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Analysis of the importance of the labor plan in nursing care: integrative review

Análisis de la importancia del plan laboral en la atención de enfermería: revisión integrativa**Análise da importância do plano de parto na assistência de enfermagem: revisão integrativa****ABSTRACT**

Objective:This study aimed to analyze the importance of the birth plan in nursing care. Integrative review study, in the descriptive-exploratory modality, with a qualitative approach. **Method:** This work used databases for its construction, which were SciELO and LILACS with scientific publications in the period from 2015 to 2020, using inclusion and exclusion criteria, including 4 publications. **Result:**It is clear how important the birth plan is for women during nursing care, as it provides greater knowledge about their delivery, which is such a unique moment for them, and provides humanization in maternal and child health care. **Conclusion:**Primary care health professionals play a fundamental role, especially the nurse in carrying out prenatal care, who can build the birth plan with the pregnant woman, assisting in the computerization of childbirth and strengthening communication with the maternity.

DESCRIPTORS: Childbirth; Nursing; Assistance.**RESUMEN**

Objetivo:Este estudio tuvo como objetivo analizar la importancia del plan de parto en la atención de enfermería. **Método:** Estudio de revisión integradora, en la modalidad descriptiva-exploratoria, con abordaje cualitativo. Este trabajo utilizó para su construcción bases de datos, las cuales fueron SciELO y LILACS con publicaciones científicas en el período de 2015 a 2020, utilizando criterios de inclusión y exclusión, incluyendo 4 publicaciones. **Resultado:**Es evidente la importancia que tiene el plan de parto para la mujer durante el cuidado de enfermería, ya que proporciona un mayor conocimiento sobre su parto, que es un momento único para ellas, y humaniza la atención de la salud materno-infantil. **Conclusión:** Los profesionales de la salud de atención primaria juegan un papel fundamental, especialmente la enfermera en la realización de la atención prenatal, quienes pueden construir el plan de parto con la gestante, asistiendo en la informatización del parto y fortaleciendo la comunicación con la maternidad.

DESCRIPTORES: Parto; Enfermería; Asistencia.**RESUMO**

Objetivo:Este estudo teve por objetivo geral analisar a importância do plano de parto na assistência de enfermagem.**Método:**Estudo de revisão integrativa, na modalidade descritivo-exploratório, com abordagem qualitativa. Este trabalho utilizou de bases de dados para sua construção, que foram SciELO e LILACS com publicações científicas no período de 2015 a 2020, mediante critérios de inclusão e exclusão, incluindo 4 publicações. **Resultados:**Fica esclarecido o quanto importante é o plano de parto para a mulher durante a assistência de enfermagem, por propiciar maior conhecimento sobre o seu parto, que é um momento tão singular para a ela, e proporcionar a humanização na assistência à saúde materno-infantil. **Conclusão:** Os profissionais de saúde da atenção primária exercem um papel fundamental, principalmente o enfermeiro na realização do pré-natal, que pode construir o plano de parto com a gestante, auxiliando na informatização do parto e fortalecendo a comunicação junto a maternidade.

DESCRIPTORES: Parto; Enfermagem; Assistência.**RECEIVED ON:** 09/28/2020 **APPROVED ON:** 11/10/2020**Erlânia Souza Costa**

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INTRODUCTION

Childbirth is a physiological process, a moment of vulnerability for women, where everything around them becomes meaningful and influences their future. ⁽¹⁾ Childbirth and prenatal care go together, the event of one is the result of the other, it is necessary to ensure continuity of care for the pregnant woman, starting from primary care to secondary and tertiary care.

In this context, the professional who attends the woman, needs to have scientific knowledge to offer the best possible assistance for her, making the moment of delivery truly special. ⁽²⁾

Continuously, it should be considered that obstetric and neonatal care has predominant performance through the biomedical model of health, which often does not use technology to qualify care, turning to routine practices, dependent on complex technologies and directed to a single professional, the doctor. ⁽²⁾

Sheila Kitzinger in 1980, in the United States, described the definition of the Birth Plan (BP). ⁽³⁾ "A Birth Plan is a written document, of a legal nature, in which the pregnant woman receives information about the pregnancy and the birth process, considering her personal values and desires." ⁽³⁾

The birth plan contains all the needs of women, and has space to add whatever is desired, the BP works from the companion chosen by the woman, to whom will perform the care with the newborn. ⁽³⁾

...it should be considered that obstetric and neonatal care has predominant performance through the biomedical model of health...

Based on this concept, nurses and other qualified health professionals should use this document in their consultations, seeking to improve care and strengthen communication between pregnant women in the hospital environment. In addition, it is an instrument of female empowerment, seeking to know the desires and needs of women at that moment so unique that it is pregnancy. ⁽⁴⁾

It is perceived the relevance of conducting research focused on this theme, knowing that it will result in qualification of care and humanization in prenatal care. Thus, the following question was raised: What is the importance of the birth plan in nursing care found in current scientific publications? Thus, this study had the general objective: to analyze the importance of the birth plan in nursing care.

METHOD

Integrative review study, in the descriptive-exploratory modality, with a qualitative approach. This work used databases for its construction, which were Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS), which were selected using inclusion and exclusion criteria. Data collection took place in February 2020. This study was guided by the PRISMA instrument.

This research had as inclusion crite-

ria: articles in Portuguese, English or Spanish, in the original modality or integrative review, in the period established from 2015 to 2020, published in full and available free of charge in the selected databases. All publications outside the established period were excluded from the study, in the form of case study, experience reports and case control studies.

In the first search in the SciELO database, the three descriptors were used: "Parto" AND "Enfermagem" AND "Assistência". In the first moment, 903 publications were found. After applying the filter of time, language and modality of the research, 185 publications were left in. The titles and abstracts of 185 publications were read, and 184 publications did not correspond on the topic, leaving only 1 publication. The only publication that met the inclusion criteria was fully analyzed and inserted in the body of the research.

A second search was carried out in the same database, using the descriptors "Plano de Parto" AND "Enfermagem"

Initially 8 publications were found. Applying the time filter, language remained the 8 publications. Then I read the titles and abstracts, where 7 publications were eliminated, as they were not within the inclusion criteria of the research, so only 1 publication remained in the second search, thus, the total number of publications found in the SciELO database was 2 publications.

The descriptor "Birth plan" is not directly registered in the health science descriptors (Decs), but it was used as a key term of this research, to consolidate the publications to be found, since the descriptor "Childbirth" is a generalist term and brought several publications related to childbirth, but not the theme in a specific way.

In the second database, LILACS, in its first search, three descriptors were used: "Parto" AND "Enfermagem" AND "Assistência". In the first moment, 265 publications were found, after applying the filter of time, language and modality of 80 publications were left in. The titles

and abstracts of the 80 publications were read, and only 3 publications remained. Of these 3 publications, 1 publication was duplicated, and 2 publications were within the inclusion criteria, were analyzed in full and inserted in the body of the research.

A second search was made in the same database, using the keywords "Birth plan" AND "Nursing". In this second search I did not obtain any results, with 2 publications from the LILACS database remaining in the body of the research. a total of 4 publications on the chosen theme, unifying the two databases.

After analyzing the publications, they were organized in a table, using the microsoft WORD program, containing the most pertinent information on the theme, such as: authors of the publication, year, periodical, title of publications and the results of publications that refer to the importance of the birth plan in nursing care.

RESULTS

Chart 1- Presentation of scientific publications on the birth plan in nursing care, João Pessoa, Paraíba, 2020.

AUTORES DAS PUBLICAÇÕES	TÍTULO DAS PUBLICAÇÕES	ANO	PERIÓDICO	A IMPORTÂNCIA DO PLANO DE PARTO NA ASSISTÊNCIA DE ENFERMAGEM.
Lopezosa PH, Maestre MH e Borrego MAR.	O cumprimento do plano de parto e sua relação com os resultados maternos e neonatais.	2017.	Rev. Latino Americana de Enfermagem.	<ul style="list-style-type: none"> - Em muitos locais o plano de parto não é realizado. - O artigo traz que à medida que os planos de parto forem sendo cumpridos, os resultados maternos e infantis serão melhores. - No estudo, apenas 37% das mulheres tiveram o plano de parto cumprido. - O plano de parto pode favorecer a comunicação e a prática obstétrica entre os profissionais de saúde.
Medeiros RMK, Figueiredo G, Correa ACP e Barbieri M.	Repercussões da utilização do plano de parto no processo de parturição.	2019.	Revista Gaúcha de Enfermagem.	<ul style="list-style-type: none"> - O profissional de saúde, que é frequentemente o enfermeiro, deve preencher o plano de parto preferencialmente na atenção primária a saúde, para que em um momento que antecede o parto, haja comunicação com a maternidade. - O plano de parto é uma ferramenta educacional para ensinar as mulheres sobre o parto. - O enfermeiro apoia e estimula a prática do plano de parto.

Narchi NZ, Venâncio KCMP, Ferreira FM, e Vieira JR.	O plano individual de parto como estratégia de ensino-aprendizagem das boas práticas de atenção obstétrica.	2019.	Revista de Escola de Enfermagem da USP.	<ul style="list-style-type: none"> -O plano de parto viabiliza o protagonismo da mulher. - O plano de parto permite tratar a mulher de forma individual, com respeito.
Gomes RPC, Silva RS, Oliveira DCC, Manzo BF, Guimarães GL e Souza KV.	Plano de parto em rodas de conversa: escolhas das mulheres.	2017.	Revista Mineira de Enfermagem.	<ul style="list-style-type: none"> - O profissional de saúde tem a responsabilidade de informar a mulher e auxiliar na tomada de decisão. -As mulheres têm o desejo de praticar o que tem nas informações do plano de parto. -Cabe aos profissionais da atenção primária a saúde, informar a mulher e auxiliar na construção do seu plano de parto desde o pré-natal.

Fonte: dados da própria pesquisa, 2020.

In the results of the publications, it is clear how important the birth plan is for women during nursing care, as it provides greater knowledge about their delivery, which is such a unique moment for them, and provides humanization in care maternal and child health.

It was possible to perceive that primary care health professionals play a fundamental role, mainly the nurse, in carrying out prenatal care, who can build the birth plan together with the pregnant woman, assisting in the computerization of delivery and strengthening communication with maternity.

DISCUSSION

The delivery process and its assistance have undergone relevant changes over the years. Initially, emphasis was placed on hard or light hard technologies to assist in childbirth, in addition to involving a whole traditional context, composed of midwives, family and intimate environment of women. Soon after, the process of giving birth was directed to the surgical environment.⁽⁵⁾

This care model has continuously contributed to a significant loss of women's autonomy, creating a deficit in their participation in labor and delivery, bringing a strong impact on birth, where women are no longer the pro-

Initially, emphasis was placed on hard or light hard technologies to assist in childbirth, in addition to involving a whole traditional context, composed of midwives, family and intimate environment of women.

tagonist of a moment when they are the main author.⁽⁶⁾

The PP is a written, legalized document that demonstrates women's wishes and expectations for labor and delivery, and may include the immediate postpartum period, taking into account the woman's principles and values.^(7,8) It is worth mentioning that the BP is expanded, as it includes the woman's desires related to the companion, her food choices, childbirth positions, newborn care, among other characteristics.⁽⁹⁾

Based on this context, the BP, after its construction during the prenatal period, must be sent together with the pregnant woman and presented to the maternity team that will take care of that woman. It is interesting that primary health care professionals, especially nurses, carry out the construction of this delivery plan, and mediate, so that these patients reach the secondary health service effectively.⁽⁸⁾

The moment of birth for a long time, was considered exclusive to women, there was no comment on a birth with the presence of a companion, family members, or whoever was the person to assist in that process, childbirth was seen as a moment of strength, power and the woman's courage, only hers.⁽¹⁰⁾

With this, the BP comes to guarantee the autonomy of the woman, strengthe-

ning this strength that the moment of delivery already brings, but guaranteeing her right, taking into account the uniqueness and peculiarities of each woman, so that they can make their decisions and opine for a unique moment in their lives.⁽³⁾

It is the BP that gives the pregnant women a voice, guarantees the woman's safety, breaks with the weaknesses of care, organizes the woman's information, considers her culture, fears and desires.⁽¹¹⁾ Implanting BP in prenatal care is extremely important, however, it is necessary to analyze the knowledge of nurses in this regard, stimulating the affectivity of this professional at this very important moment.⁽¹²⁾

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CONCLUSIONS

From the birth plan, the woman can learn about her own birth, and strengthen herself about the information contained in it. The nurse and her team must encourage the construction of the birth plan from the prenatal period, seeking to guide the woman and the family about all the procedures that will happen to her and the baby.

It is necessary to encourage professionals to conduct new research and transform their practice in health, aiming to humanize assistance and provide the binomial with the best in terms of comprehensive care. The birth plan provides communication between primary, secondary and tertiary health services, and this is extremely important. ■

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