

Nursing Assistance in Humanized Children

Graciely dos Santos da Luz¹, Monica Fernandes Sartori da Silva², Cristiane Antonia da Silva Arruda³, Gladerson de Campos Rocha⁴, Mizael Pelegrini⁵, Gleison Faria⁶

¹Nurse at the Faculty of Biomedical Sciences of Cacoal FACIMED, 2018, specialist in Intensive Care Unit adult at the Faculty of Biomedical Sciences of Cacoal FACIMED, 2019

²Nurse by the Faculty of Biomedical Sciences of Cacoal FACIMED, 2011. Didactic Specialist in Higher Education

³Nurse by the Faculty University of Cuiabá UNIC, 2009, specialist in Clinical Oncology at the Catholic University of Goiás, 2014.

⁴Nurse by the Faculty University of Cuiabá UNIC, 2009, specialist in Cardiology 2011 at the Catholic University of Goiás, 2014.

⁵Nurse at the Higher Education Institution of Cacoal- FANORTE 2019. Post-graduate student in nephrology at FAVENI.

⁶Dexempt from the Nursing course at the Faculty of Biomedical Sciences of Cacoal.

Abstract— *The Program for the Humanization of Prenatal and Birth (PHPN), created in 2000, aims to qualify prenatal care in terms of access and coverage, but also to improve attention to the processes of childbirth itself and puerperal. This bibliographic review work aims to present and discuss the assistance provided by nursing professionals who direct nurses in the practice of humanized birth, proving the importance of knowledge of the procedures involved in this practice. To this end, the following keywords were used: nursing, childbirth and humanization, between the years 2015 to 2019 in Portuguese, which addressed the concepts and policies of humanization and the relationship and perception of nurses in this context. Virtual Health Library (VHL), Scielo, Lilacs. The nursing professional is of great importance in assisting the parturient and the newborn, promoting health, preventing and diagnosing pregnancy complications during the prenatal period, must be an integral part of the health team in comprehensive care provided to women. The care model for humanized childbirth is still a challenge and requires efforts by managers, health professionals, society and institutional support, adhering to public policies, encouraging the qualified formation of the team as a whole and performing its role in changing the model and performance committed to the ethical and legal precepts of the profession. it must be an integral part of the health team in comprehensive care provided to women. The care model for humanized childbirth is still a challenge and requires efforts by managers, health professionals, society and institutional support, adhering to public policies, encouraging the qualified formation of the team as a whole and performing its role in changing the model and performance committed to the ethical and legal precepts of the profession. it must be an integral part of the health team in comprehensive care provided to women. The care model for humanized childbirth is still a challenge and requires efforts by managers, health professionals, society and institutional support, adhering to public policies, encouraging the qualified formation of the team as a whole and performing its role in changing the model and performance committed to the ethical and legal precepts of the profession.*

Keywords— *nursing, childbirth and humanization.*

I. INTRODUCTION

In the scope of health services, Humanization is a term that applies to characteristics that are usually both subjective and complex when applied to health care.

Thus, the issue of humanized care has been widely discussed, since the emergence of the National Humanization Policy (PNH) of the Ministry of Health, effectively seeking to put into practice the principles of the

Unified Health System (SUS) in the daily care services. health, respecting the privacy of those involved in this process and creating a welcoming and comfortable service environment (FIGUEIREDO et al, 2018; POSSATI et al in 2017).

Since birth is a natural event, it is indisputable that it is a mobilizing phenomenon, which even the first civilizations added to this event, cultural meanings that have undergone transformations through generations, but

still have birth as one of the most remarkable facts of life. thus, it is essential for the humanization of childbirth the ideal preparation of the pregnant woman for the moment of birth, and this preparation must be started during prenatal care (NASCIMENTO et al, 2017).

In Brazil, the concept of humanization, according to the Program for the Humanization of Prenatal and Birth (PHPN), created in 2000, aims to qualify prenatal care regarding access and coverage, but also to improve the attention to the delivery and puerperal processes (POSSATI et al in 2017).

Humanized childbirth is a succession of procedures and attitudes that encompass a very broad concept, which can be approached in several dimensions and in complementary ways, aiming at the promotion of healthy birth and birth and the prevention of perinatal morbidity and mortality (NASCIMENTO; SILVA; VIANA, 2018).

Thus, the attitudes on the part of professionals in obstetric care and must consider the rights of women for a humanized delivery with respect to the woman's desire to have a companion for her; know the identity of the professional; to be informed by professionals about the procedures that will be performed with her and her child (NASCIMENTO et al, 2017).

It is essential that the nursing team develop, supported by pertinent instruments and permanent education, a way of caring for themselves, essential in the assistance to humanized childbirth, offering relevant information for the parturient about the evolution of childbirth (NASCIMENTO; SILVA; VIANA, 2018).

The care provided by obstetric nurses to the parturient demands patience or tolerance and is a construction based on sharing, which involves the nurse and the woman in an existential movement that favors the authentic care that enables the confidence that the woman has in the nurses and the medical team involved (NASCIMENTO; SILVA; VIANA, 2018).

At delivery, there are many difficulties in providing humanized assistance to women, the main one being the need for trained professionals to do so; the availability of technological resources and adequate infrastructure of the institution; and finally, the physiological and psychological conditions of the woman at the time of delivery, which needs attention and emotional support. Even pointing out these difficulties, the obstetrical nurse occupies an extremely important place in assistance with the ability to direct the multidisciplinary team towards humanized care (NASCIMENTO; SILVA; VIANA, 2018).

Given the above, the objective of this research is to present and discuss the assistance provided by nursing professionals who direct nurses in the practice of humanized childbirth, proving the importance of knowledge of the procedures involved in this practice.

II. METHODOLOGY

This is an exploratory bibliographic research, with a qualitative approach, using as keywords: nursing, childbirth and humanization, whose context was relevant to the theme addressed. The Virtual Health Library (VHL), Scielo, Lilacs were used as database. According to Lima (1997, p. 5) "bibliographic research is the activity of locating and consulting different sources of written information, to collect general or specific data about a topic".

The articles were researched within the period from 2015 to 2019 in Portuguese, which addressed the concepts and policies of humanization and the relationship and perception of nurses in this context; excluding theses, dissertations and monographs.

III. DEVELOPMENT

1. General aspects of the National Humanization Policy

In the scope of health services, Humanization is a term that applies to characteristics that are usually both subjective and complex when applied to health care.

The humanization process appears with the aim of rethinking the care practices provided to the patient, where the technological aspects present in the ICUs, essential to the maintenance of life, become mere instruments if the aspect of care itself is not focused on the need of patients RIBEIRO et al, 2017).

To meet this need, in 2003, the National Policy for the Humanization of SUS Care and Management (PNH / Humaniza SUS) was launched, which refers to humanization as valuing the different characters inserted in the health production process (users, workers and managers) proposing guidelines for improving patient care and optimizing conditions for team performance (RIBEIRO et al, 2017; POSSATI and al in 2017).

Thus, the issue of humanized care has been widely discussed, since the emergence of the National Humanization Policy (PNH) of the Ministry of Health, effectively seeking to put into practice the principles of the Unified Health System (SUS) in the daily care services. health, respecting the privacy of those involved in this process and creating a welcoming and comfortable service

environment (FIGUEIREDO et al, 2018; POSSATI et al in 2017).

The bases that make up the National Humanization Policy are the transversality of assistance, that is, the expansion of the degree of communication between those involved (users and health service providers); the inseparability between attention and management, that is, the intrinsic relationship between modes of care and modes of management; and the affirmation of protagonism and autonomy in the development of co-responsibility attitudes in health production (SANCHES et al, 2016).

When laying the foundations to be achieved by health services, we value the users, workers and managers involved in the health production process, encouraging their autonomy leading to improvement in working conditions and assistance (RIBEIRO et al, 2017; POSSATI et al in 2017).

2. Humanized Childbirth

Considering all technological advances in the medical field, over the years, the physiological act of giving birth, being born, assumed a certain pathological view, privileging the depersonalized technique, and minimizing the stimulation, support and affection to the woman who experiences this experience, in this way, a change of perspective is observed, evidenced by the changes proposed in this assistance, including the rescue of natural childbirth, with the encouragement of the performance of the obstetric nurse in the assistance to pregnancy and childbirth (NASCIMENTO et al, 2017; ALMEIDA; GAMA; BAHIANA, 2015).

Since birth is a natural event, it is indisputable that it is a mobilizing phenomenon, which even the first civilizations added to this event, cultural meanings that have undergone transformations through generations, but still have birth as one of the most remarkable facts of life. thus, it is essential for the humanization of childbirth the ideal preparation of the pregnant woman for the moment of birth, and this preparation must be started during prenatal care (NASCIMENTO et al, 2017).

The World Health Organization attributes the humanization of childbirth assistance the objective of providing a healthy process associated with the prevention of maternal and perinatal mortality, involving careful and specific interventions, avoiding the excessive use of technological resources, considering that childbirth is a remarkable experience for women, being that it can leave both positive and negative memories, such as suffering, fear of becoming pregnant again and depression

(NASCIMENTO et al, 2017; ALMEIDA; GAMA; BAHIANA, 2015; POSSATI and al in 2017).

In Brazil, the concept of humanization, according to the Program for the Humanization of Prenatal and Birth (PHPN), created in 2000, aims to qualify prenatal care regarding access and coverage, but also to improve the attention to the delivery and puerperal processes (POSSATI et al in 2017).

According to the PHPN, humanization encompasses a dignified welcome to the woman-baby-family triad based on ethical and solidary conduct, bringing numerous recommendations for clinical practices and therapeutic approaches based on scientific evidence, such as the insertion of a free companion. choice of women, the qualification of interpersonal relationships between professionals and parturients, the production of spaces for the construction of knowledge and information, and the participation, autonomy and greater decision-making control of women over their bodies (POSSATI et al, 2017).

Therefore, according to PHPN, humanization involves welcoming the mother-child binomial as well as the parturient's family with the application of ethical and solidary actions, with the organization of the institution being extremely necessary, providing a peaceful and welcoming where practices that escape the traditional isolation imposed on women prevail (SILVA, et al, 2019).

Humanized childbirth is a succession of procedures and attitudes that encompass a very broad concept, which can be approached in several dimensions and in complementary ways, aiming at the promotion of healthy birth and birth and the prevention of perinatal morbidity and mortality. (NASCIMENTO; SILVA; VIANA, 2018).

Humanizing childbirth does not mean just having a normal birth, performing procedures or not, but making the woman the protagonist of that moment and not an object of it, giving her freedom of choice in decision-making processes. Humanized delivery includes respect for the physiological process and the dynamics of each birth, in which interventions must be careful, avoiding excesses and using the available technological resources. (NASIMENTO; SILVA; VIANA, 2018; SILVA et al, 2019).

We have as unnecessary interventions the trichotomy, a practice performed with the justification of reducing the infection and facilitating the suture technique, when episiotomy is necessary or in case of laceration; the enema being justified to reduce the duration of labor and the contamination of the perineal region, however, the literature reveals that there is no definitive scientific

evidence on the effectiveness of these procedures (POSSATI et al in 2017).

It is important to highlight that the humanized mode of delivery comes against the growing number of caesarean sections, sometimes precipitated and unnecessary, associated with an incorrect influence of the myths about exacerbated pain during natural childbirth, the fear of permanent bodily changes related to natural childbirth, and with regard to the child's safety comfort (PEREIRA et al, 2016).

It is noteworthy that cesarean delivery is a procedure performed to resolve obstetric risk situations, but which started to be used in an abusive manner, with the justification of being safer in relation to normal delivery; cesarean delivery is defined as the extraction of the fetus through an incision in the abdominal wall (laparotomy) and uterine wall (hysterectomy), performed when labor is contraindicated or when vaginal delivery is unlikely to be performed safely. (PEREIRA et al, 2016; ALMEIDA; GAMMA; BAHIANA, 2015).

Thus, the attitudes on the part of professionals in obstetric care and must consider the woman's rights for a humanized delivery with respect to the woman's desire to have a companion of her choice; know the identity of the professional; to be informed by professionals about the procedures that will be performed with her and her child (NASCIMENTO et al, 2017, SILVA et al, 2019).

With regard to respect for women and their families, it should be encouraged that she identifies and connects to each member of the health team (by the name and role of each one), be properly informed in advance about the different procedures to which she will be submitted., providing a welcoming, clean, comfortable and quiet environment, these are relatively simple attitudes and require little more than the goodwill of the professional (NASCIMENTO et al, 2017).

At delivery, there are many difficulties in providing humanized assistance to women, the main one being the need for trained professionals to do so; the availability of technological resources and adequate infrastructure of the institution; and finally, the physiological and psychological conditions of the woman at the time of delivery, which needs attention and emotional support. Even pointing out these difficulties, the obstetrical nurse occupies an extremely important place in assistance with the ability to direct the multidisciplinary team towards humanized care (NASCIMENTO; SILVA; VIANA, 2018).

Therefore, humanized delivery is understood as a delivery that mainly involves respecting the act itself, in

which the team involved recognizes the value of that moment for the mother, father and son and is willing to help, performing only the procedures necessary, in a pleasant environment, where the woman is surrounded by solicitous, qualified professionals and a person of trust (PORTO; COSTA; VELOSO, 2015).

3. Performance of the Nursing Professional in Humanized Delivery

Obstetric nursing has changed in recent years, it has been recognized for its performance and for the improvement of its knowledge. Since the late 1980s, nurses have been conquering their space in childbirth care, specialization in obstetrics is only allowed for doctors and nurses (ALMEIDA; GAMA; BAHIANA, 2015).

Care, in addition to the principle of nursing care, needs to be the institution's philosophy, allowing the indispensable conditions to develop it and these conditions are qualified human resources, full access to materials and technology, as well as the appropriate physical structure; the care process should not be based only on the identification of clinical signs and symptoms, but on the changes that occur in the person receiving this care, including the psychological and emotional aspects (NASCIMENTO et al, 2017).

The process of giving birth is a period of pain and suffering where the nursing team acts as a facilitator of this experience, being the fundamental basis for obstetric care. The nurse must be alert to complaints and other manifestations that may indicate some type of complications, informing the pregnant woman about the birth evolution, guiding the parturient in the conducts to be taken during the child's dilation and release period (NASCIMENTO et al, 2017).

The provision of humanized assistance to women, which culminates in delivery itself, begins in pregnancy through prenatal and postpartum consultations, which are also the nurse's duties. The nursing team has a decisive role since it is the professionals who are closest to the parturient. (NASCIMENTO; SILVA; VIANA, 2018).

It is essential that the nursing team develop, supported by pertinent instruments and permanent education, a way of caring for themselves, essential in the assistance to humanized childbirth, offering relevant information for the parturient about the evolution of childbirth (NASCIMENTO; SILVA; VIANA, 2018).

The care provided by obstetric nurses to the parturient demands patience or tolerance and is a construction based on sharing, which involves the nurse and the woman in an existential movement that favors the

authentic care that enables the confidence that the woman has in the nurses and in the medical team involved (NASCIMENTO; SILVA; VIANA, 2018).

The obstetric nursing professional uses technologies that promote the comfort and empowerment of women during childbirth, considering the perspective that pregnancy, childbirth and births are natural events in human life, not intervening in the physiological processes involved, but acting as supporting role, facilitator of this experience (NASCIMENTO; SILVA; VIANA, 2018).

When informing the parturient about the various procedures to which she will be submitted, the nursing professional collaborates greatly by offering a warm and comfortable environment. The moment of childbirth is extremely important in a woman's life, of great emotional burden, with consequences that can profoundly affect women, babies and families (PEREIRA et al, 2016).

Thus, during labor, liquids should be offered, in addition to emotional support, offering information about the procedures performed, simple measures such as encouraging the lying position, giving freedom of position and movement to the parturient, controlling pain by non invasive and non-pharmacological, such as relaxation techniques, massages, among others, bring to the parturient the perception that the birth of her child is an act that is part of life, which is understood in its greatness and difficulty, and not just a medical procedure . (PEREIRA et al, 2016;POSSATI et al in 2017).

Are also nursing actions requests for exams, guidelines and application of vaccines. The guidelines should address the discomfort typical of the gestational period and ways to relieve it, emotional aspects, relaxation exercises, adequate nutrition, weight gain, sexuality, among others, all of which are carried out within an appropriate environment, with respect and ethical posture. , favoring the natural course of the gestational period and consequently the delivery itself (PORTO; COSTA; VELOSO, 2015;POSSATI e al in 2017).

This emotional support is extremely important since women feel insecure, incapacitated and have difficulty in making decisions about the type of delivery and the techniques to be used during the parturition process because they do not know the technical issues raised by professionals in the area of obstetrics, this support must be extended to the home, in order to adapt to the new maternal role, which is usually a time when doubts, difficulties and insecurity arise in her performance as a mother (PEREIRA et al, 2016).

The perception of nursing professionals regarding humanized birth was assessed in a 2017 study by BRAGA

and SANTOS where the authors performed a quantitative-qualitative, descriptive research carried out with 30 professionals from the nursing team who worked in the pre-delivery, delivery and postpartum sectors at the Hospital da Mulher Mãe Luzia in Macapá, in the State of Amapá.

The professionals who participated in this study demonstrate knowledge of the importance of providing assistance to humanized childbirth, that this procedure is of paramount importance for the health of the parturient and the newborn, and agree with the companion's permanence together to women, which leads to the conclusion that nursing professionals understand that women must be the main character during childbirth, always taking into account that humanized childbirth aims at physiology alone, without unnecessary interruptions or procedures (BRAGA and SANTOS, 2017).

Another study, carried out by POSSATI et al in 2017, corroborates these observations; the authors also conducted a descriptive qualitative research, carried out with nurses from a teaching hospital, located in southern Brazil.

The humanization of childbirth was understood by the research participants as a set of practices and attitudes based on dialogue, empathy and welcoming; providing guidance; valuing the uniqueness of the parturient; the performance of procedures proven beneficial to maternal and child health and the constant professional updating, however, the humanization of childbirth still represents a challenge in professional practice (POSSATI et al in 2017).

SOUZA et al, in 2016, analyzed the practices adopted in deliveries in Belo Horizonte and observed that even in institutions involved in the adoption of the change in the obstetric care model, practices that reproduce the technocratic model are observed.

A similar result was observed by VARGENS; SILVA; PROGIANTI, in 2017, when they studied humanized childbirth practices by obstetric nurses inserted in two public hospitals in Rio de Janeiro, emphasizing that this is a process still in progress.

In one study carried out in a Municipal Hospital of the State of Tocantins, RIBEIRO et al, in 2019 they observed that about 80% of the professionals do not have specialization / courses in obstetrics, but that they have training to welcome and care for pregnant women in labor and that nursing professionals use non-invasive technologies to care for pregnant women 100%, and also perform invasive techniques.

Some difficulties in the effective implantation of humanized childbirth are related to a change in the hospital culture, with the organization of assistance really focused on the needs of women and their families, involving changes in the physical structure, making the hospital space for childbirth a more welcoming and favorable to the implementation of humanizing care practices, as well as institutional practices that favor the performance of nursing professionals and staff in general thinking about the physiological aspects of childbirth, not encouraging unnecessary intervention, recognizing the social and cultural aspects of childbirth and birth, and offering the necessary emotional support to the woman and her family (PORTO; COSTA; VELOSO, 2015).

The effective implementation of the humanization proposal for childbirth care is then directly influenced by the organizational model, the institutional mission, the involvement and adherence of managers to the proposal, the training and sensitivity of the professionals involved (PORTO; COSTA; VELOSO, 2015, SILVA et al, 2019).

IV. CONCLUSION

The nursing professional must become aware of its importance in assisting the parturient and the newborn, teaching, promoting health, preventing and diagnosing pregnancy complications during the prenatal period, the nursing team must be an integral part of the health team in comprehensive care provided to women, through their technical scientific knowledge associated with professional ethics and human life, providing dignified and quality care.

The nursing professional is of paramount importance during labor and must act as an advocate for women, supporting their choices and respecting each decision, when appropriate, understanding all the efforts and feelings involved in this moment of the parturient and her family, transmitting security, technical knowledge and dedication for the arrival of new life.

The transformation of the humanized childbirth care model is still a challenge and requires efforts by managers, health professionals, society and institutional support, adhering to public policies, encouraging the qualified formation of the team as a whole and performing its role in changing the model and performance committed to the ethical and legal precepts of the profession.

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