

Obstetric nursing assistance in the promotion of humanized birth in the COVID-19 pandemic: Integrative review

Assistência de enfermagem obstétrica na promoção do parto humanizado na pandemia COVID-19: Revisão integrativa
Asistencia de enfermería obstétrica en la promoción del parto humanizado en la pandemia del COVID-19: Revisión integrativa

RESUMO

Objetivo: Identificar as ações do enfermeiro obstetra na promoção do parto humanizado no contexto da pandemia COVID-19. Método: Revisão integrativa realiza entre os meses de abril e maio de 2022, nas bases de dados informatizadas da: US National Library of Medicine (PubMed)/Medical Literature Analysis and Retrieval System Online (MEDLINE) e na Biblioteca Virtual de Saúde. Houve inclusão de 10 estudos para síntese avaliativa. Resultados: Ambas a bases detiveram percentual equivalente de estudos (n=5; 50%). Dentre as ações do enfermeiro a utilização de vídeos, vídeo chamadas, fotos, incentivo a presença do acompanhante e a informatização se mantiveram como as estratégias que viabilizaram a humanização durante o momento da pandemia. Conclusão: As evidências apontaram que a assistência ao parto humanizado tem buscado alterações que respeitem a singularidade de cada parturiente e a redução do contágio por COVID-19. Destaca-se a necessidade de a parturiente ser detentora de conhecimento acerca da humanização.

DESCRIPTORES: Enfermagem Obstétrica; Parto Humanizado; COVID-19.

ABSTRACT

Objective: To identify the actions of the obstetrician nurse in promoting humanized childbirth in the context of the COVID-19 pandemic. Method: This is an integrative review, with a bibliographic survey carried out in April 2022, in the computerized databases of: US National Library of Medicine (PubMed)/Medical Literature Analysis and Retrieval System Online (MEDLINE) and in the Virtual Library of health. There was inclusion of 10 studies for evaluative synthesis. Results: Both databases had an equivalent percentage of studies (n=5; 50%). Among the nurses' actions, the use of videos, video calls, photos, encouraging the presence of the companion and computerization remained as the strategies that made humanization possible during the time of the pandemic. Conclusion: The evidence showed that humanized childbirth care has sought changes that respect the uniqueness of each parturient and reduce the spread of COVID-19. The need for the parturient to have knowledge about humanization is highlighted.

DESCRIPTORS: Obstetric Nursing; Humanized birth; COVID-19.

RESUMEN

Objetivo: Identificar las acciones del enfermero obstetra en la promoción del parto humanizado e nel contexto de la pandemia de COVID-19. Método: Trata-se de uma revisão integrativa, com levantamento bibliográfico realizado em abril de 2022, nas bases de dados informatizadas da: US National Library of Medicine (PubMed)/Medical Literature Analysis and Retrieval System Online (MEDLINE) e na Biblioteca Virtual De salud. Se incluyeron 10 estudios para síntesis evaluativa. Resultados: Ambas bases de datos tenía nun porcentaje equivalente de estudios (n=5; 50%). Entre las acciones de los enfermeros, el uso de videos, vídeo llamadas, fotos, incentivar la presencia dela compañante y la informatización quedaron como las estrategias que viabilizaron la humanización em el tiempo de la pandemia. Conclusión: La evidencia mostró que la atención humanizada del parto ha buscado cambios que respeten las ingularidad de cada parturienta y reduz can la propagación de la COVID-19. Se destaca la necesidad de que la parturienta tenga como cimientos sobre humanización.

DESCRIPTORES: Enfermería Obstétrica; nacimiento humanizado; COVID-19.

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The moment of childbirth is characterized by several sensations in the woman, whether physical or mental, because of this, it is important that she is assisted according to her individuality and in a humanized way.⁽¹⁾ The term humanization is a broad concept, which in this case seeks to reduce unnecessary interventions and create conditions for all dimensions of women, whether spiritual, psychological, social and physical.⁽²⁾

When it comes to promoting humanized childbirth, it is essential to give priority to women's autonomy, seeking their empowerment, providing them with clear information so they can actively decide on their own care. Measures such as these are essential for the pregnant woman to be able to identify and decide on which care practices will favor or harm her and the baby's health.⁽³⁾

The insertion of obstetric nurses in the birth scenario is a central possibility for carrying out humanized care, ensuring safe, respectful care and referenced by the Good Practices of Assistance in Childbirth and Birth.⁽⁴⁾ However, during the COVID-19 pandemic, the health system underwent many changes, especially at the level of the nursing team, so these professionals were considered the front line in

combating and preventing the virus.⁽⁵⁾

In addition, one month after the World Health Organization (WHO) declared the pandemic, pregnant women, postpartum women and after abortion were classified as a "risk group" for Covid-19 in Brazil.⁽⁶⁾ And this caused several concerns, especially with regard to the place of delivery, as the hospital became a major focus for the spread of the virus.⁽⁷⁾

Another debate put into question was the presence of a companion at the time of delivery, since there is a need to reduce the number of people in the delivery room, aiming to reduce the risk of contamination by the virus.⁽⁸⁾ As a result, changes were seen in the scenario of humanized childbirth, and reporting the need to evaluate obstetric nursing care, in an attempt to identify whether, even after the measures to combat the virus, there is the development of respect for the woman and baby during this moment. Therefore, it is worth questioning what are the actions of the obstetrician nurse in the promotion of humanized childbirth in the context of the COVID-19 pandemic?

The main objective of this work was to identify the actions of the obstetrician nurse in the promotion of humanized childbirth in the context of the COVID-19 pandemic.

METHOD

It is an integrative review developed in six stages, which are: 1) elaboration of the research question; 2) definition of databases and criteria for inclusion and exclusion of studies; 3) definition of the information to be extracted from the selected studies; 4) evaluation of the studies included in the review; 5) interpretation of results; 6) presentation of the review/synthesis of knowledge.⁽⁹⁾

This study was guided by the following question: What are the actions of the obstetrician nurse in promoting humanized childbirth in the context of the COVID-19 pandemic? Prepared according to the Population-Interest-Context (PICo) strategy. (10) Where P= Obstetric Nurse/ Obstetric Nursing, I= Nursing care/Health promotion/Humanized childbirth and Co = COVID-19 pandemic.

Being developed between April and May 2022, and with a bibliographic survey carried out on April 15, through access to computerized databases: US National Library of Medicine (PubMed)/ Medical Literature Analysis and Retrieval System Online (MEDLINE) and Regional Portal of the Virtual Health Library (VHL), which returned results from the LILACS, BDENF, Multimedia Resources, IBECs-Bireme, PAHO-IRIS, BIGG, BRISA/

RedTESA, CUMED and Coleciona SUS databases.

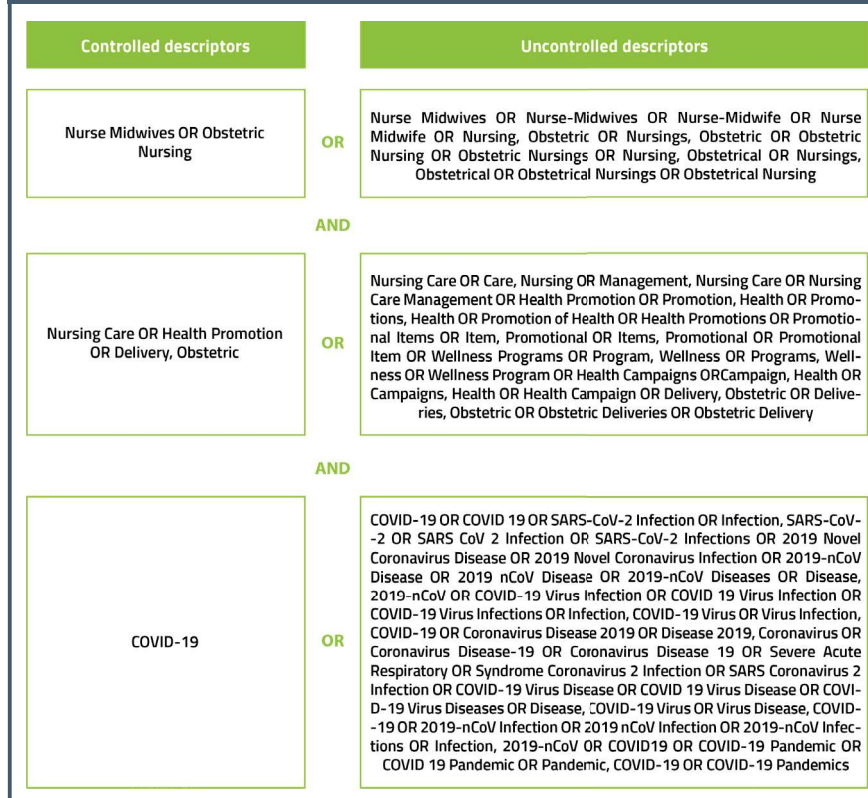
The following inclusion criteria were listed: primary articles dealing with obstetric nursing care for humanized child-birth during the COVID-19 pandemic, published from January 2020 to April 15, 2022, in any language. Editorial publications, theses, dissertations, review articles, repeated articles were excluded.

To carry out the search in the databases, descriptors present in the Descriptors in Health Sciences (DeCS) and in the Medical Subject Headings (MeSH) were used, with a high sensitivity search strategy, respecting the singularities of each database used. The descriptors were combined using the Boolean connector OR, within each set of terms of the PICO strategy, as shown in Figure 1, and then crossed with the Boolean connector AND. The search strategy was built using the practical model proposed by Araújo (2020)⁽¹¹⁾, in five steps (extraction, conversion, combination, construction and use).

The search was carried out by three independent researchers, simultaneously, who standardized the sequence of use of the descriptors and the crossings of the databases; later, the results were compared. References obtained through the search strategy were managed by the EndNote software, free online version (EndNote Basic), to exclude duplicate articles.⁽¹²⁾ After the studies found, they were imported into the RAYYAN reference manager, developed by the Qatar Computing Research Institute (QCRI), in order to proceed with the peer review process, with blinded reading to evaluate the included studies, in order to minimize selection bias.⁽¹³⁾ Upon the occurrence of non-conformity of the findings, the resolution of the conflicts was given through discussion with the establishment of consensus among the reviewers. Both managers favored working remotely.⁽¹⁴⁾

In the extraction and synthesis of information from the selected studies, an instrument adapted from the form by Ursi and Gavão (2006)⁽¹⁵⁾ was used. For this, the following information was extracted:

Figure 1 – Controlled and uncontrolled descriptors used in the search strategy for population, intervention and results. Picos, Piauí, Brazil, 2022.



Source: prepared by the author, 2022.

name of authors, year and country of publication, name of the journal, and methodological characteristics of the study, focused on the type of publication, results and implications.

The level of evidence was determined according to the following classification: level I – meta-analysis of controlled and randomized studies; level II – experimental study; level III – quasi-experimental study; level IV – descriptive/non-experimental study or with a qualitative approach; level V – case or experience report; level VI - consensus and expert opinion.⁽¹⁶⁾

A total of 388 publications were identified, of which, after applying the inclusion and exclusion criteria, 10 articles were selected for the sample of this review. For the selection of publications, the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-

-Analyses (PRISMA) were followed⁽¹⁷⁾, as shown in Figure 2.

RESULTS

At the end of the analysis, 10 studies were included for this evaluative synthesis, which were categorized using the letter “E” followed by cardinal numbers. Both databases surveyed (MEDLINE/PubMed and VHL) had an equivalent percentage of studies (n=5; 50%), and it was also verified that half of the studies were published in national journals and the other half in international journals. As for the year of publication, there was a higher number in 2021 (n=5; 50%). Regarding the level of evidence, three studies (30%) were classified as VI - consensus and expert opinion, and seven (70%) as IV - descriptive/non-experimental study or with a qualitative

approach.

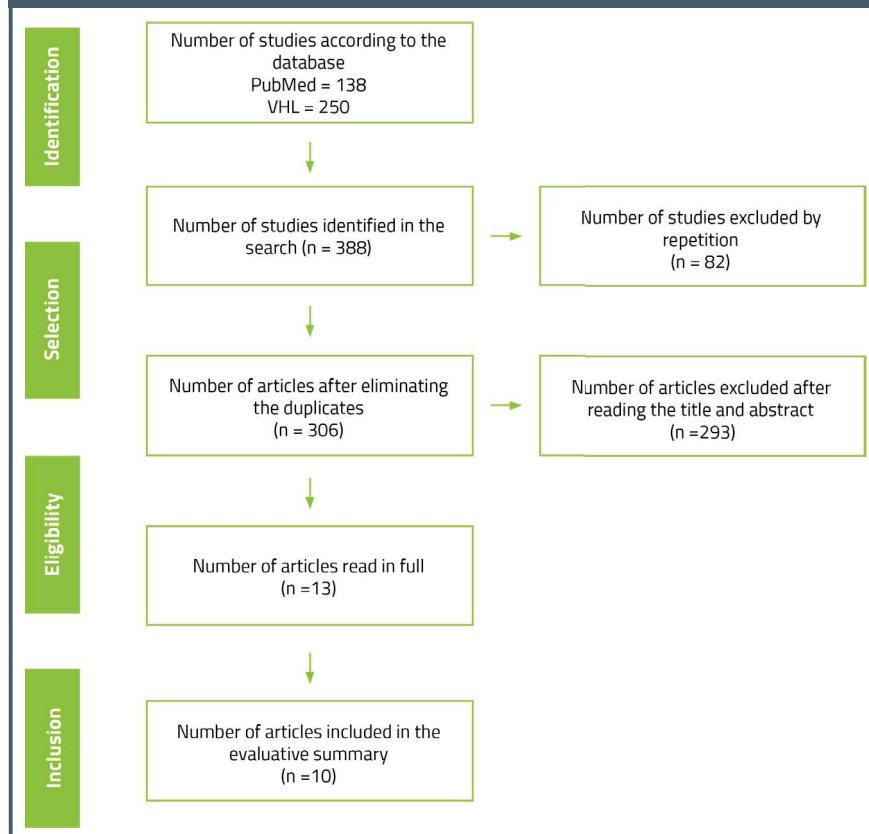
Among the nurses' actions, the use of videos, video calls, photos, the presence of the companion and computerization remained the most cited strategies in the feasibility of humanization during the moment of a pandemic. Information regarding authorship, year/country, journal, type of study, nurses' actions in promoting humanized childbirth and level of evidence are shown in table 2.

DISCUSSION

This study returned information about how humanized childbirth care has been given in the context of the global pandemic resulting from COVID-19, since the care guidelines provided by the obstetrician nurse had to be adapted to reduce the rates of contamination by the virus.⁽²⁸⁾ In view of this moment, pregnant women and health professionals are faced with great challenges and fears, among these, of how to assist in a humanized way a childbirth during the pandemic, so, even in an atypical moment, respect for the rights of the pregnant woman must prevail.⁽²⁴⁾

With regard to rights during humanized childbirth care, the woman must be

Figure 2. Flowchart for the selection of primary studies, based on the PRISMA recommendation. Picos, Piauí, Brazil, 2022.



Source: Prepared by the author (2022).

Table 2 - Characterization of selected studies. Picos, Piauí, Brazil, 2022.

No.	Author	Year/ Country	Journal	Type of study	Nurse actions in promoting humanized childbirth	Level of evidence
E1	HOMER et al. ⁽¹⁸⁾	2021/ Australia	Women and Birth	Cross-sectional quantitative study	Carrying out home births; Written information (booklets); Support for the companion during childbirth; Professional qualification; Increased use of Personal Protective Equipment (PPE) to reduce contamination.	IV
E2	PANDA et al. ⁽¹⁹⁾	2021/ Ireland	Midwifery	Descriptive study	Use of technologies for continuity of care; Information (websites); Video calls, videos and photographs during childbirth.	IV
E3	OKUNADE et al. ⁽²⁰⁾	2020/ Nigeria	International Journal of Gynecology & Obstetrics	Descriptive study	Conducting individualized care, aiming to reduce the absence of a companion during childbirth.	IV
E4	DULFE et al. ⁽²¹⁾	2021/ Brazil	Revista Brasileira de Enfermagem	Descriptive, exploratory study	Appropriation of operational guidelines and regulatory protocols; Reduction of contamination per patient and between professionals; Health promotion.	IV
E5	WALTON ⁽²²⁾	2020/ United Kingdom	Midwifery	Reflection study	Acceptable personal contact for women at low risk of COVID-19; Advice lines, videos and call centers.	VI

E6	GONZÁLEZ-TIMONE-DA et al. ⁽²³⁾	2021/ Spain	Women and birth,	Phenomenological study	Emotional support aimed at reducing loneliness during childbirth.	IV
E7	ESTRELA et al. ⁽²⁴⁾	2020/ Brazil	Physis: Revista de Saúde Coletiva	Reflection study	Support the presence of a companion during childbirth; Guidelines; Demystification of some preconceived ideas; Carrying out preventive measures against COVID-19.	VI
E8	WEBLER et al. ⁽²⁵⁾	2022/ Brazil	Revista Brasileira de Enfermagem	Qualitative study	Use of PPE to avoid contamination by COVID-19; Emotional support for fear reduction.	IV
E9	VOLPATO et al. ⁽²⁶⁾	2020/ Brazil	Texto e Contexto Enfermagem	Descriptive, exploratory study	Emotional support and comfort (massages, positions); Technical care.	IV
E10	PAIXÃO et al. ⁽²⁷⁾	2021/ Brazil	Revista Gaúcha de Enfermagem	Theoretical, reflective study	Use of PPE to reduce contagion; Interventions to reduce loneliness.	VI

Source: Prepared by the author (2022).

protected from unnecessary procedures or procedures that may harm her during this unique moment, in addition, the promotion of humanized interventions that promote pain reduction, such as the right to have a companion, since it reduces pain, increases the safety, emotional and physical well-being of the pregnant woman.⁽²⁹⁾

According to the Ministry of Health⁽³⁰⁾, even during the pandemic or if the pregnant woman is positive for SARS-CoV-2, she is entitled to a companion, however, with the acceptance of some reservations: there are no relays and the companion should not be classified as within any risk group for Covid-19, in addition, it is recommended that normal delivery not be performed in infected women if the presence of any complication is detected.

Among the studies analyzed, there was a caveat about the presence of a companion during childbirth, so the request for ways to keep the companion with the parturient was identified, as in the case of home births. However, obstetric nurses and midwives highlight the need for other official protocols to guide professional practice during this time, in addition, providing care for home births demanded overcoming the fear of the disease and concern to meet the strict health recommendations.⁽²⁵⁾

In addition, the use of video calls, videos and photographs, even after childbirth, constituted an alternative means to facilitate the approximation between the parturient and her companions.⁽¹⁹⁾ These technologies are on the rise and have shown to be very promising with regard to the development of autonomy for self-care, and especially when it comes to humanization and computerization. And because it contains great benefits, there is an increasing need for studies that deepen the analysis of the impacts of the use of these technologies.⁽³¹⁾

Given the increasing use of these technological means during childbirth, it is important to highlight the impacts of health promotion and computerization. The health education process can positively result in women in labor, since they will be able to identify signs and symptoms of risk, in addition to increasing their safety at the time of decision-making.

The process of humanization of childbirth implies respect for the choices, individualities and singularities of each parturient, and for this it is necessary that the woman understands the meaning of humanization and the implications of childbirth in her life.⁽³²⁾ For this, the use of health promotion technologies is essential, since misinformation can bring future harm to women, as well as access to Fake-

News, since they are messages conveyed to wrong information that can impact health decision-making.⁽³³⁾

CONCLUSION

The evidence pointed out that humanized childbirth care has sought changes that respect the uniqueness of each parturient and reduce the spread of COVID-19. Among the measures highlighted, the use of videos, video calls, photos, the presence of the companion and computerization remained as the strategies that made humanization possible during the moment of a pandemic, by the obstetrician nurse.

Even with strictness regarding the methodology used, the study presented limitations in terms of the number of studies suitable for synthesis, which interferes with the amplitude of the results. Reporting the need to develop more research that addresses this issue.

In addition, the importance of the study is highlighted for the foundation of knowledge in the professional field, collaborating with the promotion of humanized childbirth and the need for women to have knowledge about humanization, since this knowledge will impact on the best assistance provided to it.

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