116 - PERFORMANCE OF THE OBSTETRICAL NURSE IN THE CONTEXT OF A PARADIGMATIC TRANSITION.

MARIA CLÁUDIA M. D. DE RUBIM COSTA;
SIMONE PEDROSA LIMA;
GILVANIA MAGDA LUZ DE AQUINO
JOVANKA BITTENCOURT LEITE DE CARVALHO;
BERTHA CRUZ ENDERS.
HOSPITAL UNIVERSITÁRIO ANA BEZERRA/UNIVERSIDADE FEDERAL DO RN/NATAL-RN BRASIL
rubin@ufrnet.br

INTRODUCTION

Worldwide, women´s care during the birth process and that of the, newborn and family, have suffered changes through time.. In the past, lay midwives controlled the labor and birth events in the family environment (ARRUDA, 1989; OSAVA; MAMEDE, 1995). These women were recognized by the community and trusted by the pregnant woman,

Later, in the 16th century, the modern obstetrical period was initiated when Pedro Chamberlen introduced the birth by forceps. This marked the beginning of surgical interventions in birth care and new paradigms emerged that directed the birth process to one based on medical knowledge (BERNI, 2003). As a consequence, the pregnancy and birth event ceased to be seen as natural and physiologic phenomena, and were transformed into pathologic processes requiring medicalization and hospialization (OLIVEIRA, et al, 2002).

Therefore, women´s care at birth suffered the influence of hospitalization. Women left their communities and were relocated to specialized, individualized, and unknown places, the hospitals. Additionally, with the evolution of medicine, the birth process ceased to be a natural event and became a medical event, often surgical. It was accompanied by hospital norms and routines that depersonalized the birth that excluded the woman from the process (BERNI, 2002; OLIVEIRA; ZAMPIERI; BRUGGEMANN, 2001). In Brazil, the rapid increase of caesarean births and the fragile criteria for its indication, positioned the country as a world leader in surgical births. In 1999, 38% of births were ceasearan, well above the acceptable rate of 10-15% (BRASIL, 2001). This panorama stimulated a discussion on the need for a new paradigm of care.

Such paradigmatic advances and transitions have implications for the care provided by nurses at the birth process. The objective of this study was to analyze the literature as to the influence that the health care models, products of the paradigmatic transitions, have had upon the nurse´s obstetrical performance in Brazil.

The study focused on the following research questions: What is the role of the nurse proposed by the emerging health paradigms? What are the perspectives for change in the birth care by the nurse? To what extent do the paradigms predominate in the obstetrical practice of the nurses?

METHODOLOGY

This is an integrative review of bibliographic sources (ROMAN; FRIEDLANDER, 1998). Data were collected in the period of March through June, 2008 in printed sources, the Virtual Library of Health (BVS) and in electronic data bases for the period of 1995 to 2008.

Articles and documents that dealt with health paradigms in relation to obstetrical nursing actions were identified and their content examined as to their focus of discussion on the subject. Their findings, proposals and discussions, whether theoretical or resulting from research, were integrated into general themes according to the research questions.

RESULTS

Three themes were identified that represent the performance of the obstetrical nurse within the current paradigmatic transition: The biological oriented paradigm in the nurse´s care of the birth process; The emerging paradigm in its interplay with the obstetrical practices; and The new care process of the obstetrical nurse.

The biological oriented paradigm in the nurse´s care of the birth process.

It is common knowledge that the Cartesian paradigm that influenced medical thought throughout history has resulted in the biomedical model of health and has provided the foundation for modern scientific medicine (CAPRA, 1982). Conforming to that reality, nursing also suffered such influence, becoming in a compartmentalized and medically oriented practice. Accordingly, the nurse performs technical interventions with routine obstetrical exams, interposing the natural movements of the normal birth and routinely adopting the gynecologic position for the woman during the birth process. Therefore, she has, absorbed the biologist posture of care.

On the other hand, the nurse was the first health professional to respond positively to the new paradigm that focused on integral care (BRASIL, 2001) and therefore has begun to provide differented obstetrical assistance during the pregnant-puerperal cycle. This was prompted by the introduction of the humanized care perspective adopted by the Ministry of Health, with the intention of minimizing the high maternal and neonatal morbidity and mortality indices that is also a world consensus.

According to the WHO (OMS, 1996, p.6), “the nurse midwife seems to be the most adequate and cost-effective health care provider to be responsible for pregnancy and birth care, including risk evaluation and the identification of complications”. For Waldow (2001), the care process involves growth that occurs independently of the cure. It is intentional and its objectives are various, depending on the moment, the situation and on the experience. Because it is a process there is no concern for the end.

In this context of biological orientation, there is a need for reflexion on the influence of those paradigms that direct the obstetrical practices in nursing so that new policies can occur, policies that can transpose these change of conduct.

The emerging paradigm in its interplay with the obstetrical practices

Over the years, obstetrical practice has had interferences from the ongoing paradigms by which the scientific community establishes itself and consequently influences health care. Based on that understanding, one can perceive with the rapid and constant modifications that visibly occurred worldwide and that reflect paradigmatic responses.

Kuhn (2001) defines a paradigm as a constellation of creeds, values, techniques, etc. that are shared by members of a determined community. A paradigm, therefore, represents the scientific thought of a community that can possibly be in crisis, denoting a transition from one line of thought to another more acceptable by science at a given moment.

Still, according to Weil (1991), some insist in maintaining certain old fashioned paradigms and are therefore fatally eradicated from the new environment or from the new scientific community. Often, these individual join up and construct orthodox groups.

It is no different in obstetrical care where we find a strong influence of the positivistic paradigm and a new one that aims at establishing significant changes in care. In view of that dualism there is a moment of crisis, where the old values no longer resolve the current problems and the new ones are not firm enough to produce results that meet the expectations of the individuals (GOMES; CASAGRANDE, 2002).

Health care suffers the consequences of that crisis and of the urgent need for the resolution of problems. Based on that reality, proposals are made for the effect of change in the Brazilian health context, starting with the reconstruction of the fundamentals. That is, the reconstruction of: the negative conception of health-illness into the positive conception; the flexnerian paradigm into the social production of health; medical care into health vigilance, and medical management into social management (MENDES, 1994). These pillars are the support of a new care model and consequently to change of the sanitary paradigm.

The discussion on the need for paradigmatic changes grew in 1985 in Fortaleza CE when the Ministry of Health (MS) and the Pan American Health Organization (OPAS) met and made recommendations on the need for a new look at obstetrical care. With this understanding, a new posture began to be constructed, still fragmented, but with great opposition to the technocratic model and a strong consensus of the need for humanize care (BRASIL, 2008). More recently, with the aim of implementing obstetrical care policy based on quality, humanization principles, and risk control for women and the newborns, the Ministry of Health published Resolution no. 36 that bring technical regulation to the humanization guidelines for care (BRASIL, 2008).

For Capra (1982, p.155) the transcendence of the biomedical model will only be possible if we are willing to change other things as well; at the end, these changes will be joined to a complete social and cultural transformation. We should then begin with the urgent need for change that will have repercussions at all levels and sectors but with the same essence, that of turning us more sensitive and our health actions more humane.

The emerging paradigm and the care process of the obstetrical nurse

Pregnancy and birth are normal events related to the woman´s nature and physiology. Because of that, they should be treated as natural phenomena with the minimum of professional interventions.

The obstetrical nursing courses promoted by the Ministry of Health on Safe Motherhood have been an important step towards the humanization of the birth process. According to the Manual for Humanized Birth of Project Luz (2000), one obstetrical nurse is needed for each birth institution. Nurses with specialization preparation are capable of attending the labor process and of conducting the physiologic birth within the principles of humanization.

According to Louro (2002), the obstetrical nurse is the main care provider that offers the parturient woman´s emotional, physical, informational and clinical support during the process of parturition. The nurse, in her work process is prepared for care practice, that according to Waldow (2001), can be nurtured and cultivated so that the environment can become pleasant and non-threatening, thereby promoting the individual and group growth at the personal and professional levels. An ambiance founded on care stimulates dialogue, debate and the practice of different forms of nursing knowledge.

Observing the practice in the service area, the nurse is able to assist the birth according to the principles of humanization, as suggested by the Aquino (2003). That study reveals a obstetrical nursing care that is characterized as unique, competent, special and wholesome, thereby demystifying the negative perception that women have of the birth process.

This is an innovative look that the maternity hospitals in Brazil have acquired by investing in birth care conducted by the obstetrical nurse with more humanized formation and that implements solidarity by means of an affective relationship with the client. According to Sackman (1994), health professionals are challenged to intensify the quality of the professional-client relationship, turning it into a subject-subject relation that is personalized and humane, and to resist the subject-object relation that has been instituted by technology.

This identity has lead nurses to reflect upon the visible changes of the birth paradigms, in spite of the difficulties of the transitional process, whereby practices embedded by the previous models of technological care are still in effect. In practice, however, nursing care is seen as oriented by the principles of respect, ethics, and empathy towards the other. According to Aquino´s study (2003), at the birth moment, the nurse and the parturient woman interact with the objective to conduct the birth process. This leads to the need for a perspective that permits to view what occurs in the reality of each parturient.

On the empathic relationship, Lima (2004) refers that when the health professional gets involved with the other´s situation, he is able to envision the ideal care based on technical competence and on the development of a therapeutic relationship with the client and their families. Empathy, therefore, appears to be an important concept in the interpersonal relationships of the nurses (WHITE, 1997).

FINAL CONSIDERATIONS

This integrative review permitted the understanding of the obstetrical nurse´s action according to a new concept of health care. The authors, in their reports, define the practice changes in obstetrical care that result from the occurring paradigm transitions. Because of that, old practices rooted on medicalization continue alongside the new postures and models that are founded on humanization and on the quality of care.

It is perceivable, then, that the nurse has developed a type of wholesome care that is considered to be a break from the biomedical paradigm. This new practice is undertaken with the perspective of linking the professional and the client with communication, listening, empathy, and interaction, with a respect for the natural mode of the birth process. These changes will have repercussions in all types of levels and sectors for a future practice that is sensitive and humane in general.

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Nome dos autores
Maria Cláudia Medeiros Dantas de Rubim Costa
Av. Abel Cabral, n. 2540.
Nova Parnamirim
Tel: (84) 32912324/32153774
e-mail: rubin@ufrnet.br

PERFORMANCE OF THE OBSTETRICAL NURSE IN THE CONTEXT OF A PARADIGMATIC TRANSITION.

ABSTRACT

The study focuses on the relationship between obstetrical practice and the current health paradigms. The objective is to provide an understanding of the obstetrical nurse´s actions within the current health care models and of the development of a new form of care in the birth process. The methodology was comprised of an integrative review of the literature. It was demonstrated that the flexnerian paradigm has had a marked influence upon obstetrical practices, thereby producing a medicalized, technical and fragmented birth care. Likewise, the biomedically oriented formation has influenced obstetrical nursing practice.. As a result of the ongoing paradigm shift in health, however, a different type of birth care based on quality and humanistic principles has been observed. The obstetrical nurse is developing a trusting, safe, and empathic relationships with the clients. It is concluded that even though the nurses that perform the birth care have a biomedical formation and that this care occurs at a critical moment of paradigmatic shift, one can envision an obstetrical care that is based on the dialogue, free of exploration, and that recovers the liberty of those involved in the process.

Key-words: Paradigms, nursing, obstretics.

ACTION DE INFIRMIERE OBSTÉTRIQUE DANS LE CADRE D'UNE TRANSITION PARADIGMATIQUE.
RÉSUMÉ

L'étude se concentre sur la relation entre la pratique obstétrique et des paradigmes de la santé actuelle. L'objectif est de proportionner une compréhension de la action de l'infirmière obstétrique dans le courant du modèles de soins de santé et l'élaboration d'une nouvelle forme de soigner dans le méthode de la naissance. Le parcours méthodologique est été composée d`une révision d`intégration de la recherche. Il a été démontré la influence du paradigme flexnerian dans la pratique obstétrique, ce qui produit le soigner de la naissance dans le méthode médicalisé, technique et fragmentée. De même forme la pratique des infirmiers obstétrique est influencé de la formation biomédicale. À la suite de l'actuel changement de paradigme en matière de santé, cependant, un autre type de naissance des soins fondés sur la qualité et de principes humanistes a été observée. L'infirmière obstétrique développement une relation de confiance, sûreté et empathique avec les clients dans le méthode de soigner le accouchement. Il est conclu que même si les infirmières qui exercent la naissance de soins ont une formation biomédicale et que ces soins se produit à un moment critique de changement paradigmatique, on peut envisager une soins obstétricaux qui est basé sur le dialogue, libre de l'exploration, et qui récupère la liberté de ceux qui sont impliqués dans le processus.

Mots-clés: Paradigmes, infirmiere, obstétrique

LA ACTUACIÓN DE LA ENFERMERA OBSTETRICA EN EL CONTEXTO DE UNA TRANSICIÓN PARADIGMATICA
RESUMEN

El estúdio retrata la relación entre la práctica obstétrica y los paradigmas actuales de la saúde. El objetivo es providenciar una comprensión de las acciones de la enfermera obstétrica en el contexto de los modelos de asistencia actuais y la idea de una forma nueva de cuidar en el proceso de parto. Se usó una metodologia de revisión integrante de la literatura. Se demonstró que el paradigma flexneriano marcó fuertemente la practica obstétrica de tal forma que el cuidado al parto se tornó medicalizado, técnico y fragmentado. Igualmente, la practica de enfermeria en obstetrícia há sido influenciada por una formación biomédica. Sin embargo, ya se observa un cuidado al parto diferente, baseado en princípios de cualidad y humanísticos. La enfermera obstétrica está construyendo relaciones de confianza, seguras y de empatia, con las clientes. Se concluye que apesar de el cuidado al parto sucede en un momento de crisis paradigmática y que el cuidado es realizado por enfermeras con formación biologista, ya se vislumbra un cuidado obstétrico baseado en el dialogo, livre de la exploración y que recupera la liberdad de aquellos envolvidos en el proceso.

Palabras clave: Paradigmas, enfermera, obstétrica.

ATUAÇÃO DO ENFERMEIRO OBSTÉTRICO NO CONTEXTO DE UMA TRANSIÇÃO PARADIGMÁTICA
RESUMO

O estudo retrata a relação entre a prática obstétrica e os paradigmas de saúde vigentes. O objetivo é proporcionar entendimento da atuação obstétrica do enfermeiro em relação aos modelos assistenciais de saúde, na perspectiva de uma nova forma de cuidar no processo do nascimento. O percurso metodológico constou de uma revisão integrativa de pesquisa. Observou-se a influência marcante do paradigma flexneriano na prática obstétrica, caracterizando o cuidado ao parto como medicalizado, tecnificado e fragmentado. Da mesma forma, a prática do enfermeiro obstétrico sofre a influência da formação biomédica. Porém, já é constatada, na atualidade, uma assistência obstétrica diferenciada no cuidado ao parto, pautado nos princípios da qualidade e humanização da assistência, fruto de uma transição paradigmática na saúde. O enfermeiro obstétrico tem desenvolvido uma relação de confiança, segurança e empatia com a cliente durante o cuidar no parto. Conclui-se que apesar do cuidado ao parto ainda ser realizado em um momento de crise gerado pela transição paradigmática e por enfermeiros com formação biologista, pode-se, vislumbrar uma assistência obstétrica embasada no diálogo entre os sujeitos, para uma ajuda sem exploração e com resgate da liberdade de cada ator envolvido no processo.

Palavras chave: Paradigma, enfermeiro, obstetrícia.