

Memories of the first movements for the work of obstetric nurses in a teaching hospital

Memórias dos movimentos iniciais para a atuação de enfermeiras obstétricas em um hospital de ensino

Memorias de los movimientos iniciales para la actuación de enfermeras obstétricas en un hospital escuela

ABSTRACT

Objective: to know the history of the initial movements for the implementation and work of Obstetric Nursing in a Teaching Hospital in the municipality of Montes Claros. **Method:** qualitative study based on Thematic Oral History. Twelve health professionals who experienced the implementation of Obstetric Nursing were interviewed and the data were submitted to the Thematic Content Analysis technique. **Results:** the history of the implementation and work of obstetric nurses in Montes Claros permeates the Clemente de Faria Hospital with a pioneering spirit in the insertion of these professionals in the preceptorship of the maternity and obstetrics internships, with the inauguration of the specialization course for Obstetric Nurses and with the solidification of humanized care during delivery and birth in different scenarios. **Conclusion:** the implementation of the work of obstetric nurses in the city meets public policies for the humanization of delivery and birth, and the experience of Montes Claros reveals the necessary paths to achieve this objective.

Descriptors: Obstetric Nursing; Humanized Delivery; Humanization of Care.

RESUMO

Objetivo: conhecer a história dos movimentos iniciais para a implantação e atuação da Enfermagem Obstétrica em um Hospital de Ensino, no município de Montes Claros. **Método:** estudo qualitativo fundamentado na História Oral Temática. Entrevistaram-se 12 profissionais da saúde que vivenciaram a implantação da Enfermagem Obstétrica, sendo os dados submetidos à técnica de Análise Temática de Conteúdo. **Resultados:** a história da implementação e atuação de enfermeiras obstétricas em Montes Claros perpassa pelo Hospital Clemente de Faria com pioneirismo na inserção das profissionais na preceptoría dos estágios de maternidade e bloco obstétrico, com a inauguração do curso de Especialização para Enfermeiras Obstétricas e com a solidificação da assistência humanizada ao parto e nascimento nos diferentes cenários. **Conclusão:** a implantação da atuação de enfermeiras obstétricas no município atende às políticas públicas de humanização do parto e nascimento, e a experiência de Montes Claros revela os caminhos necessários para o alcance desse objetivo.

Descritores: Enfermagem Obstétrica; Parto Humanizado; Humanização da Assistência.

RESUMEN

Objetivo: conocer la historia de los movimientos iniciales para la implantación y actuación de la Enfermería Obstétrica en un Hospital Escuela en el ayuntamiento de Montes Claros. **Método:** estudio cualitativo basado en la Historia Oral Temática. Se entrevistaron 12 profesionales de la salud que experimentaron la implementación de la Enfermería Obstétrica, y los datos se sometieron a la técnica de Análisis de Contenido Temático. **Resultados:** la historia de la implantación y actuación de las enfermeras obstétricas en Montes Claros atraviesa el Hospital Clemente de Farias, con la inserción pionera de profesionales en la preceptoría de las pasantías de maternidad y obstetricia, con la inauguración del Curso de Especialización para Enfermeras Obstétricas y con la solidificación de la asistencia humanizada al parto y nacimiento en diferentes escenarios. **Conclusión:** la implementación de la actuación de las enfermeras obstétricas en el ayuntamiento cumple con las políticas públicas para la humanización del parto y nacimiento, y la experiencia de Montes Claros revela los caminos necesarios para alcanzar este objetivo.

Descriptores: Enfermería Obstétrica; Parto Humanizado; Humanización de la Atención.

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INTRODUCTION

The history of Obstetric Nursing in the care of women in the puerperium is marked by struggles, achievements and advances worldwide. In antiquity, delivery was a family event, traditionally occurring at the parturient's home with the family and the care was centered on the woman⁽¹⁾.

From the twentieth century, there was the medicalization of delivery. A physiological event now began to be treated as pathological, which needs to be institutionalized and treated most of the time with drug interventions and surgical procedures. The model became biomedical, hospital-centered, in which delivery now was seen as a risk event that required interventions⁽¹⁻³⁾.

In the context of Brazilian obstetric care, women are exposed to different forms of violence, unnecessary care practices, procedures incurring iatrogenic risks, and disregard for essential human rights that disfigure birth and depersonalize the moment⁽¹⁻⁴⁾.

Thus, over time, it was discovered that interventionist practices in delivery care disqualify the care directed to women and their families, breaking with the protagonism and their rights⁽⁴⁾. The medicalization of delivery and its repercussions on the birth process generated the dissatisfaction of movements in defense of women and international entities, as well as mobilized important organizations worldwide in the articulation of efforts to change the scenario of care for women⁽⁴⁻⁵⁾.

In 1996, the World Health Organization (WHO) prepared and published a classification of practices used in vaginal delivery and birth care, based on scientific evidence, instructing what should or should not be used during the delivery process. In this way, a fundamental commitment was established so that health professionals involved in women's health care can assist them at the time of delivery and birth with safety, dignity, using the classifications of good obstetric practices, in addition to advocating the offer of training and the insertion of Obstetric Nursing in delivery care^(1,6).

It is observed that the incentives for vaginal delivery proposed in international scenarios by the WHO, the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNFPA) served as a model for national public policies and guided the inclusion of the care provided by the obstetric nurses. In 2000, the United Nations (UN) proposed eight goals, called the "Millennium Development Goals" (MDGs), among which two are intended for maternal and child health care: "Improve maternal health" and "Reduce child mortality". Brazil and the other member states of the UN General Assembly signed a commitment to make efforts to achieve these goals^(2,5).

It is noted that the work of Obstetric Nursing professionals is essential in ensuring better results in maternal and child health and is supported by the legislation that rules their performance. The practice of nursing professionals is guided by Law 7498/1986 and regulated by decree 94406/1987. In these norms, it is described, among other attributions, that the obstetric nurses and midwife nurses are qualified to provide assistance to the parturients and normal

delivery, identify obstetric interventions and take measures until the physician arrives, perform episiotomy and episiorrhaphy and apply local anesthesia, when necessary⁽⁷⁾. The new Code of Ethics for Nursing Professionals was established through Resolution of the Federal Nursing Council (Cofen) number 564/2017 guides the principles for the actions of these professionals, including obstetric nurses and midwife nurses⁽⁸⁾.

In Cofen Resolution number 516/2016, the Federal Nursing Council regulates the role and responsibility of nurses, obstetric nurses and midwives in the care of pregnant women, parturients, puerperal women and newborns in Obstetrics Services, Normal Delivery Centers and/or Birth Centers and other places where this assistance occurs, establishing the criteria for registration of titles of obstetric nurses and midwife nurses, being the following: realization of at least 15 (fifteen) prenatal nursing consultations; realization of at least 20 (twenty) deliveries with complete monitoring of labor, delivery and postpartum; and realization of at least 15 (fifteen) visits for provision of care to newborns in the delivery room⁽⁹⁾.

The role of Obstetric Nursing in healthcare services is essential to ensure quality care for women not only during the parturition process, but also throughout the pregnancy-puerperal period. In this sense, the present study is justified by the need to rescue the history of the implementation of Obstetric Nursing in the municipality of Montes Claros, in Minas Gerais (MG), considering that the research makes it possible to understand reality through records of past events. Knowing and reporting historical processes facilitates the understanding of current knowledge and practices, since the understanding of any area of knowledge is linked to its origins, making it necessary to seek in history explanations for current facts.

The present research sought to answer the following guiding question: what were the initial movements necessary for the implementation of the work of obstetric nurses in a Teaching Hospital in the municipality of Montes Claros? Therefore, the objective of this study was to know the history of the initial movements for the implementation and performance of Obstetric Nursing in a Teaching Hospital in the municipality of Montes Claros.

METHOD

This is a descriptive study with a qualitative approach, according to the Thematic Oral History method. The method is therefore concerned with specific themes and seeks, in the version of the oral sources, to recall their experience, making it possible to investigate and analyze the experiences and trajectories. In this way, obstetric nurses could report their memories about the insertion of their work in the care of women in the pregnancy-puerperal cycle⁽¹⁰⁾.

The research took place in the municipality of Montes Claros, located in the north of the state of Minas Gerais. The health professionals included in the research were active in Teaching Hospitals and in the city's health care network. The cut of this article brings the memories of the initial movements that

were necessary for the implementation of the work of obstetric nurses with a strong description of stories that refer to the articulations and structuring promoted by the professionals and managers of the Clemente de Faria University Hospital (HUCF), Teaching Hospital that integrates the structure of the State University of Montes Claros (Unimontes), being a pioneer in the assistance offered by these professionals.

The HUCF is a medium-sized hospital classified as trauma level 2, serving exclusively the Unified Health System (SUS) and developing care, research and university outreach activities in its facilities. The HUCF Maternity, called the Maria Barbosa Maternity, is one of the three tertiary care units of the maternal and child care network in the municipality of Montes Claros. It provides assistance to women in labor, delivery, puerperium, rooming-in, abortion and situations of violence.

The institution's maternity hospital has 3 rooms characterized by pre-delivery/delivery/puerperium (PPP), 3 rooms recognized as an obstetric unit (one used for cesarean delivery, another for normal delivery and others for performing curettage and minor obstetric procedures), 3 pre-delivery beds intended for the induction of labor, 23 beds for rooming-in, and 3 ward beds intended for the hospitalization of obstetric clinical cases.

The participants of this study were 12 (twelve) health professionals who met the criterion of having developed teaching and/or assistance and/or management activities with a focus on Obstetric Nursing, acting directly or indirectly in the implementation of the work of these professionals in Montes Claros. The interviews were carried out from August to November 2020.

A semi-structured interview script consisting of 6 (six) guiding questions directed to the research in order to enable the pursuit of the proposed objectives in the work was used for data collection. A digital recorder was used to record the participants' testimonies in order to transcribe them more accurately.

The guiding questions of the semi-structured script were the following: tell me about the articulations that were necessary for this implementation of Obstetric Nursing to occur; mention the facilitators found in the implementation of Obstetric Nursing in Montes Claros; mention the difficulties encountered in the implementation of Obstetric Nursing in Montes Claros; report a moment in this history of the implementation of Obstetric Nursing that was remarkable for you; and would you like to add something?

The interviewees were identified through the Snowball sampling technique, a form of non-probabilistic sampling, which is performed from the identification of documents and/or key informants in order to locate people with the necessary profile for the research. From there, data collection begins. At the end of each interview, the participant indicated the next interviewee and so on⁽¹¹⁾.

The interviews were previously scheduled and, as already foreseen in the project of this research, nine interviews were carry out using Skype

and Google Meet software due to the pandemic scenario of COVID-19 that requires social distance. The Informed Consent Term (ICT) was sent to the participants by e-mail, being signed and returned to the researchers. Another four interviews were carried out in person after the improvement of the epidemiological scenario and authorization was requested from the Research Ethics Committee (REC) of Unimontes. It is noteworthy that all participants had their anonymity protected and were identified according to the following coding: I1, I2, I3..., I12.

The name of the institutions mentioned in the speeches of the participants was also concealed because the only institution authorized for identification is the HUCF, as it is under the responsibility of the Ethics and Research Committee of Unimontes. Thus, the other institutions mentioned were identified as Hospital 1 (Maternity Hospital in the municipality of Montes Claros), Hospital 2 (Maternity Hospital in the municipality of Montes Claros), and Hospital 3 (Maternity hospital in the municipality of Belo Horizonte).

Care was also taken to protect the name of the professionals mentioned in the speeches, being identified by their professional specialty and positions in which they work (obstetric nurse, obstetrician, coordinator of the nursing department). There was an additional characterization of the place of origin of the obstetric nurse professional (obstetric nurse from Hospital 3) to help identify the context presented by the participants in their speeches.

The number of participants was not fixed a priori; theoretical saturation of the data was used as sampling criterion, in which the researcher ends the inclusion of individuals in the group from the moment in which the new information becomes repetitive, not adding new content. The data from this study were explored and separated according to the Thematic Content Analysis technique recommended by Bardin, organized into three phases: pre-analysis; material exploration; and, finally, treatment of the results: inference and interpretation⁽¹³⁾.

All the stages proposed by the method of analysis were carried out jointly by the authors of the article in order to ensure greater reliability in the findings, interpretations and categorizations performed. The intention of qualifying the results through the double analysis is based on the principle of research ethics and the scientific method, since the results exposed in the text produce new knowledge and drive further research.

Thus, in the pre-analysis phase, the material collected through the interviews was organized. With all the interviews in hands, they were transcribed in full, seeking to preserve the details. Then the text was skimmed and then an in-depth reading of all the content was made, allowing to find the initial objectives proposed for the research. The material was explored following the stages proposed by the method. The interviewees' reports were grouped according to their similarity in meaning, establishing the necessary coding that allowed for the interpretation. Finally, the classification and

aggregation of the data were carried out, giving origin to the theoretical categories.

Ethical principles were followed at all stages of the research, in compliance with Resolution number 466/2012 of the National Health Council, with CAAE approval opinion: 31720120.8.0000.5146, by the Unimontes CEP. The checklist of the Consolidated Criteria for Qualitative Research Reports (COREQ) was used to qualify the method used in the research and the writing of the article.

RESULTS

The results of this study refer to interviews carried out with 12 health professionals who experienced the implementation process of Obstetric Nursing in a teaching hospital in the city of Montes Claros, in MG, described in one of the analytical categories that emerged after data analysis of this research.

Of the participants, 10 (83%) were women and 2 (17%) men. Regarding the professional category, 10 (83%) were nurses and 2 (17%) physicians. The time of professional activity varied from a minimum time of 18 years and a maximum of 29 years of activity, with a mean time of 21.3 years. All participants, at some point in their professional trajectory, performed their activities at HUCF, and 4 (33%) currently remain as professionals in that institution.

The article presented reveals the results of the thematic category "Initial movements necessary for the insertion and performance of Obstetric Nursing in a Teaching Hospital in the city of Montes Claros-MG".

The insertion of the role of Obstetric Nursing in the city of Montes Claros initially appeared in the obstetric scenarios of a Teaching Hospital, the HUCF, as revealed in the testimonies of some interviewees:

"The HUCF was pioneer with the insertion of the obstetric nurses, there was no obstetric nurse in [Hospital 1], which no longer exists, there was no obstetric nurse in [Hospital 2], which was always extremely resistant to the insertion of the professional in the care and it was only about two years ago that obstetric nurses were inserted" (I3).

"We had a promising matrix at the HUCF, in the other hospitals they didn't even think about obstetric nurses, nor did they think about the Humanization of delivery, neither at [Hospital 1] nor at [Hospital 2] that at that time still assisted delivery with that former biomedical model and in the north of Minas in general as well" (I1).

"Obstetric Nursing in Montes Claros emerged in early 1999 when obstetric nurses arrived in a formal residence of Unimontes with field activities at the University Hospital" (I7).

In the late 1990s, Unimontes had the Family Health Residency Programs and required in its pedagogical plan that residents developed skills in maternal and child care, requiring preceptors to work in this area. Because, at that time, there was a shortage of obstetric nurses, it was proposed that medical professionals would tutor the residents:

"An obstetric nurse from the first class of the Multiprofessional Residency in Family Health told me once that she refused to have a physician as a

preceptor and then the coordinator of the Residency at the time managed to get in touch with my colleague [obstetric nurse at Hospital 3] and then my colleague took turns with me and that's how these shifts started every 15 days" (I1).

"The first obstetric nurse that existed, at least as far as I know, came from Bahia, took the course in Bahia and came to Montes Claros to do the Family Health Residency" (I8).

"When I arrived to do the residency and they told me that I had to do an internship in the maternity unit, I expressed my demand, and said: where is the obstetric nurse to guide us? They said: no, you will be accompanied by the obstetrician, there was a war. I said: I am a nurse and I want an obstetric nurse to guide me" (I5).

In 1999, Unimontes offered the first group of the Multiprofessional Residency Program for physicians and nurses. Articulations became necessary to remedy the deficiency of preceptors in monitoring the internships in the maternity and obstetrics unit of Family Health residents in the practice scenario of the HUCF.

In this context, articulations were made in partnership with the University, among them the hiring of obstetric nurses who came from the city of Belo Horizonte, from a reference maternity hospital in humanization of obstetric care for the exercise of preceptorship in the institution. Testimonies were found that confirm this milestone and address the progress achieved:

"It started around 20 to 21 years ago, with the obstetric nurses who came from Belo Horizonte, it was at the time that the [obstetric nurse from Hospital 3] came to monitor the care shifts at the HUCF" (I11).

"Through Unimontes, we had contact with some professionals at the time who came from Belo Horizonte, mainly from [name of institution], who had contact with the coordinator of the Nursing course at the time, this was more or less in 1999 to 2000" (I6).

"Unimontes got in touch with the nurse [name of the professional] at [name of the institution], and then [name of the professional] agreed to come to Montes Claros every fifteen days to accompany us, both on duty at the maternity unit, obstetric unit, and in the Family Health practices related to Women's Health" (I5).

"The history of Obstetric Nursing begins there in 1999 with the arrival of the obstetric nurse [obstetric nurse from Hospital 3], who started work at the Multiprofessional Family Health Residency in 1999, with the coordinator of the Family Health Residency in Montes Claros through Unimontes" (I12).

The arrival of the preceptors [obstetric nurse from Hospital 3] brought the necessary approximation with the care strategies promoted by Obstetric Nursing, which are essential for the training of the specialist and the achievement of unique and individualized care defended by humanistic care practices at birth.

The interviewees mentioned that the role of Obstetric Nursing at HUCF arose concomitantly with

the movements in favor of humanization of delivery care in the 1990s.

Driven by the requirement to review care practices and in view of previous experiences accumulated after the beginning of the Multiprofessional Residency Program, the inclusion of the obstetric nurse as a professional present and active in labor and birth care became a reality. The following statements refer to the historical moment experienced by the interviewees:

“In 2000, 2001, Nursing had a boom in Brazil, there were courses that were financed by the government, by the Ministry of Health, for example, the payment for the birth procedure was the same for obstetric nurses and physicians, it is from that time, the fact that we could sign a report, when the humanization movement also started to gain strength and, at that time, the maternity coordinated by [professional’s name], he also started to get into it, to compete for the Galba de Araújo award” (I1).

“Before their arrival, we worked in a traditional process of those medicalized actions, non-personalized actions, it was like this, a general form of care and as the maternity had the objective of achieving the title of safe maternity, we adapted to the system, all inexperienced, but we were willing to do something, and we brought the example of [Hospital 3] and with that came two preceptors [obstetric nurse from Hospital 3] who worked in this maternity, they were like a breeze in obstetrics here, a good wind” (I9).

“Obstetric Nursing brought the issue of safe maternity, which was a project, and one of the requirements was to include Obstetric Nursing” (I10).

“We had to implement this project anyway and we started to implement it, people came to help us, they came from Belo Horizonte from [Hospital 3], the [obstetric nurse from Hospital 3] was the main one who took us by the hand, then other obstetric nurses came, they were pioneers in implementing the first safe maternity hospital in Belo Horizonte-Minas Gerais to teach us the ways. So, it was a partnership, because the federal government wanted it, the state government wanted it, and we also wanted the implementation of a safe maternity here” (I12).

Another important point that boosted the training of obstetric nurses in our country was the consolidation of Public Policies that included recommendations on the role of obstetric nurses in assisting women in the pregnancy and puerperal cycle to change the care model in force in the country.

The testimonies show that government incentives enabled the inclusion of Obstetric Nursing in HUCF care, but there was a lack of nurses with training in the area. Thus, the first specialization course in Obstetric Nursing was created to meet this need, and trained professionals who worked to consolidate the presence of this category in the institution.

“In 2002, the Obstetric Nursing course was created by Unimontes in partnership with the Federal University of Minas Gerais” (I3).

“I went to Belo Horizonte to be trained and I was the only nurse in the maternity at that time, I was trained to go through the experience of other hospitals in Belo Horizonte and I came back with the ideas for us to implement here at the University Hospital, it was a process and then new professionals were added, another obstetric nurse colleague came and then more people came, we reached the titles of friend of the child and safe maternity, and in this work of these titles and protocols, we saw the need to qualify these nurses. With that, the coordinator and professor of the nursing department at Unimontes at that time began to work on these specialization issues together with the physician who was the coordinator of the HUCF maternity of the team” (I2).

“The [obstetric nurse] kick-started the preceptorship and from there the [obstetric nurse from Hospital 3] started to come once a month to stay with us, they started to think about the issue of doulas, as she came via the nursing department at Unimontes, she built with [the coordinator of the nursing department] and other colleagues to prepare the graduate course in Obstetric Nursing” (I5).

“We got a partnership to try the specialization course, because at that time the Ministry of Health had launched the program for the humanization of prenatal care, delivery and birth and already advocated the attention provided by Obstetric Nursing as a differential aspect of the service and since that time, Unimontes decided to train more professionals to occupy this space and try to reverse perinatal health indicators” (I4).

Some interviewees reported that the work of obstetric nurses in the obstetric setting of the HUCF was a divisor in the search for improved care and qualification of care. They also highlighted that the work of these professionals was based on scientific knowledge, on evidence-based practice, contributing to the achievement of the objectives pursued in national public policies. This statement is found in the following speeches:

“It is a process, if we think about 18 years, we started to be of age now, and [professional’s name] when she came with her scientific knowledge in her remarkable humility, but she had foundation, she knew how to argue about everything and no one was able to win the argument, and that’s how people started to see that she had the knowledge and experience to discuss and implement changes at the University Hospital” (I5).

“The obstetric nurses helped us the most so we could get the titles of recognition of our work, a project carried out by four hands and two of those hands belonged to the obstetric nurse” (I12).

“I’ve always tried to bring something to give visibility to us and the stools we have, so I don’t want to boast, I donated and tried to involve and contribute in an active and more practical way on these issues, I donated the stool to the HUCF and to another maternity hospital in the city in an attempt to facilitate our work as an obstetric nurse and so I really noticed that when I’m on duty many times I can make the [obstetrician] change his mind” (I1).

“We got to do a differentiated work, a humanized service, we had the steps to follow to get that title, but the important thing was the motivation to provide a differentiated service; it seems that everyone was committed and we made progress, even those professionals who were more traditional people who had that ingrained behavior began to realize that the patients' responses were getting better, the feedback that was thus the great gift for us, because Obstetric Nursing really made a difference” (I9).

The participants brought in their speeches factors that made it difficult to implement Obstetric Nursing in the research scenario, highlighting the resistance and difficulty to accept the role of obstetric nurses on the part of some medical professionals and the Nursing team:

“There was resistance and non-acceptance of some medical professionals, about the presence and assistance of obstetric nurses” (I3).

“I think something that made the insertion of obstetric nurses in the university hospital a little difficult was having the training of medical residency and obstetric nursing in the same place, having a reduced number of deliveries per month. So much so that they [obstetric nurses] had to go to Belo Horizonte to complete the number of deliveries, because for you to have the title of obstetric nurse, you needed to have attended a minimum number of deliveries” (I6).

“We had resistance from our own colleagues in the profession, nurses and nursing technicians” (E7).

The statements refer to the facilitating factors that were supported by public policies that encouraged the performance of obstetric nurses and the institution's own organization for the insertion of the professional in the Obstetrics team.

“The residency was fundamental to consolidate our work, before that we were not taken very seriously. The residency, government programs started to demand more from the coordination to support the participation of obstetric nurse in delivery care” (I1).

“The Stork Network was fundamental because if there were no resources that had as a prerequisite the insertion and work of obstetric nurses, we would certainly be there today!” (I3).

“As the idea of fighting for the title of safe maternity appeared, being a condition for the care to be differentiated in relation to that old model, we were able to hire the obstetric nurse to achieve this dream, first the achievement of the title to motivate us” (I9).

“I think they should have asked for the Birthing Center and if they [obstetric nurses] had made a project I [obstetrician] would have signed it down. Because at that time, we had a lot of power to convince. We built what is Unimontes' business card, the maternity hospital at the HU, a maternity hospital that has already received all the titles, it's simply a success” (I12).

Thus, the role of obstetric nurses progressively became a differential in the care provided at the HU, with humanization of the care offered to women and families and a break up with paradigms

arising from traditional practices supported by iatrogenic knowledge, with the qualification of care through rethinking of rooted clinical actions through the change of attitude of professionals in their daily work in partnership with obstetric nurses.

DISCUSSION

The recognition of the trajectory of implementation of Obstetric Nursing in the municipality of Montes Claros, in its initial historical landmarks, permeates the very history of the performance of this professional specialty in our country.

In recent decades, there have been countless achievements leveraged by social movements and entities in favor of the humanization of delivery and birth care, by public policies that began to rethink the way of assisting women in the pregnancy and puerperal cycle and by the worldwide recognition of obstetric nurses as qualified health care professionals^(1-3,6).

We are a nation marked by a technician model of care during delivery and birth with elements that configure interventionist, depersonalized, highly technician practices, with the incorporation of different procedures on the female body that have distanced the physiology of birth for decades^(1,14-16).

We experience contradictions in medical-centered and highly interventionist care that does not produce profound repercussions in the alarming indicators of morbidity and mortality of Brazilian women. The way maternal and child care is structured, supported by technologies, interventions and procedures, worsens the conditions of our nation's health, social and financial systems^(1,15-16).

Women leave their space of protagonism to play a secondary role at the moment of birth, being subjected to a controlled, institutionally modulated environment, what removes the peculiarities of their social, cultural and family context, starting to discredit their physiological capacity for parturition.^(1,14)

In the historical retrospective of some important advances in the process of rethinking the care for women during the pregnancy and puerperal cycle, the publication in 1996 of the guide of recommendations based on scientific evidence on delivery care to improve and guide birth care with a focus on women and newborns by the WHO can be considered a first milestone⁽⁶⁾.

In 1998, the Ministry of Health (MOH) instituted incentives to pay for normal delivery. In 2000, the Prenatal and Birth Humanization Program (PHPN) was launched, Ordinance 569, of June 1, 2000, which later became the National Humanization Policy (PNH) in 2003. The aforementioned policies previously promoted the implementation actions of Obstetric Nursing in Brazil with the incentive through the funding of specialization courses for the training of obstetric nurses^(3-4,6,17-18).

It is noteworthy that the insertion of obstetric nurses in the municipality of Montes Claros, especially in the HU, is encouraged by the public policy mentioned above and gains strong impetus with the new requirements proposed for the

construction of humanized care, based on scientific evidence and mediated by incentives proposed financial services to services that meet the established recommendations.

Over the decades, other documents, concessions and guides reaffirmed the importance of Obstetric Nursing for the change in the delivery and birth care model, with the adoption of humanistic practices that seek to ensure the rights of women, newborns and families.

In this context, the PHPN consolidated the role of Obstetric Nursing as a participant in the National Delivery Care Policy (PNAP), aiming to encourage normal delivery and to achieve a reduction in the rates of maternal and neonatal morbidity and mortality, cesarean sections and excess of interventions during labor and delivery^(4,6,19).

Based on the experiences produced by previous policies and driven by the movement to improve maternal and child health indicators in the country, in 2011 the Stork Network (RC) Program was launched by the MOH within the scope of the SUS as a public policy that reaffirms the need to reorganize the national obstetric care model. In the excerpts of the reference text of the policy, Obstetric Nursing gains a prominent position in humanized, non-violent, collaborative, co-participating, and respectful practices^(2,15).

There is a strong incentive for services to incorporate the role of Obstetric Nurses in care spaces such as Intra and Peri-hospital Normal Birth Centers, Houses for Pregnant Women, Low and High Complexity Maternities, Primary Health Care, with financial transfers to the municipalities that prove, through their indicators, the participation of the Obstetric Nursing professionals in the provision of care⁽¹⁵⁾.

The role of Obstetric Nursing is relevant and strongly recommended, as it contributes to positive changes and the reach of humanization of care by basing its practices on the basis of scientific evidence in order to break with the interventionist model and, consequently, lead to the reach of indicators recommended by the MOH and WHO^(1,17-18,20). The practice of obstetric nurses and their different skills in caring for women enhance the humanization of care, recognizing delivery as a physiological process, supporting the role of the parturients and embracing their physical, emotional and social demands^(6,16,20).

It is noteworthy that, in the 1990s, social movements aimed at humanizing delivery care and birth promoted the creation of the National Association of Midwives and Obstetric Nurses (ABENFO-Nacional), which from that time on came to strengthen and encourage the training and work of obstetric nurses and midwives, recognizing this category of Nursing as important to transgress the medicalized model in Obstetrics⁽²¹⁾.

Obstetric nurses, in their autonomous work, assumed a prominent place in the care scenario, as evidenced by studies that show a reduction in the number of interventions, iatrogenic procedures and violent practices through the use of scientific evidence. The results of their assistance have an impact on the improvement and quality of services

and allow women to have control and a positive experience during the delivery^(17-18,22).

In Brazil, the work of the obstetric nurses is supported by the Federal Law of Professional Nursing Practice, Law 7498/86, regulated by Decree 94,406/87, and by Cofen Resolution 516 of 2016, which discusses the competence of obstetric nurses to carry out deliveries with or without dystocia until the arrival of the physician, giving legal and ethical autonomy to the professional in antenatal, obstetric and puerperal care⁽⁷⁻⁹⁾.

With a humanistic, critical and reflective look, obstetric nurses, in their professional practice, are able to know and intervene on the different situations in the field of women's health, providing transversal care to the different needs and involving the health of the newborn, family and community^(16,23).

The International Confederation of Midwives (ICM), in its documents and consensus, recognizes and legitimizes the role of obstetric nurses with the global strategy for the qualification of care for women and newborns. The confederation describes a list of essential attributes for the training of specialists that permeate prenatal, labor and delivery care, in the puerperium, in sexual and reproductive health and with the newborn, revealing the knowledge, skills and expected attitudes for the professional performance⁽²³⁾.

The 2016 WHO document reaffirms the scope of recommendations established in the first WHO document of 1996, with special emphasis on obstetric nurses, establishing that the continuous support and care model led by them during prenatal, intrapartum and postnatal care are essential for the monitoring of pregnancy and physiological delivery and a positive experience of birth. The text emphasizes that care must be organized and offered to all women in a way that preserves their dignity, privacy and confidentiality, free from harm and mistreatment, allowing informed choices and continuous support^(16,24).

In short, the care provided by obstetric nurses must be in line with national and international recommendations of practice based on scientific evidence that propose the abolition of known iatrogenic procedures, the performance of interventions only when necessary and with the informed consent of the woman, the autonomy of the parturient in decision making with the use of instruments with the birth plan and the construction of care that recognizes violent acts and seeks strategies for their elimination.

Care technologies in Obstetric Nursing are considered to be the list of practices that comprise the different spheres of the pregnancy cycle in its physiological nature, exercising non-invasive actions that respect physical and psychological integrity, in the field of technique/technology, centered and shared with the woman⁽⁶⁾. Non-pharmacological forms of pain relief (massages, immersion in water, shower, aromatherapy, music therapy), freedom of movement in labor and delivery, respect for female autonomy, inclusion of the companion/family in the entire process, abandonment of non-recommended routine procedures (Kristeller maneuver,

episiotomy, oxytocin infusion, diet suspension, bed restriction), and the abolition of different forms of violence exercised in obstetric scenarios are part of this context^(1,6,23).

Considering the professional profile of obstetric nurses and strengthened in the need to improve women's health care and reduce mortality rates in the northern region of MG, the municipality of Montes Claros, with the partnerships with Unimontes and HUFC, intensifies the implementation of actions involving these professionals in the maternal-infant context.

The pioneering spirit of the HUFC in the work of obstetric nurses in the city of Montes Claros converges to its history revealed in the ideas of professionals committed to practices based on scientific evidence and with constant concern with the qualification of obstetric and neonatal care. The institution's efforts to promote humanized care for women and newborns are recognized by the titles won in 2000 with the Child Friendly Hospital Initiative, in 2001 as Safe Maternity, and in 2006 with the Galba de Araújo award⁽²⁵⁾.

The initial movements for the work of nurses were recalled by the participants of the study, as well as the strategies that were necessary for advances in care and teaching. The narrative brings important milestones, some of which were selected: the refusal on the part of nurses to be guided by obstetricians in the stages of specialization; the requirement of obstetric nurses for the development of teaching activities during practice; the arrival of obstetric nurses from Bahia and Belo Horizonte to carry out preceptorship activities; the establishment of a partnership with a reference maternity hospital in the city of Belo Horizonte to carry out preceptorship activities at HUFC and complementary activities of practical teaching; the construction of the Specialization course in Obstetric Nursing in partnership with Unimontes, having the HUFC as a field of practice.

As the years go by, the narratives bring achievements revealed in delivery care that consolidated humanization practices and provided a new model of obstetric care for women in the municipality, especially for users of the HUFC.

Studies recognize the positive results arising from the work of obstetric nurses in Brazilian maternity hospitals. When assisted by these professionals, women are less exposed to procedures such as the use of oxytocin, analgesia, administration of saline via venipuncture, Kristeller's maneuver, and episiotomy, as well as the realization of cesarean sections⁽¹⁵⁾.

Among the recommended practices for delivery care, the role of obstetric nurses contributes to greater adherence to the recommendations and reduction in the number of unnecessary interventions^(16,20). A statistically significant association revealed in the study indicates that in deliveries without the presence of resident nurses in obstetrics, the recommended practices are at risk: less use of non-pharmacological methods for pain relief, reduced use of the partogram, performance of early clamping of the umbilical cord, non-establishment of breastfeeding in the first hour of

life, and disregard for the right to a companion during delivery⁽¹⁶⁾.

When the assistance offered by medical and nursing professionals are compared, the results indicate that, when the delivery is assisted by nurses, there is greater completion of the partogram instrument, less use of the lithotomy position for delivery, and a reduction in the use episiotomy⁽¹⁵⁾.

The assistance provided by Obstetric Nursing residents also revealed to be supported by recommended care practices with a significant percentage of the use of fluid intake during labor, presence of a companion in the assistance, use of the partograph to monitor labor, freedom of movement, non-pharmacological methods for pain relief, skin-to-skin contact between mother and newborn, and breastfeeding in the first hour of life. There was a small percentage of women with routine use of venipuncture, oxytocin in labor and amniotomy. The practice of episiotomy was not recorded⁽²⁰⁾.

A study on the use of the non-supine position in the HUFC revealed important aspects of the work of obstetric nurses. Regarding verticalization in delivery, professionals recognize that changes occur slowly and that they are linked to two pillars in the guidelines received by pregnant women about the practice and essentially the awareness of professionals who provide delivery care. They recognize the obstetric nurse as the professional who drives the change in obstetric practices in the humanized and evidence-based care model⁽²⁵⁾.

In view of the relevant results of their activities, it is essential to build a training space for the expansion of the numbers of these professionals and insertion in the job market. The specialization course for the training of obstetric nurses at Unimontes, developed at HUFC, inaugurated a new milestone in the expansion of professional activities in the face of the lack of professionals in the region who could take on the fields and demands. The permanent exchange between professionals working in the municipality of Montes Claros and obstetric nurses in Belo Horizonte represents a permanent movement of exchange of knowledge and experiences, being seen positively by those who lived and are living this moment, adding practical knowledge to local reality.

Recently, Unimontes, in partnership with the HUFC, conquered a new training space with the beginning of the Residency Program in Obstetric Nursing. The course has a total of 4 vacancies with annual entries, covering practice scenarios that permeate primary and tertiary health care, developing activities that provide the residents with experience in women's health. It should be noted that the current preceptors are graduates of the first specialization course in Obstetric Nursing and work in the maternity hospital of the university hospital.

We know, however, that the autonomy for the work of obstetric nurses and the achievements in the practice scenarios are directly influenced by the power relations traditionally constituted in the institutions and strengthened by cultural issues immersed in a biomedical model of action that does not exclude women's health care^(1,3,6).

Such power establishes hierarchical relationships, reinforcing the authority of certain professionals in the exercise of their activities, who overvalue experience to the detriment, for example, of practices supported by scientific evidence, which establish ways of being and acting and influencing the decision-making of others specialties such as Obstetric Nursing in the daily work^(3,25).

As in other Brazilian realities, in the HUCF maternity hospital the difficulties faced by Obstetric Nursing were no different. The propositions of innovative practices are directly influenced and affected by the way in which other professionals, especially physicians, understand the process of birth, immersed in their own concepts and training model, in cultural and social aspects, in the desire for change^(3, 25).

Thus, pioneer institutions in delivery care by nurses face difficulties in breaking the existing care paradigms in order to establish a practice based on scientific evidence, promote autonomy in the professional knowledge and practice of Obstetric Nurses, and establish the performance of these professionals in their daily work and in different care settings.

In the history of the HUCF, strategies were fundamental for the necessary advances. The support given by Unimontes in the search for a partnership that would help in the teaching of Obstetric Nursing, the cooperation agreement signed with a reference Hospital in Belo Horizonte, which made it possible for the preceptors to come to the unit, and the development of practical activities and support of local managers with the daily incentive for the work of obstetric nurses expanded the view towards the need to change the model of obstetric care, to bring the principles of humanization of care into practice.

It is necessary to recognize the elements of the institutional culture that constitute forms of power established to foster the strategies of reconfiguration of the forms of work⁽³⁾. In this sense, the new configurations promote openness to the new, allow progress that was previously impeded, and conquer spaces for the exercise of transversality between the different professional specialties.

Another essential point emerges in the primordial advances that the teaching of theoretical and practical obstetrics requires in undergraduate courses in Nursing and Medicine, breaking with traditional models. Teaching requires commitment to the humanized obstetric model that respects and practices scientific evidence and focuses care on women in their individualities^(1,25). In this training context, the new professionals, who are knowledgeable about the best obstetric practices, the collaborative model of health care, the care centered in the user, will be able to commit daily to a multiprofessional and transdisciplinary, humanized, individualized, unique, and safe care.

Some limitations were found by the researchers when recalling the details of the history of Obstetric Nursing in Montes Claros. An important factor is the lack of documents, texts, minutes that could help in the collection of pertinent data that elucidate moments, situations that were named by

the research participants, and there is thus a remaining gap in some important pieces of information mentioned.

Another notable point is that, in recent years, professionals who were fundamental in the initial movements of the activity of obstetric nurses have passed away. Their reports could have contributed to the detailing of some facts. In addition, some professionals could not be contacted due to the lack of data that would lead to their identification and subsequent interview, others no longer lived in the municipality and the telephone contact was unsuccessful.

The care indicators produced by Obstetric Nursing were not consolidated in research reports or official documents that could be used to support the discussions presented in this article. Therefore, there remains an important gap to justify and sustain the importance of the work of these professionals and its repercussions on the daily care activities at HUCF and in the municipality of Montes Claros.

FINAL CONSIDERATIONS

The performance of Obstetric Nurses in Montes Claros, MG, began at the end of the 1990's, having as pioneers the health care scenarios of the HUCF. The movements of humanization of maternal and child care with its premises in guaranteeing the quality of care encouraged the insertion of these specialists in the Health services, thus influencing the training of the first group of Specialization in Obstetric Nursing at Unimontes, whose graduates currently work at the university hospital.

The experience of the municipality of Montes Claros in the implementation of assistance by Obstetric Nurses in the daily health care to women can be inspiring and contribute to the emergence of other initiatives in health services, in MG and in Brazil, which still do not have the assistance of this professional. Thus, knowing the history built by the precursors of Obstetric Nursing in the city becomes essential for experiencing the existing challenges and building new strategies for the necessary advances in the face of new challenges.

Other studies should be encouraged, with a view to evaluating the performance of the specialists, producing indicators that qualify the assistance and reveal to managers and other professionals care strategies led by the performance of these professionals in different practice scenarios.

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