







The announced end of the Rede Cegonha – what decisions shall we make for our future?

O fim anunciado da Rede Cegonha – que decisões tomaremos para o nosso futuro?

El fin anunciado de la Rede Cegonha: ¿qué decisiones tomaremos para nuestro futuro?

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ABSTRACT

Objective: to contextualize changes announced in public health policies, including the *Rede Cegonha*, as a decisive historical moment for the future of Nursing in Brazil and for guaranteeing the rights of women and their babies. **Content:** the historical and political trajectory of the struggles of the Brazilian Association of Obstetricians and Obstetric Nurses, supported by Brazil's legislative and regulatory frameworks for Nursing and its public policies on women's health, underlines the importance of obstetric nurses' role as political subjects in decision making for the future of Nursing. However, in spite of advances in changing the obstetric and neonatal care model, through Brazil's "Stork Network", implementation of the new Mother and Child Care Network threatens both the work of Obstetric Nursing and existing guarantees for women's human rights. **Final considerations:** the dismantling of the "Stork Network" has intensified the challenges, and demands decisions for the future of Nursing.

Descriptors: Nursing; Obstetric Nursing; Health Policy; Perinatal Care; Women's Rights.

RESUMO

Objetivo: contextualizar as mudanças anunciadas para as políticas públicas de saúde, incluindo a Rede Cegonha, como momento histórico decisivo para o futuro da Enfermagem no Brasil, e para a garantia de direitos das mulheres e seus filhos. **Conteúdo:** O percurso histórico e político das lutas da Associação Brasileira de Obstetrizes e Enfermeiros Obstetras, amparado pela legislação e marcos regulatórios da Enfermagem brasileira e das Políticas Públicas de Saúde da Mulher, enfatiza a importância do papel das Enfermeiras Obstétricas como sujeitos políticos, para a tomada de decisões frente ao futuro da Enfermagem. Porém, apesar dos avanços na mudança de modelo de assistência obstétrica e neonatal por meio da Rede Cegonha, a implementação da Rede de Atenção Materna e Infantil ameaça tanto a atuação da Enfermagem Obstétrica como a garantia dos direitos humanos das mulheres. **Considerações finais:** O desmonte da Rede Cegonha intensificou os desafios e exige decisões para o futuro da Enfermagem.

Descritores: Enfermagem; Enfermagem Obstétrica; Política de Saúde; Assistência Perinatal; Direitos da Mulher.

RESUMEN

Objetivo: contextualizar los cambios anunciados en cuanto a las políticas públicas de salud, incluyendo a la *Rede Cegonha*, como un momento histórico decisivo para el futuro de la Enfermería, y para la garantía de los derechos de las mujeres y sus bebés. **Contenido:** la trayectoria histórica y política de las luchas de la *Associação Brasileira de Obstetrizes e Enfermeiros Obstetras*, apoyada en la legislación y los marcos normativos de la Enfermería Brasileña y las Políticas Públicas de Salud de la Mujer, destaca la importancia del papel de las Enfermeras Obstétricas como sujetos políticos, para la toma de decisiones sobre el futuro de la Enfermería. Sin embargo, a pesar de los avances en el cambio del modelo de atención obstétrica y neonatal, a través de la *Rede Cegonha*, la implementación de la Red de Atención Materno Infantil amenaza tanto el desempeño de la Enfermería Obstétrica como la garantía de los derechos humanos de las mujeres. **Consideraciones finales:** el desmantelamiento de la *Rede Cegonha* intensifica los desafíos y exige decisiones para el futuro de la Enfermería.

Descriptores: Enfermería; Enfermería Obstétrica; Política de Salud; Atención Perinatal; Derechos de la Mujer.

INTRODUCTION

The history of the Brazilian Association of Obstetricians and Obstetric Nurses (Abenfo Nacional) has as its background the struggle for citizenship rights, associated with the major transformations in the political, health in general and women's health fields, in the Brazilian redemocratization period^{1,2}.

Its inception dates back to the end of the 1970s and beginning of the 1980s, during a period of powerful political energy. In this context, the organized society, especially the union and female movements, took part in the popular demonstrations against the military government. The feminist movement advocated female protagonism and demanded comprehensive care, going beyond the view focused on pregnancy².

It was only in 1983 that the Comprehensive Women's Health Care Program (*Programa de Assistência Integral à Saúde da Mulher*, PAISM) was implemented in Brazil. This program had objectives that went beyond the gestational

period, focusing on educational actions, given the understanding that education can empower women in the exercise of citizenship. In implementing their actions, nurses were allies and used their more recently developed expertise, such as Nursing consultations in prenatal and gynecological care, approved by Law No. 7,498/1986².

At that time, both within and outside Brazil there were discussions about the physicians' authoritarianism in the Obstetrics and Gynecology areas. In addition to that, the scientific nature of routine techniques and interventions in delivery care were questioned. For this reason, the Pan American Health Organization (PAHO) and the Regional Office for Europe and the Americas of the World Health Organization (WHO) held three consensus conferences with an emphasis on the rights of the population, specifically associated with prenatal care and with the diverse information about the several technologies used during delivery. As a result, the consensus offered the population a critique of the biomedical model and pointed out the true role of health institutions related to delivery².

In this scenario, the history of institutions such as the Midwives Union of Rio de Janeiro, the Brazilian Association of Midwives (*Associação Brasileira de Obstetrizes*, ABO), the Rio de Janeiro Nurses Union (*Sindicato dos Enfermeiros do Rio de Janeiro*, SindEnfRJ) and the Nursing School of the University of the State of Rio de Janeiro (*Universidade do Estado do Rio de Janeiro*, UERJ) was intertwined with the history of women, midwives, nurses, obstetric nurses and obstetricians. The central figures in this story were Maria de Lourdes Garcia de Andrade, President of the Midwives Union of Rio de Janeiro; Zilda Nogueira Rodrigues, President of ABO; Therezinha Nóbrega da Silva, President of SindEnfRJ, and Marilanda Lopes de Lima, obstetric nurse and, as well as Therezinha, professor at the Nursing School at UERJ. It was with this composition of the historical context that foundation of Abenfo Nacional took place in 1992 in the city of Rio de Janeiro, from a political alliance between the midwife, the obstetrician and the obstetric nurse: women who organized politically and recognized themselves as subjects with legitimate practices¹.

This article aims at contextualizing the changes announced for the public health policies as a decisive historical moment for the future of Nursing in Brazil and for guaranteeing the rights of women and their children.

CONTENT

Many struggles were fought until, in 1998, the Ministry of Health issued ordinances No. 2,815, proposing that low-risk delivery care be provided by obstetric nurses, and No. 163, creating the model of the Nursing Report for Issuance of Hospitalization Authorization (*Autorização de Internação Hospitalar*, AIH)^{3,4}.

The following year, the Ministry of Health published MS/GM Ordinance No. 985/1999, which implemented the Normal Delivery Centers (*Centros de Parto Normal*, CPNs) or Birth Houses in the Unified Health System (*Sistema Único de Saúde*, SUS). By regulating the CPNs, the ordinance covered the necessary human resources, highlighting the minimum composition of the team of professionals: a nurse specialized in Obstetrics; a nursing assistant; a general services assistant; and an ambulance driver. The Ministry of Health also started investing in the training of obstetric nurses by funding specialization courses in Nursing schools, as a way of expanding the number of obstetric nurses in the SUS¹.

That same year, at the request of Abenfo Nacional, the Federal Nursing Council (*Conselho Federal de Enfermagem*, COFEN) published resolution No. 223/19995, providing for the role of nurses in assisting women in the pregnancy-puerperal cycle. This set of facts represented a historical milestone in legitimization of the performance of Obstetric Nursing in Brazil.

Subsequently, other policies and programs strengthened obstetric nurses' performance. In June 2000, amid the effervescence of the social movements, the Program for Humanization in Prenatal and Birth (*Programa de Humanização no Pré-natal e Nascimento*, PHPN) was created, contributing a set of norms and ordinances with a structure of specific financial incentives that would guarantee the quality of comprehensive obstetric care associated with the affirmation of women's rights as institutional guidelines⁶.

The following year, the Ministry of Health published the National Covenant for the Reduction of Maternal and Neonatal Mortality to promote articulations and mobilizations aimed at improving the quality of life of women and children and at establishing conditions for mutual cooperation, providing qualification of obstetric and neonatal care in Brazil⁷. Also in 2004, the Ministry of Health launched the National Policy for Comprehensive Women's Health Care (*Política Nacional de Atenção Integral à Saúde da Mulher*, PNAISM), with extensive participation of the civil society, represented by women's movements and by the Secretariat of Policies for Women⁸. There was concern to provide effective health policies for the defense and promotion of human rights, particularly sexual and reproductive rights.

In turn, in 2011, the Ministry of Health launched *Rede Cegonha* as a public policy⁶. The objective was to put into practice a delivery and childbirth care model based on the humanization principles. It was from then on that management actions were developed and potentiated to expand and improve changes in reproductive planning, pregnancy, delivery/birth and puerperium, such as expanding the offer of training and qualification courses for obstetric nurses and midwives; installation of CPNs with environments favorable to the development of good obstetric practices,

and encouraging the inclusion of these professionals in care for vaginal deliveries without dystocia. These changes were based on the WHO recommendation, which showed, through robust studies, better results when multiprofessional teams worked with women and children in the delivery/birth process⁹⁻¹¹. All these transformations were always aimed at guaranteeing access to good quality care¹². It is important to note that *Rede Cegonha* also promoted an increase in the number of residency programs and specialties in women's and children's health, especially in Obstetric Nursing⁷.

Concurrently with the launch of *Rede Cegonha*, with the intention of contributing a portrait of that moment, the research study entitled *Nascer no Brasil* (2011/2012) was carried out, developed at the national level and aimed at showing an overview of delivery and birth by region, capital and inland cities, and in the public and private sectors. In relation to care for normal delivery, there was a hegemonic hospital model that was highly medicalized, reasserting the need to improve the obstetric care model^{13,14}.

Between 2014 and 2017 there two evaluative cycles of the *Rede Cegonha* components, which pointed to the results of its implementation. Advances were observed in the Nursing practice and in indicators in the obstetric and neonatal areas, such as a lower number of interventions in delivery, a positive influence on the increase in the application of good practices by physicians, an increase in collaborative work between nurses and obstetricians to achieve better outcomes, and humanization in delivery and birth care with a reduction in obstetric violence^{7,15,16}.

Another result of the *Rede Cegonha* scope was the project called Improvement and Innovation in Care and Teaching in Obstetrics and Neonatology (*Aprimoramento e Inovação no Cuidado e Ensino em Obstetrícia e Neonatologia*, Apice On), an initiative by the Ministry of Health in partnership with the Brazilian Hospital Services Company (*Empresa Brasileira de Serviços Hospitalares*, EBSEH), the Brazilian Association and Hospitals Universities and Education (*Associação Brasileira e Hospitais Universitários e de Ensino*, ABRAHUE), the Ministry of Education (MEC) and the Fernandes Figueira Institute/Oswaldo Cruz Foundation (*Instituto Fernandes Figueira/Fundação Oswaldo Cruz*, IFF/Fiocruz), with the Federal University of Minas Gerais (*Universidade Federal de Minas Gerais*, UFMG) as the executing institution. The intention was to qualify care during delivery and birth; postpartum and post-abortion reproductive planning, and assistance to women in situations of violence, miscarriage and legal abortion in teaching hospitals. One of the goals was to drive changes in professional training with teaching, research and extension actions in the assistance-related fields¹⁷.

The Apice On project promoted improvements in the care practice, in the following aspects: increase in the number of hospitals with the Baby-Friendly Hospital qualification; more hospitals certified with *Casa da Grávida, Bebê e Puérpera* and adoption of the Kangaroo Method; improvement in the delivery environment; increased presence of companions; increase in the implementation of Rooming-In services; increase in the number of obstetric nurses listed in the National Registry of Health Institutions (*Cadastro Nacional de Estabelecimento de Saúde*, CNES) and of their direct role in assisting vaginal deliveries and reduction in the mean rate of cesarean sections in the Brazilian Southeast and Northeast regions¹⁸.

Despite advances in changing the obstetric and neonatal care model with the participation of Obstetric Nursing, the year 2022 is marked by the announcement of the end of *Rede Cegonha*, to be replaced by *Rede de Atenção Materna e Infantil* (RAMI), from ordinance No. 715, published in *Diário Oficial da União*¹⁹. In a single publication, there was replacement of the humanization of care provided to women who are experiencing pregnancy, delivery and puerperium, with appreciation of obstetric nurses and midwives, by highlighting the risk with reinforcement of fear in the experience of the nature and power of the female body, putting back the centrality in the power of those who are trained mainly to intervene in the processes, even in absolutely healthy conditions. This ordinance signals a setback in terms of human rights, as well as in those of Brazilian women and families, including newborns, but also exposes the attack to Nursing.

The increase in investments by the Ministry of Health, in the RAMI, is aimed at maternity hospitals serving more than 500 deliveries per year, with criteria and goals aimed at high risk. The isolated CPNs, which operate autonomously, are being disregarded. It should be noted that David Capistrano Filho Birth House, belonging to the Municipal Health Department of Rio de Janeiro (*Secretaria Municipal de Saúde-Rio de Janeiro*, SMS-RJ), is a training field for Obstetric Nursing in the state of Rio de Janeiro²⁰. The RAMI implementation process continues, despite the manifestations by the COFEN²¹, the National Council of Health Secretaries (*Conselho Nacional de Secretários de Saúde*, CONASS), the National Council of Municipal Health Departments (*Conselho Nacional de Secretarias Municipais de Saúde*, COSEMS)²² and Abenfo Nacional²³.

In the midst of this project to dismantle *Rede Cegonha* instituted by the RAMI, the sixth edition of *Caderneta da Gestante*²⁴ was launched, which omits Kristeller's maneuver from the framework of practices that are no longer indicated and of the procedures that can be indicated with medical evaluation. We draw the attention to this fact of omission, which can result in misinformation of women and professionals who will use the booklet as support in educational practices. The role of women during pregnancy was also the target of this new edition; for example: fetal movement monitoring was removed, which, according to the previous edition, women could do in their daily routine and, now, their only reference is their prenatal physician²⁴. In order to achieve autonomy, women need access to information with a good level of evidence during prenatal care.

The investments towards development and appreciation of Obstetric and Neonatal Nursing care have increasingly demanded more efforts. The last few years have been absurdly difficult, in the midst of the intense political crisis that has caused the population's poor adherence to vaccination.

In the chaos of the health system, caused by the devaluation of life and science²⁵, in addition to the political use of the positions and functions of command and coordination of actions, pregnant women, puerperal women and children died without the opportunity for immunization and adequate treatments, when they were already available²⁶.

Nursing continues to demonstrate competence, skill and a lot of resistance in the struggle and coping with the disease caused by the coronavirus (COVID-19), acting on the front line and in support activities. In addition to that, it is an active participant in the search for solutions in the health services, education and development of research studies. A total of 872 Nursing professionals died taking care of patients²⁷, and many of those who remain in the care field carry deep marks on their mental health, generated by the working conditions²⁸.

The identity of Nursing is also at a stake in this historical and political moment that we are going through. There is no single group of professionals working in the SUS, but mixed as an undifferentiated mass. The general designation of non-physicians should not be accepted. We do not identify ourselves by the negative of another profession, we do not define ourselves inside out, because we are more than 2,300,000 professionals²⁹ – mostly women (85.1%), aged between 26 and 50 years old (78%), who declare ourselves to be black- or brown-skinned (53%)³⁰. We are nurses, obstetricians, nursing technicians, nursing assistants and midwives. In addition to acting as a team, Nursing has its own specialties.

CONCLUSION

At the end of this contextualization up to *Rede Cegonha* and the announcement of its dismantling, it is observed that the challenges for Nursing in the times heading towards the post-pandemic are still many. In order to overcome the obstacles inherent to our profession and keep advancing, it is necessary to reinvigorate the class institutions, with union and commitment. Supported on the constitutional law, Nursing herein reasserts its political and social commitment, especially in the field of women's health, their children's and their family members'.

The history of the Brazilian Association of Obstetricians and Obstetric Nurses teaches the value of political organization based on the recognition of subjects with legitimate practices, obstetric nurses, obstetricians and midwives. It is extremely important to acknowledge the specialties and training areas inherent to Nursing, identified with it. We are faced with important decisions, not only for the future of Nursing but also to ensuring women's and their children's rights. Looking to the future, we intend to remain politically engaged, carrying out and stimulating research studies that support our work in the field of health, helping to understand the current moment and guiding the necessary decisions.

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