



Nursing care in humanized childbirth: a literature review

  10.56238/homeinternationalanais-070

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ABSTRACT

Numerous government initiatives were created in the sphere of the Unified Health System (SUS). The Prenatal and Birth Humanization Program (PHPN). The main objective of this study was to identify, through an integrative literature review, the available evidence on nursing care provided to parturients in humanized childbirth. Humanization provides comprehensive assistance to the parturient through actions that respect and assist the woman during Labor (PT). The Program for Humanization of Prenatal and Birth (PHPN) offers numerous references of techniques and treatments of therapies based on scientific confirmation. Therefore, the essentiality of nursing care in Humanized Childbirth is perceived. With a view to being the team that is most present with the patient, offering emotional support and care. It is concluded that nursing professionals are essential in the consolidation of the humanized care model.

Keywords: Humanized childbirth, Nursing, reception.



1 INTRODUCTION

Birth is a natural and physiological process that in the past was instinctively performed by women and assisted by people who had knowledge about birth, such as midwives. But gradually, new practices were introduced in the process of parturition, with the insertion of professionals qualified to perform the procedure, which made childbirth medicalized. Thus, parturition began to be seen as a pathological process, of mechanistic character, where the woman began to be subjected to invasive interventions, through which various technological and surgical means are used (LEISTER; RIESCO, 2013).

In Brazil, in order to ensure an improvement in access, coverage and quality of monitoring from prenatal to puerperium, together with pregnant women and newborns, the Program for Humanization in Prenatal and Birth (PHPN), created by the Ministry of Health through Ordinance No. 569 of June 1, 2000, under the Unified Health System (SUS) (SILVA; SILVA; LÉBEIS, 2015).

In the 20th century, after World War II, childbirth was institutionalized in order to reduce maternal and infant mortality rates. From that moment on, childbirth began to take place in hospitals and no longer at home as it used to be. From this perspective, it is pointed out that the key to the humanization of childbirth is prenatal care, because during this period, pregnant women can be offered guidance concerning the entire process from pregnancy to puerperium and even the choice of type of delivery (normal or cesarean surgery) that she can perform (FERREIRA et al., 2017).

In Brazil, reflections about the humanization of labor and birth intensified in the late 1980s, as a result of the sanitarian and feminist movements and political re-democratization. Throughout this process, critiques of the hegemonic medical model were built by guiding the recognition of sexual and reproductive rights, the quality of interpersonal relationships between health professionals and users, and the democratization of established power relations (DESLANDE, 2005).

Numerous government initiatives have been created in the sphere of the Unified Health System (SUS). The Program for Humanization in Prenatal and Birth (PHPN), from 2000, contributed to the creation, in 2011, of the Stork Network (RC), strategies instituted by the Ministry of Health to modify childbirth care, with gradual implementation of a humanized model. Since the beginning, civil society has had an important influence on the formulation and monitoring of these public policies. In 2004, the National Policy for Women's Health Care was created, with a strong contribution from social movements, health workers, and specialists, with the inclusion of women's diversity: black, indigenous, rural workers, among others; in addition to the different life cycles, emphasizing sexual and reproductive rights (LEAL et al, 2018).

Humanized Childbirth (HD) is a topic that has been highlighted today. Humanization provides integral assistance to the parturient woman through actions that respect and care for the woman during labor, considering the biological, psychological, affective, and spiritual aspects. (GONÇALVES, 2011).



With technological advances, certain procedures have been inserted and facilitated in obstetric care. And, some interventional processes that used to be performed only in specific and/or emergency cases have become routine during neonatal care. By treating birth as a natural physiological process, the possibility of reducing medical and surgical interventions is promoted. Inserting activities that reduce the emotional and physical discomfort of the parturient woman (GONÇALVES, 2011).

Therefore, despite such an important theme as the humanized labor, this subject is still little known by the population, so that scientific studies that address this issue are of great interest and relevance.

This review article aims to highlight humanized labor and the role of nursing professionals in this scenario. Identifying in the literature which nursing actions are important during humanized labor

To answer this question, the main objective of this study was to identify through an integrative literature review the evidence available on nursing care provided to parturients in humanized childbirth, describing the practices of humanized childbirth in the SUS, analyzing nursing practices about assistance to humanized childbirth and identifying the main difficulties encountered by nursing professionals in practice. Therefore, this study is justified by contributing to the theoretical deepening of the theme, promoting discussion about the humanized delivery, its characteristics and benefits for the mother and newborn, as well as promoting debate about nursing care in this scenario.

2 METHODOLOGY

This study consists of an integrative literature review, carried out through the selection of several studies already conducted, where there was an analysis of the data considered relevant to the research theme (MENDES et al., 2008; BATISTA et al, 2020).

Identification of the theme "Nursing care during humanized labor" was due to the search for physiological birth and minimally interventional nursing care and to evidence through literature the manuscripts that glimpse the efficiency of humanized care combined with qualified nursing care, generates benefits for the mother and child binomial.

The search for articles was carried out in September and October of the current year, by means of bibliographic research in the electronic databases Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO). Using the descriptors in Health Sciences (DeCs): "nursing", "humanized delivery" and "assistance".

The inclusion criteria for this review were articles published from 2012 to 2022, which were available in full and answered the theme of this research: breastfeeding in the first hour of life and its benefits for the newborn.

Articles that did not respond to the research theme were excluded.

A total of 636 articles were identified in the databases; after inclusion criteria, title reading, exclusion of duplicate articles and those that did not address the proposed theme, 84 articles remained. The



abstracts and objectives were read and 41 articles were selected. After this step, the articles were read in their entirety and 26 articles remained for the final selection of this research.

3 DEVELOPMENT

Childbirth is comprised of four clinical periods: dilation, birth, dehiscitation, and Greenberg. It is common sense the information associated with medical assistance as indispensable from the second period of labor, even considering normal clinical and obstetric parameters. This point of view gains strength by associating it as a probable event of clinical complications (GOMES DA ROCHA et al., 2021).

Humanized childbirth care refers to the need for a new look, as a truly human experience, welcoming, listening and creating bonds, thus being fundamental aspects in the care of women. The humanization of care plays an important role in order to ensure that a unique moment, such as childbirth, is experienced in a positive and enriching way (BARBOSA et al., 2020).

I understand pregnancy as a time of many physical and psychological changes in women's lives, among them, there is the concern about how the moment of birth will be. In the past, childbirth was performed in the family environment, preserving the natural moment of the baby's departure, and there was no use of drugs or mechanisms that had the power to facilitate this process. In addition, pregnant women were accompanied by midwives. The claim of humanization in childbirth is to reveal the woman's authority as a human being. With the need to act this apex with techniques that, in fact, can provide more safety and well-being for her and the newborn (COFEN, 2015; MOURA et al., 2018).

The (WHO) and the Ministry of Health (MS) determine some guidelines for normal childbirth: it is recommended that the pregnant woman be accompanied by a medical professional who is familiar with the planning of the pregnant woman and her family, as well as her health history, the woman's physical and mental well-being, considered essential before, during and after giving birth (VIDAL et al, 2021).

The Programa de Humanização de Pré-Natal e Nascimento (PHPN) (Prenatal and Birth Humanization Program) offers numerous references of therapy techniques and treatments based on scientific confirmations, such as: the implementation of a company of the woman's preference; the dexterity of affinity between people, such as health professionals and postpartum women; the creation of places for the implementation of knowledge and news; the cooperation, freedom and greater decisive command of the parturient in relation to her body, among others more (POSSATI et al., 2017).

In February 2017, the National Guidelines for Assistance to Normal Childbirth were approved through the Health Care Secretariat Ordinance No. 353, dated February 14, 2017. These guidelines contain recommendations for normal childbirth, which are national in nature and intended to be used by the Health Departments of the States, Federal District and Municipalities in the regulation of assistance access, authorization, registration and reimbursement of the corresponding procedures (BRASIL, 2017).

Humanization is a way of relating several concepts. In the context of the word, it means the result of humanizing, that is, becoming human, in other words, becoming charitable. Humanization can be seen



in the natural way of the human being: as that which is born with him and that which helps guide him in his knowledge in a social group founded on benevolence, compassion and altruism (SANTOS et al., 2018).

Humanizing childbirth means paying attention to the fundamental rights of women in labor and newborns, as well as access to appropriate care, the right to choose how to give birth, with whom, where, emotional and social support, the preservation of their body, personal, family and sexual experience, acting with respect, providing health care, protection from abuse and neglect, called obstetric violence (CASSIANO et al., 2015).

According to Bonfim et al (2021) the humanization of childbirth is one of the actions that integrate the National Humanization Policy (PNH) and that has as its argument the humanized care to users of the Unified Health System (SUS). Health managers have the duty to provide better conditions to implement a model of care that includes the obstetric nurse to participate in low-risk childbirth care, for having scientific technical knowledge to help the mother during the childbirth process, for being able to present advantages by reducing interventions and providing satisfaction to these patients. The implementation of this model of care including obstetrics is a challenge requiring great efforts on the part of managers and health professionals, because this implementation generates costs (BONFIM et al., 2021).

Offering non-pharmacological methods for pain relief was shown to be present in all studies, such as freedom of position and movement, sprinkling and immersion baths, Swiss ball, massage and breathing exercises. These practices should be encouraged from the moment the pregnant woman is admitted to the delivery room, as they provide pain relief, comfort, and a sense of well-being. Although it has been shown in some studies that these methods are applied less than expected and among them is a significant increase in the freedom of movement, warm water bath and massage (VIEIRA et al., 2019; ANDRADE et al., 2017; REIS et al., 2016).

In an analysis of neuroendocrine parameters, it was found that the spray bath promotes tranquility and stress control, as it decreases the release of cortisol and increases the secretion of noradrenaline. And the Swiss ball promotes a reduction in the perception of pain and promotes well-being, with an increase in the release of endorphins (MASCARENHAS et al., 2019).

The complementary practices and technologies of nursing care in the process of assistance and humanization of women in natural labor, significantly favor this physiological process through which the woman passes at the time of parturition. These practices such as sprinkling baths, aromatherapy, relaxing massages, music therapy, and others are important during the birth process, because they give autonomy, value the woman, and reduce unnecessary interventions. (DUARTE et al, 2019).

Another important point is the presence of the father during labor and postpartum being relevant and beneficial; however, it is perceived that there is a lack of incentive practices for this conduct to become increasingly frequent becoming routine or "customary", until then this acceptance has been the subject of discussions and some controversies about the way in which the father should act as a companion of the woman in labor and postpartum (MOTA; CREPALDI, 2012).



This participation and paternal affection helps the woman to accept less pain, anxiety and fear of labor, which has its time reduced, as well as the lower number of medications performed, enhancing the woman's mood, which shows greater contentment with the birth of her child (JARDIM; PENNA, 2012).

Good practices allow a healthier birth for the mother-child binomial, contributing to the most expected moment for the parturient, the contact between mother and child. If there are no interurrences, skin-to-skin contact should be stimulated immediately after birth, this practice favors the bond, early breastfeeding, adaptation of the newborn to the extra-uterine environment, the mother's well-being and satisfaction, thus corroborating for a humanized birth (ALVARES et al., 2018; ANDRADE et al., 2017; GOMES et al., 2017).

It is worth mentioning common procedures that are ineffective and even harmful are: total trichotomy in the pubic region, bowel washing, intravenous infusions, use of the gynecological position (lying down with legs raised on supports), distension of the perineum and even washing the uterus after birth. Thus, normal birth is far from what should be the most natural way of giving birth, with the use of drugs and induction techniques to bring forward the birth, the mother's time with her baby ends up not being respected. Humanized childbirth emerged precisely to solve these issues (SILVA et al, 2015; SPIGOLON et al, 2020; VIDAL et al, 2021).

The reception by the nursing team is fundamental, provides the creation of a bond, and promotes safety to the woman and companion. This process implies receiving the woman when she arrives at the health unit, taking responsibility for her, listening to her complaints, allowing her to express her concerns, understanding her needs, reducing anxiety and feelings of vulnerability (OLIVEIRA et al., 2019; CAMACHO et al., 2013).

Among the actions of the nursing staff in the obstetric center is to humanize care, provide a calm environment to reduce anxiety and fear in women in labor, offer pain relief techniques, since what motivates many women to feel fear of normal birth are the reports of the use of interventions that are sometimes unnecessary, such as: episiotomy, venous access, very prolonged fasting (if labor is long the woman feels very weak), the Kristeller maneuver also scares women in general, and the use of medication that induce labor may cause exhaustion, among others. In view of this, fear may occur and the cesarean section appears as a reassurance, this scenario may continue to influence women to choose cesarean birth (ANDRADE et al, 2018; VIDAL et al, 2021).

The humanization of childbirth is the most appropriate alternative to the current biomedical and technological models to improve care for the mother and the newborn, since it is a factor that favors labor and the bond between mother and baby. In this sense, a woman-centered approach, with respect for rights, values, beliefs, autonomy, choices, and control over their bodies and the birth process are key concepts for a humanized birth (POLGLIANE et al., 2014; PEREIRA et al., 2018).

Emphasis on the role of nursing professionals in the guidance, reception, and understanding of women, in addition to the notorious intensified work for the relief of parturient women's pain during natural



childbirth. The patient-professional relationship is essential to encourage dialogue and, consequently, to adapt the best pain relief techniques, such as food intake, freedom of movement, and choice of birth position, changing the culture of birth, and seeking to know and understand the expectations of the pregnant woman and her family, making the experience of natural childbirth pleasant and humanized. (BARBOSA et al, 2020).

Vaginal delivery has numerous benefits, especially regarding maternal morbidity outcomes, fewer invasive admissions in Intensive Care Units, and reduced neonatal mortality. However, it is necessary to improve public policies for labor and birth care, and the role of nursing professionals in prenatal consultations to encourage and guide the choice of the type of birth and less invasive techniques (SANCHEZ, 2021).

4 CONCLUSION

This study showed the role of nursing in promoting humanized childbirth. So that, several types of care that can be put into practice to contribute during this process were listed, such as: welcoming, use of non-pharmacological methods to relieve pain, skin-to-skin contact, breastfeeding soon after birth, among others.

Therefore, we realize the essentiality of nursing care in Humanized Childbirth. Considering that it is the team that is most present with the patient, offering emotional support and care, but it is pertinent to highlight that there is an overload of work for these professionals and this is a factor that compromises the assistance, the lack of training on this theme, adequate work structures to carry out the work with a ball, music, among other actions.

We conclude that nursing professionals are essential in the consolidation of the humanized care model. It is possible that future studies will address the working conditions of nursing teams and face the difficulties that prevent higher quality performances in this scenario of humanized childbirth..



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