

Humanization in Fetal Medicine

Humanization is the action or the effect of humanizing, to become human or to be more human, to become benevolent, to be friendly.¹ Humanization in health leads to a change in management services and health systems, modifying as so, the interaction among patients and professionals. One of its main objectives is to provide a better care service for the patients and a better working condition for the employees.²

Fetal Medicine is an area dedicated to promote maternal and fetal health, it is considered as a subspecialty in Gynecology and Obstetric. The Fetologist has competent abilities to promotes prevention and performs diagnostic or therapeutic procedures related to pregnancy. These procedures vary from a consultation to a genetic counseling, risk calculation for the chromosomal diseases, preeclampsia or preterm labor, even intrauterine fetal surgery.³

The main tool used in Fetal Medicine is the ultrasound, which has specific purposes in every trimester of gestation.⁴ As this is a medical specialty that is based on images, it can cause little proximity with the patient when it is compared to a purely clinical specialty.⁵ Based on this fact, one might ask: why not humanize Fetal Medicine? How could this be possible? A humanized care recognizes the patient's rights, valuing the quality of care from a technical point of view, as well as professional recognition.⁶ For this purpose, simple measures which have been lost with the increase of demands and overcrowded hospitals and medical offices should be rethought and put into practice daily.

To perform an obstetric ultrasound examination became something mechanical with little or no physician - patient relationship. These professionals use machines to describe the exam report, to only inform the mother that everything is normal or not. The reception in receiving the patient at the door with a simple greeting and permitting the companion to enter can make a difference. Calling the patient by her name, sitting and talking to the patient about prenatal or comorbidities that were acquired during pregnancy, discovering reasons to do an exam, to explain the purpose and to be evaluated. All of this transforms that moment of tension for the mother or family in a reliable and secure environment. Thus, in order to make the patient feel calmer and more secure regarding to the pregnancy, is showing and explaining the image on the screen by using resources, for example, the three-dimensional (3D) image, when it is available, this may be a useful and simple tool to humanize fetal medicine.

During a humanized childbirth, the companion is allowed to participate, as well as to take pictures and film this special moment, registering memories to be shared by the parents with family, friends and in the future, with the child. The ultrasound is also considered a special moment in which the fetus is observed and imagined. Based on this, why is this moment not allowed to be registered? Why is the image of the face not allowed to be shown and not even the fetal's sex? Studies suggest that different types of faces on the ultrasound exam may already show intrauterine feelings. The facial expressions most frequently described in the literature are the winking of the eyes, the yawning, the sucking, the movement of the mouth, putting out the tongue, the frowning and the smiling face.⁷ Who would not be happy to capture and register a moment like this?

To inform the correct gestational age, explain what will be referred for the follow-up until the end of the pregnancy in a simple and clear way. And besides, be careful in filling out the exam report, always mention the same and correct gestational age which it is very important for humanization. Different gestational ages filled out on each exam may increase maternal anxiety on the possibility of giving birth earlier or post-maturity. It



should be noted that early ultrasound has a minimum margin of error, and it is strongly advised to always confirm the correct gestational age.⁸

Another possibility to improve the pregnant woman's understanding is to explain how the fetus is positioned on her abdomen. This can be done by simply moving the transducer on the screen to be seemed and being explained by the Fetologist to the parents and family. However, for other pregnant women, the necessity for more clarity may be necessary to minimize their anxieties. Drawing on the mother's belly where and how her fetus is positioned, this is a method which became known as the natural ultrasound, developed by Naoli Vinaver in 1990, it was performed only to lessen the parents' anxiety.⁹

Humanization can be made by professional's attitudes alone, but to think in an environment with adequate lighting and painting, pleasant music sound, a television for easy viewing for the pregnant women and their companions, an exceptional cleaning and hygiene and without noise pollution, particularly without chatting or using the cell phone at the time of the consultation are part of the environmental infrastructure, as well as leaving everyone (physicians, patients and families) calmer, it favors the relationship.

Severe or incompatible malformation diagnosed in the prenatal care can generate great distress leading to feel frustration, guilt, failure and loss, as for the pregnant woman and for the family. This result in crises in the family system and social isolation.¹⁰ Use resources such as analogies, drawings, images, explanatory texts, recurrence rate, and counseling for the best childbirth moment and the delivery of these fetuses is indispensable for this situation. These situations should always be remembered that in such situation, a multidisciplinary team can help in the decision making.¹¹

These diagnoses of malformations also increase the professional and students' curiosity, in which they must always respect the moment, avoid conversations and questions that can increase the anxiety of those involved. Give attention to everyone is essential at this moment, demonstrating support to them, no jokes, smiles or the use of electronic devices. A sensible relaxation is an alternative to improve the physician-patient-family relationship, but in severe diagnostic situations, this should be avoided.

In medicine it is also allowed for you to have compassion and love the other, you may feel the other's pain and at the same time, you can comfort and calm one's such suffering.

Therefore, in this context, it is noteworthy that it is indeed possible to make a humanized fetal medicine with simple attitudes and without requiring much time or money. Team working, counting on multi-professional help and other specialties is fundamental for a good medical practice. Each gestation has its singularities, may it be with joy or sorrows, conflicts and reasons. The Fetologist is a simple observer, who smiles in good moments, shares the suffering with these families; it is a mixture of sensations.

We consider that the spread of these proposals and possible initiatives is extremely important for the health professionals, in particularly those who care for the woman and the child at the next prenatal and immediately at childbirth. The participation in the dissemination of this information can naturally be one of the most important tasks in the periodical scope in this area of maternal and child health.

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