



NURSING PROFESSIONALS PERCEPTIONS ON CARE AT A BIRTHING CENTER*

PERCEPÇÃO DOS PROFISSIONAIS DE ENFERMAGEM ACERCA DO CUIDAR EM CENTRO OBSTÉTRICO

PERCEPCIÓN DE LOS PROFESIONALES DE ENFERMERÍA ACERCA DE LA ATENCIÓN EN CENTRO OBSTÉTRICO

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The study aims at understanding how the nursing team perceives care during the birth process. It is a qualitative, descriptive and exploratory study carried out in the Birthing Center of a teaching hospital in southern Brazil. Data was collected through semi-structured interviews between August and September 2010 and then exposed to thematic contents analysis. Results suggest that the nursing team values practices that respond to the subjective needs of pregnant women based on human relations, emotions and good advice. It was concluded that the humanization of care is still a challenge for these professionals, however some improvements can be observed. It is recommended that nursing professionals invest in their role as facilitators of the care process in Birthing Centers, based on scientific knowledge aimed at a humanized care.

Descriptors: Nursing Care; Obstetrical Nursing; Women's Health; Delivery Rooms.

O estudo objetivou compreender como a equipe de enfermagem percebe o cuidar no processo de parturição. Pesquisa qualitativa, descritiva, exploratória, realizada no centro obstétrico de um hospital de ensino, no Sul do Brasil. Os dados foram obtidos por meio de entrevista semiestruturada entre agosto e setembro de 2010 e submetidos à análise de conteúdo temática. Os resultados mostraram que a equipe de enfermagem valoriza e se identifica com as práticas que respondem às necessidades subjetivas das parturientes apoiadas nas relações humanas, nas emoções e nas orientações. Concluiu-se que a humanização da assistência ainda representa um desafio para estes profissionais, porém percebem-se avanços neste sentido. Recomenda-se que o profissional de enfermagem invista em seu papel como facilitador do processo de cuidar em centro obstétrico, mediado pelo conhecimento científico para uma prática humanizada.

Descritores: Cuidados de Enfermagem; Enfermagem Obstétrica; Saúde da Mulher; Salas de Parto.

El objetivo fue comprender cómo el equipo de enfermería percibe la atención durante el proceso de parto. Estudio cualitativo, descriptivo y exploratorio, realizado en Centro Obstétrico de hospital de enseñanza en sur del Brasil. Los datos fueron recogidos a través de entrevistas semiestructuradas entre agosto y septiembre de 2010 y sometidos a análisis de contenido temático. Los resultados apuntan que el equipo de enfermería valora y se identifica con las prácticas que respondan a las necesidades subjetivas de mujeres embarazadas pautadas en las relaciones humanas, emociones y orientaciones. La atención de humanizada sigue siendo un reto para estos profesionales, pero se perciben avances en esta dirección. Se recomienda que el profesional de enfermería invista en su papel de facilitador del proceso de atención en Centro Obstétrico, mediado por el conocimiento científico para una práctica humana.

Descriptorios: Atención de Enfermería; Enfermería Obstétrica; Salud de la Mujer; Salas de Parto.

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INTRODUCTION

Pregnancy and childbirth are relevant events in the life of a woman, as they involve adaptations and care in the physiological, emotional, interpersonal, cultural and social areas. They are understood as singular events, as they offer one of the most significant human experiences for all those who take part in it. Considering an integral care approach, public health policies have invested in the humanization of assistance during the pregnancy-puerperal period. This process was intensified in recent decades, seeking to widen and improve assistance quality, demanding better qualification from woman care professionals ^(1,2). These professionals need to be trained, and therefore, the education of obstetricians based on these guidelines requires sensitive care aimed at the respect to childbirth physiology ⁽³⁾. Woman care during the childbirth process must necessarily rescue subjectivity, grant her rights and offer sensitive caregiving.

Consequently, in order to offer care, it is essential to understand its meaning and its implications for the assisted patient. The action of caring involves nursing professional skills. From nurses to technicians to nursing assistants, they should all recognize personal values, cultivate sensitivity and establish interactions based on help and trust that allow the other party to teach/learn to be cared ⁽⁴⁾.

It is relevant that professionals, when performing their assistance duties, can perceive that they must be guided by care humanization ⁽³⁻⁴⁾ and that in fact, they can act as the potential integrator of the assistance to the pregnant woman and her relatives during the childbirth process. Caring is necessary throughout the entire childbirth process, and acknowledging the parturient woman's needs is fundamental, as well as the valorization of a sensitive assistance, which implies the

respect to the woman's right to participate in the decisions related to her assistance needs and the care she may feel important for her wellbeing. Autonomy, individuality and privacy are necessary conditions to develop a more human care ^(2,4-5).

In this perspective, it is known that the childbirth hospitalization process provokes several changes in the patient and her relative's routines, demands adaptations to the hospital environment and to the professionals that perform the assistance service. Such changes can provoke insecurity and fear beyond the fact of being pregnant ready to deliver ⁽⁴⁾. If assistance to these women is not adequate, their care may become fragile, implying negative consequences for the parturition process.

This research is justified by the need to get familiar with the ways in which nursing professionals perform patient care and check if this assistance is based on sensitive care. Although care is inherent to the nurse profession, the way in which it is developed may have positive and negative aspects, depending on the patient's perspective. During childbirth, women may feel particularly unprotected by a professional who develops a merely technical care and forgets about the importance of sensitive listening.

This study contributes to the knowledge of initiatives and behavior of nursing professionals in the assistance offered to women who experience the childbirth process. The goal is also to think on the need for an integral care, preserving its singularity and granting a sensitive assistance. Nursing care may be perceived from a wider perspective, resulting in initiatives that value the humanization of childbirth care.

METHODS

This research was carried out through a qualitative, descriptive and exploratory approach at the childbirth center of a teaching hospital in the interior of the Rio Grande do Sul State, Brazil. The referred hospital was founded in 1970 and is considered a health care reference center for the municipality and its region with regards to pregnant women high complexity care. It is specialized in the development of teaching, research and health assistance.

This institution performs high-risk prenatal follow-up, childbirth care, postpartum and newborn care and emergency assistance for clinical and obstetrical events. Childbirth admission is free and the Center performs around 1,888 births a year ⁽⁶⁾.

Date collection took place during the months of August and September 2010 through a semi-structured interview with 10 professionals of the nursing team. All participants were women (three nurses, five nursing technicians and two nursing assistants) aged 27 to 54 who had been working as labor assistants for more than six months and were still active during the data collection period.

Participants had been performing their professional activities for 2 to 27 years during the day or night shifts at the referred hospital with a training time ranging from 6 to 29 years. Only two professionals were obstetrical nursing graduates.

The interviews took place at a room specially offered by the Center, which granted participants privacy. A previous contact was made to invite participants to take part in the study, being then informed on the study goals. They were also granted the option not to participate and the right to anonymity even if their data was to be published. Interviews were

recorded to grant the analysis of obtained data and they lasted about 40 minutes on average.

Seeking that interviews were based on the object of study, the following guiding question was made: tell me how it is for you to take care of women during labor at the childbirth center.

The number of interviews was reduced when information started being repetitive, meeting saturation criteria, which considers response homogeneity. The saturation sample is as conceptual tool frequently used in qualitative research in different health areas. It is used to establish or close the size of a study, interrupting the inclusion of new components ⁽⁷⁾.

As it is a research that involves humans, the project protocol was approved by the relevant bodies, such as the Research Ethics Committee (CEP) in agreement with the Health National Council Regulation nº 196/96, being granted approval nº 0181.0.243.000-10. Voluntary professionals were granted anonymity and identified through the letter 'E', followed by Arabic numbers.

After data collection, interviews were analyzed through theme contents analysis ⁽⁸⁾, in which the following steps were taken: pre-analysis, material exploitation and treatment of obtained results and their interpretation. In pre-analysis, after data collection, interviews were heard and transcribed in full, elaborating register units. During the material exploitation stage, transcribed excerpts signification was analyzed (a word, a phrase or an event) being findings codified and grouped in different categories according to their similarity and differentiation. In the obtained results treatment and interpretation stages, we searched

for the most significant statements, which were discussed with specialists in the researched field topics.

RESULTS AND DISCUSSION

Statements from the nursing team professionals enabled to build the thematic nuclei: care based on scientific and technical cognitive-instrumental rationale and care based on aesthetic-expressive rationale ⁽⁹⁾.

The elaboration of theme axes permitted to identify different professional perceptions on parturient women care. The first axis points at the valorization of individuals in the materialization of technical procedures as the main way to offer care, as well as at the difficulties experienced during the service, such as lack of physical space and overpopulation, which may affect childbirth assistance.

The second theme axis deals with the fact that care goes beyond technical procedures, as it requires to value women's subjective needs, which leads to a more comprehensive and sensitive care.

Scientific and technical cognitive-instrumental rationale care

This category is composed by the topics that express the valorization of technical procedures and everyday issues at work. However, when considered as the only way to offer childbirth care, these issues difficult sensitive care development. They introduce routine technical procedures, the interviewees' concerns with privacy preservation, physical comfort and the explanations on performed procedures, as detailed in the following statements: *I offer care by preserving her privacy, you know, even her medication. If it's not something urgent, I sometimes wait until her relatives leave, I try to explain what I am going to administer, what it is for, and I also perform physical exams carefully, I examine the uterus, I exchange her absorbent pad, I check if there is bleeding (E1). I try to offer assistance my way. For example,*

I shower the patient, I try to keep her clean, close the curtain so that she feels more comfortable, I call a relative if she requests so, etc. This is the care I have with them (E8). I stay there, with the patient, I check that everything's fine with the serum, if the leaking is fine, if her exams are updated, if she feels pain I see if she has a prescription medicine and I give it to her, these basic things, to me that is the fundamental care (E7).

In these statements it is possible to observe the mentioning of technical care as fundamental, which does not mean that it should be the only and main way to offer assistance, although for these professionals it is the most important task. But nursing fundamentals are also necessary, essential and inherent to childbirth care.

The nursing team professionals also mention technical procedures as a part of parturient care. This perception is linked to the social concept that childbirth represents risk, involves suffering and is a process that requires technical skills and the use of technology ¹⁰⁾. Besides, it is also important to highlight that reducing this art to the mere performance of technical duties was one of the reasons that devaluated aesthetic knowledge, as this one turns nursing into an expressive and subjective art, which becomes evident in the performance of care services ⁽⁹⁾.

Assistance in nursing and health care or its managerial procedures and practical initiatives may be facilitated by technology; however no technology may replace the inter-subjective interaction and understanding among human beings. When we define care as subjective, it means that the best way to understand it is through the capacity to interact with others ^(4-5,11).

In the following statements we notice that different circumstances that may interfere or affect nursing care are mentioned, such as the excessive number of duties, physical space/overcrowding, communication in the working environment that is seen

as negative for sensitive care practices, etc: *Sometimes we professionals end up making some comments, such as: the unit is full, who overcrowded it? These things sometimes we say them without thinking, but in the end we blame them for being there* (E2). *Here at the childbirth center, rooms should be detached; patients in labor should be in a more suitable area, it's not right that everyone is together in those six beds. I think overcrowding leaves them too exposed and we professionals cannot change care conditions* (E6). *For me, childbirth care is distressful and tiring, there is not enough space for adequate care and as we are always in a hurry we wonder if it's going to work out fine, mainly because our childbirth center is also an obstetrical and gynecological emergency center. Demand is very high* (E9).

The valorization of assistance based on cognitive-instrumental care is characterized by technical science and it is specifically related to the labor market. This is not only because ideas of individuality and competition are condensed in it, but also because it translates the spectacular development of science and its gradual conversion into a productive process⁽⁹⁾.

In this sense, it is understood that childbirth care humanization implies the planning of initiatives, as sometimes the abandonment of routines require a more personalized care⁽⁴⁾. Adopting other means to offer assistance that privileges labor physiology would mean, for many professionals, to lose control on the labor process and modifying their assistance standards⁽¹²⁾.

We notice that care requires the creation of a relationship between the professional and the pregnant woman, and that professionals' awareness is fundamental to allow the existence of such relationship, thus developing a healthy assistance based on inter-subjectivity and creating besides the physical space, a health-friendly environment.⁽¹³⁾

It is known that human care needs an interaction, a relationship developed between the professional and the patient^(2,4-5). This relationship established in the act of caring is directly related to the production of

assistance with regards to the singular way in which each professional applies knowledge to produce care regardless of the infrastructure of the health center.

In addition to this, we need to consider labor humanization, which means to place women at the center of all initiatives, making them participant of all decisions on their own care. This way, the team acts as a process facilitator^(4-5,11). Humanization also takes place through the inseparable articulation between the use of technologies such as equipment, procedures and know-how within an approach that involves listening, dialoging, management and multiplication that permits to materialize all necessary invasive procedures.^(10,14)

Many efforts are being made seeking to improve the working environment with the aim of making it more suitable for sensitive care practices, such as providing a more comfortable physical environment. These changes in structures and routines seek to sensitize professionals, so that they understand that the environment is not limited to the physical aspect. It also involves the internal female context, which deals with women's feelings, emotions and perceptions⁽¹⁵⁾. This way, they can dedicate themselves to a care that can approach the human being as a whole, seeking a more comprehensive care approach.

It is even necessary to promote a transformation of some nursing professionals' practices in the sense of encouraging a wider approach to the care offered to women and their relatives during the parturition process with the aim of perceiving them as the main actors of the childbirth process.

Care based on aesthetic-expressive rationale

The components of this category demonstrate the importance of good advice, as well as the need for the presence of relatives during the childbirth process. Care

relationships are established through affection, life/birth/joy, and pleasure in looking after the other. They stated that care is focused on the aesthetic-expressive rationale. This is related to identity and communion ideas. Without them, it is not possible to include aesthetics, as it is also possible to link the action-reflection-action according to the reality, stimulating changes in the way to think, feel and act ⁽⁹⁾.

I give them advice, I always stay by their side, I explain that if they breathe the right way, the baby will receive a more adequate oxygenation and she will also get less tired. So I tell them: the contraction is over, then relax and rest, let the body loose, close your eyes, take a nap if you can. When the contraction starts again, concentrate on your breathing. This way she can lead labor better. (E2). Breathing is extremely important. Guidance is part of our care work and breathing exercises during labor work in two different ways: they keep the patient calm and distracts her from contraction pain (E5). I like to be with them before birth, I offer them the ball, the little horse position,, I sit beside them to imitate it. It is a very delicate moment and they need this support, a touch, an incentive (E7). To me, taking care is being with the parturient woman, participating and encouraging her, as that moment is going to be so important in her life. I explain to her that the entire process she is going through is part of the labor work, that it is nothing unusual. (E3).

Seeking to change the technician care model, the Ministry of Health has created strategies and programs to humanize assistance ⁽¹⁾. It is worth highlighting that humanizing means offering quality care by linking technological progress with a sensitive approach ⁽¹⁰⁻¹¹⁾. In this sense, it comprises the improvement of the assistance offered with higher patient satisfaction levels, as they start to feel cared and protected.

In the parturition process, women have the expectation of receiving information on what is happening to them and on the delivery method and professionals can help them overcome their fears, anxiety and tension. We must consider that assistance based on client needs must rely not just on pre-established procedures and technical norms, but also on

the valorization of individuality ^(4,16-17).

The perception that professionals have on the importance of granting parturient comfort, preserving her privacy and taking necessary measures to reduce pain, keeping her informed and being attentive to whatever sign of weakness she may show is present in most statements. Besides, some of them suggested that childbirth is a special moment, which requires sensitive care ⁽¹⁴⁻¹⁵⁾. Studies suggest aspects that are highly regarded by women such as immediate attention to their emotional needs, good humor among professionals, and health team dedication and concern about the patient ^(16,17).

With this perspective, professionals highlight the importance of communicating truthful information and offer good advice in order to create trust and acknowledge the real needs of women in such a special moment, being all these aspects fundamental during childbirth.

Also, the lack of company and dialog or even wrong information on childbirth may have a negative impact and build a feeling of abandonment, suffering and anxiety, interfering with the development of the parturition process ⁽¹⁸⁾.

The promotion of effective communication with the pregnant woman can provide her comfort, reducing her feelings of fear and anguish and transmitting her security and confidence as expressed in the following statements: *I think: if I was there, in her shoes, how would I like this to be? I always try to place myself in their shoes. We must understand that the pregnant woman is anxious and we need to communicate trust. They want to be well treated because they need to be sure that their baby will be taken cared of (E1). First you have to make the patient trust you. We need to ask her what she already knows about labor; if she has doubts, what questions she may have. The patient has to remain in the position she is most comfortable, if she want to lie down, or standing, or squatting, or in the horse position, birth ball, she should choose. (E2). They don't have to be*

ashamed of asking. It is important to explain everything to them, assist them, and make them feel that we are there to help (E4). It is important to explain everything to them, there are no stupid questions. I take care of them the same way I would like to be taken care of. Caring is also to guiding, informing, making them feel welcome (E3). Staying by their side offering support, tenderness, respecting them during hospitalization because they feel pain, they feel insecure, they are afraid. Being by her side, holding her hand is a part of the care service. That's how I feel about it (E6).

The trust relationship established between the pregnant woman and the professional is fundamental, as the woman in labor may feel fragile and confidence in the health professionals and herself can have therapeutic effects, ⁽¹⁹⁾ helping her to live childbirth as a life experience of pleasure and love.

In this sense, the revelation of the different ways to offer care, valuing each patient's individual singularity, is important because childbirth is a unique and lasting moment. Therefore, nursing needs to grant them safety and wellbeing. Trust facilitates team work, as when there is a relationship based on the trust and safety established between the patient and the professional ^(15,16), childbirth can happen in an atmosphere of care, relaxation and love ⁽¹⁷⁾.

The need for love and fellowship during labor was expressed in professionals' statements, as they mentioned that parturient women feel more relaxed and safer when a nursing team caregiver is with them: *for me, this is something I value a lot, the basis of all this is human contact. I like to touch them, talk to them, explain them how the labor work is going to be, I now they need that, they want that, they want us to be close to them (E6). It's rewarding when you perceive the mothers' grateful look, their hands holding you tight during childbirth and finally the newborn and the mother's crying, and then you receive this "thank you" from her family (E10). I think we have to like what we do, as this way we work with more tenderness, more professionalism, we have to like being with them (E5). I sit on a chair to talk to them because I understand some of them may feel totally lost and terrified, they are full of doubts and need our attention. We know that we cannot stop assisting the other patients, the unit routines, but we need to perceive*

that there is a moment in which it is fundamental to stay with the one who is in the labor process (E7).

Although committed to the service routines, the interviewees highlight human contact, the touch, the look, the interaction that is established when sensitive care takes place. The statements show the perception that the woman in labor needs tenderness and attention. In addition to that, it is observed that obstetricians can also transmit comfort and when it is communicated in the right moment, it can be extremely powerful ^(17,19) together when the therapeutic touch, that may have various interpretations and meanings.

The possibility to enjoy care giving and comforting situations, mainly those offered by people the woman is related to can boost self-esteem and a feeling of support, which result in satisfaction and confidence. The feeling of wellbeing is reached when the parturient woman feels loved and respected. Trust is a pre-requirement, as for them, birth must be shared with someone who can perceive the singularity of such a special moment ^(16,17,19).

It is well known that the presence of the family is fundamental during labor. Besides having her rights respected, being able to choose her companion in such a key moment allows her to have an adequate emotional support. Besides, the professional is also encouraged to bond with the mother and the newborn. We noticed that nursing professionals value the importance of the presence of a companion/relative during labor as a way to offer care: *I think that allowing a relative to be present during labor is very important, they all have this right to be accompanied, it is important to have a relative by your side, it gives a feeling of comfort, it's so good to know there's someone there for you (E2). During the last duty there was a father accompanying her wife, he came in and I explained to him the importance of being with her, supporting her, holding her hand (E7). I think we would all like to have a relative close to us in that moment and we know they have the right to that; us, professionals, who coexist with them day after day, perceive the*

importance of having someone with them to support and help them in that moment. (E3).

Therefore, the presence of a relative who can be with them during childbirth is of paramount importance, as it reduces anxiety levels in many pregnant women, once women in labor need to receive a singular care, attentive to their symptoms, their desires or dissatisfaction^(14,15). Consequently, the family inclusion in this process promotes wellbeing and comfort for all those involved.

Labor is a complex process for women, as they generally get tense and fragile⁽¹⁵⁾. This is one of the justifications to have someone they can trust⁽¹⁹⁻²⁰⁾ with them in those specific moments, to encourage them, help them, offer security, calmness and comfort. A quality labor assistance and the presence of a person they trust grant benefits both the woman and her baby, besides being an important measure to ensure the humanization of birth, promoting the bonding and strengthening of the relationships between father, mother and child⁽¹⁸⁻²⁰⁾.

The satisfaction professionals feel when they can actively participate in the labor moment is clearly expressed in the following statements: *I am happy to be able to contribute to this special moment. Knowing that in a few minutes, this baby, who was in the mother's womb, will be in our arms, in theirs and will be the joy of these people waiting for them. And I think that we need to be sensitive because we are dealing with life here, not just here but anywhere in the hospital. I hope I never change but I think care has to be humanized, nursing has to be humanized; otherwise it is not nursing* (E7). *It's enjoyable to give care to a parturient woman and then offer assistance to her family and notice how much our care makes a difference in the life of these people... I like what I do a lot, I take care of them with love, dedication, and I know that we are well regarded because when they are discharged from the unit they give us a hug, they thank us, they perceive our effort* (E10).

The valorization of sensitive care in childbirth assistance demonstrates a perception of birth as a

moment of joy, sensitivity, involvement and splendor, as it deals with the woman's life, and it's a moment of interaction with the cared woman and her relatives when her child arrives^(11,19).

Those institutions that promote sensitive care during labor and birth are encouraged to choose a non-professional companion^(17,19-20), as they consider it a safe source of emotional support to the parturient, making the childbirth process easier⁽¹⁴⁾. After labor, their work also involves newborn and postpartum care and joint hospitalization⁽²⁰⁾.

Understanding how care to pregnant women in labor is given is fundamental for the service organization to be focused on the real needs of both the parturient and the professionals, who must be trained, updated and willing to offer a more hospitable and human care service.

CONCLUSIONS

The study provoked reflections on the ways the nursing team can take care of pregnant women in an obstetrical center. We corroborated that the nursing teams are identified with the practices that respond to the subjective needs of parturient women based on human relations, emotions and pertinent advice, which express a sensitive care approach. However, we noticed that aspects related to everyday work, such as overcrowding, lack of personnel and lack of adequate conditions can compromise the quality of the assistance offered.

Technical capabilities should not be restricted to the mastering of the cognitive-instrumental rationale, as they need to search for the aid of the aesthetic-expressive rationale that supports the new knowledge construction ethics. Professionals need to feel stimulated to offer sensitive care based on the patients' needs, thus

giving them more value.

Study findings suggest that health professionals working in the researched obstetrical center recognized the importance of humanized practices in childbirth assistance and that there is progress in the researched reality. However, issues related to the daily working processes in some hospitals may compromise the achievement of goals set by public policies.

In this sense, this study may instill the desire to meditate on the reality lived by nursing professionals taking care of pregnant women, making it necessary to carry on with different research approaches on childbirth humanization, applied procedures and observed behavior in this kind of assistance, seeking to contribute with institutions and professionals so that they can promote changes in their assistance realities.

We recommend that nursing team professionals invest in their role as care-giving process facilitators in obstetrical centers, joining scientific knowledge with humanized care, with the support of a multidisciplinary team that can make a reality transformation possible.

The limitations of this research are related to the singularity of the group of professionals that took part in the study, as findings cannot be generalized. However, the knowledge acquired here may be used to develop further studies that include a deeper analysis of the proposed topic in different scenarios.

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