

ROLE OF THE OBSTETRIC NURSE IN THE DEVELOPMENT OF LABOR AND DELIVERY

ATUAÇÃO DA ENFERMEIRA OBSTETRA NO DESENVOLVIMENTO DO TRABALHO DE PARTO E PARTO

PAPEL DE LA COMADRONA EN EL CURSO DEL PARTO Y EL ALUMBRAMIENTO

Tâmara Taiane Manguiera Alves¹, Gilvânia Patrícia do Nascimento Paixão², Chalana Duarte de Sena Fraga³, Josinete Gonçalves dos Santos Lírio⁴, Francieli Aparecida de Oliveira⁵

ABSTRACT

Objective: to analyze the performance of obstetrical nurses in the course of labor and delivery, based on their reports. **Methods:** This is a descriptive, exploratory research with a qualitative approach. The data collection was through the semistructured interview. The participants were four obstetrician nurses from Senhor do Bonfim/Bahia/Brazil. To organize better the data, we used the content analysis proposed by Bardin, the material being organized into thematic categories. **Results:** the findings reveal that the work of the obstetrician nurse goes beyond providing good care to the puerperal and the baby. His work is also related to good communication with patients and family, as well as the humanized and integral care, being considered of fundamental importance. **Conclusion:** the importance of obstetrical nurse performance in parturient environments was evidenced, since this is a qualified professional and essential for the practice of humanized and physiological delivery.

Keywords: Nurse-midwives; Labor obstetric; Humanization of assistance.

RESUMO

Objetivo: analisar a atuação das enfermeiras obstetras, no desenrolar do trabalho de parto e parto, a partir dos seus relatos. **Métodos:** trata-se de uma pesquisa descritiva, exploratório de abordagem qualitativa. A coleta de dados foi através da entrevista semiestruturada. As participantes foram quatro enfermeiras obstetras do município de Senhor do Bonfim/BA. Para melhor organizar os dados, foi utilizada a análise de conteúdo proposta por Bardin, sendo o material separado em categorias temáticas. **Resultados:** os achados revelam que o trabalho da enfermeira obstetra vai para além de prestar assistência de qualidade à puérpera e ao bebê. Sua atuação também se relaciona à boa comunicação com pacientes e familiares, bem como o atendimento humanizado e integral, sendo considerado de fundamental importância. **Conclusão:** a importância da atuação da enfermeira obstetra nos ambientes parturitivos foi evidenciada, visto ser esta uma profissional habilitada e essencial para a prática do parto humanizado e fisiológico.

Descritores: Enfermeira obstetra; Trabalho de parto; Humanização da Assistência.

¹ Enfermeira. Graduada pela Universidade do Estado da Bahia/UNEB, Campus VII, Senhor do Bonfim-BA.

² Doutora em Enfermagem. Enfermeira Obstetra e consultora em Aleitamento Materno.

³ Professora auxiliar da Universidade Estadual da Bahia /UNEB, Campus VII, Senhor do Bonfim-BA. Enfermeira Obstetra. Mestra em Enfermagem.

⁴ Enfermeira. Mestranda em Enfermagem pela Escola de Enfermagem da Universidade Federal da Bahia.

⁵ Graduanda em Enfermagem pela Universidade do Estado da Bahia/UNEB, Campus VII, Senhor do Bonfim-BA.

RESUMEN

Objetivo: analizar la actuación de las enfermeras obstetras, en el desarrollo del trabajo de parto y parto, a partir de sus relatos. **Métodos:** se trata de una investigación descriptiva, exploratoria de abordaje cualitativo. La recolección de datos fue a través de la entrevista semiestructurada. Las participantes fueron cuatro enfermeras obstetras del municipio de Senhor do Bonfim / BA. Para mejor organizar los datos, se utilizó el análisis de contenido propuesto por Bardin, siendo el material organizado en categorías temáticas. **Resultados:** los hallazgos revelan que el trabajo de la enfermera obstetra va más allá de prestar asistencia a la puérpera y al bebé. Su actuación también se relaciona con la buena comunicación con pacientes y familiares, así como la atención humanizada e integral, siendo considerado de fundamental importancia. **Conclusión:** la importancia de la actuación de la enfermera obstetra en los ambientes parturitivos fue evidenciada, ya que ésta es una profesional habilitada y esencial para la práctica del parto humanizado y fisiológico.

Palabras clave: Enfermeras obstetricas; Trabajo de parto; Humanización de la atención

INTRODUCTION

The childbirth is a unique event, in which the respect and appreciation of each woman's experiences are fundamental in the period that involves the beginning of labor, delivery and birth; being necessary to raise awareness among the professionals who participate in this process for the way in which the parturients prefer to experience in this moment. In this context, the participation of the obstetric nurse is essential, since the practice of their care is of paramount importance to humanize the care.¹

The obstetric nurse should follow a care model that seeks to rescue values such as the protagonism, individuality, privacy and autonomy of women, aiming to promote healthy childbirths, eliminating the unnecessary interventions and offering others that are proven to be beneficial.² Among the care provided, this professional should be alert to complaints and other

manifestations that may indicate some type of intercurrent, informing the pregnant woman about their evolution in labor and suggesting the steps to be taken to make the moment more pleasant.³ To take on this job, the nurse must be a specialist in obstetrics, training that will give her support to assume the indicated behaviors for the execution of the childbirth without complications,³ according to the resolution that regulates the professional practice.⁴

From this perspective, this study had as a guiding question: what is the role of the obstetric nurse in the process of labor and delivery? In order to answer this question, the objective of this study was to analyze the obstetric nurse's performance in labor and delivery.

METHODOLOGY

Exploratory, qualitative approach study.⁵ The qualitative research is characterized by the treatment given to the

collected data and its organization and analysis that, instead of having the statistical methods as main purpose, it has as final objective the aspects regarding the complexity of the object of study, as is the case of this study. Through this approach it was possible to analyze the complexity of the nurse's performance in labor and delivery.

The study was conducted in the municipality of Senhor do Bonfim, located in the north of the State of Bahia, 376 km away from the state capital. It has a population of more than 80 thousand inhabitants, and it is considered the confluence center of a region called Piemonte Norte do Itapicuru. This includes municipalities such as: Campo Formoso, Jaguarari, Andorinha, Ponto Novo, Caldeirão Grande, Pindobaçu, Filadélfia and Antônio Gonçalves.

The collaborators of this study were four obstetric nurses, who work both in basic care and in the hospital area. In order to capture the subjects of the study, the "Snowball" technique was used, which is a non-probabilistic sample form used in social surveys. Its starting point is to establish the profile of the key informants, who are *seeds*, in order to locate some people with the corresponding profile needed for the survey. The research participants are identified from the seed contact network. Afterwards, it is

requested that the people indicated by the seeds indicate new people within the established profile and so on until saturation. It is understood as the "saturation point" of the sampling when the subjects do not present new information or data relevant to the analysis, or when the network of contacts comes to an end.⁶

It is important to highlight that despite considering the saturation already reached, we still tried to contact two other professional nurses indicated, however, they refused to participate in the research. It is also added that the inclusion criteria were: to be nurses specialized in obstetrics and to work in the municipality locus of the research.

The data collection was carried out between February and May 2017, through an interview with a semi-structured form, which allowed the interviewees to consider the subject, without being attached to the investigation. The interview is the strategy most often used in the fieldwork method, and above all, it is a conversation between two or more people in order to construct information related to a research object.⁵

In order to organize the findings, the Bardin's content analysis technique was used.⁷ This methodology is performed through three basic steps: pre-analysis, material exploration/categorization and interpretation of the results. The pre-

analysis is the step in which the material to be analyzed is organized in order to make it operational, systematizing the initial ideas. The exploration of the material, which is the second step, is the moment in which the material is explored and the categories and units of record and context are defined. The last step, interpretation of the results, is the phase of the analytical description, in which the material is submitted to a deep study, guided by hypotheses and theoretical references.⁸ The discussion of the results was made from the scientific literature on the subject.

In order to carry out this study, the requirements of the Resolution 466/12 of the Ministry of Health (National Health Council/National Committee for Ethics in Research) were met, which provides for research involving human beings, based on the basic reference points of bioethics, justice, beneficence and non-maleficence.⁹ The study was approved by the Research Ethics Committee of the State University of Bahia, under the opinion number: 1.562.054.

Initially, the candidates to participate in the study were presented to the research objectives; the benefits of the study and confidentiality of the data generated were also addressed, in order to clarify that the publications will not allow the identification of the participants. After accepting to participate in the study, they

were requested to read the Information Form to the Participants and to sign the Free and Informed Consent Form (FICT), giving to the collaborators the original file of the FICT.

RESULTS

From the thematic analysis of Bardin under the collected empirical material, it was possible to apprehend six categories that allowed us to analyze the work of the obstetric nurse.

Category 1 - Care provided by the Obstetric Nurse

In this category, the interviewees reveal the care provided by the obstetric nurse, and two sub nuclei of meaning were highlighted: the global care provided to the pregnant woman and the specific care in labor and delivery.

Global care provided to the pregnant women

The participants of the study affirm that the global care provided by the obstetric nurse occurs both in primary care, and in multiple sectors of the hospital, such as: screening, delivery room and joint housing. The care provided even before labor is recognized as of great relevance for the development of the parturition period. They also deal with the importance of humanization and teamwork, as follows:

They work from the embracement of the pregnant woman before or during labor until the puerperium in the housing, in a humanized way, trying to verify all the symptoms to solve them the best way possible, along with the whole team. (Enfa 01)

The obstetrician nurse acts from primary care, which is very important in the case, to welcome the pregnant woman and prepare her for the childbirth. (Enfa 02)

There is much autonomy within the hospital environment; they operate from the patient's arrival to the hospital, welcoming, examining, assessing, and conducting. (Enfa 03)

Specific care provided in labor and delivery.

The care provided in labor and delivery was characterized by the embracement and care that involves observing the dynamics of labor, dilations, distortions, and decrease of the physical and emotional discomfort.

The role of the nurse is to monitor the evolution of labor, observe the dilations, the dynamics of labor, right after the delivery and also observe the pregnant woman and the NB in an attempt to minimize the injuries. (Enfa 01)

Monitoring the laboring parturient actively, stimulating the natural childbirth, also identifying the distortions or disproportions, filling the partograph, also carrying out the fetal monitoring. (Enfa 03)

To embrace the parturient, to provide care in order to reduce the physical and emotional discomfort, to make the childbirth as natural as possible. (Enfa 04)

Category 2 - Importance of the obstetric nurse's presence in childbirth care services.

The interviewees state that the importance of the obstetric nurse in the services of care to the childbirth is given by the bond that is established between the parturient and the professional. In addition to the care provided, the nurse can promote a safe and calm delivery, which is essential for a humanized service.

The nursing team is more closely linked to the patient, accompanying the pregnant woman from the beginning to the end. Providing the systematization of care in a comprehensive manner. (Enfa 01)

The most important role of the nurse at this time is precisely in relation to the humanized childbirth. It is important to have the nurse at the time of delivery because they provide security to the pregnant woman because the nurse welcomes the woman before, during and after the delivery. (Enfa 02)

The obstetric nurse is the one who makes the qualified listening, offers a care free of damages and, therefore, the parturients feel safer during the labor. (Enfa 04)

Category 3 - Open communication with the parturient

The participants stated that the communication between the pregnant woman and the nurse/obstetric team should occur in the best possible way, listening to complaints, providing guidance, in order to convey security to the woman.

The best way possible, listen to the patient, give opening to create a bond. (Enfa 01)

There must be direct communication between the team and the woman, to convey security to the parturient. (Enfa 02)

In a clear, welcoming way, clearing all their doubts, answering all their complaints, keeping them always informed about everything that can be happening, be supportive also through this communication. (Enfa 03)

The nurse must perform a quality listening, clear the parturient's questions, support and transmit tranquility. (Enfa 04)

Category 4 - Humanization of the childbirth care

For the interviewees, the word that best defines humanization is the embracement, and this occurs even before the onset of labor. As a result, the pregnant woman is informed and safe.

The term humanization comes from the word to embrace, to welcome in the best way possible, from the simple register of a file, with the name, what she is feeling, explain what will happen to her, since many are first-time mothers or even the third child, and no gestation, no birth is the same as the other, we have to explain. We need to guide on how to minimize this pain, squatting techniques, massage the lumbar region and try to minimize the anxiety. (Enfa 01)

Knowing how to listen, embracing and providing good nursing care. (Enfa 02)

The obstetric nurse walks much more on the humanization line, with labor and delivery without interventions. This is very important for the woman because she becomes more autonomous in the process. (Enfa 03)

It is to put oneself in that parturient's shoes, and to know the real need that she has. (Enfa 04)

Category 5 - Experiences lived

The experiences happened through good and bad moments, when they could count on the participation of other professionals, but also moments in which they had to act alone.

She (preceptor) said it like this: "Take her (woman) to the delivery room and start the delivery." When I was giving birth, as she (preceptor) had guided, the technician said: it is taking too long. Did the Kristeller's maneuver, the child came out ripping everything out, and I was out of reaction. (Enfa 01)

The woman began to give birth and I began to feel desperate not knowing what to do, I saw myself at that moment alone and it was just me and myself and it was the first birth I made. The moment I saw the child crowning I said, "If I am here, I am here for some reason." (Enfa 02)

A 13-year-old teenager and the water bag was coming, she left the exam room and went straight to the delivery room, the patient got there and had already given birth. But it was the only time that happened to me, so it marked me, the baby came with a circular and the cord almost broke alone, and the placenta immediately came out. (Enfa 03)

A birth of twins that I accomplished marked me, the doctor was with me in the room, but who provided all the care was me. This marked me because it was the first birth of twins that I attended and participated in doing it, it was remarkable. (Enfa 04)

Category 6 - Challenges of the obstetric nurse during labor and delivery

In this category, the nurses showed the challenges faced during labor and delivery. They highlighted the importance of the embracement so that the delivery can flow well, expecting that this will reduce the interurrences. They also mentioned the problem of teamwork and support for the family, which often becomes a difficult task, especially when news are not as expected.

The challenges are [many] because one studies in a way within the hospital institution of specialization, and when going to the hospital institution it is another way. (Enfa 01)

The biggest challenge is for the family to absorb or accept the labor that is time-consuming because some labors are much slower, and often the family is in a state of tension and wants a quick resolution. (Enfa 03)

DISCUSSION

The study evidenced that the work of the obstetric nurse goes through different nuances, and the care provided occurs before, during and after labor and delivery. Corroborating, the authors explain that the nurse works in front of the pregnant woman at different moments, including the prenatal, delivery and puerperium consultations. They also point out that these are moments of great importance for women, since there is an exchange of

experiences, knowledge and the compression of the process of gestation.¹⁰

In this context, the study participants perceive that the nurse is essential to empower the pregnant woman, through greater adherence to the prenatal care, ensuring the quality of care and better obstetric and perinatal outcomes. They also believe that the Nurse is a professional able to provide a complete follow-up of the woman, from the moments before her gestation, to the time of delivery and postpartum. They are also a professional considered to be able to do reliable monitoring, qualified listening and humanized care. A research carried out in Belo Horizonte, Minas Gerais, Brazil, showed that the participation of the obstetric nurse in the care services can favor the balance between the necessary interventions and the physiological process of parturition¹¹, which will provide fewer unnecessary interventions, focusing on the real needs.

In order for the care to meet all the clients' demands, the interviewees emphasize that the communication between the team and the parturient should occur in the most satisfactory way possible, given their fundamental importance in the moments that precede labor and delivery. Because if the communication is efficient, all the demands will be pointed out and more

easily met, which makes the parturients feel safe at this moment. This finding was also referred by scholars in the area¹², demonstrating that the support of health professionals during the process of delivery to women allows the creation of bonds of trust and affection, which facilitates the care and comfort.

Based on this understanding, the humanization of care is highlighted throughout the study, since the obstetric nurses interviewed understand its importance, understand its meaning and the fact that it must be a present element long before the moment of delivery. It should be emphasized that the main understanding of the term 'humanize' is to 'embrace' the woman, giving her all the autonomy she needs.

Corroborating this ideas, some authors define that "Humanizing the childbirth is to give women the right to a care focused on their needs, respecting their individuality and their desires".¹³ Other authors include several factors in the term humanization, which are: "Respect and create conditions for all the aspects of the human being to be met: spiritual, psychological and biological."¹⁴

Thus, when the nurse understands the importance of humanizing and qualifying the care provided to the pregnant woman, they are guaranteeing the quality of the care, which results in better

obstetric outcomes; with a welcoming and respectful attitude, professionals meet the expectations and needs of women.¹⁰ From these questions, the participants reported several experiences, both positive and negative, that they had as obstetric nurses. The negative experiences were observations of inappropriate techniques performed by other team members, such as the Kristeller's maneuver. This obstetric technique proposes the application of pressure in the upper part of the uterus during labor, in order to facilitate the exit of the baby. However, studies show that this maneuver consists of a risky, unnecessary and harmful practice to the woman, which causes discomfort and pain during its performance, considered violence to the right of the woman and her body.¹⁵

It should also be highlighted that the major challenges reported by the participants were: the structure available in maternity hospitals, which often differ from what is advocated; and communication with families, who do not always understand that labor can take some time.

FINAL CONSIDERATIONS

At the end of the study it was possible to consider that the work of the obstetric nurse is of fundamental importance both in the moments that

precede the delivery, and during the delivery and puerperium. It is understood that the care, the embracement and the humanized treatment provided by the obstetric nurse during these stages are essential factors that reinforce the importance of the presence of the obstetric nurse in a multiprofessional team and throughout the pregnancy-puerperal cycle.

Challenges to be faced by the professionals have also been revealed, which justify the fact that even when the nurse is present at these moments, it is not always possible to guarantee an ideal care or a trustworthy embracement, and that some families do not understand or respect the time that the mother and the baby need; these are common problems that hinder the good progress of this moment.

Finally, although the study was limited by the small number of participants, the information presented was sufficient to show the importance of the obstetric nurse's performance in parturient environments, since this is a qualified professional and essential for the practice of a humanized and physiological delivery.

REFERENCES

1. Velasque EAG, Pradebon VA, Cabral FB. O enfermeiro no processo parir/nascer: estratégia de cuidado e humanização do parto. *Rev Enferm UFSM*. [Internet]. 2011 [citado em 01 ago 2017]; 1(1):80-87. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/1991>
2. Silva MG, Marcelino CM, Rodrigues LSP, Toro CR, Shimo AKK. Violência obstétrica na visão de enfermeiras obstetras. *Rev Rene* [Internet]. 2014 [citado em 01 ago 2017]; 15(4):720-8. Disponível em: http://www.repositorio.ufc.br/bitstream/riufc/11479/1/2014_art_mgsilva.pdf
3. Santos GS, Souza JLO, Almeida LS, Gusmão LH. A importância do enfermeiro no atendimento humanizado no pré-parto. *Diálogos Ciênc.* [Internet]. 2012 [citado em 01 ago 2017]; 10(31):224-228. Disponível em: <http://dialogos.ftc.br>
4. Presidência da República (Brasil). Lei nº 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da Enfermagem e dá outras providências. D.O.U., Brasília, DF, 26 jun 1989. Disponível em: <https://presrepublica.jusbrasil.com.br/legislacao/128195/lei-7498-86>
5. Minayo MCS. Pesquisa social: teoria, método e criatividade. 29ed. Petrópolis, RJ: Vozes; 2010. 108p.
6. Vinuto J. A Amostragem bola de neve na pesquisa qualitativa: um debate em aberto. *Temáticas* [Internet]. 2014 [citado em 01 ago 2017]; 22(44):203-220. Disponível em: <https://www.ifch.unicamp.br/ojs/index.php/tematicas/article/view/2144/1637>
7. Urquiza MA, Marques DB. Análise de conteúdo em termos de Bardin aplicada à comunicação corporativa sob o signo de uma abordagem teórico-empírica. *Entretextos* [Internet]. 2016 [citado em 27 jul 2017]; 16(1):115-144. Disponível em: <http://www.uel.br/revistas/uel/index.php/entretextos/article/view/20988/20014>
8. Santos FM. Análise de conteúdo: a visão de Laurence Bardin. *Rev Eletrônica Educ.* [Internet]. 2012; 6(1):383-387. Disponível em <http://www.uel.br/revistas/uel/index.php/entretextos/article/view/20988/20014>

- <http://www.reveduc.ufscar.br/index.php/reveduc/article/view/291/156>
9. Conselho Nacional de Saúde (Brasil). Resolução nº 466, de 12 de dezembro de 2012. Brasília, DF: CONEP; 2012. Disponível em: <http://www.conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
 10. Spindola T, Progianti JM, Penna LHG. Opinião das gestantes sobre acompanhamento da enfermeira obstetra no pré-natal de um hospital universitário. *Ciênc Enferm.* [Internet]. 2012 [citado em 27 jul 2017]; 2(8):65-73. Disponível em: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532012000200007
 11. Lima MJ, Leite AR, Duarte VF, Borges ES, Fernandes NT. A utilização do partograma pela enfermagem no trabalho de parto sem distocia. *Rev Univ Vale Rio Verde.* [Internet]. 2017 [citado em 27 jul 2017]; 15(1):537-546. Disponível em: http://periodicos.unincor.br/index.php/revistaunincor/article/viewFile/2813/pdf_651
 12. Oliveira JDG, Campo TNC, Souza FMLC, Davim RMB, Dantas JC. Percepção de enfermeiros obstetras na assistência à parturiente. *Rev Enferm UFPE on line.* [Internet]. 2016 [citado em 27 jul 2017]; 10(10):3868-75. Disponível em: <http://pesquisa.bvsalud.org/bvsecuador/resource/pt/bde-30118>
 13. Pereira SS, Oliveira ICMS, Santos JBS, Pessanha MC, Carvalho, MCMP. Parto natural: a atuação do enfermeiro diante da assistência humanizada. *Tempus (Brasília).* [Internet]. 2016 [citado em 27 jul 2017]; 10(3):199-213. Disponível em: <http://www.tempusactas.unb.br/index.php/tempus/article/view/1727>
 14. Porto AAS, Costa LP, Velloso NA. Humanização da assistência ao parto natural: uma revisão integrativa. *Ciênc Tecnol.* [Internet]. 2015 [citado em 27 jul 2017]; 1(1):12-19. Disponível em: <http://revistaeletronica.unicruz.edu.br/index.php/CIENCIAETECNOLOGIA/article/view/284/528>
 15. Sousa AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansky S. Práticas na assistência ao parto em maternidades com inserção de enfermeiras obstétricas, em Belo Horizonte, Minas Gerais. *Esc Anna Nery Ver Enferm.* [Internet]. 2016 [citado em 27 jul 2017]; 20(2):324-331. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452016000200324&lng=en. <http://dx.doi.org/10.5935/1414-8145.201>

RECEIVED: 16/08/2017
 APPROVED: 21/02/2018
 PUBLISHED: 07/2018