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Obstetric nurses and healthcare in planned home childbirth: an integrative review

La enfermería obstétrica en el cuidado al parto domiciliario planeado: revisión integrativa

A enfermeira obstétrica no cuidado ao parto domiciliar planejado: revisão integrativa

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This study aimed to identify, in scientific literature, what are the healthcare practices carried out by obstetric nurses in Planned Home Childbirths. This is an integrative review carried out in the databases MEDLINE, LILACS and BDENF, analyzing the period from 2005 to 2015, and performed in December 2015. The research found 139 articles, 8 of which were according to the inclusion criteria. They were selected and analyzed using a thematic analysis. The studies revealed four categories: Childbirth Humanization; Healthcare Practices of Obstetric Nurses; Professional Responsibility; and Home Birth Outcome. Home births are a type of humanized assistance, and the healthcare practices of the obstetric nurse increase the chance of favorable and satisfactory outcome for the parturient regarding delivery. Also, this professional may help and act according to the law, for the healthcare offered to be safe and bring no harm to the woman and the baby.
Descriptors: Home childbirth; Humanizing delivery; Natural childbirth; Nurse Midwives; Obstetric Nursing.

O objetivo deste estudo foi identificar, na literatura científica, as práticas de cuidado realizadas pela enfermeira obstétrica no Parto Domiciliar Planejado. Trata-se de uma revisão integrativa realizada nas bases de dados MEDLINE, LILACS e BDENF, considerando o período de 2005 a 2015 e realizado em dezembro de 2015. Foram encontrados 139 artigos, dos quais oito atenderam aos critérios de inclusão, sendo esses selecionados e analisados por meio da análise temática. Os estudos evidenciaram quatro categorias: Humanização do parto; Práticas de Cuidado das Enfermeiras Obstétricas; Responsabilidade Profissional e Desfecho do Parto Domiciliar. O parto domiciliar planejado é uma modalidade de assistência humanizada e as práticas de cuidado realizadas pela enfermeira obstétrica contribuem para um trabalho de parto com desfecho favorável e satisfatório para as parturientes. Essa profissional deve conhecer e atuar conforme sua legislação para que o cuidado prestado seja seguro e livre de dano à mulher e ao bebê.
Descritores: Parto domiciliar; Parto humanizado; Parto normal; Enfermeiras Obstétricas; Enfermagem Obstétrica.

El objetivo de este estudio fue identificar en la literatura científica las prácticas de cuidado realizadas por la enfermera obstétrica en el Parto Domiciliario Planeado. Se trata de una revisión integrativa realizada en las bases de datos MEDLINE, LILACS y BDENF considerando el periodo de 2005 a 2015 y realizado en diciembre de 2015. Fueron encontrados 139 artículos, de los cuales ocho atendieron a los criterios de inclusión, siendo estos seleccionados y analizados por medio del análisis temático. Los estudios evidenciaron cuatro categorías: Humanización del parto; Prácticas de Cuidado de las Enfermeras Obstétricas; Responsabilidad Profesional y Desenlace del Parto Domiciliario. El parto domiciliario planeado es una modalidad de asistencia humanizada y las prácticas de cuidado realizadas por la enfermera obstétrica contribuyen a un trabajo de parto con desenlace favorable y satisfactorio para las parturientas. Y esta profesional debe conocer y actuar conforme su legislación para que el cuidado prestado sea seguro y libre de daño a la mujer y al bebé.
Descriptores: Parto domiciliario; Parto humanizado; Parto normal; Enfermeras Obstetrices; Enfermería Obstétrica.

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INTRODUCTION

Until the 18th century, deliveries were carried out by midwives, women with empirical knowledge who offered healthcare to the mother and the newborn in their homes. However, in the end of the 19th century, medicine started to transform births in controlled events and home births became, little by little, almost entirely extinct[1]. Therefore, this phenomenon, which was usually carried out in a private environment, near one's family, started to take place in health institutions, that is, in public places, far from the family, subjecting women to interventions that contributed to the increase in the number of cesarean sections and, therefore, to the increase in maternal and perinatal morbidity and mortality[2].

Home birth is still often criticized by women and professionals. This insecurity comes from the fear of the complications that may result from an unsuccessful pregnancy, which, in the minds of laymen, would not happen if the woman had the baby in a hospital environment. However, even deliveries carried out in hospitals are not entirely safe, since complications may take place, some of which may even result from unnecessary interventions to which, oftentimes, the parturients are exposed[3].

Therefore, despite the fact that national and international evidence show that the current labor model is not ideal, it is still happening due to the history of obstetrics, from the process of birth institutionalization, to the overestimation of new technologies, the medicalization of society, and the commodification of health practices.

Birth, even when it happens at home, must be carried out with all possible care for safety, such as selection criteria, adequately hygienic environments, materials and equipment in the event that an intervention becomes necessary, easy to access reference hospitals, a team that is qualified and prepared to recognize early if there are any complications, and to provide fast transport, if necessary[3]. In addition to being as safe as a hospital birth, home births are less expensive for the government, and has been revealing itself as a much more gratifying experience for parturients and their families, which justifies government encouragement to carry out this type of birth in developed countries[1].

The Ministry of Health (MS) has been encouraging obstetric nurses to act during birth, since the formation of these professionals includes training to conduct low-risk labor with no obstruction, as long as the environment has minimal conditions for it to be carried out. Resolution 516/2016[4], by the National Nursing Council (COFEN), establishes guidelines for the actions of nurses when it comes to the pregnant women, parturients, and women in the puerperium, gives support to the Obstetric Nurse or Midwives to perform all nursing activities regarding obstetrics, and according to the Official Report 001/2012/ASCOM[5], from May 2012, the Obstetric Nurse is scientifically, technically, and legally capable of offering healthcare for home births.

Some studies[6,7] have shown that women who received healthcare from obstetric nurses are less likely to need prenatal hospitalization, regional analgesia, episiotomy, or of the use of instruments during labor. They are also more likely to have spontaneous vaginal delivery, to feel in control during birth, and to start breastfeeding early, thus leading to a high rate of maternal satisfaction.

In light of the above, the importance of the theme in itself demonstrates the relevance of this study, since the international practice of home births conducted by obstetric nurses has been advancing, and the subject is often treated with superstition and little scientific knowledge. Therefore, this study aimed to identify, in scientific literature, what are the healthcare practices carried out by obstetric nurses in Planned Home Births.

METHOD

This is an integrative review of national and international literature. This type of study can be described as one in which the authors carry out syntheses and analyses of the scientific knowledge produced so far about the theme being investigated[8].

The methodology of integrative reviews has six stages: a) Selecting the hypotheses or questions the review try to answer; b) Demonstrating the research to be reviewed; c) Representing the characteristics of the study and their findings: the representation of characteristics must be analogous regarding data collection and the way in which data is reported; d) Analysis of the findings: exam and analysis of primary data; e) Interpretation of results: similar to the discussion of results and implications included in primary researches; f) Report of the revision: must include information enough for the reader to carry out a critical analysis of the evidence[8].

In the first stage, the objective was to identify the theme and to select the guiding question: What are the healthcare practices performed by obstetric nurses in Planned Home Births?

Regarding the second stage, the strategy of identification and selection of the studies was the search for publications that were indexed in the following databases: Base de Dados em Enfermagem (BDENF), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) and Medical Literature and Retrieval System on Line (MEDLINE) in the website of the

Biblioteca Virtual em Saúde (Virtual Health Library - BVS).

Were included: research articles that were available online in their entirety; published from 2005 to 2015; that had in their abstract indications of the healthcare practices performed by obstetric nurses in planned home childbirths; that were in Portuguese or English; and that had in their titles the following descriptors: humanized delivery, natural childbirth, home childbirth, obstetric nurses, and obstetric nursing. Were excluded articles that, despite being related to the theme, did not conform to the objectives of this research. Publications indexed in more than one database were selected in the first search, in December 2015.

The following statement was used for the search in both languages: Home childbirth AND (instance: "regional") AND (db:("LILACS" OR "BDENF") AND mj:("Home Childbirth" OR "Obstetric Nursing" OR "Natural Childbirth" OR "Humanized Childbirth" OR "Obstetric Nurses") AND type:("article") Home childbirth AND (instance: "regional") AND (fulltext:("1") AND db:("MEDLINE") AND mj:("Home Childbirth " OR "Obstetric Nursing" OR "Natural Childbirth" OR "Obstetric Nurses" OR "Humanized Childbirth") AND la:("pt") AND type:("article").

In the third and fourth stages, after the studies were found, their abstracts were analyzed, evaluated, and the works that were according to the inclusion criteria mentioned above were selected. These articles were part of this review. They were read carefully to avoid overlooking any aspects that could be be important for the organization of this research, for an immersion in the theme, or for the writing of the research.

The fifth stage consisted in the discussion and interpretation of results starting from an analysis of the theme. Some articles had more than one theme in common, and therefore participated in more than one category. The sixth stage was the presentation of the evidence found.

RESULTS

Eight articles that were according to the inclusion criteria were found, according to Table 1. One of the studies is a Dutch scientific article, and the other seven are from Brazil. The year of publication varied from 2008 to 2015. The most common year was 2014, with three occurrences. Five of the eight articles came from the LILACS database, two from BDENF, and one, from MEDLINE.

Table 1. Selection of research articles in the databases LILACS, BDENF and MEDLINE, from 2005 to 2015. Curitiba, PR, Brazil, 2017.

Database	Publications found	Does not discuss the theme	Repeated	Outside the selected time frame	Unavailable online	Not a research article	Total selected articles
LILACS	39	20	10	2	-	2	5
BDENF	24	11	11	-	-	-	2
MEDLINE	76	66	5	-	4	-	1
TOTAL	139	97	26	2	4	1	8

Table 2 shows the articles selected according to title, year, country, database, objective, design, and main results.

After the studies were read, four categories emerged from the common themes found: *Childbirth Humanization; Healthcare Practices of Obstetric Nurses; Professional Responsibility; and Home Birth Outcome.*

DISCUSSION

Childbirth humanization

Three studies had childbirth humanization among their themes. They suggest that throughout childhood, the minimal number of interventions should be performed, diminishing the excessive use of technology. The environment must be safe, offering privacy, dignified and quality care, comfort, and freedom of choice[9-11].

As a result, public policies were formulated for women to have the right to choose a type of childbirth that would be according to their needs and preferences, with healthcare that is tailored to their needs and respects their beliefs, values, and culture[9].

Another study showed that home childbirth has brought back humanization, as well as the autonomy of women and their position protagonists, since in this case they can make choices, express feelings, be with her family, and enjoy a calm and harmonious environment, free from noise or excessive light. All these situations, coupled with the encouragement and support these women receive, help them producing hormones that favor labor and birth, leading to an adequate physiological evolution[10].

Still in this category, a study stated that interventions with no side effects, support, and childbirth in pools are actions that enable humanization and help women to achieve a good evolution during labor and childbirth[11].

Table 2. Studies included in the integrative review. Curitiba, PR, Brazil, 2017.

Title	Year/ Country/ Database	Objective	Design	Main restults
A escolha pelo parto domiciliar: história de vida de Mulheres que vivenciaram esta experiência[9]	2008 Brazil LILACS	Analyzing the factors that influenced the choice for home childbirth with the assistance of an obstetric nurse.	Qualitative	The bond between the obstetric nurse and the clients, as well as the respect for their choices, expectancies, and culture, made it so the women that they were safe and could trust the nurse.
A percepção dos profissionais sobre a assistência ao parto domiciliar planejado[10]	2013 Brazil BDENF	Understanding the perception of professionals in the follow-up of planned home childbirth.	Qualitative	The analysis revealed that the home, as a place for healthcare, makes it possible for women and their families to be the protagonists.
Change in primary midwife-led care in the Netherlands in 2000-2008: a descriptive study of caesarean sections and other interventions among 789,795 low risk births[11]	2014 Netherlands MEDLINE	Investigating whether the increase in childbirths carried out by midwives in the Netherlands led to an increase in the number of c-sections.	Quantitative	The proportion of women who gave birth in hospitals under the care of obstetricians increased between 2000 and 2008, and vaginal birth decreased both for nulliparae and multiparae.
O parto assistido por enfermeira obstetra: perspectivas e controvérsias[12]	2010 Brazil LILACS	Presenting conflicts in childbirth assistance by obstetric nurses and the ways to minimize them.	Qualitative	Childbirth assistance, initially at home and later in the institution, brought interventions to this activity; the social and humane aspects of birth were minimized. There was a strong link between childbirth humanization and the nurse's assistance.
Parto natural domiciliar: um poder da natureza feminina e um desafio para a enfermagem obstétrica[13]	2014 Brazil BDENF	Identifying the reasons why women chose home childbirth; evaluating the obstetric assistance the parturients received in their homes.	Qualitative	The motivations for choosing a model that does not involve institutionalization is related to many factors, such as personality, lifestyle, world perspective, and to the experiences of previous generations of the family.
A responsabilidade profissional na assistência ao parto: discursos de enfermeiras obstétricas[14]	2012 Brazil LILACS	Identifying the knowledge of the obstetric nurses regarding their professional responsibility in childbirth assistance	Qualitative/Exploratory	It was found that nurses do not know much regarding the legal repercussions of mistakes.
Resultado de partos domiciliares atendidos por enfermeiras de 2005 a 2009 em Florianópolis, SC[15]	2012 Brazil LILACS	Evaluating the obstetric and neonatal results of planned home childbirths assisted by obstetric nurses.	Quantitative	The results indicate that home childbirths are safe.
Partos domiciliares planejados assistidos por enfermeiras obstétricas: transferências maternas e neonatais[16]	2013 Brazil LILACS	Describing the rate and causes for transportation of women during labor in home childbirths carried out by obstetric nurses, and the outcomes of these childbirths in the hospital.	Quantitative/Descriptive and exploratory	Home childbirth, as assisted by obstetric nurses and following healthcare protocols, showed good maternal and neonatal results, even in cases in which transferences to the hospital were necessary.

The Ministry of Health (MS), through the network Rede Cegonha, has been prescribing the use of evidence-based healthcare practices, thus creating and implementing strategies to guarantee that women have a safe, professional, humanized, and generally more positive experience during labor and childbirth[17]. From these initiatives, women have been reflecting on the benefits of natural childbirth, which respects the physiology of birth. They see in their homes an adequate place for this experience, since there they are free and autonomous[18].

According to a study in Rio de Janeiro, a humanized birth, for the participants of the research, is one in which no unnecessary intervention is performed, and where everyone present is there according to the choices and

desires of the woman. For them, being able to choose the type of childbirth they would like to undergo, means to reclaim their right to decide about their own body. Due to obstetric violence, many women have been seeking professionals that can guarantee their rights as citizens[19].

In humanized childbirth care, there is respect, solidarity, support, guidance, prejudice-free actions, and incentives from the professionals to use the least interventions possible, which should result in the least damage possible[20].

Factors that also contribute for the humanization of birth are the presence of a partner that understands the importance of this moment, which is so special, in a welcoming environment, thus making sure that the woman feels as little anxiety and stress as possible, and helping her feel safe, comfortable, and calm, while also contributing for the absence of fear, and to the progression of labor and childbirth[21].

To this end, the obstetric nurse who believes in avoiding childbirth medicalization will contribute for a humanized assistance[22]. This humanized care is extremely important for the process to be successful, since the growth of a bond between the professional, the client, and the family, as well as the respect for their choices, expectations, and culture, help these women feel safe and rely on the professional, giving them back the right to be a mother[23].

Healthcare practices of obstetric nurses

Five studies[9-13] showed the characteristics of the healthcare offered by obstetric nurses during planned home childbirth. One of these studies showed that obstetric nurses allow women to plan their own labor, in addition to welcoming and being open for these women to bring forth their feelings, doubts, and fears. Therefore, in addition of a humanized care, trust is build in the relationship[9].

The obstetric nurse offers assistance to labor when there is no dystocia, offering consultations, specialized exams, local anesthesia, perineal sutures, and maneuvers to help the free movement of the fetus. Their formation is focused on social, psychological, and humane aspects of birth. Medical professionals are not excluded, but are only referred to when necessary[12].

Another study shows that, in addition to technical competencies and service organization, obstetric nurses offer emotional support and sensitivity during labor and childbirth. As a result, they detect early possible complications that would require a transference for a hospital[10].

Another study also reports that the nursing professional provides a feeling of safety, offering a humanized care focused on the parturients, since interventions are only carried out when needed, since the legistlation allows for them to carry out episiotomies, episiorrhaphies, and to apply local anesthesia[13]. Another study shows that the number of labors carried out by obstetric nurses increased from less than 10% to more than 25% in 9 years, and that the care they offered should, throughout time, increase the opportunities for physiological birth[11].

The actions of the obstetric nurse are designed for the parturients to feel safer. In addition to providing comfort, they listen to them, and the attention they offer creates a bond, leading to actions based on the needs described. As a result, they help diminish anxiety and encourage the woman to feel more courage[20]. Women aided by obstetric nurses declare to be satisfied with their actions, especially in the stage of preparation for childbirth, since in the prenatal the nurse clarifies all doubts, and as a result, the women is better prepared for the situation that will take place[24].

Humanized assistance should be inherent to obstetric care. However, obstetric violence takes place since the beginnings of childbirth institutionalization. For the WHO and the MS, the obstetric nurse could be able to change the current behavior patterns, since they are seen as the most well prepared professionals to change this septing and consolidate a safe assistance during this process[25-28].

There should be an empathic relationship in the care during labor and childbirth, since the nursing professional must be patient, respectful, must be available to listen, and delicate in the way they take anxieties into account, growing aware of the feelings, needs and preoccupations of others, aiming to offer a care that is satisfactory to them.

That means that good health care must start during the prenatal, with guidance on the pregnancy state, changes in the body, types of birth, and the actions that can make easier an active participation in the process of labor. Therefore, to offer assistance to parturients, the professionals must have scientific knowledge, clinical rational thinking, and practical abilities, so that they can carefully monitor the progression of delivery and childbirth through the partogram and using intermittent listenings of fetal heartbeats. As a result, they can make decisions about any necessary actions, such as the referral of mother and newborn to an institution that offers care in a more complex level, in case there are complications and risk factors[23].

That means that childibirth carried out by obstetric nurses are safe and efficient, since, by understanding this event as a physiological process, they use as few interventions as possible, improving the results of both mother and baby. In addition, non-pharmacological measures are taken, such as: warm water aspersion baths, walking, pelvic movements,

and vertical posture, to contribute for the progression of the labor[22].

Professional responsibility

Only one article that contributed for this integrative review is in this category[14], indicating how scarce are studies on the subject. It describes the responsibility of obstetric nurses for their actions. They can be held liable for any damage by the regulating instances and the justice system, and can even be the target of civil, penal, and administrative-ethical action[14].

According to the study, obstetric nurses only have general information regarding their legal situation, which is not sufficient for them to act safely. In the hospital, despite feeling protected by the institution, nurses are legally accountable for their actions, as are their employers. In home childbirth, the nurse is the sole responsible for any misconducts. They would not be held responsible only by proving that any damage took place for something other than the assistance they offered. Obstetric nurses are shaken by the moral consequences of making a mistake, since they feel ashamed and guilty. However, they were shown not to worry about legal consequences[14].

It was found that the obstetric nurse should act according to moral and ethical guidelines, always respecting the human being, informing the parturient of the alternative types of childbirth assistance, as well as the practices recommended by the WHO. Any predictable risks should be avoided, since professional guilt exists even in cases in which the nurse does not take actions to prevent a possible negative outcome that could be predicted, and results in damage to the client[29].

The Ethical Code of Nursing Professionals considers that any action, collusion, or omission that involves disobeying or not abiding by its norms is an ethical infraction. Legally, the civil responsibility of the nurse arises from damage, which makes it so they have to answer for any acts performed, dealing with the consequences that result from it, and being compelled to restore, compensate, or repair any prejudices through financial compensations[30].

Obstetric nurses cannot guarantee the outcome of labor or childbirth. However, they can be careful and zealous, as to avoid exposing the woman and the child to unnecessary risks, since sudden and unpredictable complications may happen and, therefore, the professional must be careful and cautious to action and make decisions fast and skillfully.

As nurses offer healthcare during home childbirth, they should avoid any decisions that are not judicious, as these may result in situations that could lead them to be held criminally accountable, since when it comes to their criminal liability, they could have to answer not only to the situations that cause damage to the clients and to society, but also to the illegal exercise of the profession. Their actions could be considered misdemeanors, and result in fines or even probation if they exercise the profession with no regard for the conditions stablished by law, that is, without the legal qualifications.

One of the items that contribute for offering nursing healthcare in an ethical and safe way is the fact that the nurse has knowledge about the legal aspects, rights, and obligations of their professional activity. That means that they should be aware of the limits of their capacities, only acting inside the bounds within which their professional legislation allows them to[29].

Outcome of home childbirth

Four studies were found regarding this theme[9-10,15,16]. The first states that positive memories about the home childbirth reported by parturients show that the natural childbirth process is a natural event, full of trust[9].

Another study has shown that among the 102 parturients who were assisted by nurses in home childbirths, 11% were transfered to hospitals, and only one baby was transfered to the neonate ward. The latter, however, was not a consequence of the assistance. Nine women needed cesarean sections, there was little need for amniotomies, labors were shorter, and most women did not chose the lithotomy position for their labor[15].

Another investigation, with 100 women assisted in home childbirths, had 11 women transferred to hospitals early, to minimize potential risks for the mother and the fetus. Regarding the newborns, none had to be transfered for the Neonate Intensive Care Unit. The fact that most women chose to be transferred to the hospital and attended by the physician during the prenatal can be attributed to the relationship of trust that had already been built. Another reason was the fear of being discriminated by health professionals who have restrictions to planned home childbirth, though later, in most cases, the transference led to dissatisfaction[16].

Despite what is commonly thought, a person's home is a positive environment, with good results for the evolution of labor and childbirth, since, in addition to allowing the presence of relatives, it also respects the rights of the woman, reduces the number of interventions, and care for psychological, emotional, and social needs. Therefore, home childbirths did not increase the risks of maternal and perinatal mortality and morbidity, having lower rates of these complications than hospital septings[10].

A study has shown that some women chose planned home childbirths exactly because they can exercise their reproductive rights. After having this experience, they feel satisfied, since not only they received respectful

and reliable care, but they also were not submitted to an episiotomy and the baby was not exposed to any type of intervention. Therefore, the reports of women who chose this type of labor are those of women who feel amazed and personally fulfilled[19].

The Brazilian Association of Midwives and Obstetric Nurses state that labors with regular chances of complications, when assisted by obstetric nurses, are more advantageous regarding the number of interventions and the satisfaction of the parturients[31]. Therefore, a humanized labor not only helps women to develop a positive perception of the process, as it also diminishes the need for interventions, the rate of complications and c-sections, the use of analgesia, the length of labor, hospitalization time, in addition to encouraging breastfeeding and reducing the risk of postpartum depression[21,32].

Non-invasive healthcare technologies used by the obstetric nurse reach similar or better results than current medical results, since their care has been associated to lower rates of interventions such as c-sections, less use of forceps, and to better apgar indexes in the first and fifth minutes of life of the newborn[22].

Therefore, women have stated that home childbirth is better for a number of reasons, among which, it is faster, there are less invasive interventions, and more freedom of movement. That evidences their satisfaction with the assistance they received, and reminds one of the critics that are currently being made to the childbirth assistance offered in Brazilian maternities, as these women also express frustration towards the experience they had with hospital childbirth, when compared with home childbirth[18].

CONCLUSION

From the results found, it was possible to identify the practices of care of the obstetric nurse in the planned home birth. This professional not only has the technical expertise needed, but also prioritizes the psychological, emotional, and physiological aspect of childbirth, performing side-effect free interventions, and using as little invasive procedures as possible, as to offer the type of humanized care that is prescribed by government bodies.

Despite the fact that obstetric nurses are legally capable of offering attention for home childbirths, they need to have enough knowledge to go above and beyond the professional responsibility allowed by legislation, reaching as far as their formal training allows them to. That way they can provide their client with safe and damage-free healthcare. Therefore, due to the fact that only one article mentioned the theme "professional responsibility", and this is a very important subject in the actions of the obstetric nurse regarding planned home childbirth, new researches on the theme are suggested.

This study has shown how scarce are publications on the actions of obstetric nurses in the assistance to planned home childbirths, which was a limitation. However, the healthcare practices offered by the obstetric nurse were found to contribute for a favorable outcome for labor and childbirth, also improving the satisfaction of the parturients.

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Silvana Regina Rossi Kissula Souza and **Miriam Cristiane de Jesus Drygla Oliveira** took part in the conception of this article, as well as in its design, analysis, data interpretation, writing, and revision. **Juliane Dias Aldrighi**, **Larissa de Oliveira Peripolli** and **Marilene Loewen Wall** worked in the writing and revision of this article.

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