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ANÁLISE DO CONCEITO PARTO HUMANIZADO DE ACORDO COM O MÉTODO EVOLUCIONÁRIO DE RODGERS

ANALYSIS OF HUMANIZED DELIVERY CONCEPT ACCORDING TO THE EVOLUTIONARY METHOD OF RODGERS

ANÁLISIS DE ACUERDO HUMANIZADO CONCEPTO DE PARTO CON EL MÉTODO DE RODGERS EVOLUCIONARIO

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RESUMO
Objetivo: clarificar o conceito “parto humanizado”, expresso pela literatura da área de saúde. **Método:** análise de conceito baseado no Modelo Evolucionário de Rodgers através de 18 artigos científicos. **Resultados**: No contexto do ambiente hospitalar, o parto humanizado apresentou como atributo essencial o respeito à fisiologia do nascimento, expressa uma experiência humana com utilização das boas práticas para promoção do nascimento seguro e ativo. Nos antecedentes verificou-se a influência da qualidade do pré-natal, a estrutura física das maternidades, capacitação da equipe de saúde e o respeito aos direitos da mulher e do recém-nascido. Os consequentes foram expressos em aspectos para a mulher, para o recém-nascido e para a família. **Conclusão:** esta análise possibilitou a identificação de novas concepções como a necessidade de implementar boas práticas obstétricas em todos os serviços de atenção obstétrica e a importância da presença de uma equipe interdisciplinar.
Descritores: Enfermagem; Formação de conceito; Parto humanizado.

ABSTRACT
Objective: To clarify the concept of "humanized delivery". **Method:** Concept analysis based on the Rodgers’ Evolutionary Model through 18 scientific papers. **Results:** Within the hospital environment, the humanized delivery presented as an essential attribute the respect for birth physiology; it expresses a human experience with use of best practices for promoting safe and active birth. In the background there was the influence of prenatal quality, the physical structure of hospitals, health staff training and respect for women's rights. The consequents were expressed in aspects to the woman, the newborn and family. **Conclusion:** This analysis extended the conception of the term and allowed the identification of new concepts. In addition to identifying that in some health services, despite the humanization policies, there is a lack of practices that promote quality humanized care.
Descriptors: Nursing; Concept formation; Humanized delivery.

RESUMEN
Objetivo: clarificar el concepto “parto humanizado”. **Método**: análisis de concepto basado en modelo evolutivo de Rodgers a través de 18 artículos científicos. **Resultados**: En el contexto del ambiente hospitales, lo parto humanizado presentó como atributo esencial el respeto a la fisiología del nacimiento, expresa una experiencia humana con utilización de las buenas prácticas para promoción del nacimiento seguro y activo. En los antecedentes se verificó la influencia de la calidad del prenatal, la estructura física de las maternidades, capacitación del equipo de salud y el respeto a los derechos de la mujer y del recién nacido. Los consecuentes fueron expresos en aspectos para la mujer, para el recién nacido y para la familia. **Conclusión**: este análisis amplió la concepción del término y posibilitó la identificación de nuevas concepciones como la necesidad de implementar buenas prácticas obstétricas en todos los servicios de atención obstétrica y la importancia de la presencia de un equipo interdisciplinar.
Descriptores: Enfermería; Formación de concepto; Parto humanizado.

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INTRODUCTION

Since the 80's, models of childbirth care have been discussed in an increasingly emphatic manner, involving both philosophical and cultural issues and practices applied during the prenatal, delivery and puerperium follow-up. In such discussions, there are divergent opinions on humanized practices[1].

For some authors the concept of humanized assistance during labor is to involve the partner presence, dialogue, pain relief techniques, food intake, freedom of movement and choice of the position of giving birth. However, other authors conveyed the idea that humanized obstetric practices are related to the absence of medical interventions such as medication induction of labor, routine use of episiotomy, kristeller maneuvers, use of forceps, aspiration of the newborn (NB), use of silver nitrate in the NB and separation of this from its parent immediately after birth[2].

Obstetric practices are marked by the culture and model of local health care. In Brazil, the predominant hospital-centered care model is the main attention and centered on the medical picture, meaning childbirth as a non-physiological event but at risk for the lives of women and children[3].

It is believed to be one of the causes of the high cesarean rates in the country that activates 52% of births, with no obstetric indication (3). In the private sector, a prevalence of 87.5% cesarean section was observed, with an increase in the decision by cesarean section without the end of gestation, regardless of the diagnosis of complications[3].

From the philosophical point of view, the humanization of health care is understood as an interaction between professionals and users capable of generating dialogue, respect, mutual recognition of the rights and duties of both and solidarity. In this perspective, humanized assistance happens when a multi-professional team is able to interact with patients and their families in a way that establishes a relationship of respect for the human being and his essential rights[4].

Based on the above, it is perceived that, currently, one of the biggest obstacles to humanized care lies in the organizational culture of obstetric health services. The concept of humanized delivery is not incorporated into Brazilian obstetric behavior and there is a lack of information in the obstetric centers on the process of humanized birth and delivery, evidenced by the way health care is organized with respect to its physical structure, in the host dynamics, in the unprepared manner in which health professionals receive the parturient and their relatives[5].

Another point worth highlighting is the uncritical acceptance by parturients of the best practices to be implemented during their labor. All parturients have the right to choose from the multi-professional team the most appropriate procedures for their birthing process. However, in most health institutions, decisions about the procedures to be performed are taken exclusively by health professionals[2].

Humanized childbirth is therefore a polysemous and complex concept. Obstetric nursing follows the evolution of the National Humanization Policy (HNP) and plays an important role in assisting the process of low-risk obstetric hospital delivery[5].

Analyzing a concept allows to elucidate vague, ambiguous and preconceived ideas, according to the historical social context. Therefore, it is of great relevance to define terms so that subjectively preconceived conceptions are eliminated and literature becomes the source of knowledge acquisition. The use of theoretical models to analyze concepts provides subsidies to characterize phenomena adequately and to keep them current taking into account their dynamicity[6].

In view of the above, this study is relevant because it allows analyzing the meaning of the humanized childbirth concept and acquiring more knowledge about the subject in order to qualify and to improve health care. It also permits the search for evidences regarding the humanization of the birth and delivery process in order to achieve improvements in the nursing care provided through the precision in the application of this concept in the health area.

Therefore, this study aimed to clarify the concept of humanized delivery from the Rodgers' Evolutionary model, to provide a better scientific basis for the care practices of obstetrician nurses and to contribute to a more coherent relationship between humanized care and the terms that define it. In addition, it may raise social awareness about the delivery/birth rights in the Brazilian health system capable of encouraging respect at birth and quality care, as well as

fostering Nursing in the model of obstetric care based on the best scientific evidence.

METHODS

This is a concept analysis study based on Rodgers' evolutionary model. This model understands the concept as something dynamic, broad and absolute, as well as considering aspects and contextual dependence as influencers of its understanding. It is, therefore, a valid strategy to investigate a concept of interest contributing to nursing practice and research[7].

The evolutionary model establishes six complementary and interdependent stages:[1] identification of the concept of interest[2]; selection of a suitable domain for the selection of articles[3]; analysis of the data extracted from the articles, to identify the attributes and contextual basis of the concept[4]; data analysis distinguishing the characteristics of the concept, its antecedents and consequent[5]; identification of substitute terms, related concepts and model case concept[6]; identification of hypotheses and implications for other studies. It was decided to use the first four steps of the method because they understood that they contemplated the purpose of this study.

Taking into consideration the steps of the process to select the articles, the following guiding question was elaborated: What is the concept of humanized delivery according to the evolutionary method of Rodgers?

In obedience to the planned steps, the concept of interest analyzed was "humanized childbirth" in the hospital environment, considering the discussions and their relevance to the care practice, with the purpose of clarifying the phenomenon for the obstetric nursing area.

The domain used for the selection of articles was the Portal of Journals, from the Coordination of Improvement of Higher Education Personnel (Capes), for offering access to the best national and international scientific production. Data collection took place in June and July 2015, using the controlled descriptors Humanizing delivery, natural childbirth, parturition.

For the selection of articles, the following inclusion criteria were established: to be available in full in Portuguese, English or Spanish, published in the period from 2010 to 2015, and to be related to the concept in focus. Editorials, revisions, letters to the editor and researches that applied the term outside the hospital environment were excluded.

Subsequently, a thorough reading of the titles and abstracts of the articles was carried out. Those who raised doubts as to their relevance were read in their entirety. After defining the texts to be used, the texts were analyzed by means of readings and re-readings in order to identify the parts that corresponded to the essential attributes, antecedents and consequent of the concept in interest. At the end of the exhaustive reading of the material, the data were organized in a thematic way from the conceptual analysis.

The ethical use of abstracted content of citations and respect for the copyrights of data of public domain articles is emphasized.

RESULTS E DISCUSSION

In the initial search of the scientific articles 54 publications were found. After applying the established criteria, 36 articles were excluded. Thus, the final study sample consisted of 14 articles. It was verified the predominance of published works from 2013. The interest of the researchers in the last years has been increased, which contributes to the practice based on evidence through the use of the results of researches. The synthesis of attributes, antecedents and consequents identified in the analysis of the articles is shown in Figure 1.

Figure 1- Synthesis of the attributes, antecedents and consequents of the concept "humanized childbirth", according to Evolutionary Method, 2015.

Humanized delivery according to the evolutionary method of Rodgers	Essential Attributes	Respect to the physiology of childbirth[8,9, 10, 11,12,13,14,15, 20, 22] Act of listening and guaranteeing the right of knowledge and choice of the parturient[9,12,15] Respect for the clinical aspects of the newborn[10,13,16] Physiological and sexual event[12] Human experience involving subjective, social, psychological and emotional aspects of the woman patient[8,9,10,11,12,16] Recognition of the fundamental rights of mothers and babies[8,9,10,14,16,20,21,22] A set of good practices to promote healthy birth and prevention of maternal and perinatal mortality [10,11,14,16] Use of evidence-based practices[20] Adoption of measures that meet the bio-psycho-emotional needs of the parturient, the newborn and the family[8,12,14] Safe, natural and active delivery[8,12,16,21]
	Background	Recognition of social and cultural aspects of childbirth and birth[10,11,12,13,14,16] Respect to the birth plan, decision power of the woman and information about the procedures performed[9,12,13,16,18] Demystification of labor pain, comfort measures and non-pharmacological techniques for pain relief[9,10,11,12,13,16,18,20,22] Qualified prenatal care and health education for pregnant women and companions[8,9,11,12,13,15,18] Reception and physical structure of the appropriate maternity hospitals[9,10,11,12,13,14,16,17,19] Emotional and clinical support adequate to the physiology of labor based on scientific evidence[9,10,11,12,14,15,18] Presence of doula and accompanying woman of free choice[8,9, 10,11, 12,15,18] Presence of an anesthetist available during labor, participation of obstetrician nurses in parturient care[8,9,10,12,15,17,18,19] Training and awareness of professionals on the humanization of childbirth and the support of hospital managers[8,9,10,12,14,16,17,18] Immedicalization of the labor process / reduction of invasive procedures[9,10,11,12,13,14,18] Empathy and good communication between the multiprofessional team and the user[8,9,12,14,17,18,19,20] Freedom from fluid intake, ambulation, and free choice of comfortable positions during labor and delivery[8,9,11,12,13,17]
	Consequents	For woman Autonomy and empowerment[8,9,10,11, 12,13,16,18] Protagonism [8,9, 11,12,13,14,16,17,18,20] Good postpartum recovery[11,14] Reduction of maternal morbidity and mortality[11,12,16] Respectful and pleasant delivery [8,9,11,12,13,16,17,18] Satisfactory care[8,9,11,12,15, 17] Feeling of appreciation and personal fulfillment[8,11,14,13,15,17] Positive perception of normal delivery[8,9,12,14,15,16,17,18] For the newborn Good vitality[10,11, 14] Promotion of skin-to-skin contact[9,10,11,16] Promotion of exclusive breastfeeding[9,10,11,16,18] Favoring the mother-baby bond[9,17] Integral care[8,11,17] For the family Formation of affective bonds[8,9,10,12,14,15,16,17] Valuation of social and cultural aspects of childbirth[10,14] Strengthening family ties [8,10,12,14,15,16,17] Satisfaction[8,16,17] Information about the hospital routine[9,10,11,13,14,15,16]

Source: Own elaboration, 2015.

Attributes of the concept of humanized childbirth

The essential attributes express the nature of the concept[10]. To identify them, the criteria used by the evolutionary model were: how does the author define the concept? What are the characteristics of the concept pointed out in the article? What ideas does the author discuss about the concept of humanized childbirth?

There was agreement in the studies regarding the principle of respect to the physiology of the birth and the clinical aspects of the newborn. The authors expressed humanized delivery as a human experience with

understanding of the subjective, social, psychological and emotional aspects of the parturient with adoption of measures that meet the bio-psycho-emotional needs of the parturient, the newborn and the family.

In addition, they emphasized the need for humanized childbirth to occur through the set of good practices for promoting healthy birth and prevention of maternal and perinatal mortality, that is, the recommendation of practices based on scientific evidence was significant.

Respect for the physiology of childbirth understands birth as something that flows naturally and involuntarily, where there is a need to promote the physical and psychic well-being of the mother-child binomial with minimal external interference. This implies changes in the conduct of health professionals, hospital routines and hospital physical space[12].

Childbirth should be understood as an event involving social and cultural issues that need to be understood and respected by professionals to provide adequate emotional support to each pregnant woman and family[10].

Each woman experiences parturition differently and depends on particular contexts that mark her experience of childbirth. Women with positive experiences during the parturition process are more likely to exercise maternity than others who have undergone obstetric violence. They also have important benefits for the newborn as the desire to breastfeed and protect it[17].

Humanized childbirth was perceived as a safe, natural and active event by exercising the act of listening and guaranteeing the right of knowledge and choice of the woman patient. Birth is historically a natural event. As it is shown in the study, it is undoubtedly a mobilizing phenomenon, even the earliest civilizations have added to this event countless cultural meanings that have undergone transformations through generations and still celebrate birth as one of life's defining facts [11].

In analyzing the essential attributes, the expressions used to define humanized childbirth complement each other and are interconnected with each other, in addition to converging to two central ideas that are respect for the human being in its essence and citizenship and naturalness with which one should be seen based on the best scientific evidence.

Despite the encouragement of natural childbirth after the implantation of the Prenatal and Birth Humanization Program [13], some institutional realities reveal that there are no major transformations in this regard. Thus, it is necessary to rethink birth, to free oneself of cultural conceptions about childbirth, and to see the woman in parturition with her most primitive mammalian needs, how to feel secure.

Structural changes in maternities such as the existence of PPP (pre-delivery, childbirth and immediate puerperium) rooms with the possibility of penumbra, privacy and silence are important factors to facilitate the delivery of women. It is essential that the place of delivery is comfortable, cozy, pleasant, familiar, that guarantees respect for the intimacy and security of the woman, making her supportive and welcoming[23].

This information corroborates a study carried out in a PPP room in Recife, where it was observed the importance of an adequate structure to receive the parturient and her companion, besides the applicability of protocols based on scientific evidence to support the care provided to the couple mother and child[24].

In most Brazilian maternity hospitals, the reality of childbirth care reflects a care marked by routine interventions such as venipuncture, oxytocite use, episiotomy, analgesia, trichotomy and intestinal lavage, valuing the medical professional rather than benefits to the binomial. There is evidence that venipuncture to hydrate the pregnant woman makes it difficult to ambulate and free movement, episiotomy generates a genital lesion that causes great discomfort due to reaching muscle tissue and does not prevent perineal lacerations[16].

From another perspective, there are practices that should be encouraged such as the presence of a pregnant woman's free choice companion, stimulation of walking and change of position, use of techniques for relaxation and massage, privacy of the environment, music therapy and breathing exercises[10].

A study carried out in the city of Campina Grande-PB, analyzed the perception of eleven puerperas about the use of non-pharmacological methods of pain relief at delivery, and positive effects on labor and delivery experience were observed[25].

Walking and moving during labor, especially performing the pelvic balance, promotes autonomy, the role of the parturient and relieves tension and pain. Spraying and immersion baths, breathing exercises and

massages in the lumbar and sacral regions alleviate pain, relax and accelerate labor, and reduce the chances of perinatal complications[23].

Human birth is marked by a series of events controlled by the action of hormones (oxytocin, endorphins, catecholamines, prolactin) that when receiving brain commands trigger the moments of childbirth. However, for all phases of labor to occur properly, it is necessary to meet the most primitive needs of pregnant women, such as privacy, protection and safety. The erroneous idea that in order to happen a humanized delivery the woman needs a trainer who will teach her to give birth does not proceed, which can disrupt the process of childbirth, generate emotional stresses and lead to a slowing down of labor[12,17].

Background of the humanized childbirth concept

The antecedents are the events that precede the concept of interest and through them it is possible to identify the different contexts in which a concept can be used. To do so, the following questions guided the construction of the antecedents: what is necessary to obtain a humanized birth? What are the events that contributed to the imminence of the concept of humanization of childbirth?

It is inferred that the antecedents found for humanized delivery direct care to the holistic model in which care is centered on the human being and on his individual biopsychosocial needs. However, faced with the predominant model of obstetric care in Brazil, the task of implementing evidence-based care with a change of attitude in delivery protocols is difficult, despite government incentives to carry out a humanized care such as the Normal birth (ANC) [26].

Thus, the experience of implementing humanized childbirth in some Brazilian health services has presented itself as a slow and, in a way, difficult process. Multiple and consistent interventions such as prenatal quality improvement, preparation and encouragement of pregnant women for vaginal delivery, dissemination of up-to-date clinical protocols, maintenance of the debate on the quality of delivery care and birth in health institutions and professional forums, financial investments in hospitals, interactive educational workshops and training of the multi-professional team are fundamental to success [26].

Health education has an important contribution to the demystification of childbirth pain, as well as to the empowerment and protagonism of women at the time of childbirth, providing a differentiated social perspective for conducting and experiencing the birth process. Educational actions transform the lives of many women because they help them to change the way they deliver, give birth, when this is provided for woman who is able to experience the sensations of parturition by recognizing the power of the sensations of the physiology of her body [27].

It is important to demystify the pain of childbirth and to introduce non-pharmacological measures of relief of labor pains in health services. When the parturient understands the pain of childbirth as positive and characteristic of the physiology of childbirth, her body tends to release beta-endorphins, which are involved in the modulation of pain and are considered an endogenous analgesia system[25].

The use of analgesia is a right that must be assured to all pregnant women; however, health professionals should guide the user about the risks and benefits of its use as well as the relationship between its use and the increased prevalence of instrumental deliveries. It was verified in the analyzed studies that women who underwent analgesia report the birth process as a positive experience[25].

Accordingly, another study[14] related the nurse's performance to more attentive care, centered on individual and less interventional needs. With this care the parturients used to be calmer, confident and encouraged to support this process in a balanced way[17].

Nursing plays a fundamental role in the development of educational practices for pregnant women, so as to provide a better experience of pregnancy and the adequacy of the woman to the sensations of the physiology of childbirth [11]. The experience of a group of obstetrical nurses who provided health education for pregnant women found that educational practices focused on fostering, bonding and promoting safety work in a positive way to provide good experiences for women during the moments of increasing female empowerment[28].

Demystifying the pain of childbirth so that women have a better perception of childbirth, their empowerment, safety, and confidence with regard to physiological sensations during parturition promote a pleasurable motherhood

with affective bonds between mother, newborn and family[18].

One of the study carried out by Camacho and Progiant (2013) described the process of acquisition of obstetrical practices by obstetrical nurses in front of the implantation of the humanized model and identified that many obstetric nurses in the process of implantation of the humanization policy of childbirth and birth reconfigured their obstetric practice of care, focusing on the stimulus of women's role and respect for the physiology of childbirth[13].

However, the medicalized health care culture, the lack of active positioning during parturition and the erroneous beliefs about the pain of childbirth generate great dissatisfaction during the experience of the labor process. In this context, it is worth emphasizing that health professionals should be able to attend parturients and their families throughout the delivery process, since, in order to guarantee humanized care, there is a need to deconstruct hospital practices that are perpetuated in nursing institutions that are based on biomedical culture[18].

Consequent of humanized birth concept

The definition of the consequents directs the results to the events that arose after the application of the concept under analysis. For their identification the questions were asked: what happened as a result of humanized delivery? What are the implications for the woman, the newborn, and the family?

The feeling of respect and pleasure is remarkable in puerperal women who experience a humanized birth, especially the one attended by obstetrical nurses. These receptions welcome the pregnant woman in a warm and caring way; stimulate the body movement and relaxation exercises, favoring the protagonism and empowerment of the parturient. The use of these practices and attitudes has effects considered beneficial by women, who report feeling their internal potentials strengthened to make their own decisions, which means respect and recognition of their right to make choices.

However, the lack of protocols of humanized care for pregnant women based on scientific evidence in hospitals and the lack of qualification of health professionals, who after graduation are frequently updated, favor the perpetuation of an existing power relation between the worker health and the user, in which the worker has a position of knowledge holder and subjugates the autonomy and decision-making power of the woman during childbirth, which hampers her protagonism, autonomy and empowerment[24].

The risks of complications in normal humanized deliveries are 3.5 times lower when related to cesarean surgeries. Thus, the percentage of maternal deaths, puerperal infections and perinatal intercurrences can be reduced by encouraging physiological delivery and humanized delivery practices[12-16].

Pleasurable and respectful delivery was found in births involving care centered on the care of pregnant women and the family during the care provided by qualified professionals. The satisfaction with the care provided by these professionals was related to aspects such as accessible language to communicate with the parturients, time dedicated to listening to them and assistance in breastfeeding[29].

Regarding the implications for the family, the importance of the companion, who is someone of parturient affinity, represents the family and gives adequate emotional support to the woman[10]. Another study[12] showed that the active participation of the companion promotes emotional support to the pregnant woman and brings a familiar reference that is configured in fragile aspects in the hospital environment.

The benefits to the newborn are the early contact between mother and child, breastfeeding in the first hours of life and strengthening of family ties[10].

A study by Moreira et al. (2014) revealed that skin-to-skin contact between the mother and the newborn soon after birth was more frequent in the Southern Region (32.5%), as well as maternal breast delivery room (22.4%). However, the proportions of breast offer in the delivery room are still low in all regions of Brazil (16.1%), the lowest proportion found in the Northeast Region (11.5%). This result demonstrates a deficiency in promoting and encouraging breastfeeding and strengthening the bond between mother and child[30].

The newborn after leaving the maternal uterus needs care that guarantees his physical and mental health because he is living a delicate process of searching for homeostasis of extra-uterine life. Thus, it is necessary to provide care in which the birth is seen not as a medical act, but rather as a family event[30].

FINAL CONSIDERATIONS

The elements identified in the articles, using the Evolutionary Method, were valid for the understanding of the concept studied, helping to understand the adequate care of the woman's, the newborn's and the families' needs.

The results obtained allowed to broaden the conception of the term and the identification of new conceptions such as the need to implement good obstetric practices in all obstetric care services and the importance of the presence of an interdisciplinary team with insertion of doula and obstetric nurse in the process of parturition.

Thus, in general, the analysis of the concept of humanized delivery expressed the respect to the protagonism and autonomy of women in choosing the way of delivery, multidisciplinary monitoring and care based on scientific evidence.

In many health institutions there is still the mistaken conception of humanized childbirth. The analysis identified the importance of quality prenatal care, better structure of maternity units, training and awareness of the professionals on humanization, and the demedicalization of the delivery process with the reduction of unnecessary procedures. It is suggested a broad discussion about the antecedents found in this study to provide safe and satisfactory delivery assistance to women and their families.

Nursing as a specialized science in caring conceives health care in a holistic dimension and valorizes physical, psychic, social and spiritual aspects. In this sense, it is an adequate profession to attend low-risk obstetric deliveries from the perspective of the analyzed concept.

In view of the above, it is worth highlighting the importance of universities and specialization courses for the training of obstetrical nurses trained in humanized care besides investing in normal delivery centers. In addition to this, it is the responsibility of health institutions to provide training courses for the entire multi-professional team in order to provide satisfactory humanized deliveries.

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