

HUMANIZATION OF ASSISTANCE IN THE PARTURITION PROCESS: INSTRUCTING WOMEN IN A SCHOOL MATERNITY HOSPITAL**HUMANIZAÇÃO DA ASSISTÊNCIA NO PROCESSO PARTURITIVO: INSTRUINDO MULHERES EM UMA MATERNIDADE ESCOLA****Bruna Kelly Paulino Souza de Freitas¹ * Jovanka Bittencourt Leite de Carvalho² * Flávio César Bezerra da Silva³ * Thaís Rosental Gabriel Lopes⁴**

Introduction: Over the centuries, the act of giving birth has undergone several transformations. A domestic process, accompanied only by women (family members, friends and midwives), whose main subject was the parturient herself, over time, she became hospitalized, accompanied by unknown people (health professionals) and led by the figure of the doctor⁽¹⁾. However, such technological advances, responsible for institutionalizing childbirth and birth, despite saving maternal and fetal lives, brought with them unwanted changes in the care of parturient women due to the loss of their autonomy, going against the humanization process. Thus, the woman lost the right to the companion, to choose the best position to give birth, to privacy, started to undergo medications and procedures, without her prior authorization, with the addition of physical and psychological aggressions⁽²⁾. Therefore, the importance of the humanization of assistance in the parturition period is emphasized. In general terms, the term “humanize” in the context of Childbirth and Birth, consists of guaranteeing the basic fundamental rights of the mother-child dyad, such as: respect, quality information, autonomy, privacy, physiological needs, hygiene conditions, among others, using for this purpose, safe technologies that are based on Scientific Evidence⁽³⁾. Among the safe technologies, the following can be highlighted: construction of the delivery plan, with free choice of location and route of delivery by the pregnant woman; use of the partogram as an instrument for evaluating labor; companion presence; supply of fluids during labor; intermittent auscultation; use of non-invasive methods; failure to perform early amniotomy; non-routine use of oxytocin in labor; use of non-pharmacological methods for pain relief; skin-to-skin contact and breastfeeding in the first hour of life⁽⁴⁾. The subject in question has social relevance justified by addressing issues related to issues related to the female gender. Additionally, it is important to consider discussions of the phenomena inherent in the health work process and illustrate the need for effective public and health policies in the context of this issue. In view of the above, as the authors of the study are nursing professionals working in the delivery room, they often witness practices favorable or

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not to the context of obstetrics. Thus, in the face of the hospital setting of a reference maternity hospital in the state, professional practice takes place in the midst of the obstetric care process, where lines of approach for violent acts and good practices in obstetrics coexist. Therefore, considering the dynamics presented, the proponent of the present study arose, whose motivation to study and understand this problem will happen through research on the understanding of women who experienced the experience of childbirth in the aforementioned maternity. It was assumed that the research will be able to identify weaknesses in the provision of good practices in childbirth and birth care that occurred during the labor and delivery of the research participants. Considering the existence of gaps that interfere in the conduct of labor and delivery, through the identification in the speeches of the mothers of the study, the Guide to Good Practices planned to be built by the investigation may minimize the probable difficulties signaled by the women involved in the research. As a guiding question, we have: What is the understanding of the puerperal women about humanization during the experienced labor and how they perceived themselves during the assistance received at the Obstetric Center of Januário Cicco Maternity School Hospital?

Aim: Understand the level of understanding of puerperal women about the concept of Humanization in Childbirth, as well as Good Practices in Attention to Childbirth and Birth. **Method:** This is a preliminary note resulting from an exploratory, descriptive and qualitative research under development at a school maternity hospital in Natal, Rio Grande do Norte, Brazil. The target audience of the study will be the puerperal women who come to give birth in the mentioned institution and are in the immediate puerperium during data collection. The data are being collected, which started in January 2021, where the transcripts of the interviews have been coded and analyzed using the content analysis technique, in the thematic analysis mode according to Bardin. It is estimated that 20 postpartum women in the immediate postpartum who have experienced normal childbirth at Januário Cicco Maternity School (MEJC) will participate in the research, according to the following inclusion criteria: postpartum women resulting from a vaginal birth occurred at the MEJC, larger 18 years old, who do not have diagnoses of psychiatric pathologies that interfere with their cognitive understanding, who are in favorable conditions to be inserted in the joint accommodation. Postpartum women who have extremely premature children who need intensive care in the Neonatal ICU (NICU) will be excluded, as well as those who are stillborn or need to undergo urgent interventions after childbirth. The project was submitted to the Ethics and Research Committee (CEP) of the Federal University of Rio Grande do Norte, with Certificate of Presentation of Ethical Appreciation (CAAE) n°: 26518119.7.0000.5537, in accordance with resolution 466 / 12. **Expected results:** Based on the understanding of the parturients' level of understanding about the concepts of Humanization and Good Practices, as well as the experience of the puerperal woman due to the assistance received by health professionals, it is expected to understand how the puerperal women demonstrate their knowledge on the humanization of labor and the feelings shown by them about good practices in childbirth and birth care in the parturition period. Such data will make it possible to find answers from the participants that may reveal institutional weaknesses and / or their understanding of the particularities of the parturition process as well as about the procedures used in conducting labor and delivery. Thus, as contributions, based on the findings and understanding circumstances favorable to the occurrence of the weaknesses, it will be possible to develop a

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Guide to Good Practices to be institutionalized by the MEJC in order to serve as an additional strategy for welcoming and clarifying the parturient women. As a result, the material produced will also make it possible to promote better communicative interaction between women admitted to give birth and the teams of professionals involved in the maternity obstetric care process.

Descriptors: Humanization of Assistance; Obstetrics; Maternities; Childbirth Work; Informative Guide; Nursing.

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