Affective aspects and experience: Social representations of birth in women assisted by nurses and doctors

Aspectos afetivos e experiência: Representações sociais do parto em mulheres assistidas por enfermeiros e médicos

Aspectos afectivos y experiencia: Representaciones sociales del nacimiento en mujeres asistida por enfermeras y médicos

RESUMO

Objetivo: Analisar experiências de mulheres assistidas durante o parto pelo enfermeiro obstetra e médico, para verificar se a atuação desses profissionais modifica as representações sociais do parto normal. Método: Estudo descritivo fundamentado na Teoria das Representações Sociais, desenvolvido em unidades da estratégia de saúde da família, localizadas em Goiânia-Goiás, com mulheres no período puerperal tardio. Os dados foram tratados por meio do Software de Análise e Evocação e de Similitude, as análises estatísticas foram realizadas no Excel, versão 2016. Resultado: A experiência das mulheres assistidas no parto normal pelo enfermeiro obstetra são mais positivas e agradáveis em comparação às mulheres em que o parto foi realizado por médicos. As Representações Sociais do parto assistido por enfermeiro obstetra e médico são diferentes, bem como a experiência. Conclusão: A assistência proporcionada pelo enfermeiro obstetra é experienciada como saudável e tranquila, enquanto que a prestada pelo médico é tranquila, porém marcada pelo medo.
DESCRITORES: Transferência de Experiência; Enfermagem obstétrica; Parto normal; Representações sociais.

ABSTRACT

Objective: To analyze the experiences of women assisted during childbirth by obstetric nurses and physicians, to verify whether the actions of these professionals change the social representations of normal childbirth. Method: Descriptive study based on the Theory of Social Representations, developed in units of the family health strategy, located in Goiânia-Goiás, with women in the late puerperal period. The data were treated using the Analysis and Evocation and Similitude Software, the statistical analyzes were performed in Excel, version 2016. Result: The experience of women assisted in normal delivery by the obstetrician nurse is more positive and pleasant compared to women in that the delivery was performed by doctors. The Social Representations of childbirth assisted by an obstetrician and physician are different, as well as the experience. Conclusion: The assistance provided by the obstetrician nurse is experienced as healthy and calm, while that provided by the doctor is calm, but marked by fear.
DESCRIPTORS: Transfer of Experience; Obstetric nursing; Normal birth; Social representations.

RESUMEN

Objetivo: Analizar las experiencias de mujeres asistidas durante el parto por enfermeros y médicos obstetras, con el fin de verificar si las acciones de estos profesionales modifican las representaciones sociales del parto normal. Método: Estudio descriptivo basado en la Teoría de las Representaciones Sociales, desarrollado en unidades de la estrategia de salud de la familia, ubicadas en Goiânia-Goiás, con mujeres en el período puerperal tardío. Los datos fueron procesados mediante el Software de Análisis y Evocación y Similitud, los análisis estadísticos se realizaron en Excel, versión 2016. Resultado: La experiencia de las mujeres asistidas en parto normal por la enfermera obstetra es más positiva y placentera en comparación con las mujeres en que se realizó el parto por doctores Las Representaciones Sociales del parto asistido por obstetra y médico son diferentes, así como la experiencia. Conclusión: La asistencia brindada por la enfermera obstetra es experimentada como saludable y tranquila, mientras que la brindada por el médico es tranquila, pero marcada por el miedo.
DESCRIPTORES: Transferencia de Experiencia; enfermería obstétrica; Parto normal; Representaciones sociales.

Elisângela Euripedes Resende Guimarães
PhD student in Psychology, Professor at the Pontifical Catholic University of Goiás, Brazil.
ORCID: 0000-0002-5175-801X

Lila Spadoni
PhD in Psychology, Professor at the Pontifical Catholic University of Goiás, Brazil.
ORCID: 0000-0001-5840-2799

INTRODUÇÃO

There are historical conflicts involving the actions of nurses. Its origin can be related to the beginnings of the practice of care, performed by women, as one of their social roles.

In the obstetric field, knowledge related to caring during the parturition process was passed on from mother to daughter for generations. The increasing changes imposed by advances in all areas of human knowledge have also had repercussions on obstetric care. The existing space for monitoring labor and births performed exclusively by women gradually allowed the entry of the male figure, these doctors, at first restricted to cases of complications, which in a short time extended to all cases. What was to be used in necessary cases became clinically and culturally normalized among professionals and parturients. [1]

Changes in the parturition process occurred progressively, among them the modification of the position of childbirth, from vertical to horizontal, the creation of maternity hospitals that changed the scenario of labor and birth. This ceases to be a physiological, feminine, family and social event and becomes a medicalized act, initiating a technocratic model of childbirth care. [2-3]

This new model distanced the woman from being the protagonist of her birth process and autonomy over her body. This role began to be played by the physician, who assumed control and authority over the entire parturition process. Therefore, behaviors of neglect of the emotional and affective state of the parturient were installed. [3]

Currently, nursing faces the challenges established by different models of actions and strategies and ample space for the development of its daily practice. This practice is supported by the Law of Professional Nursing Practice and by Law n. 7,498 (Decree 94,406/87) in article 9, instruments that allowed the achievement of the social identity and professional autonomy of the obstetric nurse, and specific to their private activities, in addition to making them legally qualified to act in the assistance to women in the parturition process without dystocia. [4]

The advancement of obstetric knowledge has provided fundamental skills to professionals in the obstetric area and allowed women to have greater confidence during childbirth. However, the care behaviors of these professionals need to be enhanced, especially through an understanding of the affective and emotional processes that permeate the puerperal pregnancy period.

The parturition event is a remarkable moment in a woman's life. It involves feelings of fear and insecurity, but also joy and anticipation. The wait for the child's arrival is surrounded by a mix of feelings and emotions, positive and negative, the latter being minimized when professionals are present who offer confidence to the parturient. [5]

The studies converge to the idea that this period is imbued with great affective and emotional transformations, from which an important moment of transition in women's lives takes place. The medicalization process and the lack of concern on the part of professionals to make women feel safe at that time may compromise women's autonomy during labor and delivery and negatively affect their experience. [6]

The insertion of obstetric nurses in the labor and birth setting is a consensus among international and national organizations that seek to improve obstetric care and transform care practices. In this sense, these organizations have developed public policies to improve these actions. Despite advances in ministerial policies and ordinances, which support the performance of obstetric nurses, their emancipation in childbirth care is still not very expressive in the daily life of health services. [7]

Studies performed by Leal et al. (2019) highlight that the presence of nursing in childbirth care is associated with better results in labor and delivery, reduces unnecessary interventions, including cesarean sections, and increases women's satisfaction. Despite the favorable results, the participation of nursing in childbirth care is still small.

It is understood that the autonomy and social identity of obstetric nurses is anchored in historical factors and power relations, as well as beliefs, values and meanings. Overcoming these issues and strengthening the performance of obstetric nurses is a challenge. Mediated by these questions, it is understood that, for several reasons, these factors interfere with the autonomy of the obstetric nurse, which makes it difficult for them to work in the labor and birth process and compromises the opportunities of women to be assisted by this professional at the time of delivery.

Pondering the difficulties, historical dilemmas and current challenges faced by the profession, the specific needs of women at the time of childbirth and the scarcity of studies that compare the experience of women in normal childbirth performed by an obstetric nurse

and a doctor, envisages the possibility of deepening knowledge about affective aspects and experiences, Social Representations (SR) of normal childbirth in women assisted by an obstetric nurse and a doctor. Therefore, as a starting point, we seek answers to the following question that guides the reflection process of this study:

- What are the affective aspects and experience of the SR of normal delivery in women assisted by obstetric nurses? Are they different among women assisted by physicians?

The objective proposed for this study was to analyze the experience of women assisted during childbirth by an obstetrician nurse, in order to verify whether the performance of this professional modifies the SR of normal childbirth compared to those who had the delivery performed by physicians.

METHOD

This is a descriptive exploratory research, with a qualitative approach and based on the theoretical-methodological framework of the Theory of Social Representations, initiated by Moscovicci. [8]

We chose the Theory of Social Representations as the theoretical framework of this investigation, considering that representations are in constant movement and social interaction. It is present in culture, in social practices and, through its interpretation and elaboration of social knowledge, it will be possible to understand reality and the way in which it relates and influences everyday situations and experiences.

The experience of reality determines revisions of the representations, placing the behaviors as transforming agents of the same. Therefore, the experience proposes a review, a rethinking, that is, a reflection of the SR. [9]

The notion of experience developed by Jodelet has two implications: one is that experience can produce new meanings, that is, it has a creative character in the field of meanings; the other is that the experience will motivate new links between the constituent elements of the lived world and structure in an original way the information distributed by the media, that is, it involves a creative character in the forms and content of social and intersubjective exchanges. [10]

Thus, this study investigates the experience of women in childbirth to verify whether the SR of childbirth are modified depending on the professional who performs the delivery (midwife or doctor). This research has the hypothesis of showing whether the childbirth experience of women assisted by these professionals changes and results in different SR. We assume that the experience that the woman lives in childbirth receives an attribution of meanings. From this, the woman talks about the experience of childbirth, which results in the SR of childbirth.

Therefore, it will be demonstrated in the study that the central core of the representations of childbirth of women assisted by an obstetric nurse and a doctor are different. In addition, other elements that explain the delivery experience of these women will be added.

The study was carried out in two units of the Family Health Strategy, located in the Northwest Sanitary District of Goiânia, Goiás, places sought after by women in the late puerperal period (between the 11th and 42nd day of postpartum), for postpartum consultation return. Fifty-two women participated in this study, among them 31 assisted during childbirth by an obstetric nurse and 21 by a doctor. Women over 18 years of age, in the late puerperal period, assisted during normal delivery by an obstetric nurse and a physician were included. Women with clinical complications at any stage of the puerperal pregnancy period, home birth, postpartum women with postpartum comorbidity, who had been hospitalized in the Intensive Care Unit and with symptoms compatible with postpartum depression were excluded.

The research was presented to the postpartum women and, at the end, they were asked about their participation. In case of acceptance, the Free and Informed Consent Form - FICF is read and signature is requested. In the positive manifestation, a quiet place was defined for the application of the questionnaire.

Data collection took place in a single stage, from May to September 2021, the content of the questionnaires was transcribed in full and analyzed to compose the data analysis.

The treatment and analysis of the questionnaire data was performed using the Analysis and Evocation and Similitude Software EVOC SIMI, version 2016.

The research was approved by the Research Ethics Committee of the Pontifical Catholic University of Goiás (PUC Goiás) with Opinion protocol nº 4,453,598 and its execution was authorized by the Municipal Health Department of Goiânia-GO.

RESULTS

The representational structure of normal delivery performed by an obstetrician nurse brings as more constant elements the following cognitions that make up its Central Nucleus: pain and healthy. The word pain has the highest frequency and also an average order of evocation that makes it one of the most readily evoked cognitions (Table 1).

The Central Core of this representation is composed of the element Pain (F= 24, OME= 1.92) and Healthy (F= 13, OME= 2.08). The periphery is composed of the elements Contact and Emotion (F= 2 and OME=4.0) and (F= 2 and OME=5.0) respectively, which demonstrates a representation that, despite the pain, there is

a relationship of contact and emotion during childbirth that makes the pain bearable.

This representation proves to be important because in the near periphery four elements appear that involve feelings such as Anxiety (F= 10, OME= 3.2), Overcoming (F= 6, OME= 3.33), Happiness (F= 6, OME= 3.33) and Love (F= 4, OME= 3.0). Although with pain, normal childbirth for women is considered healthy and is associated with an affective, pleasurable experience and full of feelings of anxiety, overcoming, happiness and love.

The element Pain of origin in the process of childbirth evolution stands out, as the guiding axis of the central core of all SR. Phenomenon of a subjective nature that may interfere with the sensitivity of parturients and constitutes a reason for concern for women.

The SR of childbirth performed by an obstetrician nurse brings, as a constant element that composes the Central Nucleus, the word Great (Table 2).

The evocation using the inducing term childbirth performed by an obstetric nurse in the upper left quadrant appears the word Great (F= 3, OME= 2.33) as the only item in the Central Nucleus. In the quadrant that constitutes the periphery of the representation, there are the terms Knowledge (F= 2, OME= 3.0), Careful (F= 2, OME= 3.0), Better (F= 2, OME= 3.5) and Monitoring (F= 2 , OME= 4.0), which constitutes an SR that the obstetric nurse has knowledge, is careful, better and monitors the delivery, which is why the delivery is great.

In the near periphery, four elements appear that strengthen the idea that the delivery performed by an obstetric nurse is great, the word Kindness (F= 3, OME= 2.67), Care (F= 3, OME= 3.0), Safe (F= 3 , OME= 3.0) and in the contrast area the word Safety (F= 2, OME= 2.5).

Therefore, the perception of women that the delivery performed by an obstetrician nurse is excellent is presented as the central core of all SR, as it characterizes that the delivery assistance performed by an obstetrician nurse directly reflects on the reduction of anxiety, providing feelings of security , care and affection during labor and delivery.

The SR of childbirth performed by a physician presents the word Tranquilo as the Central Nucleus (Table 3).

Table 1: Social representation of natural childbirth by women assisted by an obstetric nurse Goiânia, Goiás, 2021.

	Normal Delivery Inducing Term					
	OME >= 2.5			**OME > 2.5**		
	Words	Freq.	OME	Words	Freq.	OME
F>=3	Pain	24	1.92	Anxiety	10	3.2
	Healthy	13	2.08	Overcoming	6	3.33
				Happiness	6	3.83
				Love	4	3.0
3 >F>=2				Contact	2	4.0
				Emotion	2	5.0

Source: prepared by the author, 2021.

Table 2: Social representation of childbirth performed by an obstetrician nurse in women assisted by obstetrician nurses. Goiânia, Goiás, 2021.

	Termo Indutor Parto Realizado por Enfermeiro Obstetra					
	OME >= 2.5			**OME > 2.5**		
	Words	Freq.	OME	Words	Freq.	OME
F>=3	Great	3	2.33	Kindness	3	2.67
				Caution	3	3.0
				Safe	3	3.0
3 >F>=2	Safety	2	2.5	Knowledge	2	3.0
				Careful	2	3.0
				Better	2	3.5
				Monitoring	2	4.0

Source: prepared by the author, 2021.

Table 3: Social representation of childbirth performed by a doctor in women assisted by an obstetric nurse. Goiânia, Goiás, 2021.

	Inducing Term Delivery Performed by Physician					
	OME >= 2.5			**OME > 2.5**		
	Words	Freq.	OME	Words	Freq.	OME
F>=3	Peaceful	3	2.0	Trust	6	2.67
				Attention	4	3.75
3 >F>=2	Happy	2	2.5	Wisdom	2	3.5

Source: prepared by the author, 2021.

The Central Nucleus of the representation of childbirth performed by a doctor is composed of the Peaceful element (F= 3, OME= 2.0). The Wisdom element appears in the Peripheral System (F= 2, OME= 3.5), indicating a representation that the delivery performed by the doctor would be conducted with wisdom, so it would be a peaceful delivery. This representation proves to be extremely positive because in the near periphery there are also two eminently pleasant elements such as Trust (F= 6, OME= 2.67), Attention (F= 4, OME= 3.75) and in the contrast zone the word Happy (F= 2, OME= 2.5). The word wisdom in this representation draws attention. For women, childbirth performed by a doctor inspires confidence and attention, because this professional has wisdom, so childbirth is seen as a peaceful procedure.

The representations of normal delivery performed by a doctor present the following perceptions that make up the Central Nucleus as the most frequent data: Pain and Fear (Table 4). In the delivery performed by the obstetric nurse, the word fear did not appear. In women who went through the experience of childbirth performed by a doctor, the word Fear appears in the Central Nucleus.

This word is strongly present in the women's SR about normal delivery performed by a doctor and through them establishes the meaning of other knowledge of social representations.

The term pain and fear has the highest frequency and average order of evocation, which makes them one of the most evoked perceptions. The Central Nucleus of this representation is composed of the elements Pain (F= 17, OME= 1.82) and Fear (F= 10, OME= 2.5). The periphery is composed of the elements Time consuming and Willingness (F=2 and OME=4.5) respectively, which shows a representation that, in addition to pain and fear, normal delivery performed by a

Table 4: Social representation of normal childbirth by women assisted by a doctor. Goiânia, Goiás, 2021.

Normal Delivery Inducing Term						
	OME >= 2.5			OME > 2.5		
	Words	Freq.	OME	Words	Freq.	OME
F>=3	Pain	17	1.82	Overcoming	5	3.6
	Fear	10	2.5	Anxiety	5	3.8
				Experience	4	2.75
3 >F>=2				Time consuming	2	4.5
				Willingness	2	4.5

Source: prepared by the author, 2021.

Tabela 5: Representação social do parto realizado por enfermeiro obstetra em mulheres assistidas por médico. Goiânia, Goiás, 2021.

Termo Indutor Parto Realizado por Enfermeiro Obstetra						
	OME >= 2.5			OME > 2.5		
	Words	Freq.	OME	Words	Freq.	OME
F>=3	Tranquility	4	2.25	Fear	3	2.67
3 >F>=2	Caution	2	2.5	Help	2	3.0
				Attention	2	3.0
				Shame	2	3.0
				Attentive	2	3.5

Source: prepared by the author, 2021.

doctor is characterized as something time-consuming and depends on the woman's will. This representation is confirmed by data from the near periphery, which shows four elements that involve feelings such as Overcoming (F= 5, OME= 3.6) Anxiety (F= 5, OME= 3.8) and Experience (F=4, OME= 2.75). Although with pain and fear, normal childbirth for women is full of feelings of overcoming, anxiety and experience. In the representation of a normal delivery performed by a doctor, pleasant and pleasurable affective elements do not appear.

The Central Nucleus of the representation of childbirth performed by an obstetric nurse is composed of the Tranquility element (Table 5).

The speeches of women who had the delivery performed by a doctor and with the inducing term delivery performed by an obstetric nurse, in the upper left quadrant appears the word Tranquility (F= 4, OME= 2.25) as the only item in the Central Nucleus. In the quadrant that constitutes the periphery of the representation, there are the terms Help, Attention, Shame (F= 2, OME= 3.0) concomitantly, Attentive (F= 2, OME= 3.5), which constitute the SR that the obstetric nurse, when carrying out the delivery, it contributes with help and attention, which gives the woman peace of mind at that moment. In the near periphery there is a single element that shows that, although the delivery is carried out by an obstetrician nurse calmly, the word Fear (F= 3, OME= 2.67) opposes this condition, and to confirm the idea of tranquility in the contrast

zone , the word Caution appears (F= 2, OME= 2.5).

The SR of delivery performed by a physician presents the words Calm and Fear as the Central Nucleus (Table 6).

The Central Nucleus of this representation is composed of the elements Peaceful (F=3, OME=2.0) and Fear (F=3, OME=2.0). In the Peripheral System, the elements Anxiety, Comfort, Knowledge (F=2, OME=3.0), respectively, and the terms Confidence and Experience (F=2, OME=3.0) appear concomitantly, indicating a representation that, despite the anxiety, this procedure is conducted with comfort, knowledge, confidence and experience, so it would be a smooth delivery, although the feeling of fear is present. This representation proves the evidence of the feeling of tranquility during childbirth, despite the fear. In the contrast zone appears the word Safety (F=2, OME=2.5), which reinforces the notions of the Central Nucleus of peaceful childbirth. It is important to note that the word fear is associated with childbirth performed by doctors, being weakened in the representation of childbirth performed by an obstetric nurse and being absent in the representations of women who went through the experience of childbirth assisted by an obstetric nurse.

DISCUSSION

A common expression between the representations of women assisted by an obstetrician nurse and those assisted by a physician is Pain. It was the most cited of the central core expressions between the two groups of women. This feeling is considered fearsome among women, perhaps because it causes suffering as a result of the labor evolution process.

Pain consists of a physiological expression of displeasure or defense in the face of real or potential aggression, having anatomical and physiological elements. However, the manifestation and the reaction to it occur from an emotional and social interpretation constructed by the culture. Likewise, pain during labor involves physiological, psychological and sociocultural aspects, justifying different pain thresholds in different women. [11]

Health professionals, therefore, must seek to understand pain from the perspective of women and their sociocultural context. This understanding, however, is limited due to the subjective nature of pain and, consequently, makes it difficult to assess its intensity. This means that when the pain of normal childbirth is experienced negatively, it can directly or indirectly redirect the woman's future choices. [12]

In the SR of women assisted by an obstetric nurse, the expression Healthy also appears, unlike those assisted by a doctor, which highlights the word Fear.

The concept of healthy present in the expressions expressed by women assisted in childbirth by an obstetric nurse is something considered good for health. The assistance provided during childbirth should occur in a humane way, seeking to avoid unnecessary interventions, favoring a healthy labor. [13]

The definitions of the word fear expressed by women assisted in childbirth by a doctor, according to the dictionary, mean a kind of disturbance at the idea of being exposed to some kind of danger, which may be real or not. One can also understand fear as a state of apprehension, of attention, waiting for something bad to happen. In addition to the definitions of the word, fear is a sensation that is linked to a state in which the organism puts itself on alert, in the face of something that it believes to be a threat. [13]

The comparison between these representations leads us to understand that, although with pain, normal childbirth for women assisted by an obstetric nurse is considered healthy and is associated with an affective experience, unlike those assisted by a physician. For women assisted by a doctor, the statement of fear appears as a negative aspect, not necessarily because it is linked to the word pain, but because it is evoked by women who are inserted in a moment of emotional vulnerability, labor, delivery and birth.

For women assisted by an obstetric nurse, the central core of the representations of what it is to have a delivery performed by an obstetric nurse refers to the information that the delivery performed by this professional is something Great. In this representation, the optimal expression appears with a

Table 6: Social representation of childbirth performed by a doctor in women assisted by a doctor. Goiânia, Goiás, 2021.

	Inducing Term Delivery Performed by Physician					
	OME >= 2.5			**OME > 2.5**		
	Words	**Freq.**	**OME**	**Words**	**Freq.**	**OME**
F>=3	Peaceful	5	1.6		3	2.67
	Fear	3	2.0		3	2.67
3 >F>=2	Safety	2	2.5	Anxiety	2	3.0
				Comfort	2	3.0
				Knowledge	2	3.0
				Confidence	2	3.5
				Experience	2	3.5

Source: prepared by the author, 2021.

2023; (13) N.85 ▪ **saúdecoletiva** **12773**

artigo

Guimarães, E. E. R., Spadoni, L.
Affective aspects and experience: Social representations of birth in women assisted by nurses and doctors

single core of the entire representation. Therefore, these SR characterize the delivery care provided by the obstetric nurse as excellent, as it reflects an experience that provides feelings of security, care and affection.

On the other hand, the representations of childbirth performed by obstetrical nurses evoked by women assisted by a doctor showed that the central nucleus is composed exclusively of the word Tranquility. This representation constitutes a condition in which the obstetrician nurse, when performing the delivery, presents a level of serenity, stillness and calm that transmits tranquility to the woman at that moment.

It is noteworthy that given their ethical-humanistic training, the obstetric nurse has a welcoming behavior with care based not only on techniques, but also on practices related to dialogues between professionals and users. This denotes a unique care integrated by qualities such as affection, respect and security towards women, valuing their role in childbirth. [14]

The women who went through the experience of having the delivery performed by the obstetric nurse mention that the delivery is great, and those who imagine how the delivery performed by the obstetric nurse would mention tranquility. Therefore, the experience of giving birth with an obstetric nurse is very positive, because this experience makes women feel that the birth was great. While women who have not gone through this experience will express the feeling that the delivery was peaceful.

The obstetrician nurse, in childbirth care, plays a fundamentally important role, helping women to participate actively in a safe and comfortable way in their childbirth process, respecting their social and emotional aspects, making this moment a pleasant experience. This experience is experienced and demonstrated by the women in their speeches when expressing a positive (great) feeling about the delivery performed by the obstetric nurse.

We also asked women about the expressions that come to mind when they think or hear the expression of delivery performed by a doctor. An equal expression appears between the representations of women assisted by an obstetric nurse and those assisted by a doctor, the word Peaceful. This expression was the most cited among the central core of the two groups of women. This state of tranquility manifested by women represents a condition of calm and peace during childbirth assisted by both professions.

However, in the SR of women assisted by a doctor, the expression Fear also appears as a central core, which conveys the idea that the delivery performed by a doctor shows tranquility, albeit with fear. This representation of fear is absent in the representations of women who went through the experience of childbirth assisted by an obstetric nurse.

The care provided by an obstetrician nurse generates a relationship of trust, allowing the woman to expose her feelings, doubts and fears. The woman experiences a moment of childbirth with less stress and anxiety, security, comfort and tranquility, in addition to contributing to the absence of fear. [15] Therefore, it is extremely important for nurses to be able to more effectively develop their perception when discerning the main contributory factors to optimizing the practice of care for women during childbirth. [16]

In this study, it is evident that, when associating normal delivery with the figure of the doctor, either by experience or just by imagination, the word fear appears among the most frequent and readily remembered evocations by women. This can mean that the figure of the doctor at the time of delivery can be threatening.

The negative childbirth experiences experienced by women will directly influence their next choices. We emphasize here that the delivery assisted by

the obstetrician nurse does not show fear and in the delivery assisted by the doctor, fear is explicit in the women's speeches.

CONCLUSION

It was evident that the central core of the SR of women assisted by an obstetric nurse is different from the SR of women assisted by a physician, thus achieving the objective of this study. This difference is marked by the presence of the word Fear. This leads us to think about two situations: in the experience of childbirth performed by the doctor, the woman feels pain and associates this pain with fear, which demonstrates that in this lived experience and in the elaboration of senses and meanings of this experience, the feeling of fear experienced during childbirth is marked.

In the experience of childbirth performed by the obstetric nurse, the word fear gives way to the word healthy. Women feel pain, but relate this pain to something positive. In the women's speeches, it is clear that they went through childbirth and, after this experience, they gave meaning to this experience.

Therefore, women whose delivery was not performed by a doctor, who only had the representation, said that the delivery was peaceful, but those who went through the experience of having the delivery performed by this professional modified the representation and added Fear.

The SR are not an experience, but a knowledge that was generated by having lived the experience. A set of experience that is shared forms the SR. The women went through the experience of childbirth and this was discussed, amalgamated with what they already knew and thought about childbirth and this resulted in the SR of normal childbirth performed by a doctor, Pain and Fear.

Therefore, in this study, I reaffirm

the hypothesis that childbirth experiences change social representations according to the type of assistance provided to women during labor, delivery and birth. It was evident that the experience of women regarding the role of obstetric nurses is positive. It is noticed that the vision of childbirth performed by the obstetric nurse for women has an extremely positive and affective SR.

In the core of the social representations of normal delivery, sensations such as Pain and Fear appear. On the periphery, there are other feelings such as overcoming, happiness, love, security, affection, care and attention, which shows, as is expected, that the childbirth experience is full of affectivity and emotions.

We suggest in future studies that the different emotions aroused in women can be more effectively evaluated according to the care received. The type of assistance perceived by the woman during labor and delivery influences the emotions felt, which will be remembered later and will result in the social representations of childbirth.

REFERÊNCIAS

1. Seibert SL, Barbosa JLDS, Santos JMD, Vargens OMDC. Medicalização x humanização: o cuidado ao parto na história. Rev. enferm. UERJ. 2005;13(2):245-251.

2. De Sena CD, Santos TCS, Carvalho CMF, de Moraes Sá AC, do Nascimento Paixão GP. Avanços e retrocessos da enfermagem obstétrica no Brasil. Revista de Enfermagem da UFSM. 2012; 2(3):523-529.

3. De Oliveira Sanfelice CF, Abbud FDSF, Pregnolatto OS, da Silva MG, Shimo AKK. Do parto institucionalizado ao parto domiciliar. Rev Rene. 2014;15(2):362-370.

4. COFEN. Decreto n°94.406/87. Regulamenta a Lei n°7.498, de 25 de junho de 1986, que dispõe sobre o exercício da Enfermagem. Brasil, 1987.

5. Oliveira VJ, Penna CMDM. Cada parto é uma história: processo de escolha da via de parto. Revista Brasileira de Enfermagem. 2018;71:1228-1236.

6. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. 2018:200p.

7. Amestoy SC, Backes VMS, Thofehrn MB, Martini JG, Meirelles BHS, Trindade LDL. Conflict management: challenges experienced by nurse-leaders in the hospital environment. Revista gaucha de enfermagem. 2014;35:79-85.

8. Moscovici S. La psychanalyse, son image et son public [Psychoanalysis, its image and its public]. Paris: Presses Universitaires de France.1961.

9. Rouquette ML. Representações e práticas sociais: alguns elementos teóricos. Estudos interdisciplinares de representação social.1998;2:39-46.

10. Jodelet, D. Experiência e representações sociais. Experiência e representação social: questões teóricas e metodológicas. 2005:23-56.

11. Campos VS, Morais AC, de Araújo PO, Morais AC, dos Santos Almeida B, da Silva JS. Experiência de puérperas com a dor do parto normal. Revista Eletrônica Acervo Saúde. 2020; 40:e2396.

12. Fávero AA, Bechi D. O conceito de experiência e a formação para a democracia numa perspectiva Deweyana. Educação UFSM. 2018;43(4):655-666.

13. Ferrari JS. Medo. Brasil Escola. 2022.

14. Ferreira Júnior AR, Brandão LCDS, Teixeira ACDMF, Cardoso AMR. Potencialidades e limitações da atuação do enfermeiro no Centro Parto Normal. Escola Anna Nery. 2020:25.

15. Oliveira Peripolli L, Oliveira MCDJD, Aldrighi JD, Souza SRRK, Wall MLA. A enfermeira obstétrica no cuidado ao parto domiciliar planejado: revisão integrativa. Revista Família, Ciclos de Vida e Saúde no Contexto Social. 2019;7(3): 357-365.

16. Ferreira MS, Bogéa P LF, Lemos DPD, Moreira, SSCV. Empoderamento estrutural dos enfermeiros no contexto brasileiro: Uma revisão integrativa. 2022; Saúde Coletiva (Barueri), 12(83), 12088–12099.

2023; (13) N.85 ▪ **saúdecoletiva 12775**