



THE IMPORTANCE OF OBSTETRIC NURSE ASSISTANCE

TO THE PREGNANT WOMAN IN THE PARTURITION PROCESS

THE IMPORTANCE OF NURSING ASSISTANCE OBSTETRATES

PREGNANT WOMEN IN THE PARTURITION PROCESS

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Summary

Goals: Describe the importance of the obstetric nurse's assistance to pregnant women in the parturition process. **Methodology:** A literature review was used, data was collected from the electronic databases of Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO), electronic magazines, google scholar. Pregnancy is a period in which a woman goes through biological transformations that vary from pregnant woman to pregnant woman and gestational age. **Results:** The obstetric nurse is a professional qualified to assist women during the birth process. The gestational process is a healthy life experience that encompasses physical, social and mental changes in the daily lives of pregnant women and also the people who live with them. In some situations, pregnancy can pose risks to the health-disease process of the mother and baby through an unfavorable outcome of the pregnancy. Considering that not all individuals have the same probability of becoming ill or dying, not all pregnancies pose risks to the mother and child. **Conclusion:** Childbirth is a unique event, respect and appreciation of each woman's experiences are fundamental to the period that involves the beginning of labor, delivery and birth, with the need for awareness of the birthing professional, as to the way in which births occur. Parturients prefer to live in this moment. In this context, the participation of the obstetric nurse is fundamental, since her practice of care is extremely important to humanize care.

Key words: Care. Midwifery Nurse. Parturient.

Abstract

Objectives: Describe the importance of obstetric nurse assistance to pregnant women in the parturition process. **Methods:** Literature review was used and data were collected from the

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electronic databases of Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO), electronic magazines, google scholar. Pregnancy is a period in which women undergo biological changes that vary from pregnant woman to pregnant woman and gestational age. **Results:** The obstetrical nurse is a professional qualified to assist women during the delivery process. The gestational process is a healthy life experience that includes physical, social and mental changes in the daily lives of pregnant women and also those who live with them. In some situations, pregnancy can bring risks to the health-illness process of the mother and baby through an unfavorable evolution of the pregnancy. Considering that not all individuals are equally likely to fall ill or die, not all pregnancies pose risks to the mother and child. **Conclusion:** Childbirth is a unique event, respect and appreciation for the experiences of each woman are fundamental to the period that involves the beginning of labor, delivery and birth, with the need to raise awareness of the professional who is giving birth to the way in which parturient prefer to live this moment. In this context, the participation of the obstetrical nurse is essential, since the practice of their care is of paramount importance to humanize care.

Keywords:Care. Obstetrical Nurse. Parturient.

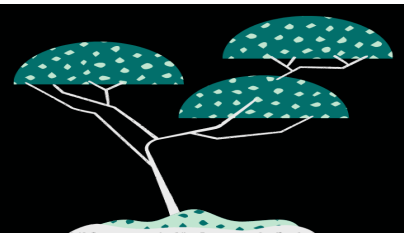
1. Introduction

According to the National Guidelines for Assistance to Normal Birth, modern obstetrics contributes to the improvement of indicators of maternal and perinatal morbidity and mortality, on the other hand, it has allowed the implementation of the model that considers pregnancy and childbirth as diseases, and not as expressions of health. As a consequence, women and newborns are exposed to high rates of interventions (BRASIL, 2016).

In 1996, the World Health Organization (WHO) proposed changes in labor and birth care, including the need to rescue childbirth as a natural event, encouraging the performance of obstetric nurses, the use of practices based on the best evidence scientific information and access to appropriate birth care technologies (BRASIL, 2017).

The obstetric nurse is a professional qualified to assist women during the birth process. The gestational process is a healthy life experience that encompasses physical, social and mental changes in the daily lives of pregnant women and also the people who live with them. In some situations, pregnancy can bring risks to the health-disease process of the mother and baby through an unfavorable evolution of the pregnancy (BRASIL, 2001)

Pregnancy is a condition for the survival of human life, being essential for generational renewal, and represents the period of formation of a new being. This period of a woman's life, which begins at conception, extends for a period of approximately 40



weeks, and ends with childbirth (COUNCIL, 2012), is a period in which profound changes occur in terms of lifestyle, causing changes not only in personal life, but also in the lives of the couple and the entire family. It is also a phase of physical and psychological preparation for birth and Parenthood (MENDES, 2009).

Considering that not all individuals have the same probability of becoming ill or dying, not all pregnancies pose risks to the mother and child. Childbirth is a unique event, respect and appreciation of each woman's experiences are fundamental to the period that involves the beginning of labor, delivery and birth, with the need for awareness of the birthing professional, as to the way in which births occur. Parturients prefer to live in this moment (MAGALHÃES, 2006).

Preparing the pregnant woman for childbirth, as well as monitoring the development of the pregnancy cycle, is extremely important for mother and baby, as in addition to avoiding clinical problems, it can also act at the treatment level when necessary (SILVA, 2013).

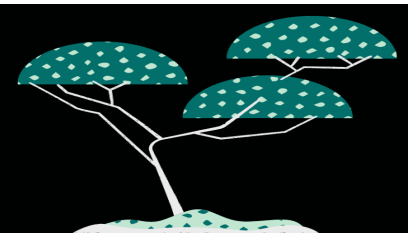
A literature review was used, data was collected from the electronic databases of Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO), electronic magazines, google scholar.

2 Theoretical foundation

2.1 Labor

With the emergence of obstetrics as a science, natural childbirth ceased to be a private event belonging to the family sphere and women's knowledge base, to be an institutionalized event, supported by technological innovations. As a result, childbirth as a culturally contextualized event lost its essence due to the control of the parturition process and the management of the female body, favoring the change in the woman's position, from protagonist to collaborator (MARTINS, 2005).

Labor is a natural and physiological process, although it is often considered a moment of deep concern for those who are experiencing it and for those who are close by, as it is characterized as a difficult and painful moment. Regardless of the physiological process, the way women and family members view labor is related to the way they were socialized in



relation to the birth process (FERREIRA, 2004). Childbirth can be both a naturally physiological process and a deeply complex and dysfunctional one. For many women, labor is a time of fear, uncertainty, excitement and anxiety, as well as anticipation.

The diagnosis of labor is a dynamic process, and comprises the period that goes from the beginning of regular uterine contractions, associated with cervical effacement and dilation, until the expulsion of the conceptus and placenta (FREITAS, *et. al*, 2016).

The woman must also be advised about the signs and symptoms of labor, which can be defined as: the presence of regular uterine contractions that progressively increase in frequency and intensity, which do not decrease or cease with rest, with a frequency of every three to five minutes and lasting between 20 and 60 seconds, associated with the weakening and dilation of the cervix, which must be evaluated by a health professional. It is noteworthy that the loss of the mucous plug is a premonitory sign, however, it is not indicative of labor, as is the rupture of the amniotic membranes, which occurs before labor in 12 to 20% of cases (BRASIL, 2001).

2.2 The role of the Obstetric Nurse

The presence of the obstetric nurse during labor encourages the active participation of women, offering encouragement and stimulation throughout the process. It was believed, when women overcame the fear of pain and gained strength, that their role in the birth scene is that of protagonist, in accordance with one of the principles of the humanized paradigm of childbirth care. (VIEIRA *et. al*, 2012)

The obstetric nurse has shown herself to be a professional with differentiated care, as she has a delicate posture, respects the femininity of the woman in labor, transmits security, gives autonomy to the woman, allows the expression of pain and provides physical and emotional well-being, creating a bond and being valued by pregnant women and their companions. (FREIRE *et. al*, 2017)

Currently, the World Health Organization (WHO) and the Brazilian Ministry of Health have recommended greater participation of Obstetric Nursing to improve care during normal birth and to reduce cesarean section rates, considering this professional category the most appropriate to provide assistance. pregnancy and



normal birth, with better cost, effectiveness and safety, assessing risks and early detection of possible complications (CAUS*et. al*,2012).

2.3 Assistance during labor

To take on this job, the nurse must be a specialist in obstetrics, training that will give her support to assume the recommended behaviors for carrying out the birth without distortions, according to the resolution that regulates professional practice. The entry of obstetric nursing into this care space, occupied by obstetricians, has caused clashes between these categories, making it difficult to implement the humanization policy (OLIVEIRA, 2015).

The obstetric nurse must follow a care model that seeks to rescue values such as women's protagonism, individuality, privacy and autonomy, aiming to promote healthy births, eliminating unnecessary interventions and offering others proven to be beneficial.

One way to alleviate the pain and suffering of women during childbirth is the application of the concepts of humanization, through which it is established that these women have their rights over their own bodies guaranteed, being able to choose the location, such as in the bathtub, shower, in bed, standing, lying down, squatting, among others. (FUGITA; SHIMO, 2014)

Furthermore, these women have the right to a companion, aiming to increase the feeling of care and eliminate the loneliness experienced by many of them. It is necessary to consider, in all situations, that childbirth is a significant moment in women's lives and, therefore, must be conducted with respect, integrity and in a dignified manner, so that it is not associated with pain, suffering, humiliation and disrespect. This professional must be alert to complaints and other manifestations that may indicate some type of complication, informing the pregnant woman about her progress during labor and suggesting actions to be taken to make the moment more pleasant (BRASIL, 2001)

There is the idea that nursing leaves something to be desired in terms of its role, since the client is in direct contact with nursing in prenatal and postpartum, thus, the need for greater involvement of this health professional.

Humanizing childbirth does not just mean having a normal birth, whether or not to perform procedures, but rather making the woman the protagonist of this moment and not just making her



spectator, giving her freedom of choice in decision-making processes (SILVA and SILVA, 2013).

Humanized childbirth includes respect for the physiological process and dynamics of each birth, in which interventions must be careful, avoiding excesses and using available technological resources (NAGAHAMA, SANTIAGO, 2011)

Nursing care focuses on assessing and supporting women and their families during the labor and delivery process, in order to guarantee the best possible results for everyone involved. It is essential to involve the woman in labor as a partner in formulating a care plan, which will allow her to participate in the birth of her child and reinforce her self-esteem and level of satisfaction (VEZO, CORONEL, ROSÁRIO, 2013).

Nurse training focused on human care contributes to creating professional dispositions that generate humanized practices based on respect and shared decisions. Added to this, specialization courses in obstetric nursing have greatly contributed to adding institutionalized capital to the nursing diploma (title of obstetric nurse through specialist certificate) that legitimizes the nurse's authorized discourse in the obstetric field, in the context of humanization, which gives it greater autonomy and power (WINCK, BRUGGEMANN, 2010)

The work of obstetric nurses is based on non-pharmacological techniques, such as guiding posture and adequate mobility for the parturient woman, influencing pain relief and stimulating labor, avoiding the use of analgesics and oxytocin respectively. This attitude allows an improvement in the evolution of dilation, reducing the duration of the active phase. (SAINTS *et. al*, 2012)

The inclusion of a non-medical professional in assisting the parturient woman grants autonomy to continue labor outside of surgical centers, having the safety of a hospital environment and the comfort of a home environment, using alternative, non-invasive and risk-free measures. pharmaceuticals.

It is essential for the implementation of humanized birth in hospital institutions that protocols and training are created for professionals who experience this method, with a more humanized philosophy.

It is important to remember that humanized birth does not necessarily have to be vaginal, because a cesarean section is also valid when well indicated, unlike planned surgery, which presents risks for mother and child. Surgical birth must be performed with



respect, sufficient reason for the medical team, during procedures, not to talk about unnecessary and futile subjects (SESCATO, 2008).

Nurses received their professional space in an ethical and legal manner supported by the resolution of MS/COFEN223/99 which provides for the role of nurses in assisting women in the pregnancy and puerperal cycle. It becomes its responsibility to carry out normal births without dystocia, assist pregnant women, parturient women and women who have recently given birth, monitor the progress of labor, among others.

The work of obstetric nurses is based on non-medication techniques, such as guiding posture and adequate mobility for the parturient woman, influencing pain relief and stimulating labor, avoiding the use of analgesics and oxytocin respectively (BARROS; SILVA, 2004).

3 Final considerations

It is concluded that, how important it is for the obstetric nurse during childbirth, the humanization of pre-delivery care, through their inclusion in care. Because the insertion of a non-medical professional in assisting the parturient woman grants autonomy to continue with labor outside of surgical centers, having the safety of a hospital environment and the reception of a home environment, using alternative, non-invasive measures and drug-free.

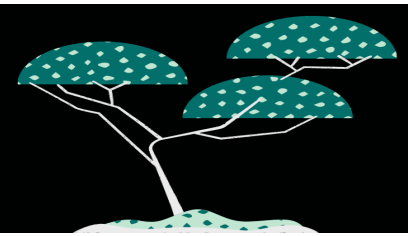
The obstetric nurse is able to understand the human dimension of care and actively participate in the transformations of maternal and perinatal care, making resources important in caring for women during pregnancy, childbirth and the postpartum period.

References

BARROS, L.M.; SILVA, RM da. Nurse's role in assisting women in the parturition process. **Context text - sick.**, Florianópolis, v. 13, no. 3, p. 369-375, Sep. 2004. Available at:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072004000300006&lng=en&nrm=isso. Accessed on: 25 Feb. 2021.

BRAZIL. Ministry of Health. Secretariat of Health Policies. Technical Area of Women's Health. **Childbirth, abortion and postpartum period: humanized assistance to women**/ Ministry of Health, Secretariat of Health Policies, Technical Area for Women. – Brasília: Ministry of Health, 2001. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/cd04_13.pdf. Accessed on: 25 Feb. 2021.



BRAZIL. Ministry of Health. Ministry of Health, Secretariat of Science, Technology and Strategic Inputs, Department of Management and Incorporation of Health Technologies. **National guidelines for natural birth assistance.** Brasília: Ministry of Health. 2016. Available at: <http://biblioteca.cofen.gov.br/wp-content/uploads/2016/10/Diretriz-Nacional-de-Assist%C3%A2ncia-ao-Parto-Normal.pdf>. Accessed on: 25 Feb. 2021.

BRAZIL. Ministry of Health, Secretariat of Science, Technology and Strategic Inputs, Department of Management and Incorporation of Health Technologies. **National guidelines for natural birth assistance.** Brasília: Ministry of Health; 2017. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf. Accessed on: 25 Feb. 2021.

CAUS, EC M, SANTOS, EK A, NASSIF, A. A, MONTICELLI, M. The birth process assisted by the obstetric nurse in the hospital context: meanings for parturient women. **Esc. Anna Nery** [Internet]. 2012, Mar; v. 16, no. 1, p. 34-40. Available at: <http://www.scielo.br/pdf/ean/v16n1/v16n1a05.pdf>. Accessed on: 25 Feb. 2021.

COUNCIL AHMA. **Clinical Practice Guidelines:** Antenatal Care - Module I. Canberra: Australian Government Department of Health and Aging; 2012

FERREIRA PJO Professionally caring for human beings in pain: a comprehensive approach. *In:* CHAVES LD, LEÃO ER, publishers. **Pain:** 5th vital sign: reflections and nursing interventions. Curitiba: Editora Maio; 2004. p.11-9.

FREIRE HS S, CAMPOS F. C, CASTRO RCM *Bet. a/* Normal birth assisted by a nurse: experience and satisfaction of postpartum women. **Rev enferm UFPE online.**, Recife, v. 11, no. 6, p. 2357-67, Jun., 2017.

FREITAS, *et. a/*, **Routines in Gynecology**, 7th edition - Porto Alegre: Artmed, 2016.

FUJITA, JALM; SHIMO, AKK Humanized birth: experiences in the Unified Health System. **Rev. Min. Enferm.**, Belo Horizonte, v.18, n. 4, p. 1011-1015, Oct./Dec. 2014.

MAGALHÃES, DRB *Bet. a/* Preconception and prenatal care. *In:* ALVES FILHO, N. *et. a/* (Ed.). **Basic perinatology**. 3rd ed. Rio de Janeiro: Guanabara Koogan, 2006. p. 37- 51.

MARTINS APV The science of childbirth: views of the female body in the constitution of scientific obstetrics in the 19th century. **Rev Estud Fem.** 2005, Sept./Dec., v. 13, no. 3, p. 645-65.

MENDES IMM **Maternal and paternal adjustment:** experiences experienced by parents postpartum. Coimbra: Sea of the Word; 2009

NAGAHAMA, EEI; SANTIAGO, SM Humanized birth and type of birth: evaluation of the assistance offered by the Unified Health System in a city in southern Brazil. **Rev. Bras. Health Mater. Infant.**, Recife, vol. 11, no. 4, p. 415-425, Dec. 2011. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292011000400008&Ing=en&nrm=this. Accessed on: 25 Feb. 2021.



OLIVEIRA, MM **Raising awareness among managers and obstetricians of a maternity hospital in the city of Aracaju regarding the inclusion of obstetric nurses in the multidisciplinary team of the delivery room.** Monograph, Aracajú, 2015. Available at: <https://repositorio.ufmg.br/bitstream/1843/31847/1/MANUELLE%20MENEZES%20DE%20OOLIVEIRA%20UFMG.pdf>. Accessed on: 25 Feb. 2021.

SANTOS, G. S; SOUSA, JL O; ALMEIDA, L. S; GUSMÃO, MH The importance of nurses in humanized pre-delivery care. **Diálogos & Ciência Magazine.** Faculty of Technology and Science (FTC). Salvador – BA, Brazil, 2012. Available at http://dialogos.ftc.br/index.php?option=com_content&task=328. Accessed on: 25 Feb. 2021.

SESCATO, A. C, SOUSA, SRS K, WALL, ML Non-pharmacological care for pain relief during labor: Guidelines from the nursing team. **Consider Sick.** 2008, vol. 4, no. 13, p. 585-90.

SILVA, EAT da. Pregnancy and preparation for childbirth: intervention programs. **The World of Health**, São Paulo – 2013, v. 37, no. 2, p. 208-215. Available at: http://www.saocamilosp.br/pdf/mundo_saude/102/10.pdf. Accessed on: 25 Feb. 2021.

SILVA, RS; SILVA, MJP Nursing and Palliative Care. *In.* SILVA, RS; AMARAL, JB; MALAGUTTI, W. **Palliative Care Nursing: Taking care of a good death.** 1st ed. São Paulo: Editora Martinari, 2013.

VEZO, GMS; COLONEL, LM; ROSÁRIO, MSO **Humanized Nursing Care in Labor.** Monograph, Escola Superior de Saúde, Mindelo, Cape Verde, 2013.

VIEIRA BD G, MOURA MA V, ALVES V. A, RODRIGUES DP The practice of obstetric nurses who graduated from the Anna Nery nursing school specialization. **Rev. infirm. UERJ**, Rio de Janeiro, 2012 Dec; v. 20 (esp1), p. 579-84.

WINCK, DR; BRUGGEMANN, OM Legal responsibility of nurses in obstetrics. **Rev. bras. sick.**, Brasilia, vol. 63, no. 3, p. 464-469, jun. 2010. Available at http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000300019&lng=en&nrm=iso. Accessed on: 25 Feb. 2021.