

A VIVÊNCIA DE ADOLESCENTES ASSISTIDAS POR ENFERMEIROS OBSTETRAS DURANTE O PROCESSO DE PARTURIÇÃO

THE EXPERIENCE OF ADOLESCENTS ASSISTED BY OBSTETRIC NURSES DURING PARTURITION

LA EXPERIENCIA DE ADOLESCENTES ASISTIDAS POR ENFERMEROS OBSTÉTRICOS DURANTE EL PROCESO DE PARTO

Priscilla Cavalcante Lima¹, Milena France Alves Cavalcante², Simone Silva e Santos Melo², Verbênia Cipriano Feitosa², Márcia Teles de Oliveira Gouveia³

RESUMO

Objetivos: descrever a vivência de adolescentes durante o processo de parturição e a atuação da enfermagem obstétrica com base nos depoimentos das adolescentes e discutir à luz da literatura pertinente. **Método:** pesquisa descritiva, exploratória, de natureza qualitativa, com dez puérperas adolescentes do alojamento conjunto da Maternidade de Referência Estadual do Piauí, mediante entrevista semiestruturada analisada com os preceitos da análise temática. **Resultados:** permitiu identificar o aflorar de sentimentos e sensações das adolescentes no processo parturitivo como a dor e a satisfação de ver o filho e a inserção de tecnologias não invasivas de alívio da dor utilizadas pelos enfermeiros obstetras. **Conclusão:** As adolescentes reconheceram os benefícios das tecnologias não invasivas de alívio da dor para a redução do tempo do trabalho de parto e a importância da atuação do enfermeiro obstetra.

Descritores: Enfermagem obstétrica; Parto humanizado; Adolescente.

ABSTRACT:

Objectives: To describe the experience of adolescents in the process of parturition and the performance of obstetrical nursing based on the testimonies of adolescents and discussing in the light of the relevant literature. **Method:** descriptive, exploratory, qualitative study, with ten teenage mothers from the rooming at State Reference Maternity of Piauí, through semi-structured interviews analyzed with the principles of thematic analysis. **Results:** it was identified the flourishing of feelings and sensations of teenagers in the birth process as pain and pleased to see the child and the inclusion of non-invasive technologies of pain relief used by midwives. **Conclusion:** Adolescents recognized the benefits of non-invasive technologies of pain relief for reduction of labor time and the importance of the role of the obstetrician nurse.

Descriptors: Obstetrical nursing; Humanizing Delivery; Adolescent.

RESUMEN:

Objetivos: Describir la experiencia de los adolescentes en el proceso de parto y el rendimiento de enfermería obstétrica en base a los testimonios de los adolescentes y discuten a la luz de la literatura relevante. **Método:** Estudio descriptivo, exploratorio, cualitativo, con diez madres adolescentes desde el alojamiento conjunto de maternidad Estado de Piauí de referencia, a través de entrevistas semiestructuradas analizadas con los principios del análisis temático. **Resultados:** identifican el florecimiento de sentimientos y sensaciones de los adolescentes en el proceso de nacimiento como el dolor y el placer de ver al niño y la inclusión de tecnologías de alivio del dolor no invasivo utilizado por una comadrona. **Conclusión:** Los adolescentes reconocen los beneficios de las tecnologías no invasivas de alivio del dolor para la reducción del tiempo de trabajo y la importancia del papel de la enfermera obstetra.

Descriptorios: Enfermería obstétrica; Parto humanizado; Adolescente.

¹Graduada em Enfermagem. Mestranda em Enfermagem pela Universidade Federal do Piauí. ²Graduada em Enfermagem. Mestre em Enfermagem pela Universidade Federal do Piauí. ³Graduada em Enfermagem e licenciatura. Doutora em Ciências pela Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo.

Como citar este artigo:

Lima PC, Cavalcante MFA, Melo SSS, et al. The Experience Of Adolescents Assisted By Obstetric Nurses During Parturition. Revista de Enfermagem do Centro-Oeste Mineiro. 2017;7:e1823. [Access_____]; Available in:_____. <https://doi.org/10.19175/recom.v7i0.1823>

INTRODUCTION

Adolescence is the transition between childhood and adulthood, in this stage of life many changes occur in biopsychosocial development, in which the onset of sexual life often arises. The World Health Organization (WHO) circumscribes adolescence to the second decade of life (10 to 19 years-old). At this stage there are discoveries, concerns, formation of attitudes, values and behaviors, which require interventions of the health teams with an integral approach to care^(1,2).

In adolescence, young people feel excited to experience different situations, especially in relation to sexuality, and these impulsive acts can lead to an unexpected pregnancy. Gestation represents great physical, social and emotional changes for any woman, but these transformations have a greater impact on the adolescents, due to the biological and emotional aspects inherent to adolescence. In addition, pregnancy is often not planned, they usually face instability in family and marital relations, and thus pregnancy in adolescence is worrying due to the organic and social implications⁽³⁾.

Numerous transformations regarding childbirth care are ongoing. At the beginning of the twentieth century, childbirth was almost exclusively normal and domiciled, as early as the 1930s and 1960s, there were models of hospital and home delivery assisted by midwives or doctors. From the 70's, the delivery was exclusively hospital-assisted by physicians⁽⁴⁾. In the 1990s, criticisms of the biomedical obstetric model intensified, due to the lack of respect for women's right to choose their delivery type and interventionist obstetric practices⁽⁵⁾.

In an attempt to recover the physiological nature of the birth, in 2000 the Ministry of Health implemented the Prenatal and Birth Humanization Program (PHPN) for the humanization of obstetric care. The humanization of care has contributed to the protagonism of women and to understanding the link between culture and human nature in the process of gestation, childbirth and birth making the parturitive process a natural moment, since this assistance aims to reduce interventions for the favoring of physiological processes involved in the birth, with respect to individuality, promoting the reception and bond mother-baby^(6,7).

Continuing with the strategies for the humanization of childbirth and birth, the Stork

Network was launched in 2011, a strategy of the Ministry of Health that aims to implement a network of care that guarantees to women the right to reproductive planning, humanized attention to pregnancy and childbirth, and to the puerperium and children the right to safe birth and healthy growth and development. In addition, it encourages the expansion of Normal Birth Centers, in which the obstetrician nurse coordinates care, promoting the role of women, favoring delivery as a natural and family event⁽⁸⁾.

However, in maternity wards that have not yet fully adapted to the principles of the Stork Network, women lose their privacy and autonomy in labor and delivery are subjected to institutional norms and interventionist practices. The insertion of obstetrician nurses into the multi-professional team in the humanization scenario of the parturition process is essential, since the training of this professional is based on the care and appreciation of the physiological aspects of childbirth, values and considers the rights of women, promoting the link between professional and patient, thus avoiding unnecessary interventions and contributing to the reduction of maternal mortality rates⁽⁶⁾.

The present study was based on the interest aroused during the practices of the obstetric nursing residency course of the Federal University of Piau , developed in a state referral maternity of Piau , because in the same there is a high rate of adolescent births, as well as the expansion of obstetrician nurses. And understanding what adolescents experience during the parturition process is essential for changes in care and in the professional posture to attend this audience, the study aimed to describe the experience of adolescents during the process of parturition and the performance of the obstetric nursing in this process, based on their testimonies and discussing in the light of relevant literature.

METHOD

This is a descriptive-exploratory study with a qualitative approach carried out in the joint housing of the State Reference Maternity Unit of Piau , located in the city of Teresina.

Data collection took place during the months of May and June 2015, after authorization and approval by the Research Ethics Committee of the Federal University of Piau , according to Resolution 466/12 of the National

Health Council (CNS) and it was approved under CAAE protocol 42322815.3.0000.5214. Those responsible for the adolescents signed the Term of Free and Informed Consent (TCLE), conditioned their participation, and ensuring the anonymity and secrecy of the information, as well as the term of assent that was signed by minors under the age of 18 years-old⁽⁹⁾.

The participants of the study were ten adolescents who had been referred to the aforementioned housing, who met the following inclusion criteria: 1) puerperal women aged 15-19 years-old, since obstetrical nurses are qualified to attend low-risk parturients, who, regarding the age group are those between 15 and 35 years-old. And the WHO considers adolescents as individuals between the ages of 10 and 19; 2) low risk childbirth, with no pathological alteration; 3) the process of parturition assisted by obstetricians who progressed to normal delivery^(2,10).

The adolescent puerperal were invited to participate in the study by the researcher while they were admitted to the joint housing wards of the abovementioned maternity hospital. The data were collected through a semi-structured interview, and took place in the ward where the participants were located, the one with dividers between the beds, which allowed the interviews to be performed in privacy and without the presence of the companion at the time of the interviews.

The saturation criterion was used, that is, when the speeches began to repeat for the closing of the data collection. For the treatment of the information collected, thematic analysis was used⁽¹¹⁾. Thus, the categories found and to be discussed were: adolescents' experiences during the parturition process: the emergence of feelings and emotional state and the assistance of the obstetrician nurse according to the gaze of assisted parturients. Respondents were identified as "A" as adolescent and received a sequential numerical code from 01 to 10 to ensure the confidentiality and anonymity of the respective testimony.

RESULTS AND DISCUSSION

Regarding the schooling of the participants, 01 of the adolescents had incomplete elementary school, 02 had complete elementary education, 04 had incomplete secondary education and 03 had complete secondary education. Demonstrating that most of the adolescents

interviewed had more than 7 years of study, but none had started higher education.

And as for marital status, 04 are single, 03 are married and 03 live in a stable union. Regarding the number of pregnancies, it was identified that the 10 interviewees were in their first gestation. This makes the adolescent more vulnerable, since the common changes of adolescence are associated with the changes caused by gestation, thus increasing the fears and anxieties⁽¹²⁾.

Regarding the financial situation, 07 had a minimum wage income and 03 had less than one minimum wage as income; in terms of naturalness, 05 are from Teresina, capital of Piauí, 01 from São Pedro do Piauí, 02 from Barras, these are cities in the interior of Piauí and 02 are from Brasília, capital of the Federal District.

Regarding the number of prenatal consultations, it was observed that all of them did so, with a variation between 02 and 10 consultations, of which 07 performed between 06 and 10 consultations, which is recommended by the Ministry of Health that all pregnant women should perform at least 06 prenatal visits⁽¹²⁾. The other 03 performed between 02 and 05 consultations.

Adolescents' experiences during the process of parturition: the emergence of feelings and sensations

The significance of teenage pregnancy varies according to the context and the historical time in which it is experienced, the experience of adolescents during childbirth is often critical, mainly due to the sensation of intense pain, it is a period of vulnerability, and childbirth moment of life is marked by significant changes, physical and emotional and involving the fears related to that moment⁽¹²⁾.

The first category to analyze the information collected concerns the emergence of feelings and sensations experienced by adolescents in the parturition process. The sensation is understood as a physiological phenomenon, sometimes as a psychic correspondence to the physical excitations, it is an intense event, incommunicable, non-transmissible, that has no meaning, but reality. Sentiment, however, is a lived state entailed by the perception of a phenomenological time⁽¹³⁾.

During the interviews, several verbal and non-verbal demonstrations of how these adolescents experienced the parturitive process,

full of novelties and sensations, were observed. The main feelings identified were fear, pain and satisfaction in seeing the child, as can be seen in the following statements:

"I also think it is bad because I was feeling a lot of pain, a lot of discomfort, I screamed, I could not take it (laughs)" (A 03).

"At first it hurts a little, right? I got scared, I was desperate... And it was a new experience, right?" (A 06).

"Well ... a lot of pain, everyone really feels..." (A 07).

"My feeling was only of fear, of dying, of not being able ... of not being able to have the baby" (A 08).

"Oh it hurts (laughs), it hurts a lot, but I thought it would hurt even more" (A 02).

The pain of the process of parturition is passed from generation to generation as something unbearable, because throughout the pregnancy, family and friends tell the woman how much labor and delivery is painful, how much the woman suffers, that is, they speak about negative aspects of that moment of the woman, thus generating fear and anxiety, that can intensify the pain.

The pain that accompanies childbirth is a subjective and complex experience that varies from individual to individual. The characteristics of pain related to labor and delivery may involve biological, cultural, socioeconomic and emotional aspects, so women experience this moment differently, so it is necessary for professionals to respect the individuality of each patient⁽¹⁴⁾.

Gestation and childbirth are moments of crisis for adolescents, which was notorious in the speeches mentioned above, this is due to fear of the unknown and being unable to give birth, this situation arise the feelings as doubt and anxiety of something that lived in the imaginary and will become real. Since they were younger, women use to wait for a delivery permeated by pain, which later, the relief comes along with the pleasure of baby arrival⁽¹⁵⁾. The will and reward of seeing the child were greater and that was what made the pain bearable. This is what is perceived below:

"It was good, I liked it because what I really wanted to do was getting my daughter, to have her" (A 03).

"The pain was coming, but it was worthy to have a little baby. Thank God for giving me a child, it was good" (A 04).

"I thought it was good, because I already knew it was him that was coming" (A 05).

"In compensation, despite the pain, I thought about him a lot, the baby, despite all the pain I just wanted him to be born well, with health, thank God he came" (A 07).

"My desire was to see him, to be born soon, at the time of childbirth it was also the same" (A 09).

The feeling observed during interviewees was one of life in relation to the birth of the child, the reward and satisfaction of the girls for having been able to give birth, despite all the pain felt during the partial process, although it is apprehended in a negative and painful way, there is positivity, happiness and symbolization of motherhood.

During an observation of the nonverbal expressions, it was notorious a face of happiness expressed during the speech of the adolescents about birth, even with all the pain, fear and yearnings sensed during labor and delivery. This can be attributed to the emergence of motherhood that comes to fruition with the birth of the child, with the first visual and physical contact of the mother with the child who lived in the imaginary and who became real.

For a humanization of childbirth, besides the qualified assistance of the professionals, it is fundamental a presence of the companion for the control of the pain and favorable outcome of the childbirth. The right to accompany women of choice during labor, delivery and postpartum is guaranteed by Law No. 11,108/2005⁽¹⁶⁾. The presence of a woman's choice is essential because continuous support provides physical and emotional benefits, making her a safer and more autonomous participant, contributing to a good evolution of labor and favoring the positive experience of the moment⁽¹⁷⁾. The presence of the companion can be observed in the following statements of two adolescents, as others did not mention whether or not they had the companion:

"I had a direct companion" (A 01).

"So ... at the time of childbirth the person who was always with me was my sister, I took in her hand, who give me strength and everything was my sister" (A 10).

Besides the companion, another essential aspect for a maintenance of the maternal and fetal well-being is an offer of food and liquids during the partial process, as hunger and thirst cause discomfort in labor, and childbirth consume huge volumes of energy, and as it is not possible

to predict its duration, as energy sources, especially water ingestion and oral glucose, are provided by services⁽¹⁸⁾. A diet during labor was a positive aspect reported by one of the interviewees, while it is not a food or liquid, as follows.

In view of the above, it is possible to perceive how care technologies, such as food and liquids, the presence of the companion, among others, are essential for maternal and fetal well-being, as well as to contribute to the natural process of labor and delivery, without the need for unnecessary interventions.

The assistance of the obstetrician nurse according to the parturients assisted

The role of obstetrician nurses in the parturition process contributes to the improvement of care through the development of research that contributes to the change in obstetric practice, as well as the care model, aiming at safe and humane care⁽¹⁹⁾. The nurse/obstetrician is regulated by Federal Law No. 7,498 /1986 and Decree No. 94,406 / 1987, which regulates the law^(20,21), and Resolution No. 478/2015 that regulates the performance of obstetrical and obstetric nurses and delimits their responsibilities in the context of normal childbirth centers and/or birth centers⁽²²⁾. The obstetrician nurse is able to perform normal delivery without dystocia, applying practices based on scientific evidence as advocated by the World Health Organization (WHO)^(23,24).

Firstly, the perception of puerperae regarding obstetrical nurses' care and the importance of the assistance of these professionals to the process of labor and delivery were observed, according to the following statements:

"The possible done, everything was done, what had to happen to the others happened to me too, I was attended too, I liked it" (A 04).

"He was a very calming person, he helped me a lot and at the time of delivery, it was calm, right? So usually, these nurses, they are... and he helped me a lot in my delivery"(A 06).

"I really liked the nurse who took care of me, she gave me a lot of assistance, she was there with me all the time, whenever I asked to call her there, and I really enjoyed the assistance" (A 07).

"The nurse helped me a lot, she was very friendly too. If it were not her, it would take longer" (A 09).

"I thought it was good, they treated me well until I had the baby, right? They conduct the delivery, they did not mistreat me" (A 01).

"And it was good, the staff was also all good, they were by my side all the time, everyone was together with me, both in labor and delivery, it was very good, and I like the staff. Congratulations!" (A 10).

According to the reports, it is noticeable that the deponents showed satisfaction with care, evidencing that the care was humanized, because there was an approximation between the nurse and the adolescent, breaking the paradigm of traditional care, when the women remained alone throughout the parturition process and the professional's contact with them were restricted to technical procedures.

It is the duty of health professionals to receive the woman with dignity, her relatives and newborns. This requires ethical and supportive attitudes and the organization of the institution in order to create a welcoming environment⁽¹²⁾. Caring and attention gestures are valued by adolescents and this is due to the fragility and vulnerability they are during the parturition process, which can be seen in the following statements:

"They held my hand; they always talked to me..." (A 01).

"He had patience with me when I was not having strength and he helped me ... explaining me, right?" (A 02).

"She held my hand, she took the baby, she was always there, until when I came here she was there close to me" (A 07).

"She was very understanding, she helped me a lot" (A 09).

The touch, like the simple hand holding, an attentive look, causes a feeling of safety and well-being in the adolescents, because they are gestures that pass confidence and narrow the relationship between professional and patient, facilitating the assistance. It is also possible to perceive the appreciation that the adolescents demonstrated of the patience of obstetrical nurses as well as their constant presence.

Among other aspects that facilitate the assistance there is the physical structure, and the obstetrical center of the maternity where the study was carried out does not have a fully adequate physical structure to accommodate the parturients, but the environment has undergone transformations so that the patients can have privacy and a more welcoming space. One of the

changes made was the implementation of the partitions between the beds in the preterm rooms, thus allowing greater privacy. There is also the presence of materials that are used during labor and delivery such as the Swiss ball, pelvic swing chair (known as "cavalinho") and stool.

During the process of parturition, deambulation plays an extremely important role, as it is not only beneficial, but it also removes the focus of the woman's attention during the expression of pain. This practice favors uterine contraction and increases the blood flow to the fetus. In addition, the upright position of the parturient favors the action of gravity, aiding in the progression of labor⁽¹⁸⁾. The effects of ambulation reduce the use of oxytocin and analgesia, as well as the lower frequency of instrumental vaginal delivery such as forceps, vacuum extraction, episiotomy, among others⁽²⁵⁾.

Among the non-pharmacological methods of pain relief cited by the deponents as well as the deambulation were the use of the pelvic swing chair, Swiss ball, sprinkler, massages and position of four supports as follows:

"To relieve pain, they walked with me, they told me to stay on the ball, on the pelvic swing chair, to be on hands and knees on the bed, they massage my back" (A 01).

"They put me to stay in that ball, on the pelvic swing chair, a lot of thing to give birth fast" (A 03).

"They told me to exercise, to walk, to stay on the ball, on the pelvic swing chair, to squat" (A 04).

"She put me to do the exercise on the ball, on pelvic swing chair, massage" (A 07).

"I exercised on the ball, on the pelvic swing chair, stayed on hands and knees on the bed and walked ..." (A 09).

"I had a back massage; they were fanning me, only ..." (A 10).

"I exercised on the ball, I walked, I bathed too" (A 08).

In the reports, it is noticed that some puerperas reported that they performed the exercises as protagonists of their labor, however, others verbalized the accomplishment of the exercises as something imposed by the obstetrician nurse that was providing, thus demonstrating the difference of conduct and some professionals did not respect the woman's desire.

In the reports, only one teenager stated that the exercises are welcome, the other ones

did not comment on whether or not there was an amelioration of the pain, differently from what was evidenced in the research. In a study carried out in São Paulo, as women reported that exercises in the birthing ball and the bath of sprinkling and immersion accelerated delivery and relieved the pain, being a source of satisfaction. This is due to the relaxing effect of water⁽²⁶⁾.

In the maternity where the research has taken place, the immersion bath is still not performed, because a physical structure in the place does not support the installation of bathtubs, however, the warm bath of sprinkling is offered, because a heated water is a cutaneous estimate of superficial heat which has a mean temperature of 37°C, it is associated with the relief of pain and anxiety during labor with stress reduction, improvement in the pattern of contractions and consequent correction of uterine distortion⁽²⁷⁾.

A massage reported by deponents has the potential to promote pain relief, it provides physical contact with a parturient, potentiates relax effect, improves blood flow and oxygenation of tissues, and decreases emotional stress. Massage is usually applied to the lumbar region during uterine contractions or where the woman prefers^(28,29).

The use of the Swiss ball was reported by most of the interviewees, it is used to facilitate the adoption of vertical posture by the parturient in a comfortable way, works the muscles of the pelvic floor, besides being an alternative of freedom of the movements, having as a result the active participation of women in the parturition process, facilitating the descent and rotation of the fetal presentation and stimulating uterine contractions⁽²⁷⁾.

The exercises accelerate labor, this is due to the fact that the woman begins to exercise control of her body, becoming the protagonist of the process, in addition, the exercises favor the vertical position, facilitating the process of dilation, as they improve the fetal blood flow, increase the intensity and effectiveness of contractions, reduce pain and facilitate the action of gravity⁽³⁰⁾. This was perceived by some adolescents as follows in the following reports:

"I thought it was good that it was light, after I did the exercises, I had it quick" (A 04).

"Before giving birth to the baby, I did a lot of exercise, with the ball, she put the ball for me to stay on top, to stay on hands and knees, then

she did a massage on my back, and all that helped, right? It contributed to the birth as fast as it was "(A 06).

"They encouraged me to exercise ... I did not want, right? But after I really started to exercise, it was even faster [...]"(A 08).

Even with all the benefits of body movement that is achieved by carrying out the exercises during labor, some parturients do not cooperate or do not feel comfortable to perform such exercises, either because of pain or other reasons and it is necessary that the will of the woman is respected. What can be observed in the following speeches is that the exercises were offered, but the parturients did not do them:

"They told me the things they were supposed to do [...] I did not exercise because the pain was very strong, they offered, but I did not want, because I could not take it" (A 05).

"I did not exercise because I could not take it, and I did not want, but they insisted a lot" (A 10).

For women, humanization also involves receiving information, as this is one way of transmitting tranquility and trust⁽¹⁹⁾. The information represents care in the attention, because its absence removes the woman from the power over her body, impeding her autonomy and active participation in the process of giving birth⁽¹⁵⁾. In the following statements, the deponents reported maternal-fetal evaluation and guidance of the professionals:

"They came to give me a touch at the right time and to listen to the baby's heart at the right time, because I had the minutes ... They did not use to touch so much and did not hurt me" (A 01).

"He helped me ... explained me all right" (A 02).

"They use to support me... so, how is it calling? ... The pain, when it came, right? How it was, how long it was, how many minutes"(A 10).

In addition to the non-pharmacological methods of pain relief for the humanization of labor, other aspects are important, such as information on the evolution of labor and delivery for women and constant maternal-fetal evaluation, which are perceived as a form of attention and respect of professionals to the woman patient. In addition to bringing the woman and the health professional closer, providing safety for the woman in labor, facilitating the adhesion of her active participation in labor and delivery. Most of the

adolescents performed exercises and those ones who did not did it, it is for other reasons and not for lack of information and encouragement.

The present study presented some limitations such as the difficulty of interviewing adolescents who are in the puerperium, because it is a delicate period, of transition between childhood and adulthood and of the new social role that is to be a mother, with the interviews being short, in some moments with monosyllabic responses, thus hindering the interpretation of the results and the scope of the research objective. Moreover, in the collection scenario, it is noteworthy that even the adolescents being assisted by a multi-professional team, the deponents recognized the importance of obstetrical nurse assistance, which reflects that it is up to the nurse to know herself, highlighting her work with the multi-professional team and also individually.

FINAL THOUGHTS

The study sought to understand the feelings and sensations that emerged during the adolescents' parturitive process, as well as their perception of the care received from the obstetrician nurses. In relation to the feelings and sensations, the most cited were pain, which is also an aspect of the past labor from mother to the daughter, and the satisfaction and reward of having been able to give birth and know the child and thus the motherhood arising.

Among the aspects raised by the majority of the puerperal adolescents, the presence of the companion was important, the respect and attention paid by the professionals in giving information of the evolution of labor and demonstrating understanding of this moment surrounded by doubts and longings; the stimulus and information on the use of non-invasive technologies of pain relief and recognition of its benefits to reduce the time of labor. In this way, the scenario in question enhances these aspects because it is a training field for obstetrician nurses.

Health professionals should provide a humanized assistance in a qualified manner based on good practices in childbirth care, for this it is necessary to raise awareness by means of professionals training, and for this it is necessary that everyone who provide assistance to parturients work together as a team. Therefore, recognizing the needs of adolescents during the parturition process should be a priority so that

health professionals can provide quality care according to their needs.

REFERENCES

- 1 - Ribeiro VCS, Nogueira DL, Assunção RS, Silva RMR, Quadros KAN. Papel do enfermeiro da estratégia de saúde da família na prevenção da gravidez na adolescência. R. Enferm Cen Min. 2016;6(1):1957-75.
<https://doi.org/10.19175/recom.v0i0.881>
- 2 - Ministério da Saúde (BR). Marco legal: saúde, um direito de adolescentes. Brasília, DF: Ministério da Saúde; 2007 [citado em 18 dez 2016]. Available in: http://bvsmms.saude.gov.br/bvs/publicacoes/07_0400_m.pdf
- 3 - Luz NF, Assis TR, Rezende FR. Puérperas adolescentes: percepções relacionadas ao pré-natal e ao parto. ABCS Health Sci. 2015;40(2):80-4. <https://doi.org/10.7322/abcshs.v40i2.735>
- 4 - Leister N, Riesco MLG. Childbirth care: the oral history of women who gave birth from the 1940s to 1980s. Texto Contexto – Enferm. 2013;22(1):166-74.
<https://doi.org/10.1590/S0104-07072013000100020>
- 5 - Camacho KG, Progianti JM. A transformação da prática obstétrica das enfermeiras na assistência ao parto humanizado. Rev Eletr Enf. 2013;15(3):648-55.
<https://doi.org/10.5216/ree.v15i3.18588>
- 6 - Lima AEF, Silva LJ, Maia ML, Pereira ALF, Zveiter M, Silva TMA. Assistência ao parto após a implementação do Programa Cegonha Carioca : a perspectiva da enfermagem. Rev Rene. 2015;16(5):631-8.
<https://doi.org/10.15253/2175-6783.2015000500003>
- 7 - Ministério da Saúde (BR). Programa Humanização do parto: humanização no pré-natal e nascimento. Brasília, DF: Ministério da Saúde; 2002 [citado em 18 ago 2016]. Available in: <http://bvsmms.saude.gov.br/bvs/publicacoes/parto.pdf>
- 8 - Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Manual prático para implementação da Rede Cegonha. Brasília, DF: Ministério da Saúde, 2011.
- 9 - Ministério da Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Aprova as seguintes diretrizes e normas regulamentadoras de pesquisa com seres humanos. Brasília, DF: Editora do Ministério da Saúde, 2012 [citado em 10 dez 2016]. Available in: http://bvsmms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
- 10 - Ministério da Saúde (BR). Gestação de alto risco: manual técnico. 5a ed. Brasília, DF: Ministério da Saúde; 2012 [citado em 20 DEZ 2016]. Available in: http://bvsmms.saude.gov.br/bvs/publicacoes/manual_tecnico_gestacao_alto_risco.pdf
- 11 - Gerhardt TE, Silveira DT. (Org). Métodos de pesquisa. Porto Alegre: Editora da UFRGS; 2009 [citado em 10 nov 2016]. Available in: http://www.lti.pro.br/userfiles/downloads/13_Livro_Metodos_de_Pesquisa.pdf
- 12 - Vargas PB, Vieira BDGV, Alves VH, Rodrigues DP, Leão DCMR, Silva LA. A assistência humanizada no trabalho de parto: percepção das adolescentes. Rev Pesq Cuid Fundam. 2013 [citado em 20 dez 2016];6(3):1021-35. Available in: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3143/pdf_1351
- 13 - Rodrigues RF. A poética como pensamento da sensação. Cognitio-Estudios: Rev Eletr Filosofia. 2007 [citado em 5 jan 2017];4(2):160-4. Available in: <https://revistas.pucsp.br/index.php/cognitio/article/viewFile/5760/4063>
- 14 - Mafetoni RR, Shimo AKK. Métodos não farmacológicos para alívio da dor no trabalho de parto: revisão integrativa. Rev Min Enferm. 2014;18(2):505-12.
<https://doi.org/10.5935/1415-2762.20140037>
- 15 - Scarton J, Prates LA, Wilhelm LA, Silva SC, Possati AB, Ilha CB. et al. “No final compensa ver o rostinho dele”: vivências de mulheres primíparas no parto normal. Rev Gaúcha Enferm. 2015;36 (esp):143-51.
<https://doi.org/10.1590/1983-1447.2015.esp.56786>
- 16 - Brasil. Lei Nº 11.108, de 7 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir às parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde - SUS. Diário Oficial União. 8 abr 2005.
- 17 - Santos ALS, Oliveira ARS, Amorim T, Silva UL. O acompanhante no trabalho de parto sob a perspectiva da puérpera. Rev Enferm UFSM. 2015;5(3):531-40.
<https://doi.org/10.5902/2179769217337>
- 18 - Takemoto AY, Corso MR. Parto humanizado e a assistência de enfermagem: uma revisão da literatura. Arq Ciênc Saúde UNIPAR.

2013;17(2):117-27.

<https://doi.org/10.25110/arqsaude.v17i2.2013.5002>

19 - Apolinário D, Rabelo M, Wolff LDG, Souza SRRK, Leal GCG. Práticas na atenção ao parto e nascimento sob a perspectiva das puérperas. *Rev Rene*. 2016;17(1):20-8.

<https://doi.org/10.15253/rev%20rene.v17i1.2601>

20 – Conselho Federal de Enfermagem - Cofen. Decreto nº 94.406/87. Regulamenta a Lei nº 7.498, de 25 de junho de 1986, que dispõe sobre o exercício da Enfermagem, e dá outras providências. *Diário Oficial União*. 9 jun 1987;Seção 1:8853-5.

21 - Brasil. Lei Nº 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da enfermagem e dá outras providências. *Diário Oficial União*. 26 jun 1986.

22 - Conselho Federal de Enfermagem - Cofen. Resolução nº 478, de 14 de abril de 2015. Normatiza a atuação e a responsabilidade do Enfermeiro, Enfermeiro Obstetra e Obstetrix na assistência às gestantes, parturientes, puérperas e recém-nascidos nos Serviços de Obstetrícia, Centros de Parto Normal e/ou Casas de Parto e outros locais onde ocorra essa assistência; estabelece critérios para registro de títulos de Enfermeiro Obstetra e Obstetrix no âmbito do Sistema Cofen/Conselhos Regionais de Enfermagem, e dá outras providências. *Diário Oficial União*. 27 jun 2016.

23 - Caus ECM, Santos EKA, Nassif AA, Monticelli M. O processo de parir assistido pela enfermeira obstétrica. *Esc Anna Nery*. 2012;16(1):34-40.

[https://doi.org/10.1590/S1414-](https://doi.org/10.1590/S1414-81452012000100005)

[81452012000100005](https://doi.org/10.1590/S1414-81452012000100005)

24 - Organização Mundial da Saúde - OMS. *Maternidade segura: assistência ao parto normal: um guia prático*. Brasília, DF: Ministério da Saúde; 1996.

25 - Mamede FV, Mamede MV, Dotto LMG. Reflexões sobre deambulação e posição materna no trabalho de parto e parto. *Esc Anna Nery*. 2007;11(2):331-6.

[https://doi.org/10.1590/S1414-](https://doi.org/10.1590/S1414-81452007000200023)

[81452007000200023](https://doi.org/10.1590/S1414-81452007000200023)

26 - Jamas MT, Hoga LAK, Reberte LM. Narrativas de mulheres sobre a assistência recebida em um centro de parto normal. *Cad Saúde Pública*. 2013;29(12):2436-46.

<https://doi.org/10.1590/0102-311X00039713>

27 - Barbieri M, Henrique AJ, Chors FM, Maia NL, Gabrielloni MC. Banho quente de aspersão, exercícios perineais com bola suíça e dor no

trabalho de parto. *Acta Paul Enferm*. 2013;26(5):478-84.

[https://doi.org/10.1590/S0103-](https://doi.org/10.1590/S0103-21002013000500012)

[21002013000500012](https://doi.org/10.1590/S0103-21002013000500012)

28 - Gallo RBS, Santana LS, Marcolin AC, Ferreira CHJ, Duarte G, Quintana SM. Recursos não farmacológicos no trabalho de parto: protocolo assistencial. *Femina*. 2011 [citado em 5 jan 2016];39(1):41-8. Available in:

[http://files.bvs.br/upload/S/0100-](http://files.bvs.br/upload/S/0100-7254/2011/v39n1/a2404.pdf)

[7254/2011/v39n1/a2404.pdf](http://files.bvs.br/upload/S/0100-7254/2011/v39n1/a2404.pdf)

29 - Silva RC, Soares MC, Jardim VMR, Kerber NPC, Meincke SMK. O discurso e a prática do parto humanizado de adolescentes. *Texto Contexto Enferm*. 2013;22(3):629-36.

[https://doi.org/10.1590/S0104-](https://doi.org/10.1590/S0104-07072013000300008)

[07072013000300008](https://doi.org/10.1590/S0104-07072013000300008)

30 - Macedo PO, Quitete JB, Lima EC, Santos I, Vargens OMC. As tecnologias de cuidado de enfermagem Obstétrica fundamentadas pela teoria ambientalista de Florence Nightingale. *Esc Anna Nery*. 2008;12(2):341-7.

[https://doi.org/10.1590/S1414-](https://doi.org/10.1590/S1414-81452008000200022)

[81452008000200022](https://doi.org/10.1590/S1414-81452008000200022)

Note: Research funded by authors. The research is part of the Course Completion Work presented to the Residency Program in Occupational Health Area - Obstetric Nursing.

Received in: 23/02/2017

Approved in: 04/10/2017

Mailing address:

Priscilla Cavalcante Lima

Rua Vladimir do Rego Abreu, nº 1037

ZIP CODE: 64019.762 Teresina/PI - Brazil

E-mail: priclima90@gmail.com