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THE NURSING PROCESS IN AN OBSTETRIC CENTER: PERSPECTIVE OF NURSES[1]

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ABSTRACT

Objective: to apprehend the nurses' perception about the Nursing Process and the nursing history model performed with the pregnant woman/parturient in the obstetric center of a hospital in southern Brazil.

Method: an exploratory, descriptive study with a qualitative approach, with the participation of thirteen nurses who work in the Obstetric Emergency or Obstetric Center. The data was collected from December 2014 to March 2015, through a workshop, a semi-structured individual interview and the completion of an instrument with suggestions for the elaboration of a new nursing history model. The data was analyzed through the Bardin's content analysis.

Results: the following categories emerged: importance and necessity of the Nursing Process; fragmentation, discontinuity, incompleteness and mechanization of the Nursing Process - damages to humanization; and limitations and shortcomings in the approach and structure of the nursing-indicative history for its restructuring.

Conclusion: the nurses of the study understand that the quality of the Nursing Process will achieve improvements based on a new historical proposal, and that the nursing diagnoses, instrumentalize and guide the care process.

DESCRIPTORS: Obstetric nursing. Nursing processes. Nursing diagnosis. Humanization of care. Pregnant women.

PROCESSO DE ENFERMAGEM EM CENTRO OBSTÉTRICO: PERSPECTIVA DOS ENFERMEIROS

RESUMO

Objetivo: apreender a percepção de enfermeiros sobre o Processo de Enfermagem e o modelo de histórico de enfermagem realizado com a gestante/parturiente no centro obstétrico de um hospital do sul do Brasil.

Método: estudo exploratório, descritivo com abordagem qualitativa, do qual participaram treze enfermeiros que atuam em Emergência Obstétrica ou Centro Obstétrico. Os dados foram coletados no período de dezembro de 2014 a março de 2015, através de uma oficina, de entrevista individual semiestruturada e do preenchimento de um instrumento com sugestões para a elaboração de um novo modelo de histórico de enfermagem. Os dados foram analisados através da análise de conteúdo de Bardin.

Resultados: surgiram as seguintes categorias: importância e necessidade do Processo de Enfermagem; fragmentação, descontinuidade, incompletude e mecanização do Processo de Enfermagem - prejuízos à humanização; e limitações e insuficiências na abordagem e na estrutura do histórico de enfermagem - indicativos para sua reestruturação.

Conclusão: os enfermeiros do estudo compreendem que a qualidade do Processo de Enfermagem alcançará melhorias a partir de uma nova proposta de histórico, e que os diagnósticos de enfermagem, instrumentalizam e orientam o processo de cuidar.

DESCRITORES: Enfermagem obstétrica. Processos de enfermagem. Diagnóstico de enfermagem. Humanização da assistência. Gestantes.

PROCESO DE ENFERMERÍA EN EL CENTRO OBSTÉTRICO: PERSPECTIVA DE LOS ENFERMEROS

RESUMEN

Objetivo: aprehender la percepción de los enfermeros sobre el Proceso de Enfermería y el modelo histórico de la enfermería realizados con la gestante/parturienta en el centro obstétrico de un hospital do sur del Brasil.

Método: estudio exploratorio, descriptivo y con abordaje cualitativo en el que participaron trece enfermeros que actúan en la Emergencia Obstétrica o Centro Obstétrico. Los datos fueron obtenidos entre Diciembre del 2014 y Marzo del 2015 a través de un taller de entrevista individual semiestructurada y del relleno de un instrumento con sugestiones para la elaboración de un nuevo modelo del histórico en enfermería. Los datos fueron analizados a través del análisis del contenido de Bardin.

Resultados: surgieron las siguientes categorías: importancia y necesidad del Proceso de Enfermería, fragmentación, discontinuidad, incompletitud y mecanización del Proceso de Enfermería, perjuicios para la humanización, limitaciones e insuficiencias en el abordaje y estructura del histórico de enfermería e indicativos para su reestructuración.

Conclusión: los enfermeros del estudio comprenden que la cualidad del Proceso de Enfermería alcanzará mejorías a partir de una nueva propuesta del histórico, y también, los diagnósticos de enfermería instrumentalizan y orientan el proceso de cuidar.

DESCRIPTORES: Enfermería obstétrica. Procesos de enfermería. Diagnóstico de enfermería. Humanización de la asistencia. Gestantes.

INTRODUCTION

The parturient mother receives a quality care when she is allowed a positive experience through the maintenance of her physical and emotional health, respect for its comprehensiveness and continuous follow-up in order to prevent and solve any intercurrences that may arise.

Health professionals are great contributors to this women's experience, since they play an important role in this vital moment when they act competently. By making their knowledge available to maintain the physical/psychic balance of the pregnant woman and the newborn, they can recognize the critical moments in which their interventions are necessary to ensure the well-being of both.[1]

The nurse participates in the multiprofessional team and plays an important role in the care provided to the pregnant woman. Through the Nursing Process (NP), the nurse complements the nursing care provided to the parturient, planning and promoting a specific care according to her needs. Nursing has the opportunity to create a bond with the parturient and provide her with a differentiated and effective care,[1] through qualified, warm and humane care.

According to the Law No. 7,498 of June 25, 1986, which provides for the regulation of the exercise of Nursing, it is the role of the nurse, as a member of the team: the nursing care to the pregnant woman, to the parturient woman and to the puerpera; monitoring the evolution of labor and delivery; and the delivery without distraction.[2] The Federal Nursing Council (COFEN - *Conselho Federal de Enfermagem*), through the Resolution 358/2009, also provides for the Systematization of Nursing Care (SAE - *Sistematização da Assistência de Enfermagem*) and describes that the implementation of the NP must be performed in all the Brazilian institutions where nurses provide nursing care, being a unique function of it.[2]

Therefore, the NP is a methodological instrument that guides the care and the documentation of nursing performance, offering greater visibility and professional recognition.[2] It also allows the valuation of the professionals' actions, the delimitation of their competences and the conquest of their spaces.[3]

Despite all the NP importance for the care provision, many factors hamper its execution, such as the lack of knowledge and awareness for its implementation, as well as issues related to infrastructure, staff shortages, work overload, lack of support from the management and managers, lack of material resources, among others.[4]

The NP is cyclical, dynamic and presents, according to the majority of authors, five to six steps, beginning with the nursing history, followed by the stages of identification of nursing diagnoses, definition of a care plan, nursing prescription, the evolution of nursing and the prognosis.[5]

The first stage of NP, the nursing history, has the purpose of collecting information about the individual, their family and community.[2,5] Therefore, its adequate structure is important for the continuity of the other NP stages.

The data collection of data for nursing needs to be comprehensive in order to provide data that guide nursing care for the promotion and protection of health, which generate nursing diagnoses, which corresponds to the second stage of the NP,

in order to continue the next stages. It is important to emphasize that nursing diagnoses are interpretations of data collected, which guide the planning, implementation and assessment of nurses.[6]

In order for the NP to be effectively carried out, it is necessary to involve the care nurses in order to perform a complete nursing history that allows visualizing the needs of women and prescribing individualized care in each situation.

Thus, the purpose of this study was to understand the nurses' perception about the Nursing Process and about the nursing history model performed with the pregnant woman/parturient in the obstetric center of a hospital in the South of Brazil.

METHOD

This is an exploratory, descriptive study with a qualitative approach, carried out in the maternity hospital of a university hospital in the South of Brazil. In the hospital under study, the NP is performed based on the Theory of Basic Human Needs, adapted by Wanda Aguiar Horta. The NP to the pregnant woman begins with the accomplishment of the nursing history by the nurse of the obstetric emergency, at the moment of the hospitalization, before the patient is referred to the obstetric center. The nurse of the obstetrical center performs the nursing prescription through a previously prepared form, in which there is a checklist of the most frequent care needed for the pregnant woman/parturient. The prescription is based on the identification of "nursing problems", as proposed by the Wanda de Aguiar Horta's model.[5] The nursing diagnosis stage is not performed.

Considering this context, nine nurses from the obstetric emergency and nine from the obstetric center were invited to participate in the study, in addition to the three residents of the women's health area who were active in these sectors. The participation criterion was to be working in the unit for at least six months; and nurses who were on vacation and/or away from work at the time of data collection were excluded. The study sample was composed by 13 nurses, four from the obstetric center, six from the obstetric emergency and three from the Integrated Multiprofessional Health Residency in the Health Care of Women and Children. No professional refused to participate in the survey.

Data collection was carried out from December 2014 to March 2015. Initially, a workshop was held with the nurses in order to mobilize them, through the reflection on the NP and restructuring of the nursing history of the parturient used in the maternity ward. Only three nurses participated in this workshop. In this meeting, a dialogue was developed about the Nursing Process and the importance of the diagnostic stage, by a nurse specialized in the subject. Then, the proposal was to evaluate the nursing history model used in the institution. In addition to the history model, a form was provided for the participants to point out its strengths, weaknesses and suggestions, and a Basic Human Needs print to assess the need to include some basic human need in the current nursing history model. However, due to the small number of participants, it was suggested that this activity should be developed individually and that other nurses from the sectors involved were invited to contribute to the proposal.

Afterwards, a semi-structured individual interview was conducted with the nurses and nursing residents of the obstetric center and the obstetric emergency in order to know, in more detail, their perception about the NP currently performed to the parturient in the study institution. The interviews were recorded with the consent of the participants. According to the participants' choice, the interviews were conducted at the institution and lasted from thirty minutes to one hour and twenty minutes. they were all transcribed and along with the instruments proposed for the workshop, they served as data to analyze the results of this research.

The data analysis followed the steps proposed by Bardin:[7] pre-analysis, in which the organization and careful reading of all material was carried out; exploration of the material from the horizontal reading of the data as a whole, seeking in this process the approximation between the lines; analysis of the theme, which was to divide the text by approximation and similarity in main themes; and information treatment, inference and interpretation, when the categories that were used as units of analysis are analyzed in the light of the current literature.[7]

The categories and subcategories that came out in the data analysis were the following: importance and necessity of the Nursing Process; fragmentation, discontinuity, incompleteness and mechanization of the Nursing Process - damages to

humanization; and limitations and insufficiencies in the approach and structure of the nursing history - indications for its restructuring.

The research was submitted to the Research Ethics Committee of UFSC, being directed by the Brazil Platform, to the Children's Hospital Joana de Gusmão, which issued the Certificate of Presentation for Ethical Appreciation (CAAE) No. 37860814.1.0000.5361.

The research was guided by the guidelines and regulatory norms of the Resolution No. 466/2012. The participants were identified by the letter "E", which refers to nurse ("enfermeiro", in the Portuguese language), followed by a corresponding number to preserve their identity.

RESULTS

The results are presented in order to allow an understanding of the experiences and expectations of these professionals regarding the NP as they experience it in their work context, and are presented below.

Importance and necessity of the Nursing Process

The participants acknowledge the importance of using the NP, including the historical stage, and see it as a possibility to improve the quality of care provided to the pregnant women/parturients, and it is focused on individual needs, through a method that guides the caring process, as stated in the statements below: *the Nursing Process is very important, it facilitates the process of caring for women* (E1). *It is necessary to maintain the quality of the nursing care* [...] (E2). *I think that the nursing history is extremely important, since it directs the nursing care to the woman and makes it possible to know her as a whole* [...] (E7).

The NP, besides promoting the quality of care, also contributes to the strengthening of nursing as a science, generating autonomy, satisfaction and professional recognition. Therefore, it is necessary that nurses strive to maintain this achievement. The report expresses this observation: *I think that the Nursing Process empowers the profession; I think it is a question in which we have to hit the key* [...] (E6).

Although the participants emphasized the importance and necessity of the NP implementation in the care provided to pregnant women/parturients, they also highlighted the fragilities that they experience in the context of their performance.

Fragmentation, discontinuity, incompleteness and mechanization of the Nursing Process - damages to humanization

In the studied institution, the NP performed to the pregnant woman/parturient begins with the application of the nursing history by the nurse of the obstetric emergency at the moment of the hospitalization, before the patient is referred to the obstetric center. At the obstetric center, the nurse who welcomes the patient performs the nursing prescription, this prescription is a checklist that shows the list of the most frequent care provided to the pregnant woman/parturient to be prescribed.

According to the participants, nurses often disregard the nursing history data when they perform the nursing prescription, because they consider it incomplete and perceive that important data on the pregnant woman/parturient in their structure is missing. The hospital under study does not work with a nursing diagnosis, and in the obstetric center the nursing evolution is not performed. This last stage is usually carried out by the nurses of the joint housing unit, after the transfer of the parturient to this unit.

Thus, the NP, as it is instituted, limits care to the routine of the unit and the provision of care in an individualized way, as well as, often, it does not evidence the care that is implemented but not registered. The reports reflect this situation: *the Nursing Process, which is performed here in the maternity patients, it is done in stages, in fragmented steps because in the Obstetric Emergency, for example, only the nursing history is done, then the patient enters the Obstetric Center. At the Obstetric Center there is no nursing evolution, nor nursing diagnosis* [...] (E4). [...] *it is a nursing history that does not allow seeing the woman, the pregnant woman and the parturient as she is. I cannot see this woman as a whole, I see her in parts. I cannot assess how this woman is coming to the Obstetric Center because some data is missing* [...] (E3). *The nursing prescription, in my opinion, is very general* [...] *t is not individualized* (E7). *During labor, which sometimes lasts the whole day, the nurse does many things, so if it were registered* [...] *I think it would be very interesting to make the evolution* (E7).

Participants show in their reports that the NP established in their work context is fragmented and has gaps, that is, the flow of its stages presents limitations to occur in an interrelated and interdependent way.

The results point out a NP performed in a technicist way, considering that the nursing history is performed in an automated and fast way, and that the prescription is extremely standardized and not individualized. *I see that it is being applied in an automated way, we are losing the humanized view and much more, performing it by obligation. The nursing history in the Obstetric Emergency is robotized* (E2). *I think that the nursing prescription is extremely standardized; this is too bad because there are particularities in every woman that sometimes is not taken into account* (E3). *The nursing prescription* [...] *is not individualized* [...] *this ends up mechanizing the care.* [...] *we end up not seeing the particularities of each woman* (E7).

It can be seen in the participants' reports that the NP performed does not coincide with the perspective of the individualization of care, interfering with the principles of the humanization of the delivery and puerperium. In the report of the participants, some words predominate, such as: automated, robotized, frozen, ready, mechanized.

Limitations and insufficiencies in the approach and structure of the nursing history - indicative for its restructuring

Specifically in relation to the nursing history, which should subsidize the elaboration of the other stages of the NP, the participants understand that it does not fulfill this role, since it repeats information existing in the medical history, that is, they report that there are problems in its structure.

I think it has to be more objective because most women are already in a pain process (E8). *It is urgent to change the history to remove the repetitions of data, to exclude data from the anamnesis collected and described by the medicine that are simply copied by the nursing. Some physical problems I can identify. Those of a psycho-emotional and relational order I cannot* (E2). *I think I should focus more on the things that interest us in planning the nursing care itself* (E3).

I think there might also be questions to address women's information about the prenatal care, labor and birth, how much she already knows about it, and how much needs to be addressed in the obstetric center. [...] *It is important for us to know this to plan the care* (E9). *It has to be open for the woman to talk about what she expects in relation to the childbirth* [...] (E10). *Maybe insert more data on the previous deliveries, for example, cesarean section, what was the reason for that cesarean, what the woman expects about it, how it was for her to have a precious cesarean or how the delivery was for her* [...] it *should have a question about the companion* (E7). *Our history has to lose a bit of the checklist formatting* [...] *about the pain, I do not know, maybe there could be a pain scale, from 1 to 10, your pain is this* (E13).

The highlighted reports present suggestions for changes in the nursing history currently used in the institution's maternity, both in terms of structure and prioritization in addressing the most significant aspects of the nursing care. They mention the idea of including and deepening the nursing history with issues related to psychosocial aspects, pain perception, if they received information and guidelines during the prenatal care, expectations and doubts about the hospitalization, labor and delivery, their fears, among others, as well as advocating the inclusion of open questions in the instrument, with more space for freer registers.

On the other hand, opposition reports related to the broader configuration of the nursing history can be seen. Some participants believe that it should be more objective, that it should be solely focused on nursing care issues.

The indicatives for the restructuring of the current nursing history are the result of all the stages of the study, considering the suggestions presented by the participants during the workshop and during the interviews. The participants' reports suggest the updating of all the stages of the NP applied to the hospitalized pregnant women, as well as the need to implement them in the care of the parturient that is attended at the obstetric center.

Among the suggestions, it should be highlighted the restructuring of the nursing history and the inclusion of the nursing diagnosis stage, the prescriptions performed based on the nursing diagnoses of each pregnant woman/parturient in the obstetric emergency. In the obstetric center, the evolution stage and the computerization of the NP in its entirety stand out. It is also suggested to maintain the NP's rationale on the Basic Human Needs Theory, as it is currently adopted in the institution. Implicit in these statements is the need for a collective discussion to incite the necessary changes in this instrument of nursing work: *it is that the Nursing Process has some failures that need to be corrected and even improved. This discussion about the Nursing Process is important to evaluate how we are doing this process here in the exercise of our profession as nurses* (E5). *It is very important to include the nursing diagnosis, which if depended on me would be already incorporated into the computerized UH system*

[...] we have to understand this stage as something that really changes care, especially when it comes to a reference hospital and a hospital that has the obstetric center that is considered humanized. [...] *we have to see the nursing diagnosis as something that will provide that woman with a type of care that is only hers, no other patient will receive the same type of care* [...] (E3). *First, it is necessary to really improve the nursing history and then implement the nursing diagnosis* (E9). *Based on the diagnosis, we have to assemble a new prescription, to be more individualized* (E3). *We do not do the nursing evolution* [...] *the evolution has to be started* [...] (E10).

Another aspect addressed as necessary to be rethought regarding the nursing history is the performance of training for nurses, thus ensuring the completion of the process with quality.

Regarding the need for training, it is identified in the interviews that the majority of the participants know the NANDA nursing diagnostic classification, that only two are familiar with the International Classification for the Nursing Practice (CIPE) and that three do not know any nursing diagnostic classifications, corroborating their perception about the importance of the training process for the provision of care. This process involves both the question of the systematization of the nursing care and the specificity of the maternity work itself and its clientele: *I see a difference from nurses who have some obstetric center experience from those who have no idea how the labor works. I see that I fill in the history in a different way, because we know what the patient will have in here, we know how the labor flows* [...]. *The nurse is the one who should fill in this history, it should be mandatory someone to have obstetric knowledge* (E3). *We nurses, we know little about how to do a nursing diagnosis. We lack continuous training and supervision by managers. The continuous training together so that we have the same language, synchronization, trust and flexibility* (E2).

Another very discussed issue among the participants was regarding staffing, in particular, the adequate number of nurses to carry out the process: *then this is a sector that would often require two nurses, one nurse caring for the one who is coming and the other in charge of the other part of the care, so, having just one nurse compromises the application of the Nursing Process* (E11).

However, the participants make it clear that the improvement of the NP is not limited to the training of professionals and the number of professionals to implement it. It is necessary to rethink and restructure the whole NP, that is, to make a broad change. From this perspective, they discuss what could be maintained, since it meets the needs, and what could be modified.

As aspects to be maintained, these are mentioned: the nursing theory of Wanda de Aguiar Horta, which allows the nurse to use a scientific method; the scheme of filling in with multiple choice questions; font size; and maintenance of information that is important to the continuity of care.

As aspects to be modified or improved, the participants mention: space to describe data on the pregnant woman/parturient that the instrument does not contemplate; to make the instrument more succinct; to review the maintenance of items that are difficult to complete; to review items that are outdated; to review its guidelines that privileges more the physical issues and makes little approach about the psychosocial and emotional necessities; to add important information; to review and redefine the data that could be filled in the obstetric center; to promote the computerization of the entire process; to create space and conditions for the nurse to present the nursing diagnoses and plan individualized care; to work collectively on the process and to focus on the immediate needs of the pregnant woman.

They also add: to include and deepen psychosocial issues; to add the pain/discomfort assessment and go deeper into this issue; to make room for the woman to talk about her knowledge and doubts about labor and delivery and other matters; to allow more extensive and individualized information on the pregnant woman/parturient; to raise questions related to the expectations regarding the hospitalization and type of delivery; to include an item that identifies whether the pregnant woman has a delivery plan; to include information related to the presentation of prior comorbidities and gestational diseases.

DISCUSSION

From the results of the study, it is confirmed among all the participants the understanding regarding the value of the NP in the process of delivery and birth. Their statements present the understanding that the NP makes it possible to present the needs of the parturient, to plan and implement the care intended to her. It guides the nurses' reasoning in care planning and is considered a decision-making process.[8]

It is also important to highlight that the NP favors the decision-making security, reduces the fragmentation, and guarantees the continuity of care, as well as proves visibility to the work performed, and it can also contribute to the consolidation of nursing as a science.[9]

The participants affirm that the nursing records favor the communication and continuity of care, and reinforce in their speeches that the lack of relevant data records about the parturient in the nursing history and nursing care, influences the care provided. Similarly, studies claim that incomplete records in the care history and plan may negatively interfere with the quality of care.[10-13]

Referring to the weaknesses and challenges of the NP, the participants' statements highlight the fragmentation of the NP during the course of the pregnant woman/parturient/puerpera in the institution. Although the process has been designed to occur in a continuum where each stage previously performed is assessed and integrated into the next phase, this does not happen. Currently, for each space where this obstetric woman-emergency, obstetric center and joint housing-circulates, the several phases of the NP are unfolded in an independent way. This fragmentation is harmful to the humanization and individualization of care, as well as the safety of women.

As highlighted by Horta and by the Resolution 358/2009, the NP stages (nursing history, nursing diagnosis, nursing planning, implementation, and nursing assessment) must be organized in an interrelated, interdependent and recurrent way.[2,5]

It is clear that the participants wish to perform all the stages of the NP, but there are factors that make this practice difficult. There are gaps such as the absence of some stages, the instruments that do not promote the adequate continuity to the next phase, generating the lack of dynamism and little interrelation between its stages.

There are limitations in the structure of the nursing history used, which make the participants understand as necessary the withdrawal of certain data, qualifying them as a medical approach. However, it is necessary to evaluate if these are essential or not to the planning of the nursing care, since any data of the individual corresponds to its particularity and the nurse needs to know it. Nursing as a profession that collaborates with many health disciplines sometimes collects and shares medical information, pharmaceutical data and other information about the individual, since all the data have a purpose for who is making a decision about the care of the patient.[14]

The nursing history is a systematized script for the survey of human data, meaningful for nurses, which makes it possible to identify their problems[5] and, consequently, the presentation of nursing diagnoses. At the institution investigated, the existing nursing history model, in its current format, makes it difficult to identify and visualize the nursing problems and the elaboration of nursing diagnoses. Thus, if this stage is performed inadequately, or if it is not performed, the other stages of the NP are impaired.[15]

Regarding the way in which the nursing history instrument is used, the nurses' experience in data collection is indispensable to the success of the activity, so the longer their execution time, the greater their ability and the less time spent in this activity.[5] It should be emphasized that deep questioning is not part of the data collection organization, because there is no way to include all the possible questions that can be asked in relation to every possibility of human response.[14] Therefore, it is through the scientific knowledge and the set of experiences that the nurse is becoming more and more enabled to carry it out.

The nursing diagnosis is one of the important elements in the caring process, since it gives rise to all the care of the care plan. It also establishes goals, conducts and the performance of the evaluation of the nursing care provided.[16] It is considered the scientific interpretation of the data collected from the individual, leading to the planning and implementation of the interventions for better results. Other authors reinforce this thought when they report that it, considering the needs and safety of the individual, is an essential element for evidence-based nursing care.[6]

The NP along with the holistic view of the nurse favors an individualized care to the parturient and based on scientific knowledge, allowing her to feel part of a natural process, following the rhythm of her own body.[17]

In order to humanize, through the individuality and comprehensiveness of care, the nurse needs to develop differentiated actions that surpass the technicist and mechanistic model. It is necessary that during the NP implementation, individuals have space to talk and clear their doubts. Since it is one of the NP's properties to make the link between

nurse and user possible by developing humanized relationships.[8]

Humanization comprises a broad look at the health needs of individuals, considering the bio psychosocial aspects in their life context.[18] Therefore, there is no quality NP if there is no humanization, because the NP must be structured and implemented in such a way that one can identify and globally meet to the needs of the individual.

It is evident that all the work done in an institution needs trained professionals and adequate human resources to carry it out. However, referring to the NP, nurses should be prepared not only to be able to perform work techniques, but also to be creative and to reflect their practice, so that they have autonomy and ability to solve problems, and so they can are committed to ethics and to the transformation of reality.[19]

In order to introduce the NP, it is necessary that sufficient human resources be one of the priorities of health service managers,[20] that is, nurse sizing is an essential issue for its implementation.[21]

The presence and performance of managers is extremely important in all work processes that take place in any institution, but it is worth highlighting, more specifically in relation to the NP, that nurses can develop it without waiting for its execution to be determined,[9] that is, nurses can collectively initiate a process of the NP updating in their practice.

The obstacles in the NP, mentioned in the literature and present in the results of this study, are related to factors of its own organization and structure, lack of dynamism and interrelations between the stages, with the lack of a more effective teaching about the techniques of physical examination and theories underlying it. Often, the lack of human and material resources, among others, interferes in this process.[22]

The implementation of SAE is a requirement for all health institutions in Brazil, both public and private.[2] However, in the daily life of the professional practice, it is seen that NP is not yet fully implanted in health services, but also many difficulties are found in its consolidation.[8] The inadequate sizing of professionals, the shortage of permanent education programs and the lack of motivation and involvement of the teams are pointed out as factors that hinder the implementation of SAE.[20]

However, this instrument is fundamental to guarantee a care based on scientific and quality evidence to the woman and her child during labor and delivery, as well as for the safety of the nursing team. The NP is considered a legal document, because with its stages recorded in the client's chart the nursing team is supported.[8]

It is believed that one of the strategies that potentiate the use of the NP is its computerization. Currently, electronic applications support many daily activities, and nurses expect the clinical information system to provide support in the NP.[14] This data is in line with the thinking of most of the participants who demonstrate their belief in this strategy by emphasizing the need to include the NP, performed at the Obstetric Center, in the institution's computerized system.

Finally, as limitations of this study, the shortage of published materials in relation to SAE, both nationally and internationally, and the difficulty in gathering the participants to the workshops stand out, which could promote a greater discussion on the subject.

CONCLUSION

The participants recognize the relevance of the NP in several benefits related to the pregnant woman/parturient, to the profession and to the nursing team. They consider the NP a systematized method composed by the union of theory and practice that, through the clinical reasoning of the nurse, guides a safe nursing care, geared to satisfy the individual needs of each pregnant woman/parturient; it favors the register of actions and guidelines in the medical records, that is, the entire care process is documented; it promotes professional satisfaction, recognition and visibility of the profession; it provides the link between the nurse and the pregnant woman/parturient; and facilitates the continuity of care.

The limitations mentioned by the participants derive from the reflection about the practice and point out to aspects to be improved with a view to quality care to the pregnant woman/parturient. The need for permanent training, the adequate increase of human resources for the quality of the care provided and, also, the indicative of computerization of the process as a whole should be highlighted in these suggestions.

It is urgent to reflect, discuss and define the progress of this process among the nurses of the obstetric emergency and the obstetric center, because the way the NP is implemented can interfere posi-

tively or negatively with quality care. It is expected that this study may contribute to foment the debate about the NP implementation, in the scope of care to the pregnant women/parturient, along with the nurses who work in the different institutions of the country and who face difficulties in the operationalization of its stages.

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