"It was worth it when I saw his face": experiences of primiparous women during natural childbirth

"No final compensa ver o rostinho dele": vivências de mulheres-primíparas no parto normal

"Al final de ti pays ver la cara": experiencias de mujeres-primíparas en parto normal

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ABSTRACT

Objective: to know the experiences of primiparous women regarding the care practices provided by nursing professionals during natural childbirth.

Method: a qualitative, descriptive study, conducted with ten primiparous mothers at a maternity hospital in the interior of Rio Grande do Sul, between February and April 2014, based on individual semi-structured interviews. The data were submitted to thematic content analysis according to the operative proposal.

Results: the data were grouped into the following categories: The fear of not being able to give birth naturally and the encouragement of the nursing staff; The experience of pain in natural childbirth; Support versus distance; Good or bad childbirth experience? "It was worth it in the end!"

Conclusions: the provided care has a direct impact on the experience and how the women cope with the process of childbirth.

Keywords: Delivery of health care. Natural childbirth. Labour, obstetric. Nursing. Millennium Development Goals.

RESUMO

Objetivo: Conhecer as vivências de mulheres primíparas em relação às práticas de cuidado prestadas por profissionais de enfermagem no parto normal.

Método: Estudo qualitativo, descritivo, realizado com dez mulheres primíparas, em uma maternidade no interior do Rio Grande do Sul, entre fevereiro e abril de 2014, por meio de entrevista individual semiestruturada. Os dados foram submetidos à análise de conteúdo temática pela proposta operativa.

Resultados: Os dados foram agrupados nas categorias: O medo de não conseguir e o incentivo da equipe de enfermagem; A vivência da dor no parto normal; Apoio versus distanciamento; Vivência boa ou ruim no parto? "No final tudo compensa!".

Conclusões: O cuidado prestado se reflete na vivência e na forma como a mulher enfrenta os eventos que permeiam o processo parturitivo.

Palavras-chave: Assistência à saúde. Parto normal. Trabalho de parto. Enfermagem. Objetivos de Desenvolvimento do Milênio.

RESUMEN

Objetivo: conocer las experiencias de mujeres primerizas con respecto a las prácticas de atención prestados por los profesionales de enfermería en el parto normal.

Método: cualitativo, estudio descriptivo, llevado a cabo con diez mujeres primerizas, en una maternidad en el interior de Rio Grande do Sul, entre febrero y abril de 2014, a través de entrevistas semiestructuradas individuales. Los datos fueron analizados por análisis de contenido temático sobre la propuesta operativa.

Resultados: los datos se agruparon en categorías: El miedo al fracaso y el aliento del equipo de enfermería; La experiencia del dolor en el parto normal; Apoyo contra el distanciamiento; ¿Buena o mala experiencia en el parto? "Al final vale la pena".

Conclusiones: la atención recibida refleja la experiencia y la forma en que las mujeres se enfrentan a acontecimientos que permean el proceso parturitivo.

Palabras clave: Prestación de atención de salud. Parto normal. Trabajo de parto. Enfermería. Objetivos de Desarrollo del Milenio.

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INTRODUCTION

Childbirth is one of the most important events in the life of a woman because it confirms her transition to the role of mother[1]. Delivery is not only the result of the expulsion of a newborn, it is also the continuity of human life[2].

All the care provided during the labour and delivery process must respect the relationships between the professionals involved, the mother and the family. The healthcare professional should therefore offer care that allows the mother and the persons involved in this process to experience childbirth in a positive way. Moreover, these professionals should act as facilitators of the provision of this care[3].

Similarly, nursing care provided to women in the process of childbirth should seek to establish a close, human bond with the parturient. It must also allow the women to have control over their bodies so they can better understand what happens in each stage of childbirth and express themselves freely. This care also involves notifying women of their rights and the attentive and sensitive ear of nursing professionals to help parturients get through the process[4].

Although the birth of a child is usually an extremely joyous event, it can also be a moment of anxiety due to fear of the unknown. Consequently, one of the functions of nursing professionals is to guide and conduct care to meet the real needs of these women[2]. In this study, care during the parturitive process is defined as the care provided by the nursing professional who assumes the position of facilitator, who respects the physiology of birth and the female autonomy, and who allows the primiparous woman to express her will. This approach prevents interventions that are unnecessary and/or lack scientific evidence regarding their effectiveness[5].

This care observes the Millennium Development Goals (MDG) established by the United Nations (UN) together with 191 countries, including Brazil, in 2000. The fifth goal of the UN consists of improving the health of pregnant women by the year 2015. To achieve this goal, some actions that comprehensively promote the health of women at reproductive age must be implemented and/or qualified. An example of these actions is family planning, prenatal monitoring, improving the access and quality of health services, and care during the prenatal, childbirth and postnatal stages[6]. It is understood that the practices of care provided by nursing professionals in natural childbirth play a key role in achieving the fifth Millennium Development Goal, thus justifying the realization of this study.

Allowing primiparous women who are experiencing the parturitive process to voice their concerns is a way of evaluating the care that nursing professionals provide to this group and of encouraging actions that observe the public policy of humanisation of labour and birth, as required in the current context of childbirth assistance[1]. The guiding question for this study is "how do primiparous women experience the care practices of nursing professionals during natural childbirth?". The aim of this study is to know the experiences of primiparous women in relation to the care provided by nursing professionals during natural childbirth.

METHODOLOGY

The descriptive, qualitative study that gave rise of this article is the result of a master's thesis for the graduate nursing programme[7], conducted in the maternity unit of a hospital in the interior of the state of Rio Grande do Sul/RS, Brazil. The study included the participation of ten primiparous women. This number was defined by data saturation and the scope of the objective proposed in the study[8].

The criteria for inclusion for participation in this study were primiparous women with intact psycho-cognitive conditions, hospitalised in the scenario of the investigation in the data collection period and women who had given birth to viable, healthy, full-term babies by vaginal delivery. The criteria for exclusion of this study included primiparous women who had given birth in another institution or at home.

The data were collected through semi-structured interviews[8] containing closed questions that sought to characterise the participants and the care provided during the parturitive process, and open questions concerning the experience of nursing care during natural birth. The interviews were conducted in February, March and April 2014, respecting the 24-hour postpartum period for data collection, considering that the experience of nursing care during delivery is still clear in the minds of the mothers, and preserving the physical integrity of women.

Subsequently, the data were subjected to thematic content analysis, according to the operative proposal[8]. Thematic content analysis consists of two stages. The first exploratory research stage seeks to comprehend the history of the studied group, its environment, socioeconomic conditions, and other factors. The second interpretation stage helps researchers understand the core meanings of the study for the presentation of the final research report.

The anonymity of the participants was guaranteed by using the letter "E" followed by the number sequence (E1,

E2, ... E10). This study was approved by the research ethics committee of the Universidade Federal de Santa Maria in January 2014, with the certificate of presentation for ethical appreciation CAEE 26452313.8.0000.5346. The participants who were over 18 and the persons responsible for the underage participants signed an informed consent statement. Underage participants also received the approval statement, which was signed by these participants and the researchers. This document was signed in two copies; one for the participant and one for the researcher. All other ethical provisions were observed, according to Resolution 466/2012 of the National Health Council, that establishes parameters for research involving humans[9].

RESULTS AND DISCUSSION

The experience of childbirth is a milestone in a woman's life. This event is marked by the way in which the parturitive process occurs and the manner in which care is provided to the woman and her family or partner. Care for primiparous women must be based on dialogue, listening, tenderness and guidelines on the entire process of labour and birth.

The study group consisted of ten primiparous women between the ages of 15 and 29. In relation to marital status, seven were in a stable union, and three were single or married. As for education, five of the women had completed their secondary education, and the other five had completed their primary education, not finished secondary school or not finished primary school. In terms of occupation, four of the women worked in shops and six were students, worked at home or in agriculture. As for the family monthly income, six reported one to two minimum wages, and four reported an income of three to minimum salaries or less than a minimum wage. The time spent in labour, after admission to the maternity, ranged from one hour and 30 minutes to 13 hours.

In view of the fifth MDG[6], this characterisation of the participants is essential because the individual characteristics and unfavourable sociodemographic conditions help identify risk factors for maternal mortality. Marital status, low education and exposure to physical, chemical, biological agents at work signal possible risk factors.

In relation to the care provided during labour and delivery, seven of the participants had received some indication of a non-pharmaceutical pain relief method, namely walking and taking a warm bath. Moreover, nine of the participants had a companion during the labour, childbirth and postpartum period. The indication of non-pharmaceutical pain relief and the fact that the women were allowed to have a companion during labour and delivery are useful practices that should be encouraged in natural childbirth[10].

Contrarily, eight of the women used medication to induce childbirth, such as oxytocin. Seven of the women were subjected to trichotomy, seven had an enema and nine underwent episiotomy. It is important to note that the use of oxytocin and episiotomy are practices that are often incorrectly applied during normal childbirth. Trichotomy and enema are clearly harmful or ineffective practices and should therefore be eliminated from the normal birth process[10].

The data extracted from the statements of the women were grouped into the following categories: The fear of not being able to give birth naturally and the encouragement of the nursing staff; The experience of pain in natural childbirth; Support versus distance; Good or bad childbirth experience? "It was worth it in the end!"

The fear of not being able to give birth naturally and the encouragement of the nursing staff

When analysing the experiences of primiparous women in relation to the care provided during the parturitive process, it was observed that their feelings were part of a context that was previously unknown, as shown in the following testimonials:

> *When the time came, I was afraid I would not be able to give birth (E3).*

> *I was quite nervous, first-time mother "[...]" I was a little scared (E5).*

These statements reveal that the women fear the unknown and the inability to delivery or of experiencing something that they had only previously heard from other people. This situations triggers feelings of fear, doubt and anxiety due to the unknown event they are about to experience in their bodies and lives[11].

As revealed below, some nursing professionals of the studied scenario do not overlook the experiences of the primiparous women. Many of these professionals intuitively use care practices that are characterised as soft technologies, such as dialogue, that cause these feelings to change.

> *"[...]" I talked to them [nursing technicians], and they said, calm down, you can do it! "[...]" two of them [nursing technicians] sat down and talked to me"[...]" (E3).*

"[...]" they tried [nursing team] to calm me down (E6).

Since the very beginning of the delivery to the end, I really liked the nurse "[...]" because she calmed me down a lot, and portrayed tranquillity "[...]" (E9).

They encouraged me, gave the strength [nursing team] (E4).

The women (nursing technicians] calmed me down "[...]" they were very affectionate (E5).

At the moment of delivery "[...]" they [nursing technicians] talked so I would not get nervous [...] and then we just start calming down,, and that Oh my God tension "[...]" dies down. (E10).

It was observed that the team is truly concerned with the well-being of the women. They talk and listen to their troubles fear and insecurities and provide support and strength that served as "key care" and helped the women replace their feelings with tranquillity, security and serenity in relation to the parturitive process. Furthermore, this emphatic support and the provision of guidelines and explanations from the health workers helped the women experience labour and delivery and proved to be useful practices that must be encouraged[10] in this process.

These findings agree with the results of a study[12] that sought to understand the correct care for delivery from the standpoint of women and found that the women hope to receive care that focuses on their individuality. They also hope to receive care that is based on dialogue, and the correct guidelines that observe attention, affection and listening, and favour their potential to deliver their babies.

In the following statements, the participants highlight their expulsion efforts at the moment of delivery. They stress that the prolonged and directed pushing efforts represent a clearly harmful or ineffective practice that should be eliminated from the process[10]. This practice can be associated to the fact that they are primiparous, but it also revealed the concerns of the team in relation to helping the mothers push and breathe correctly.

At the moment of delivery I pushed incorrectly, so she [nursing technician] came, talked to me and told me not to push upwards, I had to push downwards because otherwise the baby would go up (E10).

I was supposed to take deep breaths and release, push and release, until the contraction came and then I was supposed to push (E4).

In the delivery room they [nursing team] said I had to push as if it were going to my feet, right? "[...]" at that moment we feel so much pain that it seems we are pushing down there, but we are pushing with our faces. And then "[...]" I took a deep breath and pushed and the baby was born (E6).

At the moment of delivery they [nursing team] were there helping me, and when I was feeling lots of pain, she [nursing technician] said, breathe through your nose, release through the mouth, take deep breaths! "[...]" (E5).

In relation to the guidelines provided by the professionals at the moment of delivery, the statements showed that they are directed toward expulsing the newborn (pushing), the best moment to push and rhythmic breathing to enable better foetus-placenta exchanges and to calm the women. Furthermore, the practice of this care helps the women calm down and cooperate better in the parturitive process, which empowers them to exploit their physiological capacity to give birth[13].

The statements also showed that, according to the women, the healthcare workers play an important role by providing care based on guidelines and support on how to proceed during labour. The fact that they were encouraged to actively participate and push correctly helps the mothers feel more participative in the birth of their children. This again reinforces the importance of providing women with all the information and explanations that they need and how this practice is useful during normal childbirth and should consequently be stimulated among health professionals[10].

The experience of pain in natural childbirth

During the whole parturitive, nursing professionals should provide support to the mother and her companion of choice that is centred on promoting the welfare of those involved. The way in which care is provided directly affects the way women behave toward pain.

Before the nurse told me to breathe, I felt like screaming in pain, really shout out that it was hurting, then, when she came and told me to breathe and that it wouldn't hurt, that is exactly what happened "[...]" the pain was awful "[...]" (E9).

My first child, so the pain was unbearable for me, it was unbearable, but they [nursing staff] were very good to me, you have no idea! The doctor also, after the delivery they

came to congratulate me because I did not shout, I was very quiet, but the pain is horrible (E6).

For most of the interviewed women the fear of childbirth was associated with pain, although this pain was only imaginary, constructed from conversations with other mothers, grandparents, neighbours or people in their environment who transferred their positive or negative experiences of childbirth.

Participant E6 refers to the pain as something that would be unbearable, denoting a cultural vision that birth is portrayed in society and in the media as a moment of extreme pain and suffering. Similarly, a study of the author[11] showed that the participants who mentioned pain the most were primiparous women. The fear of pain seems to be an element that is constructed and transmitted from generation to generation. Culturally, childbirth is a synonym of suffering because the fear and the pain of childbirth are incorporated into the socio-cultural phenomena found in the culture of our society[14].

Childbirth is mostly experienced with pain, but the responses of women to pain vary and often depend on how the nursing professional conducts the process. This highlights the importance of providing information and guidelines that can tranquilise women and their companions during labour. These actions provide assurance and show the women that the physiology of labour is being properly monitored[10]. This care portrays assistance and attention, which can reduce fear, anxiety, and even the use of unnecessary interventions[15].

It is worth mentioning that the triad fear-tension-pain in childbirth is usually linked to the fact that society and the media often portray a negative image of childbirth. Also, pregnant women are more concerned with foetal development, birth and possible risks during pregnancy than with the changes that occur in their bodies and the preparation for childbirth. Still, the psychological distress and professional indifference, due to difficulty in communicating or by thinking that the mother does not understand or know the correct conduct, are factors that contribute to the exacerbation of pain and fear of childbirth[3].

The deposition of the participant E9 shows that the nurse's attitude of keeping close and helping the mother with the breathing and the delivery had a soothing effect on the mother. Thus, the participant was more collaborative and managed to focus on breathing, which was perceived positively by the mother.

In addition, it is acknowledged that this proximity helps the nurse monitor the physical and emotional well-being of the women throughout labour and delivery, and recognize their immediate needs. During normal childbirth, physical and emotional monitoring is an essential and useful practice that must be stimulated[10].

A study shows that the professionals responsible for providing care to the mother should be alert and pay special attention to the specifics of each woman during the parturitive process and to the experience of pain. This attitude of proximity in care helps the mothers experience childbirth in a positive way and it prevents the manifestation of fear in relation to delivery[4].

By analysing the statement of participant E6, one realizes that the care provided by the nursing professionals was perceived as positive. However, the fact that the team congratulated her for having remained silent led E6 to believe that she had acted correctly by suppressing her screams and moans of pain, that is, by not disturbed the team.

A study conducted with professionals on the institutional violence in maternity units highlighted that the participants believed that "tougher" patients are "noisy" and that "hysterical" patients "like to put on a show", are less tolerant to pain and require more attention[16].

The fact that participant E6 remained "quiet" allowed the team to conduct their work without interferences from the participant. For the professionals who congratulated her, this participant seems to be a model patient who supports pain in silence.

When E6 states that they were "good" to her, she seems to imply that the members of the team provided a care that she idealized. Moreover, she seemed to believe that screaming or "being scandalous" can cause ill-treatment from the team, which could have led the mother to remain silent, not bother the team and support the pain.

However, it should be noted that the nursing professionals must remain close to the mother, make sure that she is aware of the right to express herself, her fears or her insecurities in any situation, considering that these reactions are extremely common and that the role of the team is to guide the mother and, above all, respect her.

Support versus distance

Another important aspect is when the primiparous women ask the nursing professionals for help to meet their care needs. It was found that this moment was experienced in two ways: the assisted and guided versus the ignored, as presented below.

Actually, I didn't call them, they [nursing staff] came round all the time to see if we were OK (E10).

I would talk to the nurses and they would come and assist me, help me with my doubts "[...]" any doubts, anything that I needed from them [nursing staff], they were there, ready to help! "[...]" (E5).

Nursing professionals must incorporate practices in their daily routines that help women experience the parturitive process in a satisfactory manner, so they can mark this moment in their lives as positive and unique for the entire family. It is therefore essential to value the specificities and experience of each of these women.

When the nurses show the primiparous women that they are close and eager to care and listen, their actions create bonds of trust between the professionals and the women, facilitate the parturitive process[17] and demonstrate a care that surpasses the mere following of standards and institutional routines. However, not all professionals incorporate practices that favour the positive experience of natural birth[10], which could be linked to an education that does not include the humanisation of labour and birth in its curricula. The reflection of distancing of the nursing team during the moment of parturition emerges in the following statements:

They [nursing staff] were quite considerate, but some of them cause problems "[...]" they don't talk much, they don't tell you what is going on, they don't tell you what they are going to do "[...]" I preferred not to call them much! " [...]" Then there is that [member of the nursing staff] who works here, no point in insisting with that one, there's no point in even talking to her "[...]" I was admitted and feared being mistreated, but they don't mistreat you, they just don't give you too much attention (E7).

"[...]" I called all the time, because I was feeling that he [baby] was coming and they [nursing staff] were saying no, and they looked at me with that face, you know? "[...]" of disgust "[...]" I felt the baby was coming and they thought he wasn't and then made me suffer a lot, until he was born because they thought it wasn't the right time [her gestational age was 38 weeks], and that's why he was born there, in the examination room"[...]" if I had gotten up a bit more, he would have fallen on the floor (E1).

"[...]" There are some [nursing technicians] "[...]" that don't greet you, don't even look you in the face. They walk into the room and don't excuse themselves. I don't even know why they work "[...]" they need the money, but it's not for love of their profession, it is? "[...]" I was scared, actually, before I came here, because here, the maternity unit is a place that is supposed to be good, where people treat you swell and it's not! "[...]" I think they should work with love "[...]" a place that was supposed to be a wonderful thing, which is maternity (E7).

When participant E7 mentions that she preferred to remain silent for fear of being mistreated, she reveals the idea that this place is not always receptive and that some professionals remain indifferent to their needs for parturient care. This reveals the need to change the current scenario of childbirth assistance and to better quality and motivate the staff involved in the process of labour and birth.

The investigation of the author[17] is similar to the present study in that the manner in which the nursing professionals behave toward their patients, and their attitudes, can lead to a lack of care represented by words that reveal indifference and a lack of sensitivity to the needs of these women during the process of childbirth. This indifference and lack of sensitivity can be a gap or barrier to the ethical commitment of care. Furthermore, this oversight reveals some weaknesses in the obstetric assistance that is being offered, which has a direct impact on mother-baby health and must be considered, especially if we hope to achieve the fifth MDG[6].

This disregard and indifference were also observed in the statement of participant E1, which reveals a devaluation of the complaints of primiparous women by the nursing staff and denounces that this distancing is still found in maternity services. This detachment exposes primiparous women to the risk of childbirth without monitoring and without constant surveillance.

One has to question if the routine of maternity hospitals obliterates the actions of the attending health professionals and makes them act like machines. There seems to be idea that it is "just a delivery", "just another baby". However, for participant E1, and for every woman, childbirth is a special moment, it is the birth of a child, and in the context of this study, it is the arrival of the first child, the experience of the first delivery.

Nursing professionals and other healthcare professionals must value women and all the aspects that permeate the experience of childbirth in order to enable the autonomy and empowerment of primiparous women[3].

Some authors[18] in a study perceived that the women requested help from the professionals during childbirth because they believed they could perform a procedure that would relieve their suffering. However, in the context of childbirth, there are professionals who do not correspond to these expectations, seem unwilling to meet the

needs of primiparous women, do not respond to their calls for help and requests and remain distant in a moment that they lack support, information and the presence of others.

The authors stress that women still refer to the moment of delivery as an experience of intense pain, insecurity and dissatisfaction in relation to these health professionals, and even consider the possibility of delivery without their presence since they do not respond to their requests. The lack of monitoring of the team during the parturitive process denies the women their right to exercise safe motherhood, and the duty of all health professionals and management is to ensure safe conditions for the mothers and their babies during labour and birth[19].

Along this same line of thought, the absence of guidelines and explanations of the procedures that will be performed on the women deprives them of their power over their bodies, reinforces passivity and prevents their autonomy and active participation in the birth process. According to the authors[4], the women assume a passive role in relation to the professionals due to the lack of information and fear of reprimand and repression. They see themselves surrendering their bodies, their lives and their babies to the hands of the professionals, who are not always imbued with the meanings of each moment they experience during childbirth. Moreover, their lack of knowledge of the procedures and the fact that they are unaware they can demand better care places these women in the position of mere recipients of this care[20].

Dialogue and interpersonal relationships between the mothers and health professionals become minimal requirements that offer a positive experience of the parturitive process and should therefore be given greater priority[10].

Good or bad childbirth experience? "It was worth it in the end!"

Considering the care provided by nursing professionals, when questioned about the experience of the first delivery, the statements reveal that all the suffering, pain, anguish and, in some cases, the lack of attention of the team are forgotten when they receive their child in their arms.

"[...]" when it's all over, it's worth it when I see his face (E9).

It was good [experience of childbirth] because he was born healthy "[...]" (E1).

It was good, a learning experience "[...]" because it's a unique moment (E4).

"[...]" oh, first-time mother, right? We don't know anything, so it was alright for me "[...]" the girls [nursing technicians] calmed me down and when I looked, there he was! (E5).

There is a variation in the manner of experiencing birth according to the circumstances within the system, where the perception is articulated with the context of the persons involved in the birth. Hospitalisation does not always result in effective care, and neglect, disrespect and abuse[20] can be frequent. The presence of professionals who are concerned with the well-being of the mother, companion and family can and should be commonplace. These professionals should be near these mothers and ensure that the experience is pleasurable for everyone.

When providing care, nursing professionals should consider the women as a whole and try to understand, identify and satisfy her needs. They should also recognize the cultural and individual differences of each patient in order to reduce the tension and make the experience more positive[20].

In their statements, care was considered positive because the baby was born healthy. However, when asked about the care they received, all the women stated it had been satisfactory, regardless of whether they were assisted correctly or not, which shows that the main concern of these women is the baby.

Consequently, the feelings of joy and well-being they expressed in this stage are basically linked to the birth of the child. It should be noted that the parturitive process involves a range of doubts and concerns that start at the beginning of the pregnancy and remain latent until the moment the women feels it is time to give birth. A study shows that with the birth of a child, the mother feels relief because she managed to overcame the pain and all the suffering, and joy because she can finally see and hold her child in her arms[11].

It is clear that the experience of birth largely depends on the manner in which the professionals perform their care practices. A study conducted by the authors[13] shows that the ideal care, according to the women, is when health professionals swiftly respond to their requests, provide information and answer their queries, and interact as a team. These aspects contribute to the process of childbirth and ensure that they do not become mere spectators. Finally, assistance during childbirth must be linked to the needs and specificities of each mother in order to guarantee a satisfactory experience.

FINAL CONSIDERATIONS

The findings of this study revealed that each primiparous woman experiences the care provided by nursing

professionals during the parturitive process in a very particular and different way. According to the participants of this study, the experiences were pleasurable and favourable when the staff provided information and guidelines, when their needs were respected and swiftly and carefully met, when they felt welcome, when their individual needs were valued, when the professionals remained close and showed concern for their well-being and when they provided care with dedication and zeal.

Contrarily, they considered the experience negative or traumatic when the team was indifferent and insensitive to the moment they were experiencing. On these occasions, the experiences were marked by fear, suffering and anguish since the professionals who should help during this process were distant and apathetic, did not value the moment the women were experiencing and sometimes even exposed them to risk.

We hope this study contributes to the promotion of deep reflection and criticism regarding the current model of care practices for natural childbirth. Human rights should be respected, discussed and improved with more intensity in the academic education of health professionals since they are being overlooked in the process of parturition, although labour, in the public context of healthcare, is permeated by public policies that seek to qualify this event.

This study concludes that although there is a policy that targets the humanization of labour and birth, there should be a national survey on this subject and a proposal that is integrated to the Rede Cegonha, and other consistent measures that empower women during the parturitive process. Currently, the predominant model establishes that healthcare professionals are the owners of the truth and control the birth process, while the women are considered the owners of a defective body that must be corrected through interventions.

In spite of the advancements in this area, there is still the need for huge changes in the current scenario of care for labour and birth. Nursing care must be strengthened based on scientific evidence, and the practices that are knowingly ineffective and harmful to women and newborn babies should be abolished from the labour and childbirth process. New actions could qualify obstetric and neonatal care and allow the achievement of the fifth MDG.

Acknowledging the perception of women in relation to the care provided by nursing professionals in the parturitive process is extremely valuable. These practices must meet the care needs reported by these women. This study can contribute to the care provided to women in labour and during birth and help reformulate the care practices adopted at the maternity units and educational institutions. We hope it can promote reflection and discussions in education regarding the care of women during labour and birth. It can also encourage new studies on the experiences of women in relation to the care provided by nursing professionals in natural birth that will shed further light on the views of these women and their experiences.

The fact that this study was conducted with women of the same demographic region and with a similar cultural background can be considered a limitation. Withal, there was no attempt to generalise the results since the contribution of this study lies in the reported singularities in relation to the subject and in knowing the experiences of primiparous women, all of which justify its realisation.

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