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O cuidado à mulher no contexto da maternidade: caminhos e desafios para a humanização

The care of women in the context of maternity: challenges and ways to humanize

El cuidado de las mujeres en el contexto de la maternidad: caminos y desafíos de humanizar

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ABSTRACT

Objective: To know the perception of mothers about the care received during hospitalization in a public hospital. **Methods:** Descriptive study, performed at a secondary public hospital in Fortaleza/Ceará. Data were collected through semi-structured interview with 20 mothers and analyzed using the technique of content analysis. **Results:** The most part of women realized the attention received as quality, accessible and humane, and emphasized the reception and good relationship with the health care team. However, difficulties were also observed, as the lack of monitoring of the health team during labor, lack of information and insensitive and rude behavior of some professionals. **Conclusion:** The study encourages reflection and debate among professionals and managers, points out weaknesses and potentialities and indicates paths to follow in order to improve health care for women in maternity wards.

Descriptors: Midwifery; Postpartum period; Humanization of assistance; Maternal-child nursing.

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RESUMO

Objetivo: Conhecer a percepção de puérperas acerca da atenção recebida durante a internação em uma maternidade pública. **Método:** Estudo descritivo, realizado em um hospital público de nível secundário de Fortaleza/Ceará. Os dados foram coletados mediante entrevista semiestruturada a 20 puérperas, e analisados a partir da técnica de análise de conteúdo. **Resultados:** As mulheres, em sua maioria, perceberam a atenção recebida como de qualidade, fácil acesso e humanizada, além de enfatizarem o acolhimento e o bom relacionamento com a equipe de saúde. Porém, dificuldades também foram evidenciadas, como a falta de acompanhamento da equipe de saúde durante o trabalho de parto, a ausência de informações e o comportamento indelicado e insensível de alguns profissionais. **Conclusão:** O estudo estimula reflexão e debate entre profissionais e gestores, aponta fragilidades e potencialidades e indica desafios a serem seguidos com vistas a melhorar a assistência à mulher nas maternidades.

Descritores: Assistência ao parto; Puerpério; Humanização da assistência; Enfermagem materno-infantil.

RESUMEN

Objetivo: Conocer la percepción de mujeres en postparto sobre la atención que recibió durante su hospitalización en una maternidad pública. **Métodos:** Estudio descriptivo, realizado en un hospital público secundario en Fortaleza/Ceará. Los datos fueron recolectados a través de entrevistas semiestructuradas a 20 mujeres en postparto y se analizaron mediante la técnica de análisis de contenido. **Resultados:** Las mujeres, en su mayoría, se dieron cuenta de la atención recibida como la calidad, accesible y humana, y haciendo hincapié en la recepción y la buena relación con el equipo de atención médica. Sin embargo, también se observaron dificultades, como la falta de monitoreo del equipo de salud durante el parto, la falta de información y el comportamiento insensible y grosero de algunos profesionales. **Conclusión:** El estudio promueve la reflexión y el debate entre profesionales y directivos, señala debilidades y potenciales, indican caminos a seguir con el fin de mejorar la atención de salud para las mujeres en las salas de maternidad.

Descriptor: Tocología; Periodo de Postparto; Humanización de la atención; Enfermería materno-infantil.

INTRODUCTION

Motherhood is one of the most important moments in the lives of women, characterized as a singular phenomenon involving the partner, the family and the community. This phase is marked by expectations, fears, anxieties and insecurities before everything that will be experienced.

In the scope of assistance to parturition, many changes have occurred throughout history, particularly with regard to the behavior of the professionals who conduct it, the notion of the population regarding this phenomenon and its forms of resolutions, with interventions often unnecessary. The delivery is no longer considered as a physiological process and the woman lost the protagonist role of assistance, becoming its object, fact that uncharacterizes the humanization.¹

The institutionalization of labor and technological advances have imposed a huge ritual to the act of giving birth, permeated and sustained by a knowledge that almost

never allows the woman to participate as protagonists of their own process of becoming a mother. Institutionalization imposes routines and standardization of the actions of the professionals, which difficulties the individualized care that considers the uniqueness of each subject.

One can not deny that the progress made in medicine have brought progress for maternal and fetal health. But these numerous technological innovations and therapeutic medical services and the manner in which the professionals relate to the women and lead delivery also resulted in the dehumanization of such assistance.

In Brazil, the health care of women in maternity context remains a major challenge for the assistance, both in terms of quality, as of philosophical care principles, which is still centered on a medicalized, interventionist and hospital-centered model.¹

This delivery care model lingers in many places and hospitals until the present day, and in Brazil, it prevailed as ideology and as public policy until mid-eighties.²

Attention to labor and birth has become marked by unnecessary and potentially iatrogenic interventions, due to the abuse of cesarean section as well as the isolation of pregnant women from their families, lack of privacy and respect for their autonomy.³

In this context, despite all the advances made in obstetrics, today, health indicators related to obstetrical care in Brazil are catastrophic, show high rates of maternal and perinatal mortality and high caesarean rate; all of them, poor reflexes of obstetric assistance.⁴

Much of maternal deaths could be prevented by reducing cesarean rates, the improvement in the quality of obstetric care, encouraging vaginal delivery, and especially by the implementation of humanized delivery in the health services.⁵

Humanization of health care then appears as an option to modify the existing scenario in the Unified Health System (SUS), which requires changes in the various stages that comprise it. Humanizing means providing a quality service to the population, to unite technology and shelter and also, to worry about the professional working conditions, which resulted in the National Humanization Policy of Care and Management in SUS (HumanizeSUS).⁶

In relation to women's health, the picture is no different, especially when considering the quality of obstetric care based on humanization of labor and birth. Thus, the Program for Humanization of Prenatal and Birth (PHPN) emerged in 2000 with the purpose of encouraging a comprehensive obstetric care and guaranteeing the rights of the woman's choice, also aiming at the reorganization of assistance, based on the expansion of women's access to quality care, and delivery performed with minimal interventions.⁷ In addition, the program draw the focus of the matter to the woman and opened the possibility of much needed discussions regarding the change behaviors implemented in the pregnancy-puerperal cycle.²

From this, it is clear that the idea of humanized childbirth, less medicalized and hospital-centered came to be proclaimed by various segments. However, despite all these programs and policies have emerged to drive an improvement in the management, the assistance and the relationship between professionals and users, humanization and quality of care for women during childbirth and the postpartum period is still a challenge that health services and especially the professionals should take on and conquer.

Based on these reflections, the following question arose from this study: How do mothers perceive the care received during hospitalization in a public hospital?

This study is justified by the social relevance revealed by this theme, both for society and for the health professionals who should understand the woman in her pregnancy and childbirth, modifying paradigms and acting under a care model that values their needs and special features, with innovative and effective actions that contribute to the quality and humanization of care.

One sees the study as relevant, as their results will stimulate reflection and debate between professionals and managers on this topic, serving as support for the adoption of new strategies and care technologies by professionals in assisting women in the parturition process.

In this perspective, the present study aimed at knowing the perception of mothers about the care received during hospitalization in a public maternity hospital in Fortaleza, Ceará.

METHOD

Descriptive study with qualitative approach carried out in a secondary level public hospital, reference in maternal and childcare, in Fortaleza, Ceará, in the 2012 period.

The sample consisted of 20 mothers, according to the criterion of theoretical saturation of data. Inclusion criteria were age equal to or greater than 18 years, having performed normal birth in the obstetric center of the institution, and admission to the rooming unit; exclusion criteria were: women with mental disorders or cognitive deficits.

Data collection was performed by applying a semi-structured interview and started after the authorization of the institution and approved by the Ethics Committee of the State University of Ceará, with resolution number 26941/2012. The ethical and legal aspects recommended by Resolution 466/2012 of the National Health Council were respected; the mothers agreed to participate and agreed with the recording of interviews by signing the Free and Enlightened Consent form.⁸ Fictitious names were assigned to the study participants to ensure anonymity.

Data were analyzed by Bardin's⁹ content analysis technique, consisting of three stages: pre-analysis; material exploration; treatment of the results and interpretation. The pre-analysis consisted of an exhaustive reading of the transcribed interviews, analyzed according to the purpose

of the study. For the exploitation of testimonials, encoding was performed, which consisted of trimming the registration units and context of the speeches of the participants and aggregation of data emerged into categories.

In this study, four categories were identified: Access to health care; Relationship with the health team; Vulnerabilities in parturition; Difficulties experienced in motherhood. The interpretation and discussion of the data were based on the scientific literature adequate to the topic.

RESULTS AND DISCUSSION

According to the testimony of women and the repetition of the themes that emerged from the content of their speeches were identified four categories, which are described below.

These categories refer to descriptions of mothers about the care provided by professionals during hospitalization in a public hospital for the birth of their children, from access to this institution until hospital discharge. From the perceptions of these women it was possible to understand the factors that influenced the humanization and quality of care, as well as the satisfaction of these users with the care received throughout hospitalization.

Access to health services

Armed with the findings of this study, it was found that the ease of access to maternity, the warmth of professionals, the good reception on admission, and quick service are factors that influence women's satisfaction with the treatment received in the maternity ward, as described next:

"It was great, I was well attended and very well received [...] attended quickly." (Adriana)

"The service was good [...] I was well received, it was not hard to get in[...] Everyone helped, guided me very well [...] arrived and talked, that helps a lot too." (Carla)

"I was well attended, they took me in right away, the doctor put me in the room, the baby was born in a matter of two minutes, [...] staying here helped, there was a vacancy. I was still going to look for it at hospital X." (Izabella)

I was very well assisted; I arrived and stayed right away. I was very well received. As soon as I arrived, they gave me attention, they came to take my blood pressure, checked how many centimeters the child was, put me in the waiting room right away. (Silvia)

The satisfaction of these women was mainly associated with getting a vacancy for admission, to be admitted without delay, to receive quality care by professionals and quick baby birth.

It is important to pay attention to these facts, because even before the arrival at the maternity hospital, the mother experiences insecurity for the possibility of lack of vacancy, which is added to the uncertainty regarding the quality of care. This is due to the circulation of news about the experiences of other pregnant women among the population or due to previous experiences of these women, if negative, makes these become apprehensive before even experiencing the childbirth itself or the treatment in some hospitals, tending to avoid them if they have the means to do so. When positive, provide feelings of safety and trust, causing an entire movement in search of some vacancy assurance at that determined location.¹⁰

As for the reception of these women, it has been considered in the health services as a process of human relations, which must be done by all health workers and in all service sectors. Thus, the reception is not limited to the act of acceptance, but also a sequence of actions and methods that make up the work process in health.¹¹

The woman must then be accepted by professionals not only for the access and admission at the maternity but in all the assistance it receives during hospitalization. To promote a humanized care is necessary that the health team knows how to hear the women and their needs, thus valuing their life history, and the social, psychological and emotional aspects involved, which can significantly influence their experience in natural childbirth.

Health care professionals who subject themselves to accompany women throughout the labor process must welcome them in order to recognize the importance of communication in the practice. In this perspective, the reception and accommodation are important and essential aspects of the humanization policy and should be made effective in practice, which implies in a human and attentive reception in which women's complaints, concerns, anxieties and doubts are heard and to them it is guaranteed responsibility on the teams behalf related to solving the problems identified.¹²

Relationship with the health team

In this category, the relationship with the health team emerged in the statements of the mothers as reference on assistance in maternity. Of the twenty interviewed, seventeen pointed the treatment received as satisfactory. The main reason for this satisfaction was the attention and good relationship established with health professionals:

"I received the attention that I really needed, I was in doubt whether what I was feeling was to go into labor already [...] I thought it was well attended [...] they were very attentive." (Denise)

"I considered great (attention), I got a very good team, from the assistant to the doctor who delivered [...] I was

very well received, very thoughtful girls, the doctor was also very helpful." (Bruna)

"They treated me very well here [...] they pick the child up, help, pay attention, when people ask something, they respond." (Tatiana)

"Professionals attended me well, were attentive [...] occasionally came in the room asking: Are you ready? Is it close to come out?" (Gabriela)

"Doctors and nurses are excellent, I was followed from the time I arrived until the time of delivery by two doctors and also several nurses." (Carla)

"It was great. They gave me a lot of attention here and were always watching me. Occasionally they came, gave me some orientation [...] I was pleased." (Patricia)

"Everyone spoke badly, but I was well attended [...] they were attentive to me, did not let me suffer too much." (Renata)

Among the positive aspects most cited by women admitted to maternity hospitals are care and treatment received from the health team. Women who have experienced childbirth in public institutions associate good care that in which professionals are attentive and a bad service, that where they were little attentive and treated them in a disrespectful manner.¹³

In the reality of this study, the aspects related to this attention were: guidance received and answered questions, monitoring received during labor by the health team, the competence and the good relationship between the professionals and the users.

Therefore, it is perceived that the way relationships are established in the care of the laboring woman and the appreciation soft technologies of care in detriment of others, become decisive in determining the quality of the health service and the humanization of assistance that is offered.²

Thus, the possibility of care practices more effective and present depend mainly on the characteristics of the subjects involved, the commitment of these to perform a care based on a model that exalts the humanitarian aspect of all relationships that occur in their daily care.

Other reports about the relationship with health professionals, highlighted the words education, patience, calm and support, which led to the welfare and security of the participants:

"[...] Answered my (professional) questions [...] in childbirth the doctor helped me a lot, gave me a lot of strength." (Patricia)

"It was good (relationship), they were attentive, patient [...] They (staff) were well educated [...] paid attention and all. I grabbed the hand of one of the nurses because I was feeling a lot of pain [...] then she calmed me a lot, she was very patient with me and all." (Fabiana)

"Everyone treated me very well [...] she (nurse) talked to me at the time that she was giving me stitches she calmed me down. She told me to relax, that the baby had already been born, then she put her here on my stomach [...] said to look at my daughter, forget that she was doing stitches." (Viviane)

"What pleased me the most was the time I was admitted there to have the baby, right, and the completion of labor there [...] they guide you properly [...] when you're in the hospital, especially when it is public, then people, sometimes, end up doing a lousy service. Not there, no, they were patient, explained everything right, despite having a person so nervous [...]." (Denise)

The thematic units "talk", "be patient" and "pay attention" lead us to responsible care professionals whose interest was to meet the needs of the women in labor and prevent them from finding themselves alone. Concern about what they were feeling, offering support and guidance denotes the commitment to support them at a time of sensitivity and fragility.

Women who experience parturition need emotional support from the team during the labor process and the delivery, which gives them comfort and security. To show oneself available, talk, offer support and listen to the anxieties and fears are forms of care inherent to the nurse profession.¹⁴

These findings show that mothers associated care in the maternity ward to the way they were treated by the professionals involved. Thus, the qualities and human aspects of professionals, such as the ability to communicate, patience, education and care are crucial in how assistance and the relationship are established.

The human relationship then becomes a crucial phenomenon to determine the dimensions of the welcome; the bond of trust and sharing that arises between the people involved. For this relationship to occur satisfactorily is also necessary that good communication is established.

In another study, it is also possible to identify aspects similar to that in which the relationship between the workers, the women and their families was considered good, unlike other situations in which the relationship is often marked by mistrust, disrespect and conflict.¹⁵

Therefore, the respectful approach directed to these women and the effective communication established contributed to a satisfactory relationship with the professionals, to create a link between motherhood and the user, and consequently to the perception of welcome and care for pregnant women.

For these mothers, the fact that they have not suffered any situation of violence during the service allowed them to evaluate it as good. There were several women's lines that claim they were well attended because they were not abused, or because they were assisted with education, patience and respect. Satisfaction with this behavior of professionals indicates that they believe that is not a routine situation in public services:

"They treated me normally, you know, I was in awful pain, I think they did what they could, right, and helped ease the pain, gave me attention, I think this is already good [...] I was not badly treated, I was well attended" (Helena).

"It was great, the doctor, because he treated me well, was not rude, and the girl who was there as the apprentice, she was quick, she was not ignorant" (Izabella).

"The patience of the doctors, you know, it's very difficult to see it these days, but that was it. So far there is nothing I disliked" (Fabiana).

It is understood that the fact that they were treated in public hospitals appears to lower expectations and the level of demand of these women regarding the care received and what could be considered quality care. In a public hospital, in general, many women do not expect to receive an individualized treatment or care and respect from the professionals. This is due to the spreading of negative information from other women about what they have experienced in these places or their own previous experiences.

Users of health services, in general, complain about the lack of interest and accountability of various services around the patient and its problem. The health professional's attitude of taking care of users has a lot of meaning, as they feel valued and cared for in their necessities.¹²

Vulnerabilities in parturition

With the excerpt of some interviews, it is clear that pregnancy and childbirth are marked by vulnerability, and that these are responsible for the expressed need of women to have a professional accompanying her:

"[...] They helped me a lot, you know, because if it was not for them, how would I have had this girl alone, fear of not enduring the pain, you know." (Gabriela)

"[...] It good when they arrived to stay, I had the confidence that at that moment I was with a doctor, I felt safe." (Olivia)

Pregnancy and childbirth expectation lead women to feel more vulnerable and to cultivate feelings that need a specialized care to assist them during this moment.² The current paradigm that the woman is not able to bear the pains of labor and command her body to give birth, perpetuates the belief that the presence of a health professional is needed, often, the presence of the medical professional so that the delivery becomes possible.

In the maternity ward, women perceived themselves, often playing a more passive role during the parturition process, while assigned to the professionals a more active role, even in situations where the primary function would be up to them, as the act of giving birth.¹³

On this regard, health professionals should seek to assist the woman in a humane manner, respecting their rights, guide them during labor and delivery, encouraging the use of practices that relieve pain and contribute to the evolution of childbirth, but always let the woman be the protagonist of this moment.

The role of the medical professional at birth, it is perceived as the most important for the women to the birth process to develop without complications.¹³ However, this is a narrow view of these women, for already expecting that their delivery has complications. The way the work is processed by obstetric nurses is a way to humanize care for women during childbirth, because of this, these professionals should be valued by these women.

The training of obstetricians, however, has been insufficient given the need to make these professionals qualified to provide a quality comprehensive care, as well as humanized care, contrary to what has been done, since it is more inclined to the use of interventionist practices. On the other hand, the formation of obstetrical nurses seeks for an assistance of a more humanized character and turned to the respect of the physiology of the delivery.² Care of obstetrical nurses related to the delivery allows the construction of a therapeutic relationship, based on the establishment of dialogue, bond and trust.

The assistance of this professional favors the physiological evolution of natural birth, by the use of non-pharmacological pain relief practices and actions that contribute to the evolution of labor, without the use of unnecessary interventions. Thus, the nurse's role in conjunction with the medical actions allows the conduction of a labor process more resolute, humanized and less interventionist.¹⁶

Difficulties experienced in the maternity ward

Despite the contentment of many mothers with the care received, other women reported having had negative experiences regarding the treatment received from some health professionals. Lack of patience, education and attention from some professionals, in the words of those interviewed, made sure they were considered bad professionals and made the women dissatisfied with the care received:

"[...] because there are places where the service is much better, you know? [...] it regards the matter of the attention provided by the nurse, there were nurses who came, and wow, it was just as if the world was about to swallow us." (Olivia)

"Yesterday I came and was in much pain and I was attended by a very rude doctor [...] I'm glad I did not have my baby with her, I went home, came back today, this doctor was more helpful." (Joana)

"[...] no, there are good professionals too, who treat you well, that are more patient, who answer you better, and there are the ones who do not. There are some that treat one's baby well at the time of injection, and there are others who do not, who apply the injection and go away as if they had applied it to an animal. There is all sorts, good and bad professionals." (Helena)

In other testimonies participants reported difficulties due to the lack of monitoring of the health staff during labor:

"[...] there was a time when the contractions were already close together and I missed someone, I did not know what to do, so I missed having someone. As it is the first child, I was scared [...] I did not know what to do, neither did he (companion), it was kind of hard [...] but then later they came, so I do not know to what extent this is normal." (Joana)

"[...] we stayed like that, right, I don't know, left there in a bed, because they would only attend me, really attend me at the time she was crowning, which is the passage of the head, right? She was almost been born, then they came. The doctor was there, then the delivery happened. There were only two (professionals) [...] then they expect us to feel a great amount of pain so that they come to examine us, and then later when we, Hail Mary, God forbid, feel the ultimate pain, we are left alone, right? [...] I was in a room with another woman, and then one cried as much as the other." (Olivia)

The lack of professionals in the monitoring of labor and in the transfer of necessary guidance at that time, made these women become lost, afraid and fearful of childbirth.

One can identify in these women's report a poor service which failed to reach to their expectations, as well as in another study on women's perspective in the evaluation of PHPN, it was also possible to show a poor service, whether it is due to the interpersonal relationship with the professionals or to the delay in the adoption of procedures that would minimize the discomfort or suffering.¹⁰

Thus, professionals working in delivery rooms, doctors, nurses, mid-level staff or students need training to enable them to care in a humanized manner, which includes the reception and the accommodation of the patient, the establishment of the bond with the pregnant woman and with her family and the accountability with her care.¹¹

The lack of vocation to work, low wages and excessive working hours are seen as reasons that lead health professionals to provide inappropriate care to women:

“[...] people expect the public service to be bad. I do not expect that so if I see something that bothers me I usually voice it [...] I always think it’s really the willingness to do what one does. I always say that, what do these people that do not like people get to work with them. The person is not required, there is so much to do [...] No one forces the person to do it, no one forces the person to keep a job. So I do not know why people keep on complaining about their wages, that they work hard and why don’t they go on and do something else.” (Joana)

The report of this puerperal presents a different thought elucidated by other women in this study, that she does not expect the public service to be bad and, giving that, she charges what is her right as a user of the health public services and as a citizen. Besides, she questions the vocation of some people to deal with human beings, since she considers that to work in healthcare one needs to like working with people.

There is a need for change in the formation of these professionals so that the subject humanization starts being worked on and discussed with the subjects themselves, the ones who study to care for and deal with human beings, and thus exercise their professional practice in a humanized way.

In the following testimonies, the mothers reported as a deficit in attendance received a lack of information on the part of the institution’s professionals and their dissatisfaction of having to charge something that should be part of the assistance:

“The service at the reception is quite bad. Because you arrive and the person does not give you any information.” (Joana)

“[...] it was good. I mean, they gave me the proper care, for me that’s enough. What was missing to be great was more information, because it’s inconvenient to keep asking, right, when you’re in a place you want information on this place, on your son, on how things are. Information on that little light that was put on him, when he went to nursery, if I wanted more information, I had to ask, and sometimes that was inconvenient, right [...]” (Helena)

The instructions given in the care of parturition are relevant practices since pregnancy and childbirth are

permeated by doubts, insecurities, fears and expectations. In this sense, care practices should be guided by the principle of humanization and the workers’ actions should be focused on the needs and rights of women in labor.

The purpose of the assistance should be to provide guidance to improve the woman’s knowledge about her body, her health, the existing possibilities of action and her rights, thus contributing to increase the autonomy of the woman and her ability to make choices according to her context or time of life.⁷

The educational activities when carried out continuously and individually, may be in a space of dialogue for exchange of knowledge and experiences related to parturition, thus enabling the construction of the link between professionals and mothers to be.¹⁶

It is important that these educational actions also consider the demands, desires and knowledge of women themselves, and contribute to the approach of the woman with the process of parturition and of being a mother, so as to experience their expectations. Moreover, these actions must be able to overcome the paradigm of education as mere transmission of information, which limits women’s ability and favors their submission.¹⁷

It is evidenced by one of the speeches the lack of respect with which the subjects were treated during treatment in the maternity reception:

“[...] I just felt a great difficulty regarding individuals attending the reception, the ones who make the registration of the patient. Yesterday there were some very angry women because they were waiting for the shift change and there came one person for the shift change, and she stood there and said nothing, there were about thirty people in the queue. And she stood there, sitting, playing crossword puzzle. Then someone had to ask her if she would make the record? She said: Yeah [...] I think at the front desk really is the worst thing.” (Joana)

Through this account, we notice that the employee besides not having done her work offended people with her behavior and contributed to the delay of treatment, since only after the completion of the form registration, women could be attended.

In another part of Joana’s testimony, she presents as a suggestion for improvement in service, training of the reception staff and the transfer of information by the nursing team:

“The suggestion I have is that people that worked at the reception were trained to attend, to answer questions. And maybe if the nursing staff passed the information to us before [...] they end up not giving us the little information and then later in the day, we get a little lost when it is the first, right?” (Joana)

One study participant also mentioned the lack of respect of her will, which suffered from one of the apprentices of the delivery room:

“There was only an apprentice I did not like much, because he did not know how to do things right, when he was going to do the verification of centimeters, I said that it was hurting, he did not stop, did not stop to put the finger, and the other when he came to check, I felt nothing. Other professionals all treated me well.” (Silvia)

In training institutions, a vaginal examination performed by a student sometimes must be repeated and checked by the supervisor. However, this can only be done after obtaining the consent of the mother. Under no circumstances, women should be coerced to undergo repeated or frequent vaginal examinations by several service providers.¹⁸

The unpreparedness of some academics and the lack of posture of these and of the health workers about the characteristics of each woman in labor are factors that hurt the privacy and intimacy of these women.¹⁹

The health institution where this study was conducted is considered a teaching hospital and therefore receives many students from various universities and colleges as well as medical residents. This is where these people have the opportunity to practice their knowledge, especially in obstetrics. However, on this account, it is necessary that health professionals, teachers and tutors accompanying students pay attention to how learning is taking place, and if the service users are having their rights, desires and individuality preserved.

CONCLUSION

This study made it possible to learn that most women perceive attention to parturition as one of quality, easily accessible and humanized, with emphasis on the welcoming and good relationship with the health team.

The ease of access, the existence of a vacancy, the fast service and good reception are factors that contribute to the satisfaction of women to seek and enter the health service. Regarding the relationship with health professionals, care, attention, education and patience with which most pregnant women were treated, brought contentment and satisfaction with the care received.

Nevertheless, difficulties were also highlighted by some mothers, the lack of monitoring of health staff during labor, the lack of information about what they were experiencing, and coarse, callous and inhuman behavior of some professionals.

The results of this study can contribute to reflection and debate among professionals involved in the care and management, with note of the weaknesses and strengths, as well as the indication of paths to follow in order to improve the care at the delivery and for the newborn in maternity wards.

As a limitation of this study, it is evidenced the restriction to a public maternity hospital in Fortaleza, Ceará, and it should be expanded to other hospitals in the capital and cities in the state.

REFERENCES

1. Bessa FL, Mamede MV. Ação educativa: uma perspectiva para humanização do parto? *Revista Baiana de Enfermagem*. 2010; 24(1):11-22.
2. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. *Texto e context enferm*. 2012; 21(2):329-37.
3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Política Nacional de Atenção Integral à Saúde da Mulher: princípios e diretrizes-projetos, programas e relatórios. Brasília: Ministério da Saúde; 2004.
4. Merighi MAB, Gualda DMR. O cuidado à saúde materna no Brasil e o resgate do ensino de obstetras para assistência ao parto. *Rev. latinoam. enferm*. 2009; 17(2):265-70.
5. Nagahama EES, Santiago SM. Parto humanizado e tipo de parto: avaliação da assistência oferecida pelo Sistema Único de Saúde em uma cidade do sul do Brasil. *Rev. Bras. Saude Mater. Infant*. 2011; 11(4):415-25.
6. Ministério da Saúde (BR). Secretaria Executiva. Humaniza SUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. Brasília: Ministério da Saúde; 2004.
7. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Parto, aborto e puerpério. Assistência humanizada à mulher. Brasília: Ministério da Saúde; 2001.
8. Ministério da Saúde (BR). Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Resolução nº 466, de 12 de dezembro de 2012: aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 2012.
9. Bardin L. Análise de conteúdo. 1 ed. Lisboa: Edições 70; 2011.
10. Almeida CAL, Tanaka OY. Perspectiva das mulheres na avaliação do Programa de Humanização do Pré-Natal e Nascimento. *Rev. Saúde Pública*. 2009; 43(1):98-104.
11. Moreira KAP. O significado do cuidado ao parto na voz de quem cuida: uma perspectiva à luz da humanização. *Cogitare enferm*. 2009; 14(4):720-28.
12. Nascimento NM, Progianti JM, Novoa RI, Oliveira TR, Vargens OMC. Tecnologias não invasivas de cuidado no parto realizadas por enfermeiras: a percepção de mulheres. *Esc. Anna Nery*. 2010; 14(3):456-61.
13. Silveira SC, Camargo BV, Crepalide MA. Assistência ao parto na maternidade: representações sociais das mulheres assistidas e profissionais de saúde. *Psicol. Reflex. Crit*. 2010; 23(1):1-10.
14. Oliveira ASS, Rodrigues DP, Guedes MVC. Percepção de puérperas acerca do cuidado de enfermagem durante o trabalho de parto e parto. *Rev. enferm UERJ*. 2011; 19(2):249-54.
15. Busanello J, Kerber NPC, Mendoza SRA, Mano PS, Susin LRO, Gonçalves BG. Atenção humanizada ao parto de adolescentes: análise das práticas desenvolvidas em um centro obstétrico. *Rev. bras. enferm*. 2011; 64(5):824-32.
16. Manzini FC, Borges VTP, Parada CMGL. Avaliação da assistência ao parto em maternidade terciária do interior do Estado de São Paulo, Brasil. *Rev. Bras. Saude Mater. Infant*. 2009; 9(1):59-67.
17. Silva LM, Barbieri M, Fustinoni SM. Vivenciando a experiência da parturição em um modelo assistencial humanizado. *Rev. bras. enferm*. 2011; 64(1):60-5.
18. Organização Mundial de Saúde. Assistência ao parto normal: um guia prático. Saúde materna e neonatal. Unidade de maternidade segura. Tradução da Organização Panamericana de saúde – OPAS. Genebra; 1996. Available AT: http://abenfo.redesindical.com.br/materias.php?s_ubcategoriaId=2&id=42&id=56&.
19. Busanello J, Lunardi FWD, Kerber NPC, Lunardi VL, Santos SS. Participação da mulher no processo decisório no ciclo gravídico-puerperal: revisão integrativa do cuidado de enfermagem. *Rev. Gaúcha enferm*. 2011; 32(4):807-14.

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