ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

CHALLENGES TO ENSURE GOOD PRACTICES IN BIRTH CARE: NURSES' PERCEPTION

DESAFÍOS PARA GARANTIZAR BUENAS PRÁCTICAS EN LA ATENCIÓN DEL PARTO: PERCEPCIÓN DE LAS ENFERMERAS

DESAFIOS PARA ASSEGURAR AS BOAS PRÁTICAS DE ASSISTÊNCIA AO PARTO: PERCEPÇÃO DE ENFERMEIROS

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ABSTRACT
Introduction: Challenges related to the quality of childbirth care persist, making labor and delivery a challenging experience for women and babies, with excessive interventions in normal childbirth and unnecessary cesarean sections predominating. Implementing good practices in childbirth care ensures high-quality care and better perinatal outcomes. **Objective:** to understand nurses' perceptions of the challenges in providing good practices in childbirth care. **Method:** This is a descriptive, qualitative study conducted with five nurses from the maternity ward of a teaching hospital in the interior of the state of São Paulo, Brazil. Data collection took place in August and September 2024, through reflective interviews guided by a guiding question. Data analysis was conducted using Bardin's Thematic Content Analysis. **Results:** From an in-depth reading and analysis of the material derived from the interviews, three thematic categories emerged that approximate challenges to ensuring good practices: "Challenges in professional training," "Lack of materials and human resources for women assisted in the unified health system," and "Lack of preparation of pregnant women and families in prenatal care. **Final considerations:** to ensure good practices, there is a need for a willingness to transform health services that value the fulfillment of human rights.
Keywords: Qualitative Research; Humanizing Delivery; Obstetric Nursing; Birth; Humanization of Assistance.

RESUMEN
Introducción: Persisten desafíos relacionados con la calidad de la atención al parto, lo que convierte el parto en una experiencia complicada para mujeres y bebés, en la que predominan intervenciones excesivas en el parto normal y cesáreas innecesarias. La implementación de Buenas Prácticas en la Atención al Parto garantiza la calidad de la atención y mejores resultados perinatales. Objetivo: Comprender la percepción de las enfermeras sobre los desafíos para garantizar buenas prácticas en el cuidado del parto. **Método**: Este es un estudio descriptivo con un enfoque cualitativo, realizado con cinco enfermeras de la maternidad de un hospital docente en el interior del estado de São Paulo, Brasil. La recopilación de datos se llevó a cabo de agosto a septiembre de 2024, mediante una entrevista reflexiva, guiada por una pregunta orientadora. El análisis de datos se realizó basándose en el Análisis de Contenido Temático de Bardin. **Resultados:** A partir da leitura em profundidade e a análise do material derivado das entrevistas emergiram três categorias temáticas as quais se aproximam de desafios para assegurar as boas práticas: "Desafios na capacitação profissional", "Ausência de materiais e recursos humanos para mulheres assistidas no sistema único de saúde", "Despreparo da gestante e família no pré-natal". Resultados: De la lectura y análisis en profundidad del material derivado de las entrevistas, surgieron tres categorías temáticas que son cercanas a los retos para garantizar buenas prácticas: "Desafíos en la formación profesional", "Falta de materiales y recursos humanos para las mujeres asistidas en el sistema sanitario unificado", "Falta de preparación de las mujeres embarazadas y la familia en la atención prenatal". **Consideraciones finales:** Para garantizar buenas prácticas, es necesario estar dispuesto a transformar los servicios de salud con una asistencia que valore el cumplimiento de los derechos humanos.
Palabras clave: Investigación Cualitativa; Parto Humanizado; Enfermería Obstétrica; Parto; Humanización del Cuidado.

RESUMO
Introdução: Persistem desafios relacionados à qualidade da atenção ao parto, tornando o parto e nascimento uma experiência desafiadora para mulheres e bebês, em que predomina o excesso de intervenções no parto normal e de cesáreas desnecessárias. A implementação das Boas práticas de assistência ao parto assegura qualidade da assistência e melhores resultados perinatais. **Objetivo:** Compreender a percepção dos enfermeiros quanto aos desafios para assegurar as boas práticas na atenção ao parto. **Método:** trata-se de um estudo descritivo com abordagem qualitativa, realizado com cinco enfermeiras da maternidade de um hospital-escola do interior do estado de São Paulo, Brasil. A coleta de dados ocorreu em agosto e setembro de 2024, por meio de entrevista reflexiva, guiada por uma pergunta norteadora. A análise de dados foi realizada com base na Análise de Conteúdo Temática de Bardin. **Resultados:** A partir da leitura em profundidade e da análise do material derivado das entrevistas, emergiram três categorias temáticas, as quais se aproximam de desafios para assegurar as boas práticas: "Desafios na capacitação profissional", "Ausência de materiais e recursos humanos para mulheres assistidas no Sistema Único de Saúde", "Despreparo da gestante e família no pré-natal". **Considerações finais:** para assegurar as boas práticas, há necessidade de disponibilidade em transformar serviços de saúde com assistência que preze pelo cumprimento dos direitos humanos.
Palavras-chave: Pesquisa Qualitativa; Parto Humanizado; Enfermagem Obstétrica; Parto; Humanização da Assistência.

REVISTA ENFERMAGEM ATUAL IN DERME

INTRODUCTION

In recent decades, there have been significant advances in care for pregnant women, women in labor, and newborns in Brazil, but challenges related to the quality of childbirth care persist [1], making labor and birth a challenging experience for women and babies [2]. Among the challenges, excessive interventions in normal childbirth and unnecessary cesarean sections predominate [3], contradicting the World Health Organization (WHO) recommendations on childbirth and birth care [4,5] and contributing to higher risks of complications, morbidity, and maternal mortality [6].

In Brazil, public policies have been focused on women's health for decades, proposing changes to the model of care during labor and birth and encouraging the adoption of good practices [7]. From this perspective, the development of good practices in childbirth care, implemented in obstetric centers' routines, is essential, given the humanization of the maternal-fetal binomial, which promotes a positive, damage-free experience[4].

Good practices in regular normal childbirth care have been classified into four categories according to usefulness, effectiveness, and risk, to guide professional conduct: A) those that are demonstrably useful and should be encouraged; B) those that are clearly harmful or ineffective and should be avoided; C) those with little evidence and which should be used with caution; and D) those that are often misused. In guiding professional conduct, good practices in regular childbirth care encourage actions such as: the adoption of upright positions and freedom of movement; the use of non-pharmacological methods for pain relief, such as showering or immersion in hot water, massage, walking, freedom of position, encouraging the presence of a companion, supporting the decisions of the woman in labor, music therapy, and others[3,4]. The WHO also recommends that procedures such as trichotomies, episiotomies, enemas, venous catheterization, fasting, early rupture of membranes, and electronic fetal monitoring should not be performed routinely, as they are considered harmful or ineffective[8].

To ensure good practices, one of the pillars is the presence of obstetric nurses and midwives in childbirth care[2]. Obstetric nursing has been contributing and participating effectively in the adoption of national and international recommendations for humanized care during labor and birth [9], by promoting a balance between the physiological process of childbirth and the need for interventions, to provide more individualized and personalized care for each woman and her family [10].

Even considering good practices such as accessible, non-invasive, and low-cost technologies that can be offered by all health services[11], as well as constant movements to humanize childbirth and birth that seek to transform the current model by repositioning women as protagonists of their births[12], women still have negative experiences during the birthing process related to excessive

REVISTA ENFERMAGEM ATUAL IN DERME

interventions, deprivation of rights and choice, lack of recognition, denial of women's autonomy, insecurity, lack of privacy, and restrictions on companions[11].

Given the need to ensure the use of good practices in childbirth and birth care, recognizing that nurses mostly use WHO recommendations[13], this study aims to uncover the challenges in consolidating these practices in obstetric care, based on nurses' perceptions. Thus, this study aimed to understand nurses' perceptions of the obstacles to ensuring good practices in childbirth care.

METHODS

This is a descriptive study with a qualitative approach, developed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ)[17], conducted in the maternity ward of a teaching hospital in the interior of São Paulo. Only nurses working in the unit under study participated, using intentional sampling.

The study includes nurses who have worked in the maternity ward for at least 6 months, a period the authors consider appropriate for understanding the research objective. Professionals who were on vacation or on any leave during the data collection period were excluded.

Before contacting the participants, a pilot test was conducted with a nurse with experience in maternity wards, who was not included in the study, to refine the interview script. Initially, the field and nurses in the sector were approached to present the research objectives, invite them to participate in data collection, and, upon acceptance, agree on an interview date. Data collection took place in a private area of the unit itself, without the presence of third parties.

Data collection took place in August and September 2024, using a sociodemographic questionnaire to characterize the sample, followed by a reflective interview. The interviews were audio-recorded on portable digital media and lasted an average of 30 minutes, with no repeat interviews. The triggering question used was: What do you think about the challenges to ensuring good childbirth care practices? The audio recordings were then transcribed in full. Data collection was concluded based on the criterion of saturation by meaning, when the dataset provides sufficient elements in terms of density and recurrence regarding the phenomenon under exploration[18]. So that you know, the transcripts were not returned to the participants.

The material obtained from the interviews was analyzed based on Bardin's Thematic Content Analysis[19], adopting the following steps: a) pre-analysis or Phase 1 - organization of the material studied; a floating reading was performed, that is, a first contact with the transcribed interviews. b) Exploration of the material or Phase 2 - coding was initially established in general themes, followed by a more detailed grouping and interpretative identifier, so that more specific trends and

REVISTA ENFERMAGEM ATUAL IN DERME

patterns could be interpreted. The themes identified were derived from the data. c) Inference and interpretation or Phase 3 - in this stage, the results were processed, with articulation of the material, now categorized.

The Ethics and Research Committee approved this study under opinion No. 6,949,880. All participants read and signed the Free and Informed Consent Form (FICF) in duplicate.

To ensure anonymity, each nurse was assigned an alphanumeric code: the letter 'I' denoted the interview, followed by the Arabic numeral corresponding to the interview order: I1/I2/I3 (...).

RESULTS

Five nurses from the hospital's maternity ward nursing team participated in the study. All participants 100% (5) were female and white; 80% (4) lived in the same city as the health service. Their ages ranged from 21 to 29 years, and 80% (4) were single. Regarding academic background, 80% (4) were specialists or postgraduates in obstetric nursing. The time spent working as a nurse ranged from 8 months to 6 years, and from 8 months to 5 years in the maternity ward.

Based on an in-depth reading and analysis of the interview-derived material, three thematic categories emerged that address challenges to ensure good practices, as shown in Chart 1.

Chart 1 - Aspects of analysis of categories: Challenges in professional training, Lack of materials and human resources for women assisted in the unified health system, and Lack of preparation of pregnant women and families for prenatal care, Catanduva/SP, 2024.

Themes	Aspects of analysis
Challenges in professional training	The participants demonstrated that there are challenges related to the lack of professional training, technical and behavioral skills, and the need to update practices to ensure women receive good practices during labor and childbirth.
Lack of materials and human resources for women assisted by the unified health system	There is a lack of materials for the use of non-pharmacological methods in pain management, including the rocking horse, Swiss ball, stool, and hot water bath.
Lack of preparation of the pregnant woman and family during prenatal care	Pregnant women arrive at the maternity ward without adequate information and knowledge, both in relation to their clinical condition and their rights and choices regarding delivery, including during prenatal care.

REVISTA ENFERMAGEM ATUAL IN DERME

Challenges in professional training

This category includes aspects that challenge the guarantee of good practices, such as the lack of training and the availability of professionals to develop these skills, as well as the interviewees' perception of resistance to change, even in the face of women's demand for normal childbirth. The participants were sensitive to professionals' reluctance, reinforcing the need for improvement in this regard.

> I1: *"I also think it encompasses the training of these professionals. You must be nurses and doctors who are trained to provide good care, good humanized care in this work. One of the challenges is resistance to change, because recently there has been a great demand for natural births, and there are many doctors and health professionals who still prefer C-sections to natural births."*

> I5: *"And sometimes we also encounter difficulties with some professionals, and I thought a lot that I would have difficulties with older professionals, because they had a different reality and are more resistant to change, and in fact, we have difficulties with older professionals and with current professionals."*

Compliance with good practices is evident when linked to breastfeeding in the first hour and skin-to-skin contact. However, it is primarily developed by the nursing team, which is the main stakeholder in the humanization of childbirth and birth.

> I3: *"The team ensures and implements breastfeeding in the first hour of life, skin-to-skin contact, of course there are cases where it is not possible, due to the clinical condition of the patient, sometimes in an emergency, but we must ensure it, so the team agrees to humanize labor. I think nursing is more adept at good practices than the medical team."*

Lack of materials and human resources for women assisted by the unified health system.

In this category, a lack of materials for the use of non-pharmacological methods in pain management for pregnant women was identified, including birthing stools, Swiss balls, and hot water baths.

> I1: *"One of the challenges would be resources. In some places, they do not have sufficient resources, such as balls, birthing stools, bathtubs, and things that help in the labor of these patients."*

> I5: *"There is confusion about the issue of humanization, and some women in labor arrive there and think that, because of humanization, the hospital can offer what they want, and we have to see what is available."*

Differences emerge in the provision of material and human resources for childbirth assistance in accordance with the health plan, with insufficient resources for women enrolled in the Unified Health System. Nurses recognize the importance of interaction between doctors, nurses, and doulas for women in labor.

> I2: *"Here we have a small room for humanized water childbirths (referring to the health insurance sector). I like it better when there is a childbirth because you see that the doctor is more involved. Sometimes there is a doula, even the midwife she brings, so*

REVISTA ENFERMAGEM ATUAL IN DERME

> *everyone is more involved... There is respect, the person chooses what she wants, what she doesn't want, but most childbirths today, both C-sections and normal deliveries, here at the hospital, are not like that yet, and they all should be, you know."*

Lack of preparation of the pregnant woman and family during prenatal care.

This category refers to pregnant women who arrive at the maternity ward without adequate information and knowledge, both in relation to their clinical condition and their rights to choose and make decisions about childbirth, including during prenatal care.

> I1: *"Some pregnant women come to the maternity ward without any information, they don't come with adequate information, such as knowing that they have the right to make decisions about their childbirth, they have the right to choose the type of childbirth they want, whether they want a normal childbirth or a C-section. Professionals need to explain these rights to pregnant women during prenatal care, that there is a birth plan."*

> I2: *There is a lack of preparation for childbirth in primary care, and there are also many family issues involved. I have seen cases where the woman arrives and wants a natural birth, and the family tells her to have a Cesarean section.*

When there is insufficient prenatal information, women turn to their families or the Internet. However, research participants are bothered by the prevalence of negative information about childbirth, which hinders the acceptance of good practices by women in labor.

> I3: *But the challenges are sometimes that the patients themselves, who have difficulty adhering to some practices, do not know much about the subject, and sometimes think that some practices are unnecessary.*

> I4: *"The biggest challenge is patient acceptance. Sometimes they are afraid of what they hear, research on the Internet, people who also said it was very bad, very difficult. We have a lot of difficulty getting them to accept normal childbirth to evolve normal childbirth."*

DISCUSSION

The results indicated challenges in ensuring good practices during the delivery process related to professional training, lack of materials and human resources, and unpreparedness of the pregnant woman and family during prenatal care**.** The statements mainly converge on the need for professionals to train and develop technical skills and/or to be willing to change behavior based on scientific knowledge in pregnancy and childbirth care, and for institutions to provide resources.

In this context, there is evidence that professionals, especially in the medical profession, show little interest in applying the principles of humanization in practice, permeating the historical culture of institutionalization and mechanization of childbirth in the field of humanization, which places women as objects of intervention, imposing institutionally established standards

REVISTA ENFERMAGEM ATUAL IN DERME

with interventionist practices[20].

The hegemonic, medicalized, and hospital-centered culture of care still prevails in health institutions, contributing to the fragmentation of care, where women's bodies become objects of intervention, breaking the bond between solidarity, emotional relationships, and trust[21].

Furthermore, the woman who should be the protagonist of this process is simply a supporting character, with no explanation for the violation of good practices, permeating a model of care that promotes fear and feelings of loneliness[11], turning this unique moment into a negative experience, as is repeatedly linked to maternal and neonatal harm and mortality [3]. Thus, this study contributes to strengthening the need for intervention in the training of professionals, since it is necessary to reinforce actions to promote greater adherence to good practices in childbirth care, both in the organization of the service network and in the attitudes and values of the training of new health professionals[19]. Diniz et al. [20] exemplify that, in practice, future professionals are taught that women are not entitled to informed choice or refusal and that the teaching needs of trainees are more important than the autonomy or bodily integrity of women in labor.

Thus, this study demonstrates the role of institutions in colluding with the actions of these professionals by accepting the non-standardization of protocols or their compliance with evidence-based procedures, since the recommendations are not recent, having been published by the WHO in 1996[3], reinforced in the 2018 interparty practices[4] and adopted in Brazil by the Ministry of Health through policies and programs for women's health care. Public policies [21]. Studies indicate that obstetric nurses contribute most to implementing good practices, corroborating this study's findings, which substantially reduce interventions by providing care focused on women's protagonism [22]. Working with the same purpose, evidence indicates that women recognized the role of doulas and had a positive perception of their support, due to their physical and emotional contribution during pregnancy and childbirth [23].

However, this study points out that there are differences in the availability of this professional, as the presence of a doula is a privilege enjoyed by few due to the cost to the woman and because it is not offered by the Brazilian Unified Health System (SUS), making access to some good practices resources elitist in some contexts. Likewise, the lack of materials to collaborate in the use of Good practices contradicts the principles and guidelines of the SUS for this area, which states that government investments are firmly allocated to this resource, as demonstrated by the update of the Stork Network, Alyne Network, GM/ms Ordinance No. 5,350, of September 12, 2024(24).

Therefore, even though national studies show a reduction in inequality in childbirth care, there are still significant barriers to be dismantled[1].

REVISTA ENFERMAGEM ATUAL IN DERME

The difficulty of ensuring quality care with minimal technology contributes to increasing cesarean section rates[25]. Brazil remains one of the countries with the highest number of cesarean sections in the world. According to data from the Live Birth Information System (SINASC), 57.2% of births in 2020 were performed by cesarean section[26], generating serious short- and long-term consequences for women and babies when cesarean sections are performed without clinical indication[27]. This puts Brazil far from achieving the goal agreed upon by the Brazilian government with the SDGs, which is to reach a maternal mortality ratio (MMR) of 30 per 100,000 live births in 2030 [7], since in 2020, 1,965 maternal deaths were officially recorded in Brazil, rising to 2,039 after correction. In 2021, 3,030 maternal deaths were recorded formally in Brazil, raising the MMR to 113 maternal deaths per 100,000 live births, with approximately half of these deaths resulting from COVID-19[28].

It should be noted that listing good practices as a need for study is in line with changes in the health agenda for mothers and babies, shifting from an exclusive focus on survival to the inclusion of factors of prosperity and transformation, in line with the third Sustainable Development Goal (SDG) - ensuring healthy lives and promoting well-being for all at all ages and with the new global strategy for women's, children's, and adolescents' health and *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience* emphasizing complete social, physical, and mental well-being[29,30].

However, the reality of the results of this study contrasts with these changes by identifying women and family members who are unprepared for childbirth. A recent study points out prenatal care as a technical and protocol-based procedure that monitors the development of pregnancy and the baby following a script of tests and consultations, limited in its scope of singularities, in addition to denouncing situations that constitute obstetric violence[11]. However, the recommended prenatal care encompasses various issues, such as biomedical, behavioral, and sociocultural ones, extending beyond saving lives to addressing real and specific needs that prepare women for labor, delivery, and the postpartum period in accordance with good practices and the document "WHO recommendations on prenatal care for a positive pregnancy experience," recommends the provision of women-centered care, with the timely implementation of evidence-based practices[31].

Various educational activities, such as prenatal groups for pregnant women, are an essential complement to consultations and facilitate the exchange of experiences among pregnant women, as well as providing an opportunity to offer guidance. Another resource that has promoted good practices in childbirth and birth care is the birth plan, which fosters understanding of the essential care required for childbirth to occur physiologically[32]. Proof of

REVISTA ENFERMAGEM ATUAL IN DERME

this is the quality improvement project called "Projeto Parto Adequado" (PPA, acronym in Portuguese) [Adequate Childbirth Project], implemented in Brazilian private hospitals to reduce unnecessary cesarean sections, precisely through health information provided through various activities, such as visits to maternity hospitals, participation in prenatal groups, preparation of birth plans, and the choice to give birth in a hospital participating in the PPA, which was reflected in women's adherence to normal childbirth[33].

In this context, prenatal care cannot be experienced in a truncated space devoid of listening, an aspect that hinders bonding and has repercussions on relationships. The internet or family can be used to build a space for dialogue, for better information or sources. And yes, health services should consider women and their empowerment, promoting their autonomy during the pregnancy and postpartum periods, in a movement in which the bond with the service and professionals is essential, as well as access to and continuity of care[34].

FINAL CONSIDERATIONS

This study examined challenges related to professional training, human resources, materials, and information limitations in prenatal care to ensure compliance with Good Practices in childbirth care.

As a contribution, this study seeks to expand the evidence base supporting professionals and institutions beyond implementation and compliance with Good Practices in childbirth care. This work proposal values the health care network, coordinated between primary health care and more complex services, since it is necessary to commit to the guiding principles of the SUS, working for universal, equitable, and comprehensive care, since this study denounces the lack of information, resources, and availability of professionals to provide scientific, evidence-based care that is capable of changing the alarming scenario of maternal mortality that Brazil faces.

The lack of resources is unjustifiable given the low cost compared to the benefits, and the consistency of resources made available to policies that subsidize childbirth care. Professional training should seriously incorporate human rights as a requirement for quality training, fostering an understanding of care that is not only curative but also considers the person and their uniqueness.

This study has the limitation that the sample comprises participants from a single institution, thereby limiting its generalizability to the Brazilian childbirth care context. However, the results highlight the urgency of ensuring quality care and considering good practices in childbirth care.

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