

RESÚMEN

Objetivo: Identificar en la literatura acerca de las prácticas de atención del parto y nacimiento, desarrollado por profesionales de la salud en Brasil. **Método:** Se trata de un examen integrador, celebrada en la biblioteca electrónica Scielo, en la base de datos especializada en la enfermería y en la Literatura Latinoamericana y del Caribe en Ciencias de la Salud. **Resultados:** De las 172 publicaciones encontradas, 15 fueron incluidos en el estudio. Algunas publicaciones destacan las buenas prácticas en el trabajo de parto útil como apoyo, alojamiento y medidas no farmacológicas para aliviar el dolor, y otras publicaciones señalaron algunos obstáculos para llevar a cabo buenas prácticas como la episiotomía de rutina. **Conclusión:** Se espera que este estudio contribuya a la construcción de nuevas investigaciones y en la salud y permitir así la reflexión y reforzar el papel de los profesionales de la salud, sobre todo enfermeros.

Descriptores: Salud de la mujer; Parto normal; Parto humanizado; Enfermería.

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Como citar este artigo:

Silva TC, Bisognin P, Prates LA, et al. Práticas de atenção ao parto e nascimento: uma revisão integrativa *Labor And Birth Care*. Revista de Enfermagem do Centro-Oeste Mineiro. 2017;7:e1294. [Access_____]; Available in:_____.Doi: <http://dx.doi.org/10.19175/recom.v7i0.1294>

INTRODUCTION

Childbirth is considered an experience full of meaning, built from the uniqueness and the culture of each woman in labor⁽¹⁾. Thus, humanized obstetric care aim the promotion of respect for the rights of women and children, with conducts based on scientific evidence. Actions aimed at humanization of childbirth promote reflections on the obstetrical care that used to be adopted in the past, when fewer interventions were conducted⁽²⁾. Therefore, the care provided during the process of pregnancy and childbirth may cause positive or negative effects on women, newborns, companions or families.

In 1996, the World Health Organization (WHO) developed a classification of common practices in normal births, guiding to what should and what should not be done in the labor and birth process. This classification was based on scientific evidence from research conducted all around the world and has the purpose to define adequate and safe practices for obstetric care and ensure qualified, humane and safe care for mothers and their children. Thus, recommendations were classified into four categories: confirmedly useful practices that must be encouraged; clearly harmful or ineffective practices that must be eliminated; practices without sufficient evidence to support a clear recommendation and which should be used with caution until further research clarify the matter; practices often improperly used⁽³⁾.

In line with this, in order to continue the classification developed in 1996 by the WHO, the Ministry of Health (MOH) implemented in 2000 an extensive process of humanization of obstetric care through the Program for Humanization of Prenatal and Childbirth (PHPC).

This strategy has the objective to rescue an obstetric care that may be highly qualified, integrated and humanized during prenatal, labor and postpartum periods, with the involvement of states, municipalities and health institutions⁽⁴⁾. In 2001, the MOH published the manual named "Childbirth, abortion and puerperium: humanized assistance to women", based on science and on WHO recommendations, which recognizes the importance of humanization of care for women during pregnancy and childbirth to improve the quality of care provided, and encouraging the need for psychosocial monitoring or support during labor⁽⁵⁾.

The search for humanized care during labor and childbirth is a subject of great interest, although the paths to achieve this goal have major obstacles. The increase of humanized practices in the assistance to parturition seeks attitudes and behaviors of health professionals that may contribute to strengthening the health care as a right of all women. However, many health institutions present resistance to these recommendations, especially in Obstetric Centers⁽⁶⁾.

Currently, the care model used by obstetric and neonatal nursing has been based on the humanization of assistance provided to women and newborns, as well as public health policies, making use of appropriate and necessary technologies, valuing the culture, beliefs and ways of life of each woman⁽⁷⁾. Based on this, nursing plays major role in building a more promising outlook for care during labor and birth in Brazil.

Given the above, this review study was justified by the possibility of synthetizing and analyzing the scientific literature on labor and birth care practices developed by health professionals in Brazil. The objective was to 'to identify the scientific literature on labor and childbirth care practices developed by health professionals in Brazil.

METHOD

This is an integrative review. This is a research method that aims to gather and synthesize results of research on a limited topic in an orderly and systematic manner. It refers to a method that allows the deepening of knowledge about a given investigated theme, the synthesis of multiple published studies and general conclusions about a particular area of study. It is important to note that through this methodological strategy, health professionals from several areas have quick access to the most relevant research results that can justify their conduct or decision making, providing critical knowledge and qualified action⁽⁸⁾.

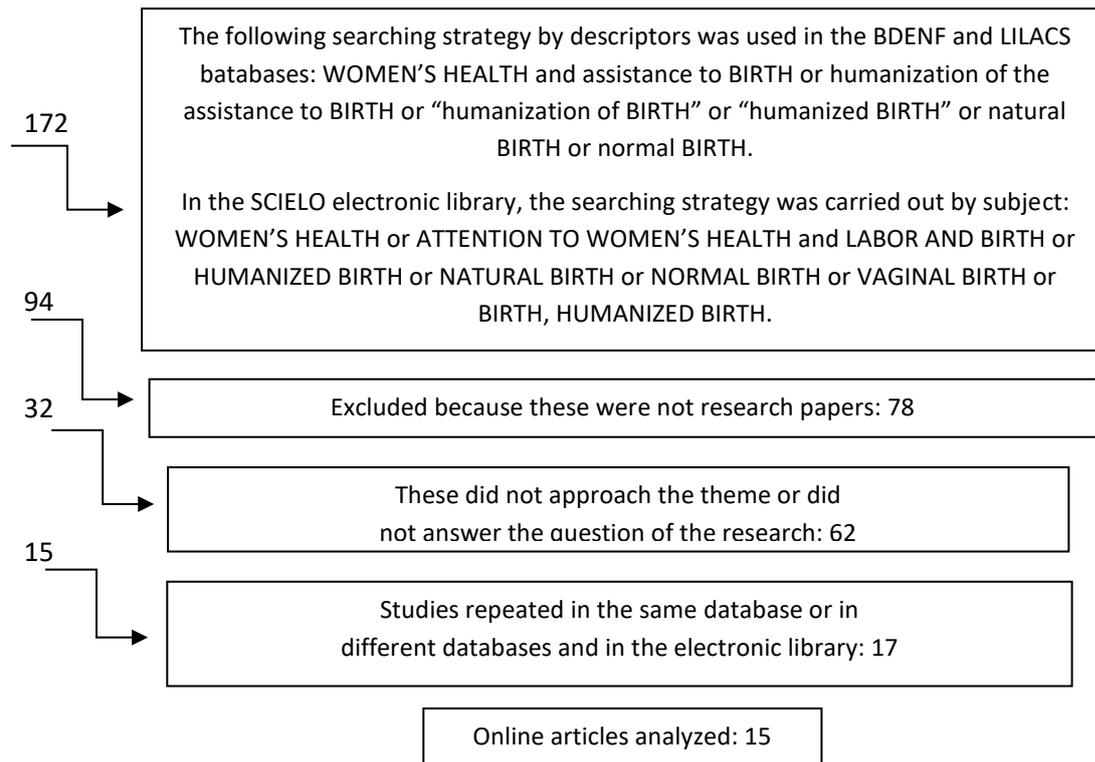
In order to perform the review, the following stages were carried out: establishment of the goal of the integrative review; establishment of criteria for the selection of studies; definition of the information to be extracted from selected articles; analysis of results; presentation and discussion of results⁽⁸⁾. The question that guided the research was: What are the best practices of care adopted by health

professionals in Brazil during labor and birth found in the scientific literature?

Inclusion criteria were: original research carried out in Brazil and published in English, Portuguese or Spanish; available *online* and free for download; studies completed from 1996 onwards. Noteworthy is the timeframe adopted, because the publication about the best practices of attention to labor and birth was launched by

the WHO in 1996. Exclusion criteria: studies that did not approach the theme or did not respond to the guiding question. The literature search took place in September 2015 in the Bibliographical database Specialized in the Nursing Area of Brazil (BDENF), the Scientific Electronic Library Online (SciELO) and Latin American Literature in Health Sciences (LILACS). The following figure shows the search process.

Figure 1 - Flowchart of the search and inclusion of studies.



Data source: Authors.

The selected articles were read in full length and arranged in an analytical table containing the identification of the article, the objective, the method used and the labor and childbirth care practices performed by health professionals. This table was developed for organizing data and for further analysis. The qualitative textual analysis was used for analysis and evaluation of studies, so that the content analysis comes from scientific productions⁽⁹⁾. This method involves the analysis of texts and discourses, considering that this is a discursive formation⁽⁹⁾. This type of analysis is useful when we want to summarize the main issues to reconstruct and systematize them. Ethical principles of the study were preserved, with proper reference

to all authors consulted, according to the Copyright Law⁽¹⁰⁾.

RESULTS AND DISCUSSION

Among the 15 articles analyzed, 14 (93.3%) consisted of research studies with qualitative approach, and one was a quantitative survey (6.6%). Most publications were conducted in the Southeast, with six studies (40%), and in the Northeast, with five (33.3%), followed by the South with four studies (26.6%). As for the years of publication, four papers were published in 2012 (26.6%), three (20%) were published in 2011, two (13.3%) in 2009 and 2013, and one (6.6%) in 2004, 2005, 2010 and 2015. It was observed that in recent years the studies related to the humanization of labor the rescue of good

care practices to labor and birth were intensified, possibly justifying the greater number of publications in recent years. We can cite the Manual of Good Practices of Attention to Labor and Birth⁽³⁾ and the Program for Humanization of Prenatal and Birth, under the National Health System.

Among the journals that stood out in the publication of the articles, there is the Journal of Research: Text and Context, with three publications (20%); Anna Nery School Nursing Journal, Nursing Journal UERJ, Nursing Journal of Brasília and Journal of the Northeastern Nursing Network with two publications each (13.3%); The magazine Care is Fundamental *online*, UFSM Journal of Nursing, Nursing Cogitare and USP Journal of Nursing with one publication each (6.6%).

As for the scenarios, it was found that the studies were performed in obstetric centers and public and private maternity hospitals. Nursing stands out as the professional area that produced more studies, with 14 studies (93.3%) on the theme, followed by Medicine with 7 studies (6.6%). This number of studies in nursing is considered expected, in view of the relevant consideration of these professionals in this scenario. Nursing is seen as playing an essential role in changing labor and birth care practices because nurses with humanistic and solidarity education can serve as articulators in the operationalization of the Policy of Humanization of Labor and Childbirth⁽²⁴⁾.

Figure 2 presents the synthesis of the results found in studies.

Figure 2 - Synthesis of the studies included in the integrative review of care practices carried out by health professionals.

A12	Care practices during labor and birth developed by health professionals in Brazil.
A13	Initial reception of women in labor and their companions in obstetrical units is essential as measure to relief the discomfort coming from the parturition process; information.
A14	Relationships of respect and care, information, infrastructure and resources.
A15	Hosting the parturient and her companion; choice of the place of birth; information; individual plan of care.
A16	Respect for the choice of the companion; support, use of non-pharmacological method for pain relief.
A17	Companion, monitoring the physical well-being of women, information, privacy, individual plan, technical skills avoiding unnecessary use of routine techniques, scientific basis, valuing women.
A18	Monitoring delivery, respect for autonomy, information, non-invasive methods, freedom and respect.
A19	Hosting and formation of bond with the mother and family; respectful, individualized and prioritizing the psychological and cultural aspects; avoiding routine practices.
A20	Episiotomy, trichotomy, oxytocin, lithotomy position.
A21	Support, information, monitoring of the physical well-being of women, fluid supply, companion.
A22	Relaxation, autonomy, non-pharmacological methods, monitoring.
A23	Respect for autonomy and female physiology, based on scientific evidence, follow up and monitoring, SUS.
A24	Privacy and intimacy; Follow up; relationship between the team and the laboring woman and her family; Guidance on childbirth; Choice for the type of birth; Hygiene measures; Mother/son contact; Encouragement of breastfeeding; The baby sucks within the first hour of life; Episiotomy.
A25	Enteroclysis, episiotomy, lack of autonomy on the part of the mother, failure of information, relaxation techniques are used during labor.
A26	Relaxation, skin-to-skin contact between mother and child, nonpharmacological techniques, autonomy, clear information, SUS.

Data source: Authors.

The analysis of the articles included in this review made it possible to identify two opposite directions of care for women during childbirth. These are mainly related to humanized practices

in contrast to the practice in which health professionals use harmful methods in the context of childbirth that results in obstacles to the realization of good care practices in the Brazilian

scenario. Approximately 11 studies^(12-18,20-21,23,26), (73,3%) analyzed mention the need to avoid using routine and unnecessary practices.

The review shows that the process of labor and birth humanization begins during the first prenatal consultations. This happens through the disclosure of information, clarifications and by the reception from health professionals, as well as guidance on the process of parturition, care with newborn and their rights according to the law⁽¹¹⁾.

Some publications highlight good practices that must be stimulated: appreciation of the uniqueness of each woman in labor and her family^(14-18,20-21, 23,26) respect for the women's right to choose, assuring their freedom and privacy^(12, 14,15-17,23-24). The service based on integrity and equity of care^(23, 26) according to the guidelines of SUS and public health policies aimed at women. These statements demonstrate the need for the presence of a healthcare professional for the construction and establishment of the sense of security and support to women, despite the presence of the companion. For this, investments in the training of professionals working with the birthing process is necessary, with a focus beyond the appropriate and useful technologies to birth, but also grounded in the assumptions of humanization of the parturition process. The support from health professionals during the parturition process is important and reassuring for women. Expressing concern about the welfare of women and being willing to care and listen is essential for the creation of bonding and affection. This will make the birth process less terrifying, transforming it into a moment of love, care and comfort, always valuing the uniqueness of each woman and family. Words or actions are often not necessary, but just a look that transmit confidence⁽²⁷⁾.

The hosting by health professionals is fundamental to create a link with women and their families. This is made through actions and behaviors that express interest, availability and respect, thus contributing to reduce the stress, fear and anguish on the proximity of labor⁽¹³⁾. Health professionals also point out that the presence of a companion contributes to give emotional support to the parturient. This perception of participation of the companion is anchored in emotional support and has its highest expression in the transmission of greater security and comfort for the parturient, at a time when loneliness and fear can be present^{(12,14-15,20,}

²²⁾. In this perspective, the support from the companion during the birth process can cause positive feelings in women, like the feeling of protection, courage, tranquility and comfort, with consequent reduction of fear and anxiety⁽¹⁵⁾.

The presence and the support from the companion during labor and childbirth contribute significantly to this event run as smoothly as possible, with peace and security. Based on scientific evidence, the WHO published in 1996, a practical guide for assistance to normal childbirth. This guide classified the empathic support from service providers and respect for the choice of women on who will be their companions during childbirth as useful practices that should be encouraged. The participation of companions for the humanization of labor and birth, despite being legally established, is still an ongoing process and involves various aspects, including physical environmental conditions of the hospitals, the training of health professionals to host the companions and submissive attitudes of pregnant women regarding their rights⁽¹⁵⁾.

The support from the companion during birth can cause women positive feelings, like the feeling of protection, courage, peace and comfort, with consequent reduction of fear and anxiety. Establishing a relationship of trust with health professionals strengthens positive feelings that tranquilize the parturient⁽¹²⁾. Reinforcing the above, based on the decree nº569 in 2000, the Ministry of Health made it public the regulation through which health institutions are instructed to assure the pregnant woman the right to have a companion during the antepartum and birth process⁽²⁸⁾.

Among the analyzed publications, health professionals pointed out some obstacles to implement good practices of care during labor and birth in their service. Among them, we highlight: care centered on the biomedical model, devaluing women's autonomy with consequences to the role of women; lack of beds and organizational structure of the physical environment of some institutions; insufficient number of trained staff to work in the assistance to women during the birth process, and the lack of preparation of companions and families to deal with the feelings that permeate the labor and birth process^(19,22,24-25). Furthermore, there is evidence of a core of actions that health professionals use that are harmful or ineffective and have no sufficient scientific basis, disregarding the rights and preferences of

women. Among these are the use of enteroclysi⁽²⁵⁾, trichotomy^(19,22,25) serum infused with oxytocin, delivery position and routine use of episiotomy^(19,22,24-25). The WHO and MOH, based on scientific evidence, recommend a restriction on the use of episiotomy and classify this routine and liberal use as a clearly harmful practice that should be discouraged and is indicated in only about 10% to 15% of cases⁽²⁵⁾.

Importantly, Nursing has taken part since the first discussions about women's health, in social movements or in the process of implementation and consolidation of the existing public policies in the country in defense of humanization of prenatal, labor and delivery^(13,17,21,26). Thus, the MOH has created ordinances that favor the performance of nursing professionals towards the comprehensive care to women's health, focusing on the puerperal period. These measures are critical to the reduction of unnecessary interventions that generate risk, both in obstetric centers and in birth centers or maternity hospitals, favoring the comprehensive care to women and newborns⁽²⁹⁾.

Therefore, sensibilization and awareness of health professionals is necessary to promote a reflection on the care model to women's health during the parturition process.

CONCLUSION

After nearly two decades of implementation of the guide on attention to labor and birth process, it is observed that there are still health institutions with care practices centered on interventionist actions, modulated from the biomedical model. This review raised the urgent need to reflect and ensure a qualified maternal and child care, in which harmful or ineffective practices are eliminated and practices without enough support are used with caution until further research to clarify the matter.

It should be noted that, besides the importance of effective public policies, it is necessary to train and update health professionals. Furthermore, the training of health professionals working with labor and delivery process is also needed.

It is expected that this review may contribute to the construction of new researches in this area in Brazil, with multidisciplinary approaches, so that this context may be strengthened. There was also the role of the nursing professionals in this

scenario, as articulators in this context, contributing with their theoretical knowledge and management of emotional situations experienced by women, companions and families.

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Note: This is part of the work for Completion of the Undergraduate Course entitled 'Good labor and birth care practices in the view of nurses'.

Received in: 03/02/2016

Final version resubmitted on: 27/03/2017

Approved in: 28/03/2017

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