

Assistance from obstetric nurses in high-risk births in Brazil: potential and challenges

Assistência de enfermeiros obstetras em partos de risco habitual no Brasil: potencialidades e desafios

Asistencia de enfermeras obstétricas en partos de alto riesgo en Brasil: potencialidades y desafios

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RESUMO

Objetivo: Identificar as facilidades e desafios do enfermeiro obstetra na assistência ao trabalho de parto de risco habitual em maternidades públicas do Brasil. **Método:** Revisão integrativa, realizada nas bases de dados SciELO, LILACS e BDNF via BVS, e PubMed. A coleta dos dados foi realizada do dia 8 ao dia 13 de novembro de 2023. Incluíram-se estudos completos nos idiomas inglês, português ou espanhol, publicados nos últimos cinco anos. **Resultados:** Foram analisados 10 estudos, que destacam facilidades, como a autonomia profissional e a implementação de políticas como Centros de Parto Normal e a Rede Alyne. Além dos entraves, como a predominância do modelo biomédico, falta de ambiência apropriada e ausência de protocolos assistenciais. **Conclusão:** Evidenciou-se a importância dos enfermeiros obstetras na promoção de cuidados humanizados e baseados em evidências. E apesar dos avanços, desafios estruturais e organizacionais ainda impactam a prática desses profissionais em maternidades públicas do Brasil.

Descritores: Enfermeiras Obstétricas; Trabalho de Parto; Parto Normal.

ABSTRACT

Objective: To identify the facilitators and challenges faced by nurse-midwives in assisting women in normal-risk labor in public maternity hospitals in Brazil. **Method:** An integrative review was conducted using the databases SciELO, LILACS, and BDNF via BVS, and PubMed. Data collection was carried out from November 8 to November 13, 2023. Complete studies were included in English, Portuguese, or Spanish, published in the last five years. **Results:** Ten studies were analyzed, highlighting facilitators such as professional autonomy and the implementation of policies like Normal Delivery Centers and the Alyne Network. Additionally, barriers were identified, including the predominance of the biomedical model, lack of appropriate environments, and absence of care protocols. **Conclusion:** The importance of nurse-midwives in promoting humanized and evidence-based care was emphasized. Despite advances, structural and organizational challenges continue to impact the practice of these professionals in public maternity hospitals in Brazil.

Descriptors: Nurse Midwives; Labor; Natural Childbirth.

RESUMEN

Objetivo: Identificar las facilidades y desafíos que enfrenta el enfermero obstetra en la asistencia a mujeres en trabajo de parto de riesgo habitual en maternidades públicas de Brasil. **Método:** Se realizó una revisión integrativa utilizando las bases de datos SciELO, LILACS y BDNF a través de BVS, y PubMed. La recolección de datos se llevó a cabo del 8 al 13 de noviembre de 2023. Se incluyeron estudios completos en inglés, portugués o español, publicados en los últimos cinco años. **Resultados:** Se analizaron 10 estudios que destacan facilidades, como la autonomía profesional y la implementación de políticas como los Centros de Parto Normal y la Red Alyne. Además, se identificaron obstáculos, como la predominancia del modelo biomédico, la falta de ambientes apropiados y la ausencia de protocolos de atención. **Conclusión:** Se evidenció la importancia de los enfermeros obstetras en la promoción de cuidados humanizados y basados en evidencias. A pesar de los avances, los desafíos estructurales y organizacionales siguen impactando la práctica de estos profesionales en las maternidades públicas de Brasil.

Descritores: Enfermeras Obstétricas; Trabajo de Parto; Parto Normal.

REVIEW

Introduction

In the middle of the twentieth century, Brazil began to experience the process of institutionalization of labor, which caused a decrease in the autonomy of women in their parturitive process. Childbirth, which is a natural event, has come to be seen as a pathological event, and this has resulted in a significant increase in pharmacological interventions, which includes cesarean section.¹ In Brazil, this type of surgical procedure has consistently increased, and has become the most frequent form of delivery in the country, reaching 56.3% of births in 2019.²

At the same time, changes in the model of childbirth care begin to occur with the insertion of humanized practices, centered on the parturient's protagonism, which involves the presence of the obstetric nurse in this context. At the international level, the World Health Organization has been strengthening support for Good Practices in Labor and Birth Care, which are recommendations for vaginal delivery, with the purpose of using as little technology as possible, in order to obey the physiology of the woman's body, whose guidelines were based on scientific evidence from research carried out globally.³

In the national context, the Ministry of Health launched on September 12, 2024, the Alyne Network, which is in the structuring phase, with the objective of replacing the Stork Network, and its function is to reduce maternal mortality in Brazil by 25%, increasing humanized and comprehensive care for pregnant women, parturients, postpartum women, and children.⁴

The Alyne Network should be organized in such a way as to enable the continuous provision of maternal and child health care actions for the population of a given territory, through the articulation of the different health care points, the support system, the logistical system and the governance system of the health care network in line with the Integrated Regional Planning (PRI).⁴

In the guidelines for the implementation of the Alyne Network, Nursing plays a fundamental role in its execution, since it plays a significant role in the advancement of the humanized model of childbirth care, supported by scientific evidence, as well as in the promotion of safe care, representing the consolidation of a model that has been introduced since the Stork Network, which is a model of the humanization of prenatal care, labor and birth, with the protagonism of the pregnant woman and the qualified care of obstetric nursing to improve the indicators.⁴

The obstetric nurse is a professional legally qualified to act in the care of women in the parturitive process of habitual risk.⁵ This professional bases his practice on the understanding of the physiology of labor, providing comfort to parturients, adopting conducts that are beneficial to the mother and child binomial. In this context, this professional performs actions such as: welcoming the pregnant woman, her partner and her family, respecting all the meanings of this moment and adding confidence and security. In addition, it should promote actions that minimize pain, clarify, guide and ensure that the "golden hour" is effective, bringing to the neonate, body temperature control,

cardiorespiratory stability and reduction of the risk of hypoglycemia, with a consequent reduction in hospitalization time.⁶

However, despite the advances, there are still challenges. For example, the influence of the biomedical model, in which the parturitive process is seen as a high-risk event, can result in the intensive use of technology and a series of subsequent interventions.⁷ This can reflect in obstacles to the care of obstetric nurses. In this context, it is important to understand how obstetric nurses work in the care of women in habitual labor in Brazil.

Thus, this study aims to identify the facilities and obstacles in the care of obstetric nurses in relation to women in habitual risk labor in Brazil. In this way, it is intended to contribute to the strengthening of obstetric nursing, with a view to significant changes centered on the holistic view and humanization of care and to the foundation of public health policies in the maternal-child area.

Methods

It is an integrative literature review, which is understood as a systematic method that combines qualitative and quantitative approaches; It aggregates studies of different designs and methods, being conducive to aggregating, analyzing, evaluating and interpreting data dispersed in the scientific literature, providing a panoramic view of the available evidence from the numerous fields of knowledge.⁸

To carry out the study, six steps were followed to carry out the integrative review, which were: identification of the theme and choice of the guiding question, definition of inclusion and exclusion criteria, selection of studies for analysis, categorization of studies, analysis of results and synthesis of the knowledge analyzed.⁸

The guiding question of the present study was obtained from the PCC strategy, where the letter "P" (population) corresponds to obstetric nurses, "C" (concept) facilities and obstacles in the care of women in habitual risk labor, and "C" (context) public maternity hospitals in Brazil. Thus, the question was delimited: What are the barriers to the performance of obstetric nurses in the care of women in habitual labor in public maternity hospitals in Brazil?

The bibliographic survey took place from November 8 to 13, 2023, through the following online databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS) and Nursing Database (BDENF) via Virtual Health Library (VHL), and PubMed. To make the search feasible, the following Health Sciences Descriptors (DeCS) were selected: "Labor", "Normal Delivery", "Obstetric Delivery", "Nursing", "Obstetric Nurses". The Medical Subject Headings (MeSH) were: "Labor, obstetric", "Natural Childbirth", "Delivery, obstetric", "Obstetric deliver*"", "Nursing", "Nurse Midwives", "Nurse midwife". As a search strategy, the crossing of descriptors through the Boolean operators AND and OR was used. Access was made through the portal of the Coordination for the Improvement of Higher Education Personnel (Capes), via the Federated Academic Community, linked to the Federal University of Rio Grande do Norte.

The inclusion criteria defined were complete articles that responded to the proposed objective, in English, Spanish or Portuguese, available for free access in full and that followed a publication period in the last five years, in

order to provide more up-to-date data. Studies that were not related to the theme and were not available for purchase in full free of charge were excluded. In addition, literature reviews, theses, dissertations, course completion papers, abstracts published in annals and case reports were discarded.

The studies were analyzed individually by a reviewer, first pre-selected from the reading of the titles and abstracts of the studies, and later filtered through the reading of the full text of those who met the criteria. The data were analyzed through a spreadsheet created in Microsoft Excel® software composed of the following topics: title, authors, year of publication, type of study, place of study, objective and results obtained.

Table 1. Database search strategy

Databases	Search strategy
SciELO Search date: 08/11/2023	(Labor OR Normal Delivery OR Obstetric Delivery) AND (Nursing OR Nurse Midwives) (Labor OR Normal Delivery OR Obstetric Delivery) AND (Nursing OR Nurse Midwives)
LILACS via VHL Search date: 08/11/2023	(Labor OR Normal Delivery OR Obstetric Delivery) AND (Nursing OR Nurse Midwives) (Labor OR Normal Delivery OR Obstetric Delivery) AND (Nursing OR Nurse Midwives)
PubMed Search date: 12/11/2023	("labor, obstetric"[MeSH Terms] OR "Natural Childbirth"[Title/Abstract] OR "Natural Childbirth"[MeSH Terms] OR "delivery, obstetric"[MeSH Terms] OR "obstetric deliver*"[Title/Abstract]) AND ("nursing"[Title] OR "nurse midwives"[MeSH Terms] OR "nurse midwife"[Title/Abstract] OR "nurse midwife"[Title/Abstract])
BDENF via VHL Search date: 13/11/2023	(Labor OR Normal Delivery OR Obstetric Delivery) AND (Nursing OR Nurse Midwives)

For the study selection process, an adapted checklist based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was followed. It is represented in the flowchart below (Figure 1).

The data were presented in the form of a table composed of the following topics: title, authors, year of publication, type of study, place of study, objective and results obtained

As this is a study based on data published in the literature, the Research Ethics Committee did not require consideration.

Results

In the initial selection stage, 300 studies were identified. After analysis and application of the inclusion criteria, only 10 studies were included in the final sample. The study selection process is detailed in figure 1.

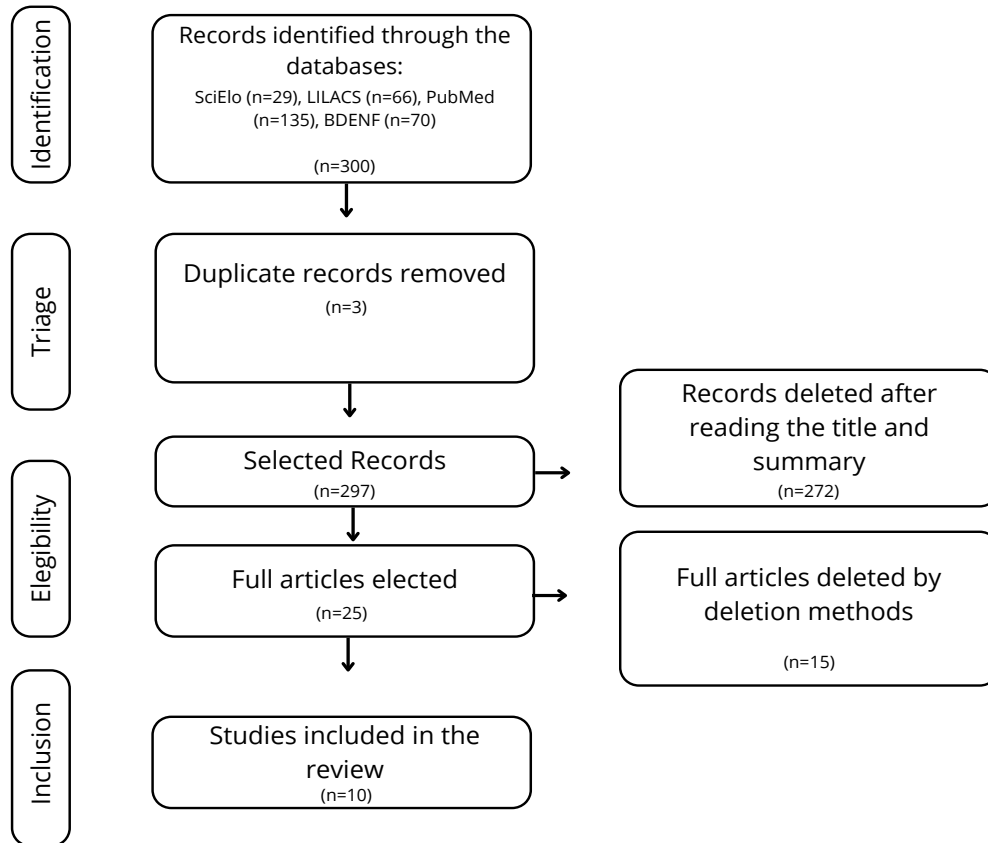


Figure 1 - Flow of the study selection process. Santa Cruz-RN, Brazil, 2023. Source: Adapted from PRISMA, by the authors, 2023.

The chosen studies were published in the period from 2019 to 2022, with the largest number of studies in 2019 (40%), followed by 2021, 2020 and 2022 (10%). As for the place of publication, the region that stands out is the Northeast (50%), followed by the Southeast, South, and finally a single study was developed nationally (10%).

Regarding the study design, the exploratory and descriptive type (60%), sequential, cross-sectional and retrospective (20%), observational (10%) and case study (10%) were predominant.

Chart 2 provides a detailed description of the studies, covering title, authors, study location, year of publication, type of study, objective, and results.

Chart 2 - Detailed characterization of the studies, Santa Cruz, RN, Brazil, 2023.

Title	Authors	Year	Type of study	Place of study	Objectives	Results
Role of the obstetric nurse in labor and delivery care	Maria Elisângela Torres de Lima Sanches; Sônia Maria Oliveira de Barros; Amuzza Aylla Pereira dos Santos; Tâmara Silva de Lucena	2019	Observational, descriptive, and retrospective	Maceió-Alagoas at the Santa Mônica Maternity School (MESM) and at the Denilma Bulhões Maternal Home	To describe the conducts used by obstetric nurses in labor and delivery care.	The actions performed by nurses in labor and delivery care in this study are within a context of real paradigm change and posture in the face of scientific evidence.
Good practices in the childbirth process: conceptions of obstetric nurses	Patricia Santos de Oliveira, Telmara Menezes Couto, Nadirlene Pereira Gomes, Luana Moura Campos, Keury Thaisana Rodrigues dos Santos Lima, Fanny Eichenberger Barral	2019	Descriptive research	Medium-sized Federal Maternity-School located in the northeast of Brazil.	To know the conceptions of obstetric nurses about care based on good practices for women in the childbirth process.	While criticizing the excess of interventions, obstetric nurses value non-invasive techniques and interpersonal relationships, as well as the parturient's subjectivities, which contributes to humanized care in the delivery process.
The insertion of the obstetric nurse in hospital childbirth care	Viviane da Silva Maciel, Dinara Dornfeld	2019	Exploratory-descriptive	Maternity ward of a public hospital, located in the city of Porto Alegre/RS	To get to know with obstetric nurses the experience of following the parturition process in a traditionally medical setting	Obstetric nurses experience several confrontations on a daily basis, especially resistance Medical; however, they identify in the results of their work satisfaction and motivation to persist in the struggle for space. The political resolution for the inclusion of obstetric nurses in childbirth follow-up is not enough for it to be fulfilled in practice, lacking support strategies.

Quadro 2 - Caracterização detalhada dos estudos, Santa Cruz, RN, Brasil, 2023.(Continuação)

Title	Authors	Year	Type of study	Place of study	Objectives	Results
Obstetric practices in an in-hospital normal birth center performed by obstetric nurses	Juliana Manoela dos Santos Freitas, Nádia Zanon Narchi, Rosa Aurea Quintella Fernandes	2019	Cross-sectional, documentary, retrospective	State Hospital of the city of São Paulo	To characterize the practices used by obstetric nurses in a Normal Birth Center (BC) and to verify maternal and neonatal outcomes.	Obstetric nurses mostly used WHO category A practices. Evidence-based practices are followed by the obstetric nurses in the analyzed ANC. Maternal and neonatal outcomes were adequate. There is a need to improve care in the second period of childbirth.
Care practices in habitual risk births assisted by obstetric nurses	Simone Konzen Ritter, Annelise de Carvalho Gonçalves, Helga Geremias Gouveia	2020	Transversal, retrospective, analytical.	Obstetric center of a public hospital in Porto Alegre/RS	To compare the care practices in habitual risk deliveries assisted by obstetric nurses in a public hospital in Porto Alegre/RS in 2013 - the beginning of the collaborative model in the institution - with the care practices carried out in 2016.	The collaborative model of childbirth care, with the performance of obstetric nurses, is shown to be a way to care for women, with respect to the physiology of childbirth and the protagonism of women.
Childbirth care by obstetric nurses in maternity hospitals linked to the Stork Network, Brazil - 2017	Silvana Granada Nogueira da Gama, Elaine Fernandes Viellas, Edymara Tatagiba Medina, Antonia Angulo-Tuesta, Carla Kristiane Rocha Teixeira da Silva, Sara Delfino da Silva, Yammê Ramos Portella Santos, Ana Paula Esteves-Pereira	2020	Exploratory, descriptive	Evaluation conducted in 2017, in the 606 SUS maternity hospitals that joined the Stork Network	To evaluate whether the presence of nurses in childbirth care in maternity hospitals of the Stork Network promotes access to good practices of obstetric care during labor and delivery.	Maternidades com enfermeira na assistência ao parto usam mais partograma; e menos ocitocina, litotomia, episiotomia e cesariana. Em partos assistidos por enfermeiras foi mais frequente o preenchimento do partograma e menor a chance de litotomia e episiotomia. A inserção da enfermeira na assistência ao parto vaginal tem se mostrado bem sucedida, trazendo às mulheres um parto mais fisiológico e respeitoso.

<p>Strategies of obstetric nurses in the face of working conditions in maternity hospitals</p>	<p>Manoel Luís Cardoso Vieira, Juliana Amaral Prata, Elias Barbosa de Oliveira, Fernanda Alves Bittencourt Rodrigues, Bárbara Christine Dantas Silva de Almeida, Jane Márcia Progianti</p>	<p>2021</p>	<p>Descriptive, exploratory</p>	<p>Public maternity hospitals in the city of Rio de Janeiro</p>	<p>To understand the working conditions and strategies adopted by obstetric nurses in maternity hospitals.</p>	<p>Working conditions are inadequate due to the precarious infrastructure and the lack of resources. In view of this, defensive strategies are developed to mitigate suffering, avoid destabilization of professional identity and minimize losses on care, through the purchase of materials, abdication of lunch hours, reorganization of tasks and implementation of breaks.</p>
<p>Potentialities and limitations of the nurse's performance in the Normal Birth Center</p>	<p>Antonio Rodrigues Ferreira Júnior, Luciana Camila dos Santos Brandão, Ana Carolina de Melo Farias Teixeira, Alexandrina Maria Ramos Cardoso</p>	<p>2021</p>	<p>Exploratory and descriptive</p>	<p>Hospital público na região metropolitana de Fortaleza, Ceará, Brasil.</p>	<p>To know the potentialities and limitations of the nurse's work in the Normal Birth Center (BC)</p>	<p>The nurse's work in the ABC enhances good practices for labor and birth and expands the importance and visibility of this professional in maternal and child care. Clinical care and management emerge as the focus of nurses' action in the BC. However, even with the induction of the State for this action, there is still a need for recognition of the competencies and autonomy of nurses in obstetric care by other professionals. There are challenges that need to be overcome, such as the expansion of the nurse's autonomy and respect to work in the BC.</p>

<p>Obstetric nurse and the factors that influence care in the delivery process</p>	<p>Patricia Santos de Oliveira, Telmara Menezes Couto, Grazielle Matos Oliveira, Jaqueline Alves Pires, Keury Thaisana Rodrigues dos Santos Lima, Laís Teixeira da Silva Almeida.</p>	<p>2021</p>	<p>Pesquisa descritiva exploratória</p>	<p>Maternity school, located in the municipality of Salvador, Bahia.</p>	<p>To know the factors that influence the improvement of obstetric nurse care in the delivery process.</p>	<p>The factors signaled by the obstetric nurses reveal the need for improvements in working conditions by managers and changes in the conduct/behavior of professionals. These address power and gender relations among health professionals; recognition of the obstetric nurse; physical space and bed occupancy; interaction between woman/companion, among others.</p>
<p>The autonomy of obstetric nursing in care at the Normal Birth Center</p>	<p>Tatianni de Nazaré Oliveira Jacob, Diego Pereira Rodrigues, Valdecyr Herdy Alves, Laena Costa dos Reis, Elisângela da Silva Ferreira, Márcia Simão Carneiro, Bianca Dargam Gomes Vieira, Ediane de Andrade Ferreira.</p>	<p>2022</p>	<p>Case Study</p>	<p>Centro de Parto Normal, Pará, Brazil</p>	<p>To analyze the meanings of the autonomy of obstetric nursing in care at the Normal Birth Center.</p>	<p>The autonomy of obstetric nursing is based on the work process and the applicability of the nursing process and scientific evidence, which guarantee a safe and qualified practice, especially in the sharing between women and nurses for empowerment in care. The autonomy of the nurse in the Normal Birth Center reaffirms the decision-making for obstetric care that guarantees their knowledge and know-how in the daily care of women.</p>

Discussion

In the present study, the results obtained were explored, with the aim of deepening the understanding of the facilities and challenges in the care of obstetric nurses in relation to women in habitual labor in public maternity hospitals in Brazil. The findings reveal significant insights and shed light on several aspects.

It was observed that in 1999, the Ministry of Health instituted Ordinance No. 985, establishing the Normal Birth Centers (BC), which were designated as specialized units focused exclusively on the monitoring of habitual risk childbirth. Thus, the commitment of the Ministry of Health to encouraging normal childbirth in the country is already noticeable.⁹

In 2011, the implementation of the Stork Network, currently the Alyne Network, began, a strategy launched by the Ministry of Health with the purpose of providing health, quality of life and well-being to women from family planning, throughout pregnancy, childbirth and puerperium, as well as in the monitoring of the child's development in the first two years.⁹

The stork network was the most complete program ever created by the federal government, the initiative aimed to systematize and institutionalize a model of care for labor and birth based on scientific evidence. Among its actions, the expansion of Normal Birth Centers stands out, in which women must be accompanied by obstetric nurses and/or midwives.⁹

In this way, it directed efforts to designate obstetric nurses in normal birth centers, as this professional plays a fundamental role in the care of women during habitual risk childbirth, as they are highly qualified to provide this care, since they combine specialized knowledge in nursing with a deep understanding of the physiological processes associated with pregnancy.

As demonstrated by a study carried out in São Paulo, which concludes that obstetric nurses use evidence-based practices during the follow-up of habitual risk births.¹⁰ Unlike the attitudes of these professionals who train and work outside the country, as demonstrated by a study carried out with obstetric nurses in eastern Tanzania, where they emphasized the integration of local knowledge without evidence, such as refraining from screaming or crying during labor, drinking specific foods and beverages during this period, and using local herbs to stimulate labor.¹²

Even so, another study carried out in a medium-sized Federal Maternity School located in the northeast of Brazil, claims that obstetric nurses recognize the importance of basing care during the delivery process on good practices supported by scientific evidence, which guide their approaches.¹³

In addition, the nurses in this study understand that by avoiding unnecessary interventions and resorting to non-pharmacological techniques for pain relief, they are promoting more humanized care, as well as contributing to the reduction of the high rate of cesarean sections. They recognize that care during childbirth demands a set of knowledge and soft technologies that contribute to a more participatory and comprehensive care for the parturient, which strengthens the role of women in this process.¹³

Thus, practice based on scientific knowledge is evidenced as a facilitating factor for the development of obstetric nurses' care for women in the parturitive process.

Within this context, these professionals are responsible not only for performing technical procedures, but also for establishing empathetic relationships with parturients. As validated by a study conducted in six hundred and six maternity hospitals of the Unified Health System (SUS), the research shows that in deliveries conducted by obstetric nurses, there is a higher incidence in the partogram record, while the probability of lithotomy, episiotomy and progressing to a delivery via cesarean section is reduced.

This research also claims that the effective integration of these specialists in vaginal delivery care has proven to be successful, which provides a more physiological birth experience, in which the parturient's subjectivities are respected, so this contributes to the promotion of humanized care during the delivery process.^{13,1}

In addition, another study carried out in an obstetric center in Rio de Janeiro adds that the work of obstetric nurses is recognized as a facilitating element in the inclusion of family members, which integrates their presence in the provision of care, being directed to comfort and pain relief during labor.¹⁴

Corroborating this statement, research carried out in a maternity hospital in the south of the country highlights the relevance of the participation of this professional in the provision of humanized care and respect during labor. Therefore, the essential role in promoting the use of non-pharmacological methods for pain relief is observed, in addition to offering emotional support.

According to the women participating in this study, the work of the obstetric nurse significantly improves the quality of care, being positively evaluated by these participants.¹⁵ Thus, the active presence of obstetric nurses emerges as a fundamental approach to care for women, based on respect for the physiology of childbirth and the recognition of women's protagonism.¹⁶

However, to achieve this objective, it is essential that the professional has autonomy, an appropriate environment, and above all the break with the biomedical model.¹⁷ In line with this conclusion, a study carried out in a maternity hospital in the state of Rio Grande do Norte revealed that obstetric nurses enjoy facilities to offer quality and reliable care to parturients, which correspond to autonomy and empowerment, as they have a solid support from the institutional management.

Thus, to provide quality care, nurses need improvements in working conditions, which directly impact the quality of care provided to women in the parturitive process, such as infrastructure, individualized beds, availability of material and human resources, in addition to gender issues, and interpersonal relationships that will differ according to the profile presented in the maternity hospitals.¹⁸

Thus, it is evident that institutional support in strengthening and inserting the performance of obstetric nurses is a facilitating factor for this professional to develop care for parturients in habitual labor.

It also reaffirms that the obstetric nurse is a professional legally qualified to act in the care of women in the parturitive process, which is guaranteed by specialization courses, which can contribute to better autonomy.¹⁹

Regarding the autonomy of the professional, several studies bring the importance of this skill, which is sometimes attenuated by the biomedical model. The autonomy of this professional corresponds to their ability to make decisions to ensure obstetric care that involves their knowledge and skills in the day-to-day care of women.

Within this context, it is highlighted that obtaining this professional freedom within the Normal Birth Center requires a broad knowledge of care aimed at parturient and puerperal women, in addition, it is essential that other professionals recognize these competencies of nurses in the context of obstetric care.^{20, 21}

Thus, the autonomy of the obstetric nurse has a direct impact on care, resulting in the improvement of health indicators.²⁰ Thus, the development of this autonomy, in the face of interdisciplinary teamwork, and the recognition of this autonomy by the team is fundamental as a facilitating factor for the obstetric nurse to direct care to women in labor.

Regarding the biomedical model, it corresponds to a cultural characteristic marked by medical hegemony and by the emphasis on techniques that do not value the active participation of women during labor, as evidenced in a study carried out in three public maternity hospitals in the state of Rio Grande do Norte.⁵

This approach does not favor the protagonism of women, a crucial element for humanized childbirth care. In this model, childbirth is perceived as a pathological process, subject to interventions, such as cesarean section, instead of being considered a physiological and natural event, which could require little or no intervention.⁵ Thus, this biomedical model is configured as an obstacle factor for the development of obstetric nurses' care.

As a break from the paradigm of the biomedical model, obstetric nurses emerge with an approach to care for women, respecting the physiology of childbirth and promoting the protagonism of women, and the Normal Birth Center corresponds to a policy to confront the biomedical model, thus ensuring the autonomy of the obstetric nurse in the care of women during labor and birth.^{16,20}

Another obstacle that can influence care assistance is the inadequate environment. In the context of a Normal Birth Center, the ambience is related to the physical and emotional environment that is provided during labor and delivery. This can include factors such as lighting, privacy, the presence of emotional support, and other elements that aim to create a peaceful environment that is conducive to natural childbirth.

This factor is pointed out as a difficulty in the work of obstetric nurses by a study carried out in a maternity hospital in Rio de Janeiro, which reported inadequate working conditions, due to precarious infrastructure and lack of resources. In this scenario, defensive strategies are developed to prevent the destabilization of the professional identity of obstetric nurses and minimize the impacts on care. This includes the acquisition of materials, giving up lunch hours and reorganizing tasks.¹⁷

In addition, the lack of a care protocol that guides the care of the parturient and establishes the specific responsibilities of each professional corresponds to another obstacle to the care of the obstetric nurse to women in habitual risk labor, as indicated by a study carried out in a maternity hospital in Porto Alegre. Because it compromises the autonomy of the obstetric nurse, since there is no institutional norm that supports him when requesting the claim of childbirth.⁶

Although there are several mechanisms that act as inducers, aiming to ensure the integration and autonomy of these professionals, such as the Law of Professional Nursing Practice, the nursing process in the daily routine of the PCn, in accordance with Resolution 358/2009 of COFEN and all the recommendations and guidelines of the Ministry of Health for the practice of obstetric nurses, The political decision to integrate this professional in the accompaniment of childbirth is not effective by itself.

It is necessary to implement support strategies by management. This involves the creation of an effective care protocol, promotion of spaces for discussion and management support.^{20,6}

Finally, it is noteworthy that the present study has some limitations, such as the dependence on the quality of the studies included in the review, and

there may be variations in the reliability of the data collected in previous studies. And the temporality of the information is also an important consideration, as the literature is constantly evolving, and new findings may impact the conclusions of the review.

Conclusion

The results of this study highlight the facilities and obstacles faced by obstetric nurses in the care of women in habitual labor in public maternity hospitals in Brazil. The implementation of policies such as the Normal Birth Centers and the Stork Network has brought significant advances, facilitating and recognizing the essential role of obstetric nurses in promoting humanized and evidence-based care. The autonomy of these professionals and the overcoming of the biomedical model emerge as crucial factors for quality care.

The research evidenced other obstacles, including the lack of an appropriate environment, the absence of care protocols, and the dependence on hospital management for the effective integration of obstetric nurses. These barriers underscore the need for additional measures to strengthen the role of these professionals, including investments in infrastructure, institutional protocols, and management support.

Ultimately, the performance of obstetric nurses is fundamental not only for the execution of technical procedures, but also for the establishment of empathetic relationships, promotion of women's autonomy and contribution to the humanization of childbirth. The recognition of these professionals, the implementation of effective policies and the creation of favorable environments are fundamental steps for the continuous improvement of obstetric care in the Brazilian context.

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