

HUMANIZING LABOR: EXPERIENCES IN THE UNIFIED HEALTH SYSTEM

PARTO HUMANIZADO: EXPERIÊNCIAS NO SISTEMA ÚNICO DE SAÚDE

PARTO HUMANIZADO: EXPERIENCIAS EN EL SISTEMA ÚNICO DE SALUD

Júnia Aparecida Laia da Mata Fujita ¹
Antonieta Keiko Kakuda Shimo ²

¹ Obstetric Nurse. Doctoral student in Nursing at the Campinas University-UNICAMP. Member of the Research Group on Women's and Newborn's Health, FENF/UNICAMP. Campinas, SP – Brazil.

² Obstetric Nurse. PhD in Nursing. Professor in the Nursing School at UNICAMP. Member of the Research Group on Women's and Newborn's Health, FENF/UNICAMP. Campinas, SP – Brazil.

Corresponding Author: Júnia Aparecida Laia da Mata Fujita. E-mail: jumata.2905@gmail.com

Submitted on: 2014/09/11

Approved on: 2014/10/08

ABSTRACT

The aim of this study was to report the experience of creating, producing, and disseminating a popular documentary about humanized labor at the SUS with the purpose of informing the population. The film contains testimonials from users assisted in a public maternity hospital in Curitiba, Parana, and from health professionals in that institution. It contains scenes of conducted care based on the best practices recommended by the WHO. Four categories emerged after analysis of the recordings: a) labor as a sacred moment for the woman and baby. What have we done in this process?; b) committed management towards humanization of labor care; c) use of good practices in labor and birth care; d) perception of women and their escorts. The significance of the use of digital technology contributing to sensitize the population about health-related issues was observed, in this case, labor and birth; the role of obstetric nurses was highlighted for an increased visibility by health professionals; and it can be used as a strategy for teaching and health education.

Keywords: Humanizing Delivery; Women's Health; Unified Health System; Obstetric Nursing.

RESUMO

Objetivou-se neste estudo relatar a experiência da criação, produção e divulgação de um documentário popular sobre parto humanizado no SUS com a finalidade de informar a população. O filme é constituído de depoimentos de usuários atendidos em uma maternidade pública de Curitiba, Paraná, e de profissionais de saúde da instituição. Contém cenas do cuidado realizado, fundamentado nas boas práticas preconizadas pela OMS. Após a análise das gravações, emergiram quatro categorias: a) o parto como um momento sagrado para a mulher e para o bebê. O que temos feito nesse processo?; b) gestão comprometida com a humanização da atenção ao parto; c) utilização das boas práticas na atenção ao parto e nascimento; d) a percepção das mulheres e de seus acompanhantes. Constatou-se o quanto a utilização da tecnologia digital pode contribuir para a sensibilização da população para questões relacionadas à saúde, neste caso, o parto e o nascimento; para a maior visibilidade dos profissionais de saúde, destaca-se a enfermeira obstetra; e pode ser utilizada como estratégia de ensino e de educação em saúde.

Palavras-chave: Parto Humanizado; Saúde da Mulher; Sistema Único de Saúde; Enfermagem Obstétrica.

RESUMEN

El objetivo de este estudio ha sido reportar la experiencia de creación, producción y difusión de un documental popular sobre el parto humanizado en el SUS con el propósito de transmitir información sobre el tema a la población. La película se basa en testimonios de pacientes atendidos en una maternidad pública de Curitiba, Paraná y de profesionales de salud de la misma institución. Cuenta con escenas de la atención basada en las buenas prácticas propuestas por la OMS. Tras el análisis de las grabaciones, se determinaron cuatro categorías: a) El parto como momento sagrado para la mujer y el niño. ¿Qué hemos hecho en este proceso? b) Gestión comprometida con la humanización de la atención al parto; c) Empleo de las buenas prácticas durante la atención al parto y al nacimiento; d) Percepción de las mujeres y de sus acompañantes. Se ha constatado la gran contribución de la tecnología digital a la concienciación de la población en cuestiones de salud, en este caso el parto y el nacimiento; para mayor visibilidad de los profesionales de salud se señala la enfermera obstetra; y que puede ser utilizada como estrategia de enseñanza y de educación en salud.

Palabras clave: Parto Humanizado; Salud de la Mujer; Sistema Único de Salud; Enfermería Obstétrica.

INTRODUCTION

The World Health Organization (WHO) and the Ministry of Health (MS) have supported practices in labor and birth care that ensure qualified, safe, and humanized maternal and child care.

In 1996, the WHO published the report *Safe Motherhood*, which recommends the use of good practices in obstetric assistance, classifying the recommendations into four categories:

- a. clearly useful practices that should be stimulated;
- b. clearly harmful or ineffective practices that should be eliminated;
- c. practices without sufficient evidence to support a clear recommendation that should be used with caution until more research clarifies the issue;
- d. often improperly used practices.¹

The highlighted practices that should be stimulated during labor and birth include: offering of liquids to be taken orally, empathic support by the service providers, respect for the woman's choice of escorts during parturition, clarification of questions and provision of information, use of non-invasive and pharmacological methods for pain relief, such as massage and relaxation techniques, fetal monitoring by means of intermittent auscultation, movement and positioning freedom, stimulation towards non-supine positions, use of partogram, early skin-to-skin contact between mother and child, and support for breastfeeding initiation within the first postpartum hour according to the WHO guidelines on breastfeeding.¹

The United Nations (UN), in 2000, established eight Millennium Development Goals (MDGs), to try to respond to the major global issues that were subjects of discussion in the international conferences that occurred in the 1990 decade.² In Brazil, these objectives are taken as eight ways to change the world, which must be reached until 2015. The fourth goal, to reduce infant mortality; and the fifth goal, to improve the health of pregnant women reducing maternal mortality rate to three quarters until 2015, are among the highlighted goals.² Considering the commitments made by the country with the UN, public policies have been formulated to reach these goals.

The MS instituted the Prenatal and Birth National Program (PHPN) through the GM No. 569 Ordinance from June 1st, 2000, which aims to ensure improved access, coverage, and quality of pre-natal monitoring, labor, puerperium, and newborn assistance in the perspective of citizenship rights.³ This program puts the humanization of obstetric and neonatal care as the primordial element for the proper monitoring of labor and puerperium.³

Other legislations were created subsequently to PHPN seeking to ensure the humanization and qualification of obstetric and neonatal care, among them: the 11,108 law from

April 7, 2005, which guarantees the right to pregnant women to have an escort during labor, immediate labor, and puerperium in the Unified Health System (SUS); the 11,634 law from December 27, 2007, which addresses the right of pregnant women to the knowledge of the maternity in which she will receive assistance within the SUS; the Resolution of the Collegiate Board (RDC) n° 36 from June 3, 2008, which addresses the technical regulation for obstetrical and neonatal services, including ambience, embracing, and humanization actions for the maintenance of services in this area; Ordinance n° 1,459 from June 24, 2011, establishing the Stork Network; and Ordinance No. 904 from May 29, 2013, which establishes guidelines for the implementation and capacitation of the Natural Labor Center (CPN) within the SUS to assist pregnant women and their newborns at the time of labor and birth, in consonance with the component Labor and Birth in the Stork Network, describing financial incentives for investment, costs, and costs on a monthly basis.⁴⁻⁸

The Stork Network reinforces the PHPN's proposal for the adoption of strategies to ensure improved access, coverage, and quality of care for women in the gravid-puerperal cycle, as well as to children up to two years old.⁵ It was instituted within the SUS, constituting a care line that aims to ensure the right to reproductive planning and humanized care during pregnancy, labor, and puerperium, as well as to the child, the right to a safe birth and healthy growth and development.

Brazil has been engaged in the creation of public policies aimed at the humanization and quality of basic obstetric and neonatal care. However, the persistence of the traditional model is observed in the practice in which women are subjected to hospital routines, expropriated of their autonomy in the process of parturition, and exposed to practices without scientific evidence to support their use, often unnecessary and harmful to the maternal and child health. This situation is evidenced by the "Obstetric Violence: labor with pain" dossier published in Brazil in 2012.⁹

The humanization of labor and birth search to break with this model and rescue the woman's autonomy based on the adoption of proven beneficial practices in parturition.

For the MS, humanization comprises two fundamental aspects: the conviction that it is the duty of health units to receive the woman, her family, and newborn with dignity; and the use of measures and procedures known to be benevolent to the accompaniment of labor and birth, avoiding unnecessary interventionism, which although it is traditional in the practice of professionals, they do not benefit the woman or newborn and frequently carry high risks for both.¹⁰

Labor is a social event that integrates the reproductive experience of men and women, representing a unique process, a special experience in the universe of a couple, which also in-

volves their families and community.⁶ Therefore, the care received in this event can reflect positively or negatively on the reproductive experience for women, newborn, men, and family and community and in the way they perceive the parturition.

The obstetric care at the SUS is rooted in the above mentioned legislations and has sought to ensure what is advocated through the implementation of the Stork Network, financing of the integral components of the network (pre-natal, labor, birth, puerperal, and neonatal care), training of professionals and investment in specializations/residences, and supervision of services offered on the different levels of assistance.⁷

In this scenario, the Brazilian maternity hospitals that are members of the SUS face the changing of the labor and birth care model, according to the recommendations by the Ministry of health and WHO, as a challenge.

The present study aims to report the experience of creating, producing, and disseminating a popular documentary about humanized labor in the Unified Health System.

DESCRIPTION OF THE METHODOLOGY

This study consisted of a case study on the production of a popular documentary about humanized labor in the SUS.

The film consists of testimonials from users assisted in a public maternity in the municipality of Curitiba-PR and from health professionals working in the institution. In addition, it contains scenes of conducted care based on the best practices recommended by the World Health Organization and the Ministry of Health.

The following shows the steps for the elaboration of the documentary and achieved results.

THE EXPERIENCE REPORT

There is a current trend for the transformation of the labor and birth care model, focusing on rescuing female autonomy, looking at the birth as something physiological, and considering the family reintegration in the scene of labor, which are elements that have generated new "modes of caring".

The MS has supported the implementation of strategies to ensure a more positive experience in parturition, safer, qualified, and humanized. Through the Stork Network, it recommends the use of health care practices based on scientific evidences and in accordance with the WHO document from 1996.¹⁷

Thus, the maternity hospital where the documentary has been produced has restructured its processes to meet the recommendations from WHO and MS. The first step taken was to bring awareness to the nursing staff about the need for

change in processes, and subsequently, the integration of obstetric nurses in the maternity health team, hired in December of 2013, through a public selection process.

The insertion of these professionals in the dynamics of care has been a challenge because medical workers demonstrated not knowing their mission in labor and birth assistance, which led to estrangement and difficulties in team working. Moreover, it was noticed that users often showed no knowledge about obstetric nursing, confusing it with other areas such as: medical, nursing generalist, and midwives.

The "Good Practice in Labor Care" and "Non-Pharmacological Strategies for Pain Relief and Promotion of Comfort" protocols were created in the same month by nurses operating in the institution, and according to the recommendations from WHO and the Stork Network, and the implementation of these protocols began.¹⁷

In this scenario full of changes, the perceptions of users regarding the care received were, and that of professionals on changes in the processes were identified. Thus the idea of producing the documentary emerged, which was named *Humanized Labor: experiences in the SUS*.¹¹

With this documentary, the following was intended: a) to demonstrate the implementation of good practices of labor and birth care as advocated by WHO and MS in a public maternity hospital, and the challenges faced; b) to socialize the perception of users about the care offered before the implemented good practices; c) to demonstrate how the obstetric nurse has a fundamental role in changing the model of care in the process of labor and birth, and how this professional can contribute significantly to the humanization and promotion of women's and newborn's safety.

An authorization term for image use was elaborated, which was previously presented to all participants. Forty women were invited to participate in the documentary, 35 of these accepted by signing the term.

The collection of testimonials and footage of attendances occurred between December of 2013 and March of 2014, and was conducted by an obstetric nurse who is a collaborator in that maternity hospital.

The speeches were individually collected and recorded with a digital camera. The researcher used the following question during the collection of speeches: *imagine that you are telling about your delivery to a friend; what would you have to say? Tell us your experience*. No interventions were carried out during the participants' speeches; they were free to report what they wished. The interviewed health professionals were asked to report on their perceptions regarding the implementation of good practices in the maternity hospital.

The recordings for the documentary were carried out in two ways: scenes of care based on good practices in the ob-

stetric center; and interviews with users and health professionals filmed in various areas of the institution. This material was edited through the *Windows Live Movie Maker*. Four categories emerged after analysis and assessment of recordings:

- **category 01:** labor as a sacred moment for the woman and newborn. What have we done in this process?
- **category 02:** management committed to the humanization of labor care;
- **category 03:** use of good practices in labor and birth care;
- **category 04:** the perception of women and their escorts.

The elaborated documentary is 34 minutes and 16 seconds long and shows the results from the integration of the obstetric nurse into the health team, with autonomy to assist in labor and birth of usual risk as well as to implement strategies that ensure humanization. It also reveals the perception of users about this “new way of caring”.

It was officially launched on March 27, 2014. Users who have participated in the film, health professionals, health authorities, and representatives of society (commissions, social control) attended the film premier. They all received a DVD of the film and were invited to disseminate the work. Furthermore, photos taken by the nurse during the production of the documentary were exhibited; these photos were donated to users afterwards.

REPERCUSSIONS OF THE DOCUMENTARY

After the official launch, the documentary was placed on the World Wide Web via *Youtube* and had 6,542 views/hits so far.

The material has reflected in the attitudes of women assisted in the maternity ward who have expressed more knowledge about non-pharmacological strategies for pain relief implemented on-site, on freedom and autonomy during labor and their rights in this process, and the recognition of the assistance provided by obstetric nurses. The same has been used for the awareness of pregnant women linked to the maternity hospital.

Some higher education institutions requested the donation of the DVD for its use in women's health training classes for nurses; therefore, the material has also served as a teaching strategy.

FINAL CONSIDERATIONS

The present report demonstrated how the testimonials of users assisted at the SUS and the use of digital technology can contribute to sensitize the population about health-relat-

ed issues, in this case, labor and birth; the obstetric nurse role is highlighted for an increased visibility by health professionals; and how it can be used as a teaching strategy in health training and education.

Because of the current growth of the use of the World Wide Web to search for information about health services, especially in social networks and video channels, the production and dissemination of materials such as this documentary are considered significant.

The results achieved exceeded the initial expectations because the material has so far allowed: the strengthening of obstetric nursing at the regional level providing more visibility to the category on the part of users and other professionals through the recognition of its role; recognition of the obstetric nurse as a significant agent in the change of obstetrical care; the valorization of this professional in the institution and local scenery, as well as the strengthening of her autonomy; the sensitization of the maternity health team regarding the promotion and implementation of the good practices recommended by WHO and MS in labor and birth care; the empowerment of users assisted at the institution; the health education and training in higher education institutions guided by the produced material.

ACKNOWLEDGEMENTS

We are thankful for the Feaes and Maternity Hospital Boards by supporting the development of this study.

REFERENCES

1. Organização Mundial da Saúde. Maternidade segura. Assistência ao parto normal: um guia prático. Genebra: OMS; 1996.
2. Brasil. Governo Federal. Municípios fortes, Brasil sustentável. Guia de Apoio para o Alcance das Metas. Agenda de Compromissos dos Objetivos de Desenvolvimento do Milênio: 2013-2016. Brasília: Secretaria Nacional de Relações Político-Sociais; 2013.
3. Brasil. Ministério da Saúde. Portaria nº 569/GM, de 1º de junho de 2000. Institui o Programa de Humanização no Pré-Natal e Nascimento, no âmbito do Sistema Único de Saúde. Diário Oficial [da] União, seção 1, p. 4. Brasília, Distrito Federal; 2000.
4. Brasil. Lei nº 11.108 de 07, de abril de 2005. Altera a Lei 8.080 de 19 de setembro de 1990, para garantia às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde – SUS. Diário Oficial [da] União, número 67, seção 1, p. 1. Brasília, Distrito Federal; 2005.
5. Brasil. Lei 11.634, de 27 de dezembro de 2007. Dispõe sobre o direito da gestante ao conhecimento à vinculação à maternidade onde receberá assistência no âmbito do Sistema Único de Saúde – SUS. Diário Oficial [da] União, seção 1, p. 2. Brasília, Distrito Federal; 2007.
6. Agência Nacional de Vigilância Sanitária. Resolução da diretoria colegiada - RDC nº 36, de 03 de junho de 2008. Dispõe sobre Regulamento Técnico para Funcionamento dos Serviços de Atenção Obstétrica e Neonatal. Diário Oficial [da] União. Brasília, Distrito Federal; 2008.

7. Brasil. Ministério da Saúde. Portaria 1.459, de 24 de junho de 2011. Institui no âmbito do Sistema Único de Saúde (SUS) a Rede Cegonha. Diário Oficial [da] União. Brasília, Distrito Federal. Brasília: MS; 2011.
 8. Brasil. Ministério da Saúde. Portaria nº 904, de 29 de maio de 2013. Estabelece diretrizes para implantação e habilitação de Centro de Parto Normal (CPN), no âmbito do Sistema Único de Saúde (SUS), para o atendimento à mulher e ao recém-nascido no momento do parto e do nascimento, em conformidade com o Componente Parto e Nascimento da Rede Cegonha, e dispõe sobre os respectivos incentivos financeiros de investimento, custeio e custeio mensal. Diário Oficial [da] União. Brasília, Distrito Federal; 2013.
 9. Parto do princípio. Violência obstétrica - parirás com dor: dossiê da violência obstétrica. 2012. [Cited 2014 July. 10]. Available from: http://www.google.com.br/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCUQFjAB&url=http%3A%2F%2Fwww.partodoprincipio.com.br%2F%23!faq-violencia-obstetrica%2F%22qe&ei=7btXVILPAC_ jaOHtgLgN&usq=AFQjCNF354 frBlzPlpdtUZ7dk9Y_1ROPA&sig2=xs3l7ndwl3Txb-ZKZAWCQQ&bvm=bv.78677474,d.d2s
 10. Brasil. Ministério da Saúde. Parto, aborto e puerpério: assistência humanizada à mulher. Brasília: Ministério da Saúde; 2001.
 11. Fujita JALM. Parto humanizado: experiências no SUS. Curitiba, Paraná; 2014. [Cited 2014 July 10]. Available from: https://www.youtube.com/watch?v=2q_My0ZV04I
-