

ORIGINAL ARTICLE

PERCEPTIONS OF POSTPARTUM WOMEN ABOUT EDUCATIONAL PRACTICES DEVELOPED IN A NORMAL BIRTH CENTER: A DESCRIPTIVE-EXPLORATORY STUDY

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ABSTRACT

Objective: to understand the meanings of postpartum women about the educational practices developed in a Normal Birth Center. **Method:** descriptive-exploratory study, of qualitative approach, with 15 postpartum women assisted at the Haydeê Pereira Sena Normal Childbirth Center, in the metropolitan region of Pará, Brazil. Semi structured interviews were used from August to November 2020. Data were transcribed and submitted to content analysis in the thematic modality. **Results:** it was found that the activities developed by the nurse midwives promote a link to the visibility of the site as a service that seeks to welcome and support women, ensuring greater tranquility, confidence, and respect at the time of birth. **Conclusion:** the results translate the need to encourage educational practices to ensure rights and respect for women, such as quality assistance, a welcoming environment, aggregating tranquility, and confidence for normal birth. Thus, it contributes effectively to the practice of obstetric nursing with direct impact on the care of women and families.

DESCRIPTORS: Obstetric Nursing; Nursing Care; Health Education; Humanizing Delivery; Humanization of Assistance.

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INTRODUCTION

Obstetric Nursing (ON) care has been the object of different studies, especially within the space of the Normal Birth Center (NBC)¹⁻⁴, showing the importance of the obstetric nurse for changes in the birth scenario, seeking less interventionist care and focused on the humanization of labor and birth¹.

The World Health Organization (WHO) has recommended humanization as a strategy to transform the obstetric model, with the discussion of numerous procedures in everyday childbirth, often without scientific support and maternal safety. These recommendations have driven to minimally interventionist care and criticism of a system that values the improper manipulation of the female body, thus contributing to an increase in maternal health indicators, such as episiotomy, oxytocytes, cesarean sections, and others⁵. And, with the partnership of the Ministry of Health (MH), it has been possible to review the recommendations of this assistance in the country, which is currently depersonalized, technocratic, violent, and centered on medical knowledge⁶⁻⁷.

In view of a movement to transform the model in obstetric care, the MH (Ministry of Health) created the Stork Network (SN) strategy through Ordinance No. 1,459, June 24, 2011. This initiative focused on ensuring the right of women to humanized and qualified care, focused on assistance centered on the needs of women, to contribute to the reduction of maternal mortality rates¹. Thus, obstetric nursing has become an important strategy for the promotion of these changes, aligned with the proposal of SN, with care supported by scientific evidence in the context of obstetric care⁵⁻⁷.

In 1999, the MS established, through Ordinance No. 985, the guidelines for implementation and qualification of NBC, which were redefined by Ordinance No. 11 in 2015. However, due to the new scenario of practices in the health system, the role of nurses is still in a field of constructions and disputes¹. However, the performance of nurse midwives in the context of NBC is supported by Law No. 7.498 of June 25, 1986 (Law of Professional Nursing Practice), and Resolution of the Federal Council of Nursing No. 516 of June 24, 2016, which establishes the performance and responsibility of the ON (Obstetric Nursing) in NBC.^{2-3,8-9} Among the actions promoted by nurse midwives in the field of NBC, the educational practices are present.

Thus, it is added that health education is an important strategy as a foundation for information, knowledge, and empowerment for birth, being the basis for ensuring humanized care. Therefore, the educational practice works with the individual, in a process in which the woman is aligned to the purpose of promoting a critical and liberating view about life conditions, aiming, from knowledge, changes for the benefit of the process of empowerment¹⁰. This relationship establishes a shared construction of knowledge between the woman and the ON (Obstetric Nursing), thus collaborating to informed decision-making, affirming the woman's rights in the social sphere¹¹.

Therefore, the educational practices developed by nurse midwives in the obstetric field are an instrument of care actions that can transform the way of giving birth and being born, in confluence with the SN, in the scope of practices in the NBC, which emphasizes that humanization of health care involves "sharing knowledge" and "recognizing rights," perceiving, in relationships, the sociocultural, ethnic, racial, and gender conditioning factors¹⁰.

In this sense, the guiding question was: how is the performance of nurse midwives in the field of educational practices to promote humanized childbirth according to the perceptions of postpartum women assisted in a Normal Birth Center? Thus, the objective was to understand the meanings of postpartum women about the educational practices developed in a Normal Birth Center.

METHOD

Descriptive, exploratory study, with a qualitative approach, conducted with 15 women in puerperium, assisted at the NBC Haydeê Pereira Sena, in the metropolitan region of Pará, Brazil, in which care is provided focused on the entire pregnancy -puerperal cycle, under the SUS (Brazilian Unified Health System). The NBC was established on July 2, 2016, the only NBC in the Northern Region of the country. In the, approximately 800 deliveries were performed, and it has, on average, 25 hospitalizations/month. The NBC has a triage room, five boxes of care provided with the following instruments: ling bar; cavalinho; Swiss ball; and bathrooms with bathtub whose purpose is to present a care directed to women, to value their centrality and their protagonist, in addition to encouraging women to give birth normally.

The participants were fifteen women in immediate puerperium (first to tenth day). Recruitment was based on convenience. The contacts of the puerperal were made available by the management of the NBC. Thus, an initial approach was made by telephone contact to explain the objectives of the study, inviting them to participate in the research and those who accepted, to take part in it.

After this process, the eligibility criteria were applied: 1) women over 18 years of age; 2) in immediate puerperium; and 3) received care in the NBC, during prenatal, delivery and/or puerperium periods. The exclusion criteria considered women who entered the NBC only during the expulsion period, with justification for going through all the assistance care. After this step, the interview was scheduled through the WhatsApp application, at which time the puerperal were already at home.

The data collection closure process and the establishment of the number of participants occurred due to data saturation, when the meanings derived from the speeches of puerperal women became convergent and with a chain of meanings, which motivated the understanding of the core of the studied phenomenon¹².

The semi-structured interview was conducted by the main researcher, with a level of training (PhD) and experience in the application of this technique, which had closed questions and a trigger. Due to the health emergency, there was no prejudice in the application of this modality, for which methodological rigor was guaranteed during data collection. The WhatsApp application and the video call were used.

This data capture modality contemplated objective questions about the profile of the participating women, such as age, marital status, education, and paid work with signed portfolio, in addition to a triggering question: Talk about the care offered in the NBC by the obstetric nurses during the entire process, from entry to discharge from the health service? This interaction occurred from September to November 2020, with an average duration of 30 minutes. The data obtained were recorded using the SplendApps app for voice recording during the collection technique.

The speeches were transcribed in full by the main researcher and returned to the women after this process, for validation of the speeches. After this return, the treatment of the data began, with the succession of content analysis in thematic mode¹³ with the support of the ATLAS.ti 8.0 software.

The analysis occurred in three distinct phases: pre-analysis, with the meanings arising from the 15 interviews, of which, there was a floating reading of each one, with the choice of relevant and representative elements; the second stage consisted of exploring the material that constituted coding interventions, relating the speeches of puerperal to categorize them¹³. It is noteworthy that in this step, the functionality of the ATLAS.ti 8.0 software was aimed with the inductive analysis before the coding of the excerpts of the speeches with the identification of codes and creation of themes, namely: visibilities of the educational

practices; health education; pregnant women's group; tranquility of birth; embracement, trust, and respect.

The third and last phase of the analytical process, in which the treatment of results, interference and interpretation took place, the collected material was submitted, and each one was identified with the term documents, with the acronym followed by numbering as the software itself uses, going from D1 to D15; a posteriori, citations of parts of the documents were created, thus, these were listed with codes, which were named according to the meaning of the citation interpreted by the researcher. From this step, the quantity of codes needed was created according to the inductive themes prevalent in the interviews, after the saturation of these codes, which occurred through the repetition of meanings, in which no new codes were found, only those already created, thus meaning the consolidation of a dictionary of codes. These make it possible to create the group of codes and their respective citations and identification. In this way, the units of meaning could be obtained, with the categorization of the constructive elements and the regrouping of the meanings, based on the non-aprioristic categorization¹³, which emerged in the context of the participants' answers, which were the basis for the construction of categories.

The study was approved according to protocol No. 3.817.310/2020 by the Research Ethics Committee of the Institute of Health Sciences of the Federal University of Pará (CEP-ICS/UFGPA). To preserve the respective confidentiality, anonymity, and reliability, the participants were identified by the letter (P) of puerperal, followed by a numeric number corresponding to the sequence of the interviews (P1, P2, P3, ..., P15), besides the guarantee of voluntary participation through virtual signature by Google Forms of the Informed Consent Form.

RESULTS

Of the 15 puerperal women interviewed, there was a predominance of 12 aged between 25 and 30 years and three over 30 years. All of them were in a stable union: nine women had been in a relationship for more than five years, four of them between three and five years, and two less than three years. As for education: ten had completed high school; three had incomplete high school; and two, incomplete elementary school. Five of them had a formal job and the others were housewives.

The analysis allowed the construction of the following categories: 1) The visibility of the NBC's educational practices; 2) Health education as a favoring of tranquility in childbirth; 3) Reception as a factor for trust and respect.

The results showed that the care offered by the obstetric nurses at the NBC dialogues with the educational practices, bringing visibility to the health service, especially in the digital environment and, thus, the recognition of the assistance at the NBC. Based on the social network, there is visibility of the support provided to women and family, having a space for exchange and dialogue. Also, it culminates with support for the humanization of childbirth, based on information, to ensure more tranquility to women during the process of labor and birth. Fact that, with the reception and effective listening, guarantee assistance with respect and confidence to health professionals.

Visibility of the educational practices developed at the CPN

The care provided by the nurse midwives at the researched NBC overcomes structural barriers and enhances the recognition of care in the digital field. This notoriety enables women to experience childbirth at the NBC, as an alternative to ensure care focused

on their own needs. Thus, women's reports through social media promote participation in educational practices and their own experience as pregnant women, as shown in the following speech:

[...] Before anything else, I was already sure that NBC would be the place where I had decided to have my baby, because of the work that I had been following for a long time through the social network [Facebook and Instagram] it was there that I met NBC and, so, I have no words to describe all their care [...] it was very valuable for me to have my daughter in NDC, my sister had already had a baby there three months ago, I participated in the groups that they do, and after being pregnant, it was my turn, now my other sister is pregnant and we want with all our hearts that she will have a baby there [...] If there is a place here in the state that I recommend for women to give birth with care and humanization is in NBC [...](P3).

Health education to promote tranquility in birth

The women who gave birth in the CPN participated in educational practices that culminated in the support of the obstetric nurses with care sustained by information, which was the foundation to ensure greater tranquility and safety for pregnant women at the time of birth.

[...] It was my baby's time, not the time I wanted, the time she thought it was her time came. They gave me a lot of orientation, from the beginning of pregnancy, with the support groups, in consultations, explaining that since the contractions, passing this tranquility to us, regarding the touch also, they explained to me why they are not doing much touch, after 4 hours they did it again [...](P2).

[...] With the support they gave in the groups, the instructions they gave was fundamental, both to keep calm, my tranquility, and to know what I should do if it happened at another time [...](P8).

Welcoming as a factor for trust and respect

The women's confidence in the care offered at the NBC reflects the welcome and support provided by the obstetric nurses to the participants during the educational practices, as well as the effective communication during follow-up. The women who participated were able to strengthen their feelings for a birth with confidence and respect.

[...] We romanticize a lot when we talk about humanized childbirth, we don't think much about the pain, I was afraid, what helped me was that I thought about my baby, I will do whatever they are telling me to do [...] I understood that it was a humanized birth, I did what they told me to do, control my breathing and trust, so, I trusted and let it happen. Everything they taught me, not only on the spot, but in the consultations and in the groups was crucial. All the employees give us a great deal of confidence, we feel welcomed, loved and above all respected [...](P4).

[...] I tried to trust them, even in the moment of fear, I tried to trust them, because of their experience. And as I told you, from the beginning this trust was created and now, I felt confident in them, so, me being confident in them collaborates a lot for their work and mine as well [...] They pass on this trust, since the first day here, they welcome people, in consultations, in groups, they pass on information that reassures and welcomes everyone. So, they were with me all the time, and it was wonderful, they already gave her to me, I think I spent more than an hour with her [...](P10).

DISCUSSION

The means of communication and information, such as blogs and social networks, have currently become important vehicles for the dissemination of the activities developed by NBC. This visibility represents dissemination of thoughts, used as channels of collective organization against the established power system and of contestation against the

production of invisibilities, bringing the NBC as a process of change in obstetric care with notoriety.

Thus, social networks are more than a simple interface for individual publication, they are collective spaces of interaction and expansion for women's information, especially for NBC care by obstetric nurses¹⁴ who recognize the role of social media and the relevance for health education, contributing to the decision-making power and expansion of autonomy of the user and professionals¹⁵

Thus, it is shown that the meaning of the choice of the NDC involves the knowledge of the service, the care, the knowledge, and the educational practices offered by the obstetric nurses, and the satisfaction of other women regarding the birth performed at the NDC based on the media. In this sense, social networks provide meanings for women to construct concepts of childbirth, especially with the educational practices performed with the group of women, valuing physiology, woman-centered care, respect, and scientific evidences.

These factors guarantee an impact on women's choices to deliver at the NBC. The information from the social networks of the NBC enables an informed and participatory choice in health education activities, ensuring greater adherence to normal birth, such as the dissemination of this possibility to other parturient, especially in relation to the sharing through social media of personal experiences lived by other women in the NBC, contributing to break the predominant model and enabling humanization as a way of giving birth.

Empathy and respect are directly related to the way of treating people, how to approach, clarify doubts, listen to the needs, and know, that is, the demands that come to the health service¹⁶. Thus, studies¹⁷⁻¹⁸ emphasize that labor and birth assistance must go beyond the issue of how people are treated, since it involves valuing the subjects and respecting their singularities, expectations, and wills.

Thus, to ensure a choice, women mean the need for information, in a relationship that deals with empathy and respect. The educational practices developed in the field of women's choice provide subsidies for the defense of an informed choice, thus promoting the favoring of being provided with more tranquility in the process of labor and birth. Health education denotes a link, by establishing the confidence of women within the space of the NBC, so that they feel safer and can be met in their expectations and desires, being, above all, always informed¹⁻⁵.

The WHO states that health professionals involved in childbirth care should provide a welcoming, calm environment that generates confidence in women, with respect for privacy, helping them feel safe to give birth¹⁹. Similarly, the MH also states that effective communication and the use of health education should be worked out between the woman and the health professional²⁰. This access to information should be based on evidence for decision making, in a shared way, and ensuring greater empowerment for women, a term linked to personal growth, with the promotion of self-esteem and confidence through information.

Thus, a more effective relationship between health professionals and women, led by dialogue, information, and trust, allows women to participate more actively in decisions about the experience of their own birth. Therefore, this trust should be promoted to support care that values decision-making and protagonist in delivery^{2-5,7-11,19-10}. This relationship of trust has a direct impact on the satisfaction of women in the field of obstetric nurses' care within the space of the NBC.

In this scope of discussion, effective communication within the scope of educational practices, with a respectful relationship, a continuous attention from the ON of the NBC proved to be a primordial factor in promoting confidence, well-being, satisfaction, empowerment, and decision-making power of women. Thus, the care provided by obstetric

nurses enhances women's autonomy during the birth process.

Therefore, the meanings of women in relation to the support, effective communication, and educational practices of the ON of the NBC reflect in a care of empathetic, integral, and singular ties, in which the NBC represents a space for the reception of these women, who feel heard about their needs and expectations, by establishing affectionate and humanized care. The ON care is translated into the satisfaction of women, because they feel welcomed, listened to, and informed by the health professional, which ensures qualified care as determined by the guidelines of the humanized model.

Despite the results, the limits of this research are presented, since it was developed based on a particular scenario reality and did not allow relationships and generalization, since the guarantee of representative distribution requires statistical proof for the sample calculation.

CONCLUSION

The study understood the meanings of puerperal regarding the educational practices developed in NBC, which permeate the educational process to ensure a respectful care, that works issues related to childbirth, besides providing greater tranquility to the woman and her family. The care focused on the welcoming, empathy, uniqueness, and completeness provides greater confidence of the woman in herself and in the birth, through the empowerment of knowledge, permeated by the performance of the obstetric nurses of the NBC.

The NBC, constituting itself as a new field of action for ON, enables the construction of practices derived from the action of caring for women throughout the pregnancy-puerperal cycle, to ensure the integrality of actions aimed at health education, provide greater knowledge and, consequently, potentiate empowerment.

Therefore, there is a need for new studies that raise reflection on the educational practices in the field of ON in NBC, since the studies are aligned with the care in the process of labor and birth, and, therefore, research has the possibility to discuss the strategies for the promotion of health education with the purpose of ensuring the expansion of rights and knowledge of women.

Thus, the study contributes directly to the practice of obstetric nursing in the NBC, which constitutes a legitimate and political space for its action, with the realization of educational activities, providing the visibility of childbirth care in the NBC and the impact of this care in the lives of women and families, ensuring from the reception to the support for empowerment in the field of birth.

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