

# Assistant practices in immediate pre-birth, birth and post-birth: experience of an obstetric resident nurse

## Práticas assistenciais no pré-parto, parto e pós-parto imediato: experiência de uma enfermeira residente em obstetrícia

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# REVISA

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### RESUMO

**Objetivo:** descrever as atividades aplicadas na prática assistencial do enfermeiro residente na assistência ao pré-parto, parto e pós-parto imediato. **Métodos:** trata-se de um estudo descritivo do tipo relato de experiência, realizado durante as atividades práticas do Programa de Residência Multiprofissional em Saúde e Área Profissional em Saúde - Enfermagem Obstétrica do Hospital Universitário Getúlio Vargas, da Universidade Federal do Amazonas, em uma maternidade da cidade de Manaus-AM. **Resultados:** as atividades assistenciais ao parto de risco habitual foram pautadas em evidências científicas e no que a Rede Cegonha preconiza, bem como o Ministério da Saúde no que se refere às boas práticas obstétricas. **Conclusão:** o enfermeiro residente em enfermagem obstétrica torna-se cada vez mais importante no cenário da assistência ao parto, haja vista que sua formação e sua conduta são baseadas em evidências científicas, desconstruindo o aprendizado mecanizado e engessado, tornando-a mais humanizada e voltada à devolução do protagonismo do parto à mulher. **Descritores:** Enfermeira obstetra; Assistência ao parto; Rede cegonha; Humanização do parto.

### ABSTRACT

**Objective:** To describe the activities applied in the nursing practice of resident nurses in pre-delivery, delivery and immediate postpartum care. **Methods:** This is a descriptive study of the experience report type, carried out during the practical activities of the Multiprofessional Residency Program in Health and Professional Health Area - Obstetric Nursing at Getúlio Vargas University Hospital, Federal University of Amazonas, in a maternity ward from Manaus-AM. **Results:** the care activities for the usual risk delivery were based on scientific evidence and what the Stork Network recommends, as well as the Ministry of Health regarding good obstetric practices. **Conclusion:** the resident nurse in obstetric nursing becomes increasingly important in the delivery care scenario, given that their training and conduct are based on scientific evidence, deconstructing mechanized and plastered learning, making it more humanized and focused the return of the protagonism of childbirth to women. **Descriptors:** Obstetrical nurse; Delivery assistance; Stork network; Humanization of childbirth.

## Introduction

Some modifications to revert the reality of the institutionalization of childbirth care have been suggested since the 1980s, by the movements for the humanization of childbirth and birth, which still struggle to change medicalized hospital birth care. Thus, at the time, based on the publication of the World Health Organization (WHO) of 1985, which made humanized techniques legitimate through evidence-based medicine, they claimed the use of adequate technologies for childbirth and the inclusion of obstetric nurses to normal birth care. In the 1990s, after the profession of obstetric nursing was validated and legitimized, the Ministry of Health corroborated the insertion of the obstetric nurse legally in public institutions in childbirth care, as well as the power to fight for the implementation of humanized methods, given that the mentioned professionals had their expertise and competence adopted for such.<sup>1</sup>

The obstetric nurse acts in the usual risk of delivery care, following the precepts of Ordinance No. 1459 establishing the Stork Network to ensure health promotion, protection and recovery. Aiming to foster the implementation of a new model of attention to women's health and child health focusing on childbirth, birth, growth and development of children from zero to twenty four months (stork network ordinance). For a better quality of care it is necessary that the professional specializes, for this there is a modality of postgraduate *latu sensu* in the form of nursing residence that consists in ensuring the reception of childbirth. The role of resident nurses is important because it makes childbirth more comfortable because it includes scientific and technical knowledge.<sup>2</sup> According to the World Health Organization (WHO), obstetric care should always aim for a healthy mother and child, with minimal safety-related interventions. The establishment of the normal birth center (ANC) in Brazil occurred more sharply in the eighties. Brazil is known worldwide for high cesarean section rates, especially in private networks.<sup>3</sup>

The approach implies that there must be a valid reason to interfere with normal childbirth. It also implies, in a vision in the process of gestating and giving birth, they value the social, cultural aspects that permeate this process, they are determinant in the roles of women and their families. The ministry of health has encouraged the performance of these professionals. Ordinances that legitimize its performance within the scope of the single health system (SUS). The practices currently performed are being discussed, as well as the profile of each professional, their training and especially their usual risk delivery care, incorporating beliefs, values related to quality, safety and effectiveness care.<sup>4</sup> Analyzing the medical methods that should already be minimized. Obstetric nurses from Brazil find resistance to liberal and responsible action, the justification found for this is that they are not qualified for this action, brings insecurity to the health of women and children. However, the inclusion of professionals in hospitals has been broadened by public policies that encourage their performance in normal delivery.<sup>4</sup>

This study aims to describe the activities developed in the nursing practice of resident nurses in pre-delivery, delivery and immediate postpartum care, in a maternity hospital in the city of Manaus.

## Method

This study consists of an experience report of a resident of the second class of the Multiprofessional Residency Program in Health and Professional Health Area, specific axis: Obstetric Nursing, University Hospital Getúlio Vargas / HUGV, Federal University of Amazonas / UFAM. The study scenario was a maternity hospital considered a reference center for high-risk pregnancy care in the state of Amazonas. It is the largest in the state network, with 13 years of existence. Intensive maternal and neonatal care to shelters for mothers of infants who need hospitalization after childbirth also has a Milk Bank and Sexual Violence Victim Assistance Service / SAVVIS. The clients invited to the Normal Birth Center sector were listed according to medical records analysis and adequacy to the standard operating procedure document / POP, developed and provided by the institution. The activity planning was traced from an evaluation instrument, provided by the course coordination, which described the activities that should be performed by the resident obstetric nurse (EOR) in service, together with the unit's SOP. The Obstetric Nursing program established a minimum amount of 40 assistances at birth and newborns, as a form of registration and proof of them, a form to fill in such assistances.

## Results

A priori data of the parturient were collected and analyzed as it informed us with the support of the standard operating procedure document (SOP) formulated and provided by the institution. The parturients were sent to the discriminated sector normal delivery center, consisting of three pre-delivery, delivery and postpartum (PPP) suites with a heated crib, sofa for the companion, appropriate stretcher for the delineation of birth, a box with shower and other with toilet, as well as any and all hospital materials essential for the process to labor, delivery and immediate postpartum. Then the care and educational activities performed by EOR guidance, emotional and psychological support among other questions of parturients, always focused on the scientific technician.

From this I will then describe the care actions used in this sector in the care of normal childbirth at usual risk. For this, these actions will be divided and highlighted in stages.

### Prepartum

Once the patient is hospitalized and is in active labor, the obstetric nurses who work at the normal birth center (CPN), two, verify through the data recorded in the medical record if she has criteria to be referred to the ANC. In this case, if she meets the criteria of permanence in the ANC, she is referred to the referred sector by the obstetric nurses working in the same, along with a companion of her choice, who stays with the client from the moment she enters the unit until moment of discharge.

Upon entering the CPN, nurses clarify the operation and dynamics of the sector. The client remains in the industry upon acceptance, if not, she returns to the admission sector and awaits her to another sector of the institution. When client accepts the stay in the ANC, a general and thorough assessment of the

patient's condition is made, starting with the Leopold maneuver that serves to know the position of the fetus.

The fetal heartbeat (BCF) is auscultated to verify that the baby is hemodynamically stable, and uterine dynamics are measured, but the amount of contractions during the ten-minute time and duration is measured. Everything is duly recorded in the medical record and in the partograph, the uterine dynamics as well as the BCF auscultation is done every hour, and finally, the vaginal touch exam to identify the dilation and also an assessment of the patient's pelvis to identify if there is any "ticket" for the baby. It is performed every two hours to check the evolution of cervical dilation and descent of the fetus through the birth canal. The client's vital signs are also verified, which consists in the measurement of blood pressure, temperature, heart rate and number of inspirations per minute.

Along with this monitoring is offered to the parturient pain relief measures that are part of good obstetric practices, adopted by the Ministry of Health and instituted by the world health organization that are: warm sprinkler bath standing or sitting on the obstetric bench, exercise swiss ball relaxation, ambient light reduction, music therapy according to client's taste, relaxing pelvic and cervical spine massages, squat and ambulation exercises, offering liquids such as water, juices and warm tea. Directly aimed at providing relief, comfort and reducing labor time.

ANC is a care equipment for cesarean section reduction. It allows the reduction of unnecessary interventions. It can be called a low-risk delivery unit or usual risk without dystocia. It has a set of elements intended to receive the parturient and her companion.<sup>5</sup>

The companion law was implemented on April 7, 2005 No. 11,108. It is characterized by allowing active and participatory labor, its use is based on scientific evidence, thus differing from traditional services.<sup>6</sup>

WHO developed a categorization of common actions on labor displacement, all based on scientific evidence listing what practices need to be done, which has been termed good birth and birth practices entitled Care in Normal Birth: a practical guide.<sup>7</sup>

The Stork Network has as one of the aims of the Birth and Birth component the use of good obstetric practices in accordance with the document established by WHO. In June 2011 the Ministry of Health published Ordinance No. 1,459, which establishes within the scope of the Unified Health System (SUS) the Stork Network, with the objective of certifying a humanized care network for women from reproductive planning to the postpartum period. and; for children from birth to the first 24 months of life in 1996.<sup>8-10</sup>

Pregnancy, childbirth and birth are influenced by the organization and practices of health services. Early prenatal care makes the service more satisfying, of course not entirely risk-free.<sup>11</sup>

## **Childbirth**

At the moment of delivery, the patient's position is free to choose. She can squat, with four supports, in the left lateral position, in the supine position and even in the shower during the warm spray bath.

The resident with the sector nurses at this moment advises about the existence of the different positions and the correct way of where and how to apply force at the moment of involuntary pulling.

Great strides have been made on the mechanism of labor that underlies pain and its treatment. In labor, the dilation phase centralizes the pain in the viscera, with painful stimulation from distension of the uterine lower segment and cervical dilation. In the expulsive period the pain is somatic due to the distension and traction of the pelvic structures around the vaginal dome and notably distension of the pelvic and perineum floor. The degree of pain experienced by women in labor varies from their pain threshold and is subject to psychic, temperamental, cultural, organic influences and possible deviations within normal range. Each woman's behavior in labor is not always evaluable, given women who control their emotions more easily. A study conducted in a public maternity hospital in Florianópolis that women are very concerned with controlling emotions and seek to demonstrate their pain within appropriate parameters, ie do not despair.<sup>12</sup> Humanizing childbirth becomes very necessary, is among the most commented subjects in the obstetric environment, this humanization aims to promote care, respect and meet the needs of each parturient, accepting their spiritual, psychological, and especially physiological dimensions, inserted in the service practices that reduce emotional and physical discomfort, residents contribute a lot to this event by giving them confidence and warmth<sup>4</sup>.

### **Immediate Postpartum**

After birth the resident on the look of the preceptor nurse of the sector, promotes the skin-to-skin contact of the newborn with its parent, since it has good vitality for this, as well as breastfeeding in the first hour of life, encourages Thus the initial establishment of the bond of the mother-child binomial, following the good obstetric practices, awaits the umbilical cord to stop pulsating and offers the same to the companion, giving her space to say words of affection and welcome to the baby, if even want on occasion. The baby remains in skin-to-skin contact and the assistance proceeds with placental secondary, verification of the delivery cabal, and other technical procedures for the finalization of care, including the suture of any laceration if it occurs. Immediate care of the newborn is performed after the first hour of life, including measurements, weight and other appropriate technical procedures. At the end, the assistance continues with the monitoring of vital signs of the postpartum, reporting any signs or symptoms of clot formation and some bleeding in the first two hours after delivery.

## Conclusion

Considering the importance of humanized care, the resident becomes paramount to the management of childbirth. Given that his figure strengthens his classmates, giving them confidence in their accompaniment and growing joint autonomy that legally support us, the scientific evidence retrograde, but often are criticized by other professionals, that is, they also pass positivities. Parturients who are encouraged to perform labor more safely, thus demonstrate greater performance against non-invasive and non-pharmacological methods. Some routines make it impossible for parturients to decide on the behavior of their own childbirth, leaving them to be the main character of this process. Resident support was highly satisfactory for the positive outcome of humanized childbirth and women's empowerment. No tempo estabelecido pelo programa de residência observou-se que os residentes de enfermagem pautam as práticas em evidências científicas. O uso de soluções facilitadoras no decorrer do trabalho e manejo do parto, como o posicionamento da parturiente, entre outros fatores, como a ingestão de líquidos, chuveiro morno, execução de exercício na bola suíça, corroboraram para uma melhor assistência à mulher.

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