



RESEARCH ARTICLE

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## HUMANIZATION OF BIRTH: PERCEPTION OF NURSING ACADEMICS AS FOR THE ASSISTANCE

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### ABSTRACT

**Objective:** Identify the perception of nursing students during normal delivery care. The study presented an exploratory methodology, qualitative in nature. The work was conducted at Estácio-Ceará University Center, in the city of Fortaleza located in state Ceará. The study population was nursing students. Results: Categories were elaborated from questions analyzed of an instrument for data collection. It was performed a detailed and exhaustive reading of the interview, allowing the participants to understand the subject of the research. Close to 42 of the nursing students were involved in this research, all of them were attending the tenth semester of their Nursing course, the main precondition it was directly to those who had any contact during graduation with the assistance in practices in laboring. Final considerations: Humanized childbirth goes far beyond techniques and theories, it is a procedure that needs the willingness and commitment of the nursing professional community, it also needs particular approaches, which each woman is treated according to her beliefs, wishes and rights.

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## INTRODUCTION

In the past, births were performed by lay women, they were also called midwives, at the family's own home, where a favorable emotional environment was provided. The medical professional was only asked if there were any complications with the woman or with the newborn (Santos and Melo and Cruz, 2015). Over the years, this process underwent some changes, with technological advances and the development of the medical sciences as surgeries and the operating room environment emerged. In Brazil, the first obstetric beds were created in 1884, located in Santa Casa hospital, city of Rio de Janeiro. After ten years in São Paulo, the São Paulo maternity hospital was founded to provide assistance to low-income women, such as poor and indigent women who had no place to give birth (SANTOS, MELO and CRUZ, 2015). From these modifications, the increase in interventions in the pregnancy-puerperal cycle and the excessive medicalization contributed to a new scenario of parturition, in which the woman was

submitted to unnecessary procedures and her autonomy was no longer respected. Health professionals, consequently, began to gain prominence when they were performing these procedures and became the main protagonists of this event (PROSSATI *et al.*, 2017). Childbirth, previously experienced in a private and familiar environment, and humanized, nowadays it occupies an institutionalized sphere, with various actors leading the parturition process, making women submissive to the procedures adopted, in the name of what is scientific (SANTOS, MELO and CRUZ, 2015). The term Humanization is a broad and polysemic concept that is associated in the context of this study, it assumes the conception of obstetric care which respects the physiology of childbirth and the protagonism of women in this process (MEDEIROS *et al.*, 2016). Prioritizing this care it is a practice that brings benefits to women, because when the process of childbirth becomes natural and spontaneous, women do not feel so pressured to end the birth and go to the recovery room. Respecting this moment is of utmost importance, especially to the woman, who is so longing for the arrival of her child. Humanized

childbirth should not be treated as a process where only the light is set, a music for relaxation is used, a ball is used without objective care and results expected during care. It should be understood as a natural process between mother, child and family, where the recurrence of position or impositions and a routine laboring by health professionals, brought to women the feeling of helplessness, fear, anguish and pain, causing childbirth was compared to something violent and threatening. It was then that caesarean section came to the fore in Brazil, being used in a banal way, as the “new” normal birth, thus making vaginal delivery the strange option among women. The facility of cesarean labor has become more important than the physiological nature of vaginal labor, both for patients and for health professionals themselves, which has led to excessive medical and surgical interventions (SANTANA and Lahm and Santos, 2015).

Hospital routines often turn it impossible for the parturient woman to decide on the conducts to be performed during childbirth, ceasing to be the main character of this process. The Humanization birth, following an antagonistic way, it seeks at women's autonomy during childbirth, respecting their values and habits and has been encouraged by health agencies through ordinances and decrees that regulate and aim to improve the quality of care (BRASIL, 2001). It becomes evident the importance of the discussion of this theme among nursing academics students. For it is from the future professionals that the assistance changes will start. However, it is necessary that academics have knowledge about these new practices of a humanized birth and the benefits that it brings to women. Therefore, the objective of this paper is to present the perception of nursing academic students about the normal delivery care.

## MATERIALS AND METHODS

**Study Design:** It is considered a descriptive, an exploratory and a qualitative study. The study was developed at a university center in Brazil, where students had the opportunity to experience the theme of the study and to reach a larger target audience of scholars for research.

**Population:** The study population were composed by nursing academic students attending the last semester and who have experienced labor in some period during graduation. Those who had prior experiences before entering college were excluded, as well as those who lived in extracurricular internships.

**Data collection:** It was conducted in June 2018 through an open structured interview, which addressed questions such as: How do you as a future nurse would do for normal deliveries to be humanized? What do you, as a future nurse would promote a comfort to pregnant women during labor?

The interviews were conducted in a particular institution according to the schedule of each student and inside the classroom. Fluctuating reading was performed, material exploration cataloging and coding in thematic nuclei and, finally, treatment and interpretation of results and analysis according to the relevant literature.

**Ethical aspects:** All national and international ethical aspects that involving research with human beings were respected.

## RESULTS

An exhaustive reading from collected data was performed allowing the participants to understand the subject. Thus, it was possible to establish the following categories: 1. Conceptualization about humanized childbirth; 2. View on all types of delivery; 3. Importance of the nurse and possible changes in care. Participated in this research 42 nursing academic students, attending the tenth semester, who at some point of graduation had contact with the assistance during labor. On issues addressed, only 6 academics did not answer any of the questions. 97.96% of participants answered all questions and 2.04% abstained from answering some questions.

### Knowledge of humanized childbirth

The present study observed that some students did not have adequate knowledge about humanization at childbirth, as represented in the following statements:

“It is the way to let the woman have her child according to her wishes in the way that she feels best” (E4).

“Humanized childbirth is understood as a physiological process, where childbirth should occur naturally and according to the time the baby determines” (E28).

However, another student came closer to the correct concept and reflected as follows:

“In my opinion, the childbirth should be performed regardless of vaginal or cesarean, it is the right way to deal with the pregnant woman, her family, her husband, it is the real and fairest right way to conduct this unique moment. Essential” (E40).

### Quality at assistance to women at the time of labor

When approaching humanized childbirth during the interview, questions about the quality of care for women during this period were indispensable, since this good health practice configures the moment of delivery as appropriate and welcoming for women. However, it was realized that there were few arguments on the part of the academics regarding comprehension of what is quality care, as in the following statements:

“Leave her comfortable” (E4).

“Providing an extra humanized service” (E42).

“Prioritize the patient” (E33).

However, it was observed that another part of the interviewees had a better understanding of what is the ideal care for women who are in labor, as expressed in the following statements:

“Welcoming the pregnant woman, providing calm environment, encouraging the participation of the companion, promoting the privacy of the pregnant woman” (E15).

“Forming a nice relationship between her and her family would give her confidence where she would detect the fears and setbacks she might be feeling. It would be safe, be aware of complaints” (E27).

“Preparation of the pregnant woman for the moment of birth, individual plan, assess risk factors, monitor emotional physical well-being, offer liquids, respect privacy” (E16).

### The importance of the nurse and possible changes in care

The primary goal of care, which is to ensure the pregnant woman and its conception of a healthy delivery and free of care errors of any kind. The professional nurse accompanies the woman from prenatal, initiating a connection that should be continued until the postpartum. These professionals should offer physical and emotional support, using non-pharmacological pain relief methods, recognizing the critical moments when their interventions are necessary to ensure the well-being of both.

“The nurse during the whole process of labor is very present with this woman, so the orientation, the care, the close humanized look, the care is all that the humanized birth recommends. The nurse is essential” (E40).

“Helping pregnant women reduce anxiety, fear, pain relief techniques such as walking, massage, varying postures during labor, a soaking bath and breathing methods to reduce discomfort” (E42).

## DISCUSSION

According to the Prenatal and Birth Humanization Program (PHPN), created in Brazil in 2000, humanization encompasses the dignified reception of the woman-baby-family triad through ethical and supportive behaviors. For this, it is necessary to organize the institution with a welcoming environment in which practices that break with the traditional isolation imposed on women prevail (BRASIL, 2001). It encompasses the incorporation of practices and procedures that can contribute to the monitoring and evolution of childbirth and birth, abandoning depersonalized and interventionist behaviors that pose risks to maternal and child health. This specific program brought numerous recommendations of clinical practices and therapeutic approaches based on scientific evidence, such as the insertion of a free woman's companion, the qualification of interpersonal relationships between professionals and parturients, the production of spaces for the construction of knowledge and information, women's participation, autonomy and greater decision-making control over their bodies, among others (BRASIL, 2001). The humanization of care plays an important role in ensuring that a unique moment, such as childbirth, is experienced in a positive and enriching way. It is a way of making this moment so special for the pregnant woman more pleasant, making the parturient woman have a less painful birth, and being able to positively experience this moment so special in her life (SIQUEIRA *et al.*, 2019). Humanization involves personal and professional commitment of the workers who work in the area. Health promotion and prevention actions in obstetric care are related to women's empowerment, which should be considered as the subject of rights marked by a unique family and cultural history (GAÍVA, PALMEIRA and MUFATO, 2017). Humanized care is present in nursing attributions, when it is exercised integrally and with a humanistic look, expanding professional understanding (SIQUEIRA *et al.*, 2019). The role of nursing in the face of humanized follow-up during childbirth requires an unprejudiced professional, the provision of service free of any harm and minimal use of interventions in

their practices. (ALMEIDA, GAMA and BAHIANA, 2015). Hence, quality care can be performed, with minimal interventions and also minimal damage to patients undergoing nursing care during childbirth. Nursing care, therefore, must be performed since the formation of the academics, since the training and performance of the nursing team, makes the professional know how to guide the parturient and family about the progress of childbirth, also know how to control and plan strategies. so that these difficulties are overcome, to minimize trauma and suffering for both parties, and may undergo irreversible complications (SILVA *et al.*, 2017). Nursing care is not restricted to delivery. In the context of humanization the care provided by nurses is focused on the autonomy, dignity and participation of women during normal childbirth and these practices are strengthened in welcoming; promoting the presence of a companion; in promoting an appropriate environment for care; and in the transmission of calm and security to women (NASCIMENTO, SILVA and VIANA, 2018). Hence, the education of nursing students to understand the importance of their future profession as indispensable in the humanization of childbirth should be strengthened in academic centers. With this, the students will have more knowledge, as well as the attitude and skills focused on humanized childbirth.

### Final considerations

Humanized childbirth goes far beyond techniques and theories, it needs knowledge and practice of the nursing professional, so that every woman is treated according to her beliefs, wishes and rights during labor. During this present study, nursing academics students in general presented a humanized view, which comes very close to the concept of humanized childbirth already mentioned, and have the goal to be achieved in the units where they may work. This should be considered a victory and a great achievement within nursing, given that thirty years ago, for example, nurses were trained with a plastered view of what a labor is and how. The present study has as limitations, as the small number of participants. However, the study opens the door for further research in the field or other related fields.

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