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RESEARCH

O comportamento expresso pela parturiente durante o trabalho de parto: reflexos da assistência do pré-natal

The behavior expressed by the parturient during birth: the reflections of prenatal care

El comportamiento expreso por la parturiente durante el trabajo de parto: reflexiones del cuidado prenatal

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ABSTRACT

Objective: identifying, through the view of women, the influence of the guidance received prenatal care in their own attitudes during labor and birth; pointing, according to the vision of the woman's own attitudes during birth labor and birth; investigate whether these attitudes were influenced by the guidance received in prenatal care. **Method:** this is a research of a descriptive, exploratory, of qualitative nature, with ten puerperal of postpartum rooming of the Maternity Oswaldo de Nazareth in Rio de Janeiro, through semi-structured interviews and analyzed with the principles of thematic analysis, after approval by the Ethics Committee of the SMSDS-RJ under number 185/12. **Results:** the women become empowered and more active during the birthing process when are given to them autonomy information and rights inherent to information from the prenatal consultation. **Conclusion:** a woman returns to her role as an active subject and prenatal as an excellent time to exchange the professional-patient relationship. **Descriptors:** prenatal care, labor obstetric, nursing.

RESUMO

Objetivo: identificar, segundo a visão da mulher, a influência das orientações recebidas no pré-natal em suas próprias atitudes durante o trabalho de parto e parto; apontar, segundo a visão da mulher, as próprias atitudes durante o trabalho de parto e parto; investigar se essas atitudes foram influenciadas pelas orientações recebidas na assistência pré-natal. **Método:** trata-se de uma pesquisa descritiva, exploratória, de natureza qualitativa, com dez puérperas do alojamento conjunto da Maternidade Oswaldo de Nazareth da cidade do Rio de Janeiro, mediante entrevista semiestruturada e analisado com os preceitos da análise temática, após aprovação pelo Comitê de Ética da SMSDS-RJ, sob nº 185/12. **Resultados:** a mulher torna-se empoderada e mais ativa durante o processo do parto quando recebem informações de autonomia e direitos inerentes às informações da consulta de pré-natal. **Conclusão:** a mulher retorna a seu papel de sujeito ativo e o pré-natal como um excelente momento de troca do profissional-paciente. **Descritores:** cuidado pré-natal, trabalho de parto, enfermagem.

RESUMEN

Objetivo: identificar, a través de la opinión de las mujeres, la influencia de la orientación recibidas en la atención prenatal en sus propias actitudes durante el parto; apuntar, a la visión de la propia mujer, las propias actitudes durante el trabajo de parto y el parto; investigar si estas actitudes se vieron influidas por las orientaciones que hayan recibido en la atención prenatal. **Método:** se trata de un estudio descriptivo, exploratorio, de naturaleza cualitativa, con diez puérperas del alojamiento conjunto de la Maternidad Oswaldo de Nazareth, en Rio de Janeiro, a través de entrevistas semi-estructuradas y analizados con los principios de análisis temático, previa aprobación por el Comité de Ética de la SMSDS-RJ con el número 185/12. **Resultados:** las mujeres se tornan más empoderadas y más activas durante el proceso del parto cuando reciben informaciones de autonomía y los derechos inherentes a la información de consulta prenatal. **Conclusión:** la mujer regresa a su papel de sujeto activo y el prenatal como una excelente oportunidad para el intercambio de la relación profesional-paciente. **Descriptores:** atención prenatal, trabajo de parto, enfermería.

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INTRODUCTION

Pregnancy is a very special time for women, regardless of the number of times for which she has already experienced it. Thus, when it is well accepted, pregnant women seek to prepare the best possible way for the only time that precedes it: childbirth. During birth labor and birth there will promote one of the most anticipated moments, the birth of her baby, where she can hold him in her arms, but it is also one of the most feared by the pains and insecurities arising from the unknown.[1]

The birth labor is the stage in which the physiological changes of the female organism favor the excretion of hormones with oxytocin, which contributes to uterine contractions, which results in dilation of the cervix, and force the passage of the baby through the birth cane, generating pain in the woman. Its duration is very variable and many are the fears that permeate this period.[1]

The most appropriate way that a pregnant woman can use to ensure the proper development of her pregnancy is prenatal. Thus, a major goal of prenatal care would be the woman from the beginning of her pregnancy to the end of ensuring the birth of a healthy child and ensure maternal and neonatal well-being.[2]

Unfortunately, the number of pregnant women who seek health services to carry out prenatal care is still limited. Brazil has become registering the increase in the number of prenatal visits per woman performing the delivery, from 1,2 consultations per birth in 1995, with 5,1 consultations per birth in 2003, and currently that number reached stipulated by the Ministry of Health, with 6 queries per birth.[3,4]

However, only the pregnant woman seeks care from a health professional when the pregnancy is at an advanced stage or when a complication arises in pregnancy, which ends up interfering in its monitoring and effectiveness of prenatal.[2,3]

The attention paid to pregnant women should be humanized and of quality, through the implementation of a warm conducts and without unnecessary interventions. The woman accessibility to health services should be ensured, which integrates all levels of care: promotion, prevention, diagnosis and recovery assistance and health of pregnant women and newborns, from primary care, outpatient and inpatient.[2,3,5]

When looking for care, women need to find health professionals who can answer all their questions, inhibiting their fears and anxieties, paying attention to hear them with a sensitive listening, and thus providing guidance to adequately meet their needs.[6]

The World Health Organization (WHO) recommends that care during pregnancy and childbirth should be multidisciplinary involving multiple healthcare professionals: traditional midwives, obstetricians, neonatologists, nurses, physiotherapists. Care should be family-centered, being directed to the needs of the woman, her son and also including the father's figure.[2,7]

Thus, with this multidisciplinary team, the reception given to pregnant women should prepare in the best possible way to deal with the physical and emotional changes caused by pregnancy outcome and, thus, lowering their aspirations and fears for the labor, delivery and puerperium.

For, during the birth process, the anxiety and fear associated increase the pain. The excessive anxiety and fear increase secretion of catecholamines, which, in turn, increase the sensation of pain. As fear and anxiety are magnified, amounts to muscle tension, reduces the effectiveness of uterine contractions, multiply the discomfort and begins a cycle of increasing fear and anxiety.[1,8]

As being a period in which occur a large bio-psychosocial changes, pregnancy changes women's welfare, amending her psyche and her social and familial role.[9] In that sense it is necessary that this woman receives the necessary guidance about the evolution of her pregnancy, the possible complications that may arise during pregnancy, which can happen during birth labor, childbirth and the postpartum period. This fact can only occur in the setting of a bond of trust and confidence between the woman and the health team.

Thus, expanding the vision about the birth, beyond the physiological aspects of the woman and the fetus, focusing assistance on different aspects of quality improvement is essential for aggregation behavior change and promote a change in the practices and policies focused on assistance women's health.

Given the above, the study aims to answer the following objectives: 1) identifying, through the view of women, the influence of the guidance received in prenatal care in their own attitudes during birth labor and birth, 2) pointing to the vision the woman's own attitudes during birth labor and birth, and 3) investigating whether these attitudes were influenced by the guidance received in prenatal care.

METHOD

This is a descriptive and exploratory study, with a qualitative approach conducted in rooming of the Maternity Hospital Oswaldo de Nazareth, located in the Rio de Janeiro City.

The investigation was carried out after authorization and approval of the Ethics Research Committee of the Municipal Secretariat of Health and Civil Defense of Rio de Janeiro, and was approved as also predicts the Resolution nº 196/96 of the National Health Council (CNS), under opinion nº 185/12.

The survey participants were ten (10) women in immediate postpartum of the referred rooming that met the following inclusion criteria: 1) primiparous women; 2)over eighteen (18) years old, 3) had their birth in the physiological mode, "normal", 4) low risk childbirth, without any pathological changes; 5) carrying six prenatal consultations; 6) take part in the research.

The technique used as an instrument for data collection was individual semi-structured interviews with open and closed questions.[10] The data collection took place during the months of February and May 2013. Respondents were identified as "Respondents ", and received a sequential alpha-numeric code (E1, ... , E10) to ensure confidentiality and anonymity of their evidence, which signed the Informed Consent Form (ICF) conditioned on their participation, ensuring anonymity and confidentiality of information .

For the analysis of the information collected, we proceeded first to the transcription of the interviews recorded on a digital device in full. In this data collection, we used content analysis, the mode of thematic analysis.[10] Thus, the categories found and the results to be discussed were: Attitudes in birth labor and birth, and attitudes in birth labor and childbirth influenced by prenatal.

RESULTS AND DISCUSSION

Characterization of subjects

Of the study participants, there was a predominance of women aged between 18-22 years old, brown colored, before their self-declaration, similar data in another study.[11]

When investigating schooling data showed a predominance of women with completed high school. Regarding marital status, it was observed that most were single. Being a single mother creates a psychological disadvantage; since the absence of father generally brings less economic stability for the family, may also constitute a risk factor for low birth weight of the newborn. [12] Regarding religion, most women were Catholic or Protestant. Religious practices, the saints, prayers and other religious rituals are very important for pregnant women. The women cling to the religious aspects of hoping to get some higher force of divine protection so that their pregnancy and birth go smoothly.[13]

According to the data collected, the study showed that women were between 37 and 39 of gestation. Gestational age can generally be related to the number of prenatal consultations. In a study[14] pointed to the women who made about seven prenatal

consultations showed gestational age at birth 37-41 weeks of age, while women who made only three visits, the birth was performed with gestational age and less than 31 weeks.

Thus, taking into account the assumption that the higher the gestational age, the greater the number of prenatal consultations that the pregnant woman may hold the last trimester of her pregnancy, so the pregnant women in this study who underwent more than six visits recommended by the Ministry of Health, should receive a greater amount of guidance about their birth labor and birth.

From the association of the questions about the "Time of onset of birth labor" and "Birth time", with data obtained there was a predominance of a medical fourteen-hour of length of birth labor and birth.

Attitudes during birth labor and birth

A priori, examining the statements of the interviewees, it was necessary to understand the meaning of the word understanding, which is identified as one of the sources of knowledge together with its sensitivity. It is the faculty of thinking the object, understand, and comprehend.[15]

Thus, it was observed that the actions taken by women in birth labor and birth, coming from their own volition, ie, active attitudes, or stimulated/received obstetric health staff, passive attitudes, and feelings that lead to feelings, and therefore actions.

Women's active attitudes about their birth labor and birth point to: go to the local of reference to the achievement of childbirth, preparing to go and request help.

> *I called the taxi, then, the taxi brought me here to maternity. [...] I cried so much to God. (*E_1*)*
>
> *I took baby things and brought it with me [...] I asked my mom to go with me to the hospital. (*E_3*)*
>
> *When I was told that the sac had burst I came to the maternity. (*E_4*)*
>
> *I was with much contraction, so I came to motherhood. (*E_5*)*

The prenatal period is a time of physical and psychological preparation for childbirth and motherhood sensitize health professionals to create moments of intense learning and an opportunity to develop health education as a dimension of the care process. Health professionals should take the attitude of educators who share knowledge and knowledge aiming at returning to the woman's autonomy and self-confidence to experiencing pregnancy, childbirth and the postpartum period, considering prenatal and birth as unique moments for every woman and a special experience in the female population .[16] This point is crucial to a woman's health, because it allows the knowledge of its physiological aspect, which favors for an active attitude to their welfare of birth labor and birth.

Women are agents of action, which precedes the physical signs to start an active action. The actions of the women of preparation and going to the reference site for the completion of delivery must have been derived from information received not only the prenatal care, but also arising from their social support network.

As for the active women's attitudes refers generally to the request for help in moments of intense pain, points to the need to feel supported by someone close or religion. In this regard it is extremely important to the accompanying support. In this sense, the woman has the right to be accompanied during her birth labor and birth, from the Law nº 11.108/05, which regulates the Law chaperone within the Unified Health System (SUS).[17] This regulation was essential for women as it provides greater security and service satisfaction of women, and makes an active action of the woman to be supported by his companion.

During birth labor and birth, women also had passive attitudes. These attitudes refer to actions taken by women from some stimulus or order arising from another if the interviewees, with a health professional.

> *Then she picked me up and sent me to the labor room. I went and stayed there in the room [...] So, that burst my sac I went immediately to the birth room [...] She kept saying you open your legs, pushes [...] And I straining. (*E_8*)*

> *I was not eating since early. (*E_4*)*

> *Told me to walk a little and I walked, but eventually I felt a lot of pain and prefer to sit [...] They showed me a ball for exercise, it would help the baby to fit best. I even tried, but it was not long because my back was hurting a lot. (*E_5*)*

The woman/pregnant expropriated control of her own body, submissive surrenders to the healthcare professional as knowledge holder and leaves more and more creatively to live the experience of childbirth.[18]

When facing first birth labor and birth, women who may not have received the necessary guidance on this moment feel unprepared. So, are available to any information which may become part of health professionals. This attitude indicates submission understood as the woman accepts the suggestions and information of the healthcare team and follow without question. The inability to perform them usually occurs when the pain of birth labor and childbirth becomes higher, causing the woman to stay prostrate. This passivity perpetuates power relations, domination and gender, making the domination of mechanism of birth labor in its process, to legitimate their care practice.

Healthcare practices should promote the empowerment of women as participants in the process, and not be left in the background, being a submissive to institutional practices and depersonalized mere figure of gestating and giving birth process.[18]

Some women indicated in the statements prostration and disability in relation to the stimuli offered by obstetric professionals:

> *She sent me to do something and I did something else [...] I was unable to even speak of so much pain [...] At one point I was not holding [...] I was not holding. (*E_6*)*

> *The doctor sent me to do a lot of things, but I could not do anything [...] The only thing I want to do was to lie [...] I was thinking I was going to faint with pain. (*E_3*)*

> *I even tried, but it was not long because my back was hurting a lot [...] There are times when it seems that we will not endure more [...] When we arrived the night I was pretty tired [...] I I thought it would take longer, because I was already too tired [...] I was expecting! (*E_{10}*)*

The feeling of faintness is often found during birth labor. Women verbalize feelings of impending dismay, accompanied by crying, screaming, and reports that they would not achieve parity.[19]

The pain was decisive for their impotence during birth labor and birth. Thus, health professionals should help and assist women in their multiple aspects and promote reproductive health with non-pharmacological methods for pain relief such as acupuncture, transcutaneous electrical stimulation, breathing exercises, muscle relaxation, hot bath.[20]

It can be observed that these sensations were described by women in labor and birth. Despite the will expressed by these women to do what was asked by the health team, the pain made her unable to perform any action. It becomes necessary tools and techniques to promote the empowerment of women in childbirth and his redemption.

Labor and delivery is a moment the woman who brings multiple sensations. When you have good feelings, they can generate positive feelings and actions, but the opposite can also happen. Bad feelings can cause people to have negative feelings and perform actions that have been generating anxiety, nervousness and fear.

> *I had to go alone because I'm an adult. (*E_1*)*

> *I was very afraid of the pain being even greater. (*E_3*)*

> *Do not wait to get my daughter was born [...] I was very anxious, afraid of something going wrong. (*E_1*)*

Fear appears as the most influential factor in the role of women. The suffering caused by pain during labor and birth takes a great affective/emotional proportion, inhibiting the hormonal cascade of pleasure, necessary for mothering.[20]

Fear of the unknown, of severe pain or being unattended can be as high causing the woman becomes very excited starting to worry not only about their safety and well-being,

but also the safety of her baby. So his only wish is that the painful labor and childbirth over soon and she can have her son in her arms.

Attitudes in birth labor and birth influenced by prenatal

It is observed the attitudes of women during birth labor and birth were influenced by guidance received prenatal care. On being informed in prenatal consultations regarding what might happen during labor and delivery and pointed out the negative stating that complemented the prenatal be the only moment of further examination:

> *No, because when I was doing my prenatal was running fine and he only speak something if I had anything from high blood pressure or some kind of disease. So when we do some kind of test that is, they ask for it anyway. So they ask. My tested was positive, all normal, so he said nothing. (*E_1*)*

> *No, the doctor did not say anything. He only asked a lot and exams and then when he was ready I had to take him to see. Here he also examined me and did a lot of questions. (*E_4*)*

The number of consultations alone cannot guarantee the quality of prenatal care. The percentage of women attended at least six visits to, is high, but until the moment of birth the women did not all basic laboratory tests, considered the prenatal care.[3]

The dissatisfaction of women of care provided during the prenatal the country it is necessary a new landscape of health care to the woman with information and knowledge about their health, providing greater security for the time of labor and birth. This vision requires health professionals involved in the care for pregnant women in prenatal care, a critical eye, able to put the knowledge acquired in the context of care, with the aim of better understanding of human identity, and provide the required care to pregnant women in health services.[22]

Therefore, it is observed that the quality of prenatal consultation cannot be based only on the follow-up to the request protocol complementary exams instituted by the Ministry of Health. There is a need to look at the woman in all her context, taking advantage of the opportunities those arise to conduct educational actions that address the issues pertaining to pregnancy, as well as the time of birth labor and birth.

Other women have positioned themselves positively indicating that the healthcare professional informed about what might happen at the time of labor and birth, but not instructed on how to proceed autonomously facing the situations:

> He did not say anything we do not know. What is pain, what kind, it is not those swimmingly. We will feel pain and have to strain. Get it? If you arrive on time, if they do not have pass or pressure rise, you will make cesarean. (E_7)

> The doctor said that the time would hurt a lot, but that was normal. He said the pain was because the baby was going to look for his position to be born. But in fact he only told me this because I asked how it was [...] How is my first child, and everyone I know had something different I wanted to take my doubt with a right professional. Other than that he only spoke of prenatal, every query he asked if I had felt something different. (E_3)

> They said I would feel a lot of pain and I had to do everything the doctors asked. At the time I had them to send to strain and that if something did not work I would have to do a cesarean. (E_8)

Prenatal assistance, when supplied with quality, understanding this as the availability of physical resources, materials, adequate human and financial, as a multidisciplinary care, guidance and behaviors that meet the needs of each woman may provide better results in childbirth assistance and birth.[22]

It is necessary that the health system has defined its mission, its values and its principles and its structure is adequate for obtaining the results. This will allow a greater satisfaction of women and promoting reduction of prenatal attendance, an important mechanism for reducing maternal mortality and humanization of the assistance.

The women were quite satisfied with the consultation of prenatal assisted by health professionals, for responding to inquiries made by the same:

> *He was an excellent doctor. For me I liked him very much. He took my doubts and was well educated. (*E_1*)*

> *I liked the queries. Some people who met me were very nice and took my doubts, but I think always for the better. (*E_3*)*

> *Both the physician, the nurse who attended me treated me very well. Answered everything I asked. Look I had much doubt! (*E_6*)*

This fact can be observed in another study, which demonstrated that during follow-up of antenatal women admitted that the care provided did not need to be modified, showing a satisfaction in the view of the users of the health service. However, a small quantity made for more clarification and information.[23]

This demonstrates that the vision of these women and their satisfaction are related to the professional-patient relationship, with guidance and clarification of various aspects of health care and services offered to its knowledge production, contributing to their imagination in the birth process.

However, in the course of the testimony of women can observe a nuisance to the duration of consultations and lack of understanding of the guidelines given by health professionals:

> *Oh, why yes. Had since examination took out [...] consultation time was too fast. (*E_9*)*

> *It's just that some things they spoke I did not get it right. And sometimes I was too embarrassed to ask. (*E_{10})

It is still common to find professionals who do not fit your type of language to their audience. It can be seen that health professionals use improper language to the understanding of women, which is not always understood by the patient.[24]

So, with a lot of information at once, leaving them confused; professionals do not have the patience to inform, talk too fast and without education. These women also report that shyness hinders them time to answer to their questions and concerns.

By using an approach based only on technical terms or language with much formality, the health care professional who performs the query fails to keep the attention of pregnant women to important guidelines. Still, the agility of the consultations does not meet the actual demands of women's health, and did not meet their expectations.

Other appointment of women during prenatal care is the identification of the guidelines given in the query as important for maternal and fetal health, and indicating possible events and possibilities of birth labor and birth:

> *I think they should tell me how it would be better. Speaking of that history of walking into the labor be faster [...] From shower to ease the pain [...] Something like that. (*E_4*)*

> *They said everything was fine and I had to try normal delivery ... I think he could better explain how was I to know it was time to go to hospital. I came once thinking it was time to win and they sent me back home. Why not come when I felt pain again. Only when the sac broke. (*E_7*)*

> *In recent consultations they told me everything I know about the time of birth labor and birth. I was much more quiet [...] I think they told me everything. Only the ball I did not know. They could talk about it right? (*E_2*)*

The guidelines for the delivery showed increasing values in accordance with advancing gestational age. However these guidelines are still very restricted. The more guidance was received about the importance of taking prenatal card to the maternity, then the information on the signs of early labor and the right to have a chaperone during hospitalization.[25]

In this sense, the health professional should focus on an orientation beyond the biological aspects of the wife as pathologies and complications, the more your fears, anxieties, fears about childbirth. This allows us to understand the woman as a whole being,

which needs care in her various notes. Besides the aspects of birth labor and birth, which were limited guidance provided by health professionals.

At no time was asked women their right to experience childbirth actively with the power of choice, without waiting team guidance on how to act during birth labor and birth.

With the limited amount of guidance on what might occur during labor and birth, and even the lack of guidelines on how to act at this time, leads to the conclusion that they can exert some influence at this time. The unpreparedness may result in parturient fear, anguish and anxiety.

Thus, the educational activities are means to promote critical knowledge, and they may be carried through a course of preparation for childbirth aimed at humanization of the assistance.[26]

The courses for pregnant women are a great tool to convey directions and take questions from women who feel embarrassed to ask questions of the professional who performs the query. It constitutes a space for sharing ideas, experiences, feelings and socialization causing a greater understanding of themselves and the world, as well as the search for resources to full health at the individual and collective.

In this perspective, we can consider that the humanized practice to build groups of pregnant women contributes to expand the coverage of prenatal regarding guidelines about birth labor and birth, fulfilling the humane care that effectively values the woman.

CONCLUSION

The birth labor and childbirth is a time of mixed feelings, and consequently unexpected attitudes of women, because while happiness will be crowned by the birth of her baby, is feared by the pains and insecurities arising from the unknown.

Attitudes towards the unexpected and unfamiliar situations, which usually cause anxiety, fear and discomfort, through enlightening guidelines can be transmuted into empowered, secure and peaceful actions.

The most appropriate way that a woman can ensure the proper development of her pregnancy is prenatal, when it should be guided and informed about the time of labor and delivery, about possible events, how it can work and their rights.

When looking for care, women need to find health professionals who can answer all their questions, by listening to them attentively, and thus provide the guidelines adequately meet your needs. Thus, with a multidisciplinary team of health care provided to the woman should prepare it in the best possible way to deal with the physical and emotional changes caused by pregnancy outcome and thus lowering their aspirations and fears for the birth labor and childbirth.

For this reason this study aims to point out, in the view of women, the attitudes of them during labor and birth, and investigate whether these attitudes were influenced by the guidance received prenatal care.

Emerged from the same satisfaction still study during prenatal consultations in relation to the care of health professionals when their questions were solved, the dissatisfaction regarding the duration of the consultations and the difficulty of understanding the guidelines handed down by health professionals, and the importance in receiving during the prenatal period, the indicative guidelines, possible events and possibilities of birth labor and birth.

Therefore, it is observed that the quality of prenatal consultations cannot be based only on following the protocol of laboratory tests instituted by the Ministry of Health.

There is a need to look at the mother in its context, taking advantage of opportunities those arise in the query to perform educational activities that address issues relevant to pregnancy and the time of labor and birth.

A woman in birth labor and birth should be guided and encouraged by obstetric health professional, but especially during her prenatal through collective individual educational and/or the indicative, possible events and possibilities of birth labor and childbirth, for it to be sensitized to be beneficial, consistent, aware and empowered attitudes, intending thereby minimizing feelings, and negative feelings and dissatisfaction actions that reduce the forces and the joys of this unique moment for the individual citizen.

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