



Benefits of normal childbirth

Benefícios del parto normal

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Abstract

The aim was to describe the benefits of normal delivery from nursing care. This is a literature review research based on scientific articles, books, academic publications and materials from the Ministry of Health that were located in the VHL database platform and in the LILACS, SciELO databases, with a temporal cut publication between 2010 and 2020. Nurses' assistance during childbirth is supported by legislation and, in addition to having legal support; it is evident that their participation in the parturition process is favorable for the health of women and children. It is concluded that normal delivery has benefits when compared to the other modality that is cesarean delivery, such as returning to the daily routine more quickly and hospital discharge occurs earlier, it is considered safer, because it exposes the woman to fewer invasive procedures and less interventionist techniques, the favorable outcomes of normal birth are numerous and are aimed not only at the woman, but also at the baby.

Descriptors: Nursing Care; Natural Childbirth; Nursing; Women's Health; Maternal-Child Health Services.

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Resumén

El objetivo fue describir los beneficios del parto normal a partir de los cuidados de enfermería. Se trata de una investigación de revisión bibliográfica basada en artículos científicos, libros, publicaciones académicas y materiales del Ministerio de Salud que se ubicaron en la plataforma de base de datos de la BVS y en las bases de datos LILACS, SciELO, con un corte temporal de publicación entre 2010 y 2020. Enfermeros La asistencia durante el parto está respaldada por la legislación y, además de contar con respaldo legal, también se evidencia que su participación en el proceso del parto es favorable para la salud de la mujer y el niño. Se concluye que el parto normal tiene beneficios al compararlo con la otra modalidad que es el parto por cesárea, como el regreso más rápido a la rutina diaria y el alta hospitalaria ocurre antes, se considera más seguro, porque expone a la mujer a menos procedimientos invasivos y técnicas menos intervencionistas, los resultados favorables del parto normal son numerosos y están dirigidos no sólo a la mujer, sino también al bebé.

Descriptor: Atención de Enfermería; Parto Normal; Enfermería; Salud de la Mujer; Servicios de Salud Materno-Infantil.

Resumo

Objetivou-se descrever os benefícios do parto normal a partir da assistência de enfermagem. Trata-se de pesquisa de revisão bibliográfica de literatura com base em artigos científicos, livros, publicações acadêmicas e materiais do Ministério da Saúde que foram localizados na plataforma de bases de dados BVS e nas bases de dados da LILACS, da SciELO, com recorte temporal de publicação entre 2010 até 2020. A assistência do enfermeiro durante o parto está respaldada por legislação e além de possuir respaldo legal, também fica evidente que sua participação no processo de parturição é favorável para a saúde da mulher e da criança. Conclui-se que o parto normal tem benefícios quando comparado com a outra modalidade que é o parto cesariana, tais como voltar a rotina diária com mais rapidez e a alta hospitalar acontece mais precocemente, é considerado mais seguro, porque expõe a mulher a menos procedimentos invasivos e técnicas menos intervencionistas, os desfechos favoráveis do parto normal são inúmeros e são voltados não apenas para a mulher, mas também para o bebê.

Descritores: Cuidados de Enfermagem; Parto Normal; Enfermagem; Saúde da Mulher; Serviços de Saúde Materno-Infantil.

Introduction

There are two types of delivery, cesarean section and normal delivery, the latter being the focus of this study. Normal delivery, when compared to the other modality, presents benefits when the woman is in adequate conditions for its performance, this because invasive interventions are not performed in it, which allows a faster recovery in addition to other conditions that are favorable for the binomial¹.

In this way, nursing, which is inserted in obstetric care, has attributions within this field of action, being responsible for adopting behaviors that allow bringing benefits to the health of the woman and the baby. In addition, nursing monitors the entire parturition process, which allows us to affirm that these health professionals are important and fundamental in normal delivery care².

Thus, carrying out this study is justified because it will gather important information about the benefits of normal delivery, which will contribute to the literature as it can serve as a basis for other studies, and to broaden the discussions on this topic. It will also contribute to health professionals, especially nursing, demonstrating the contributions that this profession can offer within normal birth care³.

The realization of this research started from the following problem: What are the benefits of normal delivery? To respond to this research, it was listed as a general objective to describe the benefits of normal

childbirth from nursing care and as specific objectives were listed to address the physiology of normal childbirth and health care, identify nursing care for normal childbirth and describe about the benefits of normal delivery⁴.

Methodology

The methodology adopted to carry out this research was the literature review based on scientific articles, books, academic publications and materials from the Ministry of Health. For the selection of these publications, the database platform of the Virtual Health Library (VHL) and the databases of Latin American and Caribbean Literature on Health Sciences (LILACS) of the Scientific Electronic Library Online (SciELO) were used as well as the Ministry of Health website, using the following descriptors: "Normal Birth"; "Benefits" and "Obstetric Nursing".

The inclusion criteria for sample selection were publications with full text, available in Portuguese that met the theme of this research, with a period of publication between 2008 and 2018. The exclusion criteria were incomplete publications, in a foreign language and outside the established period.

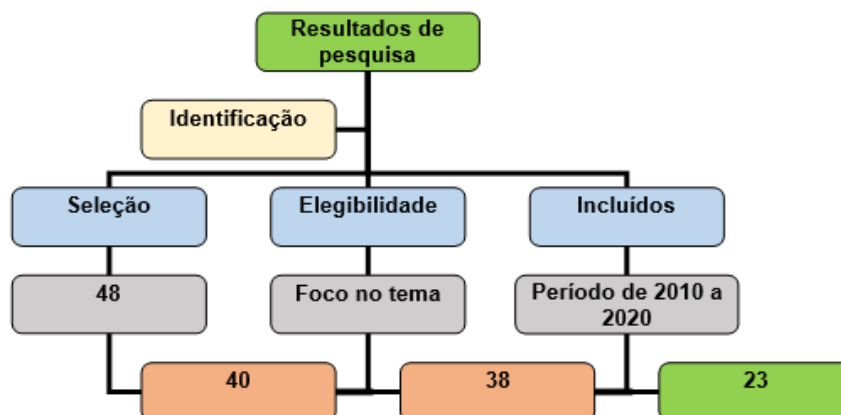
The bibliographic survey was carried out based on the need to build knowledge about the subject to be studied. The adoption of criteria for the selection of articles took place according to the objective of this research.

The following criteria were adopted complete articles published in Brazil, available free of charge in the



forementioned databases, with aspects related to the topic of paranoid schizophrenia in the title. The bibliographic survey was carried out based on the need to build knowledge about the subject to be studied. The adoption of

Figure 1. Scheme of selection and choice of articles. Sao Paulo, SP, Brazil, 2020



After the collection of the articles, the reading that met the inclusion criteria was performed. The second stage consisted of the selection of the most relevant articles to the theme, totaling 18 articles. The third step was to synthesize

all the information in order to find points relevant to the perception of the benefit of religiosity and spirituality in the quality of life of patients with paranoid schizophrenia.

Results and Discussion

Chart 1. Distribution of publications in relation to the results of the articles included. São Paulo, SP, Brazil, 2020

Nº	Results
1	The analysis indicated that the technocratic model of childbirth care has been influencing the experience of women, both in relation to normal birth and in relation to cesarean section. There was also a lack of guidance from the professionals who accompanied the interviewees' prenatal care.
2	It was found that nursing professionals have knowledge of humanized practices, but the use of these practices was rarely observed during daily work. It was noticed that the insufficient number of professionals and the lack of training of the nursing team interfere in the execution of this humanized practice.
3	77.6% of women preferred vaginal delivery, and the reason, for 81.8% of them, was better postpartum recovery; 20.5% believed they had participated in the decision on the type of delivery; 64.5% believed that the delivery to which they were submitted did not involve risks for themselves and 21.9% thought it involved risks for the newborn. There was a statistical association between parity and previous type of delivery with the preferred mode of delivery.
4	The presence of a companion promotes confidence and security at the time of delivery, in addition to being a source of support and strength, capable of alleviating pain and the feeling of loneliness and generating emotional and physical well-being.
5	The positive experience reported by women confirms the premise that the place of care and its characteristics influence the quality of childbirth care. This finding supports the public policy in force in Brazil, which recommends the implementation of ANCs throughout the national territory. It is up to professionals working in this context to develop childbirth care, in accordance with international recommendations.
6	Professionals have knowledge about the health policies that provide for the humanization of labor and birth, they follow these precepts, and their professional practice meets what is recommended by the policies. These results, however, differ from results observed in previous studies.
7	The humanization of childbirth was understood as a set of practices and attitudes based on dialogue, empathy and reception; the provision of guidance; the valorization of the parturient's uniqueness; the performance of procedures proven to be beneficial to maternal and child health and constant professional updating.
8	The parameters that showed the lowest rates of adequacy were rapid tests and repeat tests, with frequencies around 10 and 30%, respectively, in addition to educational activities (57.9%) and tetanus immunization (58.7%). The risk management parameters (92.6%) and fasting glucose test (91.3%) presented the best results. Adequacy of 7.4% was found for PHPN, 0.4% for Rede Cegonha, with regard to the parameters of usual risk pregnancy, and 0 for high risk. There was a statistically significant difference between postpartum women according to place of residence for syphilis serology (VDRL), anti-HIV test and repetition of fasting glucose, and monthly family income influenced the performance of blood typing/Rh factor, VDRL, hematocrit and anti-HIV test.
9	The results showed intermittent auscultation (mean=7 controls); maternal position in semi-sitting expulsive (82.3%), lateral (16.0%), others (1.7%); diet acceptance (95.6%); companion (93.3%); up to three vaginal exams (85.4%); sprinkling bath (84.0%), walking (68.0%), massage (60.1%), Swiss ball exercises (51.7%); amniotomy (53.4%); oxytocin in dilation (31.0%), immersion bath (29.3%), oxytocin in expulsive (25.8%) and episiotomy (14.1%).
10	1.0% of women had excellent care; 28.9% good; 52.7% regular; and 17.4% unsatisfactory. In the general average of scores, hospital 1 had a higher average than hospital 2. Cesarean delivery prevailed in both hospitals, with rates above 50%.
11	The networks of meanings practiced in this scientific community encompass a "disposition to feel and to act" (Fleck) that mark the cesarean section as a "normal" birth: it manifests norms that exclude unpredictability, lack of control, chaos, dangers associated

	with the physiology of childbirth. , meeting the requirement of control, discipline and safety, attributes associated with the technical and technological practices of biomedicine.
12	The results point to care aspects that can contribute to women's satisfaction and the need for further investigations to better understand the multidimensionality of the birth process, whether normal or cesarean.
13	Humanized natural childbirth is healthy for mother and baby, this event occurs without the need for undue procedures, being a safe and pleasant experience for the parturient, and the presence of a companion makes this moment more special. Obstetric Nursing has been gradually gaining ground, transforming care more humanized, respecting and helping the parturient throughout the natural childbirth process.
14	The parturition experience was perceived by most women as extremely painful and painful, compensated, however, by the attention, support and affection received from some professionals and companions, which contributed to a satisfactory view of normal childbirth. Among the professionals, there was a difficulty in conceptualizing the theme of humanization of childbirth. It was noted the importance of focusing, above all, on the relational aspect, the basis for a true humanized practice.
15	55 parturients participated (18 in the initial active phase, 6 in the final active phase and 31 in both phases), over 18 years old, single pregnancy, effective contractions and cervical dilatation ≥ 4 cm. Twenty-two defining characteristics were tested, 6 of which were present in most participants in the two phases: verbal or coded report, observed evidence of uterine contraction, change in muscle tone, observed evidence of pain, expressive behavior and facial expression of pain. There were differences between the phases for diaphoresis, facial expression of pain, protective gestures, analgic position, distracted behavior, self-focus and perineal pressure sensation.
16	A study with middle and upper class women in a private maternity hospital with high rates of cesarean section proposes that, even if the decision for surgery is greatly influenced by the medical factor, the women "agency" the birth of their children. This happens by transforming the event into a significant celebration of the moment of transition to motherhood, with the presence of the family, filming, photography, among other things.
17	They were structured into three categories based on the Practical Guide of the World Health Organization with recommendations for safe practices in normal childbirth.
18	In the results, the puerperal women define motherhood as the realization of a dream combined with responsibility and commitment to the new being that is fragile and dependent on their care. It was concluded that motherhood for these puerperal women is a unique moment, with feelings of insecurity to take care of the newborn and self-care.
19	The sample consisted of 81 pregnant women, which means 20.88% of annual births, and 28.72% of pregnant women registered in the Information System of the Prenatal and Birth Humanization Program of the Ministry of Health (SISPRENATAL); of these, 75% (n=61) prefer vaginal delivery and 25% (n=20), abdominal delivery. These data indicate that the preference mentioned by pregnant women does not influence the type of delivery performed, since the rate of cesarean sections in the municipality in question is 89%. Three puerperal women who performed abdominal deliveries were interviewed and in their conception, vaginal delivery offers more risk in parturition.
20	Obtaining better results requires complex assistance articulations, which depend on integrated efforts by the State, Municipalities and the health professionals involved. To guide the planning of this assistance reorganization, it was proposed to review the "Line of Care for pregnant and postpartum women" in each of the health regions of the state. Line of care (LC) is the trajectory of care flows, which must be guaranteed to the user to meet their health needs, supported by scientifically based clinical protocols and with management guidance.
21	We understand that although the role of the obstetric nurse is recognized as important and constitutes a paradigmatic change in the care of women, newborns and families, there are still gaps in knowledge about this topic, requiring new discussions, reflections and publications to support and give greater visibility to the work developed by these professionals.
22	The most frequent way of delivery was cesarean with 95% (38). The choice of companion was possible for 92.5% (37). The association between the choice of companion variables and age at the time of the last delivery showed a statistically significant result. Conclusion: the need to reflect on the care provided to women during the process of childbirth and birth can be highlighted, being one of the ways to guarantee safe and humanized motherhood.
23	Mediana is an area of knowledge in constant evolution. Safety protocols must be followed, but new research and clinical trials may merit analysis and revision. Changes in drug treatments or resulting from procedures become necessary and appropriate. Readers are advised to check the product information provided by the manufacturer of each drug to be administered, checking the recommended dose, mode and duration of administration, as well as contraindications and adverse effects.

Considering the meaning of the word "normal" and what the naturalness of childbirth of this type refers to, it is expected that its course will be experienced in a peaceful way, which in itself can be considered a benefit, since the opposite would be the use of medications to accelerate its event, removing its normal and expected physiology. In addition, knowing that this type of procedure is under the logic of humanization, this implies inferring that the delivery will be carried out in a respectful way and based on the uniqueness of the woman, corroborating the other literature already mentioned in this work⁶.

Normal deliveries are associated with a lower chance of maternal and neonatal morbidity and mortality, especially puerperal infection and prematurity. In addition, vaginal delivery is associated with shortened puerperal recovery, shorter hospitalization time, less need for professional interventions, less medication use, shortened initiation of breastfeeding, as well as lower expenses with

the public health system. All the benefits presented are already well documented in the literature, being widely disseminated by the World Health Organization (WHO) and the Ministry of Health⁷.

Studies indicate that the performance of normal delivery is not associated with a higher risk of postpartum hemorrhage, as well as the need to hospitalize the parturient in the Intensive Care Unit (ICU), being some of the benefits of normal delivery when compared to cesarean section. Still in this comparison, normal delivery is associated with a lower chance of uterine rupture and abnormal placentation. In addition, these benefits also extend to the newborn, as normal delivery is less associated with the need for ventilatory support and complications for his or her health^{8,9}.

Some countries such as the United States of America (USA) and the People's Republic of China created and guided, in 1982, the competent entities to certify the practice of acupuncture, as well as other complementary



Pereira ACS, Sakman R, Voltarelli A, Vasconcelos AMS, Nunes S, Ferreira ICC so they also adhere to the therapy and show a significant interest. The fact of accepting the Complementary Integrative Practice in the SUS is related to the graduation training. It is considered the fact that even the student or nursing professional uses acupuncture to treat himself, to the point that other health professionals do not show much knowledge and interest¹⁷.

It is clear that nurses need to know the practice of acupuncture, debate the stagnation of existing therapies and exempt themselves in order to transform care into a broader, humane care prepared to enhance the autonomy of the other¹⁸.

The practice of acupuncture must be interconnected with other complementary practices, with the purpose of offering a more complete assistance and strengthening the nurse-user bond. The uncertainties of the unknown, the estrangement with the health team, the characteristics and restrictions of the dialysis method and the preconceived ideas, which the client sometimes brings with them, are important and determining aspects in this first moment of the analysis, the theoretical model proposed by King in the 1970s, a time when nurses sought to identify bases of scientific knowledge for their practice, contributes to a more humanized care by integrating the personal, social and interpersonal system, allowing the participation not only of the patient, but also of their family, even your social group¹⁹⁻²¹.

The future of acupuncture in this hemisphere largely depends on the safety and effectiveness of the treatment. Therefore, one of the main objectives of obstetric nurses working with childbirth is to bring to light several techniques, highlighting aspects of female physiology without unnecessary interventions²².

Well-established infection prevention and control practices, recommended by regulatory bodies, must be applied and adapted by nurses for complementary and alternative medicine so that there is no harm to the user^{19,20}.

In order to practice the profession on a regular basis, the professional nurse needs to have a Taxpayers Register after completing the postgraduate course, in accordance with the legislation in force in the state of São Paulo. In an interview conducted by the Regional Council of Nursing (COREN), in 2011, with the acupuncturist nurse and president of the Brazilian Association of Acupuncturist Nurses (ABEN), he highlights that "in addition to his own clinic, the acupuncturist nurse can work in posts and schools with the correct structure in accordance with health surveillance standards (disposal of sharp perforations, presence of white garbage, among others)"^{21,22}.

In hospitals, due to the lack of professionals trained in acupuncture, the professional usually performs other functions, but they can be complemented with acupuncture in nursing consultations. Recommends, in the interview carried out, that the acupuncturist nurse seeks an alternative registered service so that he can also have the benefits of CLT (Consolidation of Labor Laws), guaranteeing the benefits that will be reaped in the future^{22,23}.

therapies. In these countries, including the People's Republic of Korea and the Socialist Republic of Vietnam, the practice of Alternative and Complementary Medicine (CAM) is regulated and covered by health insurance companies¹⁰.

In China, a few years earlier, in 1949, the State Administration of MAC issued and certified the first regulations on the exercise of this activity, which has 525,000 medical experts, already with duly legalized activity, in addition to 35,000 beds distributed over 2,500 hospitals to MAC that patients are treated in everyday life using this model of medicine. In Vietnam, the first decrees on this type of practice were issued in 1955, which regulated the activity of 25,000 doctors specializing in traditional medicine and 20,000 acupuncturists¹¹.

It is noted that they were exclusive practices of the middle class. In Brazil, initially, the Ministry of Health (MS) presented the National Policy on Natural Medicine and Complementary Practices in the Unified Health System in 2005, with the purpose of putting into practice some experiences that were already being inserted in the public attention of most municipalities and states, especially acupuncture. The author emphasizes that the advances in the implementation of acupuncture in the public network are largely absent, even though at the beginning this exercise was restricted to medical, dental and veterinary classes only, that is, without the participation of other classes of professionals, including nursing¹².

The question was raised about ethical posture, which provoked critical reflections on values, freedom of action, conscience, as foundations and professional principles, involving judgments, beliefs and convictions. Therefore, there was a need for acupuncturist nurses to participate in the process of regulating the acupuncture profession and its practice as a specialty, under penalty of being excluded from the possibility of exercising it¹³.

Studies corroborate that, specifically, for nurses, it is mandatory to take a Complementary Health Therapy (SCT) course, which includes acupuncture, in accordance with the terms of specific regulatory legislation. This legislation also establishes complementary therapies (CT) as specialties or professional nursing qualifications, after a full 360-hour specialization course^{13,14}.

In other studies, it was understood that the challenge faced by nurses is their participation in the implementation of acupuncture activity, either as a profession or as a specialty of their professional category, emphasizing that the culture of this professional class depends, in most cases, on the interest and awareness of those who act and are involved in knowing and doing that characterize nursing. Consequently, it is essential to increase the horizons of the concepts of the benefits of the acupuncture technique, with the expansion of therapeutic practice for nurses in universities and public and private health institutions, so that it becomes a multiprofessional, shared, ethical practice, in benefit of the Brazilian population^{15,16}.

When compared to other health professionals, nurses are more interested in the practice of acupuncture,



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invasive procedures and less interventionist techniques, the favorable outcomes of normal birth are numerous and are aimed not only at the woman, but also at the newborn, with benefits ranging from the fact that to be less interventionist and due to multiple maternal and neonatal outcomes, demonstrating the potential for choosing normal delivery.

Conclusion

It is concluded that normal delivery has benefits when compared to the other modality, which is cesarean delivery, due to the return commonly without complications in the routine and hospital discharge occurs faster. It is considered safer, because it exposes the woman to less

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