







ORIGINAL ARTICLE

Assistance of health professionals in childbirth and postpartum: giving voice to adolescent women

Assistência dos profissionais de saúde no parto e no puerpério: dando voz às mulheres adolescentes

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ABSTRACT

Objective: To apprehend the assistance offered by health professionals in childbirth and postpartum period in the perception of adolescent mothers. **Method:** Study carried out with eight adolescent mothers enrolled in areas covered by the Family Health Strategies, through a phenomenological interview with Bardin's content analysis and Heidegger theoretical framework. **Results:** Four categories emerged: "The unveiling of childbirth care in adolescence"; "The team's welcoming in childbirth and postpartum care in adolescence"; "The (de)humanization in childbirth and postpartum care in adolescence" and "The lonely walk of the adolescent mother in the postpartum period". Adolescent mothers who experienced this process expressed negative feelings, but those who revealed being cared for by empathetic health professionals felt respected, welcomed and reassured. **Conclusion:** The need to change the assistance of health professionals was highlighted, so that adolescents can enjoy humanized and unique care.

Descriptors: Adolescent; Parturition; Postpartum Period; Delivery of Health Care; Health Personnel.

RESUMO

Objetivo: Apreender a assistência ofertada pelos profissionais de saúde no período de parto e pós-parto na percepção das puérperas adolescentes. **Método:** Realizado com oito puérperas adolescentes adscritas em áreas de abrangência das Estratégias Saúde da Família, por meio de entrevista fenomenológica com análise de conteúdo de Bardin e referencial teórico de Heidegger. **Resultados:** Emergiram quatro categorias: "O desvelar da assistência ao parto na adolescência"; "O acolher da equipe na assistência ao parto e puerpério na adolescência"; "A (des)humanização na assistência do parto e pós-parto na adolescência"; e "O caminhar solitário no puerpério da adolescente-mãe". As puérperas adolescentes que vivenciaram este processo expressaram sentimentos negativos, mas aquelas que relevaram serem cuidadas por profissionais de saúde empáticos, sentiram respeitadas, acolhidas e tranquilizadas. **Conclusão:** Torna-se explícito a necessidade de mudança da assistência dos profissionais de saúde, para que as adolescentes possam desfrutar de um cuidado humanizado e singular.

Descritores: Adolescente; Parto; Puerpério; Atenção à Saúde; Pessoal de Saúde.

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INTRODUCTION

In Brazil, there is investment and prioritization of public health policies aimed at women, especially during the pregnancy-puerperal cycle. These policies aim to improve and promote comprehensive care. However, there are still obstacles and challenges to be overcome, especially related to the comprehensiveness and humanization of care provided by health professionals⁽¹⁾, considering that care is still based on the biomedical model⁽²⁾.

Between 2015 and 2020⁽³⁾, approximately 62 thousand adolescents in the world and 2,439 Brazilians aged between 15 and 19 years had children. Pregnant adolescents deserve extra attention and care due to the vulnerabilities experienced and the high risk of complications. Therefore, health professionals play a significant role through educational activities, prenatal consultations and interventions aimed at avoiding complications and promoting the necessary assistance⁽⁴⁾.

Current research from the perspective of how the adolescents themselves experience professional assistance during the intrapartum and puerperal period can scientifically contribute to subsidize the development of public policies and assistance to adolescents. Thus, aiming to reduce physical and psycho-emotional complications.

In this sense, this study will allow health professionals to reflect on how care is being carried out in the intrapartum and postpartum period for adolescents. Thus, identifying which aspects need to be revised and improved, allowing them to offer qualified assistance. Therefore, the objective of the study was to apprehend the assistance offered by health professionals in childbirth and postpartum period in the perception of adolescent mothers.

METHODOLOGY

This is a descriptive study with a qualitative approach, based on the methodological framework of phenomenology with Bardin's content analysis⁽⁵⁾ and the discussion based on the Heidegger theoretical framework⁽⁶⁾. It was conducted with eight adolescent mothers enrolled in areas covered by the Family Health Strategies (FHS) in the urban area of a city in the south of the state of Minas Gerais, from December 2018 to April 2019.

Adolescents aged 12 to 17 years, 11 months and 29 days were considered as inclusion criteria, as established in the Statute of Children and Adolescents, during the postpartum period, between the 11th and 45th day postpartum⁽⁷⁾, regardless the type of delivery. The exclusion criteria were: adolescents who had stillborn children or who died; those who were not found at their home after two home visits; and, who did not reside in this municipality.

Participants in this study and their addresses were identified on the FHS. The interviews were carried out in their homes,

first with the aim of identifying the sociodemographic profile, and then the question was asked *"How was the assistance received by health professionals during childbirth for you? Comment on postpartum care, during and after hospitalization"*.

The interviews were recorded using a smartphone and reliably transcribed. The first pre-analysis phase was carried out for the first contact with the testimonies and data organization⁽⁵⁾. Next, the material was explored for coding and categorization. In the third moment, the testimonies of the adolescent mothers were interpreted to apprehend the assistance offered by health professionals in childbirth and postpartum period⁽⁵⁾. To analyze the results, the Heidegger theoretical framework was used⁽⁶⁾.

Data collection began after approval by the Ethics and Research Committee of the Federal University of Alfenas, Opinion No. 3.071.306. The adolescent and her guardian were instructed on the objectives of the study and, in the event of agreement, they were asked to sign an Informed Consent Form and a Free and Informed Consent Form. The closure of data collection met the finding of data saturation, after not having identified a new element⁽⁸⁾, after six interviews, two more were conducted that confirmed saturation, totaling eight adolescent mothers. The testimonies were referenced by the term "puerperal adolescent", followed by numbers, from one to eight.

RESULTS

Study participants were aged between 16 and 17 years, six of whom reported unplanned pregnancy and two reported planned pregnancy. With regard to education, six participants interrupted the study and two continued studying. Six of them live with a partner.

From the testimonies, four categories emerged: "The unveiling of childbirth care in adolescence"; "The team's welcoming in childbirth and postpartum care in adolescence"; "The (de)humanization in childbirth and postpartum care in adolescence" and "The lonely walk of the adolescent mother in the postpartum period".

In the first category, "The unveiling of childbirth care in adolescence", it was identified that, with few words, but in a painful way, that the postpartum adolescents reported on the experience lived with challenges and confrontations, the birth was presented with intense pain, destabilizing the adolescent.

I felt a lot of pain. I asked, they gave me medicine, but I don't remember the name [...] They kept touching my belly to see how it was, it hurt. (Puerperal adolescent, 04)

[...] I was no longer supporting the pain. The pain came, I got agitated, I was in a lot of pain... I screamed in despair with pain... the pain went away, I fainted... I didn't know

where I was and what was going to happen to me and my son [crying]. (Puerperal adolescent, 08)

The speech of an adolescent reveals that, in addition to the painful experience, she also experienced the feeling of abandonment during assistance.

Our Lady, it hurt a lot, a lot, all the time I cried and felt pain, and no one went to the room to help. I was in pain all day. (Puerperal adolescent, 01)

Another negative experience of them is the lack of knowledge about the procedures performed, which generates feelings of fear and impotence.

I felt them cutting me, I freaked out right away and asked "you are cutting my belly, aren't you?" They replied that they were, because I was so terrified that I started to scream in fear. (Puerperal adolescent, 05)

They wanted to apply anesthesia... but as I was very weak, I thought to myself like this "and when it's time for me to push for the baby to be born, how am I going to push?" If I'm anesthetized, sleeping, how am I going to make the effort so the baby can be born?" (Puerperal adolescent, 08)

Another experience reported by the participant in childbirth is the feeling of fear that is disseminated among society. The adolescent's speech reveals an existential fear that was cultivated in the adolescent's unconscious by the reports of other people, of what would happen to her during childbirth.

Our Lady, everyone scared me, because it is the first child, "Ah, you're going to feel pain, this will happen..." I was very scared. (Puerperal adolescent, 01)

The testimony of a puerperal adolescent reveals the despair and anxiety she experienced in the unique experience of labor and delivery, entering an unknown world.

I scared a lot because I thought it would only happen on Monday, I thought I would go there as a routine to see how the baby was doing [...] I was a little nervous [...] I started to get desperate when they induced a pill that put in the cervix... And they put several pills... (Puerperal adolescent, 03)

In the second category, "The team's welcoming in childbirth and postpartum care in adolescence", some adolescents indicated that assistance in labor, delivery and postpartum was marked by the presence of health professionals. Who were concerned with providing a unique and effective care, which contributed to alleviating the suffering.

Oh, it was good! They paid me a lot of attention. This doctor would see me all the time, she would tell me to take a shower so the pain would alleviate a little, she was examining me. The nurse, who also helps after the baby is born, asked me if I was oka. (Puerperal adolescent, 01)

I was welcomed, at ease. I made friends with the nurses. It was better than I expected [...] The doctor said he was not used to holding the baby in his arms, but he carried mine [...]. (Puerperal adolescent, 06)

From the reports, it can be seen that guiding them throughout the period and inserting them in care made a total difference in the quality of care offered.

They explained. They helped in everything and taught how to exert force during the delivery [...] The assistance was great. (Puerperal adolescent, 03)

They explained, showed the procedures. At the hospital, when we are discharged, they explain everything. A doctor talked to me, it was all written down on paper, but she read everything, asked if I had any questions. (Puerperal adolescent, 06)

It is evidenced in the adolescents' reports that the care provided by health professionals contributes to the being-with-others motivates their positive feelings.

I felt motivated. I felt I was blessed by God [...]. (Puerperal adolescent, 03)

In the third category, "The (de)humanization in childbirth and postpartum care in adolescence", the participants unveiled the feelings of anguish and impotence in the face of the professionals' lack of guidance, a reality that was totally opposite to the previous category.

It would be a normal labor, but the doctor said she would have to undergo surgery and they brought the stretcher. It was only after she had the cesarean labor that she explained to me and my husband that it was because the dilation was not increasing and the baby's heartbeat was weak. (Puerperal adolescent, 05)

The doctor said that my delivery had to be induced, but I thought they were going to put a serum, but they were putting that medicine that aborts, and the most they could have put was six, but they were putting it [...] I was passing out and he said it was normal [...] It was very difficult... [crying] I thought I would not have my child in my arms. (Puerperal adolescent, 08)

The testimonies also revealed that the adolescents during labor, intrapartum or postpartum, experienced the fragility, abandonment and anguish of having to spend this period alone, without the presence of a family member. This situation shakes the being-there and the being-with-others.

[...] At the time of delivery, my husband was not allowed to accompany me, because they said it was high risk [...]. (Puerperal adolescent, 05)

I felt a little scared, because there was no one accompanying me, they did not allow it, I felt abandoned. A nurse told my mother that she could not stay with me because I am already a mother. They left me in a room alone after giving birth, for four hours, without anyone. (Puerperal adolescent, 07)

Another relevant issue that was explicit in the testimonies of the puerperal adolescents is the lack of humanized care in labor, delivery and postpartum. Which generated impotence, insecurity, fear and neglect.

A doctor came to the room to say that they couldn't go there, I was there in pain. At the time of delivery, the doctor told me what was happening and told me to push, but I no longer had the strength, a woman went there and helped me, climbed over my belly to help him out. (Puerperal adolescent, 01)

The doctor examined me, she ordered me to be hospitalized and I went to another room, she went to perform the touch again. [...] she examined me again. [...] I stayed on the ball doing exercises to see if the contraction would improve, and she examined me again. At the time of delivery, they just put a lot of things on me, on my arm, they tied my wrists and blocked my vision, I didn't see anything. (Puerperal adolescent, 05)

[...] they said that because he was my first child, I had to suffer a lot to be able to put him in the world [...] [crying]. [...] I didn't know what was happening to me, I was unconscious... I didn't see him born [...] [at the time of discharge] he said to me: "Here is the prescription for your contraceptive, so you don't have any more son, because you gave us a lot of work [...]". (Puerperal adolescent, 08)

It was also possible to unveil the feeling of impotence, sadness, humiliation due to the assistance received by health professionals during the service.

When I went to do the ultrasound there was a woman and she said I could go ahead. The nurse, who was kind, asked the doctor why she would not give birth to my baby, as I

was feeling a lot of contraction. I felt very humiliated... (Puerperal adolescent, 07)

[...] I would like the way they treated us was better, because, okay, I'm young, but my child was planned [...] I thought it would be a happy birth, but I didn't see him born because I was passed out. [...] that day it was me, but tomorrow it could be someone else, understand?! [crying]. (Puerperal adolescent, 08)

The adolescent, as a being-there, had an expectation towards the other in relation to the care she would receive.

[...] I felt very sad because I thought it wouldn't be like that, because everyone is human, you know, and they are also mothers and they know what I felt, the pain I felt [crying] [...] I thought she would be more human, you know, more people, but she wasn't. (Puerperal adolescent, 08)

In the last category, "The lonely walk of the adolescent mother in the postpartum period", it was apprehended that the adolescents experience a reality quite different from what is recommended by public policies.

After the birth, they didn't explain anything about breastfeeding, the navel, how to bathe. [...] No one ever came from the health unit. It is close by, they could come, ask if I'm okay [...] I felt abandoned with the lack of assistance. (Puerperal adolescent, 07)

The man at the health unit said that they would come here to my house later with the doctor, but they didn't [...]. I would like them to come here, to see how we are doing, because he is at high risk, he needs to be visited, treated, no one comes here... (Puerperal adolescent, 01)

It was also apprehended that the adolescent feels guilty for not having received assistance from health professionals in the postpartum period.

They did not examine me, but that is because I should have made a doctor's appointment for me and I didn't, I'll make it for myself now, and for him again. (Puerperal adolescent, 06)

Given the lack of assistance, it is clear that the adolescent mothers want a bond and better assistance from the Primary Health Care (PHC) team.

I think they could come here from time to time, see how the cesarean is, the baby, if everything is going well, if the baby is managing to breastfeed, I think it should be like that. (Puerperal adolescent, 08)

DISCUSSION

For Heidegger, the comprehension of the being starts in himself/herself, from the opportunities that exist in the daily experiences of this being and the meaning that these existential experiences bring to him/her⁽⁹⁾. In this study, Heidegger's analysis points out that for adolescent mothers having their child in their arms was an experience marked by negative feelings. These feelings range from abandonment to negligence by professionals and the painful perception in labor and delivery was quite emerging.

This is in line with a study conducted with postpartum women who reported the parturition process as a painful, suffering experience permeated by fear⁽¹⁰⁾, and that many want pain relief, so that childbirth is a positive moment in their lives⁽¹¹⁾.

The application of non-pharmacological and pharmacological techniques for pain relief is essential care during labor^(12,13). Non-pharmacological techniques are simple, low-cost and effective strategies for reducing pain and promoting the well-being of women during childbirth, and they can be offered by all health services⁽¹⁴⁾.

The adolescents report another suffering when professionals and health institutions prohibit the presence of a family member at the time of delivery and postpartum. The adolescent being-there suffers alone during the delivery and the postpartum period, without having a family member to support and protect her.

The presence of a companion of her choice during labor, delivery and postpartum is a woman's right^(12,13), promotes safety, comfort and support, contributing positively to care^(10,15). In addition to preventing the reduction of harmful interventions and the occurrence of adverse events to women and newborns⁽¹⁶⁾.

It is not possible to being-in-the-world without being-with-others. From this perspective, the assistance of health professionals is relevant for the puerperal adolescents in labor and delivery, in coping with the situation they experience.

Nurse-midwives are among the professionals who have stood out in adhering to good practices in assisting women in delivery and postpartum⁽²⁾, evidencing their solicitude and genuine care, expressed by Heidegger as an essential part of being- there⁽¹⁷⁾. Thus, the adolescent who is assisted by professionals who establish an effective bond, and who provide individualized, humanized care, based on scientific evidence, reports positive experiences, such as confidence and tranquility^(10,18).

Caring for the other can be dominated and dependent, or it can be shared care, which allows choices to be taken care of⁽⁶⁾. It can be seen from the testimonies that the care provided by health professionals in this study is dominant and dependent, with no bond and no right to choose. Thus, the body is manipulated, regardless of the will and feelings

expressed by the adolescents, with the biomedical model being predominant. There is no close relationship between the adolescent being-I and the being-other-professional, which generates suffering.

Adolescents as being-there had an expectation towards the other in relation to the care they would receive. This is because this other being has already experienced a similar situation, and therefore they expected empathic care, with compassion, understanding and attention. Women want to have a positive experience with the birth of their child, in a scenario that promotes their physical and mental well-being. They want to be assisted by competent and empathetic professionals, to be accompanied, to be guided throughout the process and thus participate in decision-making⁽¹²⁾.

Literature has emphasized the need for unique care, with equity, based on guidance and educational actions during the pregnancy-puerperal period⁽¹³⁾. It must be considered that the being is inserted in the world and this being has great influence through politics, culture, ethics and morals^(9,19). Therefore, the adolescent before the Brazilian public health system experiences a reality different from what is advocated. Therefore, she brings to her remarkable experiences of that moment.

Regarding the postpartum period, data from this study also corroborate an investigation conducted with adolescents, in which health professionals were not referred to as support⁽²⁰⁾. Although professionals are aware of what is recommended and the importance of knowing the reality in which the puerperal woman lives, so that individualized care can be offered, a study shows that the puerperal consultation is reduced, being the worst indicator of maternal care⁽²¹⁾. It is necessary for FHS professionals to assist adolescents in the postpartum through home visits and the use of light and low-cost technologies for health promotion^(7,20).

The adolescent's experience in the postpartum is also marked by feelings of abandonment and indifference, considering that the statements showed that the adolescents did not receive adequate care. Faced with this, as a being-in-the-world, they see a need that the other should be concerned about, watch over, inform, to feel cared for and welcomed at this stage of life.

FINAL CONSIDERATIONS

The delivery and postpartum period is an intense and transforming process in a woman's life and especially with regard to adolescents. In this context, phenomenology allowed us to understand the quality of care offered by health professionals in the delivery and postpartum period, in the perception of the puerperal adolescent. Under Heidegger's thinking, it was possible to apprehend the feelings raised in the interviewees, in the being-there

during the delivery process and the being-with-others in the postpartum period. In other words, the relationship between the adolescent and the health professional, and the being-in-the-world, which is the influence of the reality in which the adolescents live. That is, from the world to the adolescent who becomes a mother.

Among the feelings expressed by the adolescents, the painful experience, fear, anxiety, abandonment, impotence, contempt and insecurity, because of negligent, dehumanized care, without bonding and guidance, stand out. This is evident both in in-hospital care and in PHC.

On the other hand, those who had an experience of childbirth in another context, as explicit in the second category, it can be seen that trained professionals, who value humanized care, were adjuvants in the childbirth process. With that, the adolescent mothers felt respected, welcomed and reassured. Adolescents need to be listened to, guided and cared for throughout the care provided in the pregnancy-puerperal cycle so that they can be protagonists of this moment. Thus, this moment can be positive and unique in their lives.

From this perspective, the importance of discussing childbirth and postpartum care by health professionals is noted, as the testimony of the person receiving this care can be an indicator of quality. It is also reaffirmed how important it is for educational institutions to invest in the education and training of academics and professionals. Thus, good practices in the delivery and postpartum care can positively contribute to assisting adolescents in a humanized, full and safe way.

There are gaps in relation to studies aimed at assisting pregnant, parturient and postpartum adolescents. Therefore, it is necessary to invest in works with this theme.

It is noteworthy that this study is only an excerpt; therefore, it is not possible to generalize the results, which is its limitation.

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