







PROFILE OF THE PARTICIPANTS OF AN ADVANCED COURSE IN OBSTETRIC NURSING

PERFIL DOS PARTICIPANTES DE UM CURSO DE APRIMORAMENTO EM ENFERMAGEM OBSTÉTRICA

PERFIL DE LOS PARTICIPANTES DE UN CURSO DE CAPACITACIÓN EN ENFERMERÍA OBSTÉTRICA

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ABSTRACT

Objectives: to analyze the profile of the participants of the Advanced Course in Obstetric Nursing. **Methods:** cross-sectional study conducted with participants of the Advanced Course in Obstetric Nursing from 2014 to 2016. The variables included in this study refer to the socio-demographic, economic, and work characteristics of the participants. The Fisher's exact test was used to compare the proportions and verify the associations. **Results:** 129 participant forms were analyzed. Most of the participants were white and married women around 35 years old. With respect to the regions, most of them were from Northeast. There was a statistically significant difference between the *Instituição de Ensino Superior* (IES) specialization in Obstetric Nursing regarding the area of expertise and place of residency per Brazilian region, year of completion of the specialization, and scholarship. **Conclusions:** the education is assuredly a relevant factor in order to perpetuate the improvements in the obstetric care. It was noted, more recently, that the private IES have offered more opportunities in education than the public IES.

Keywords: Obstetric Nursing; Nurse Midwives; Education, Nursing, Continuing; Perinatal Care; Parturition.

RESUMO

Objetivos: analisar o perfil dos participantes do Curso de Aprimoramento para Enfermagem Obstétrica (EO). **Métodos:** estudo transversal, conduzido com participantes do Curso de Aprimoramento para EO dos anos de 2014 a 2016. As variáveis incluídas neste estudo referem-se às características sociodemográficas, econômica e de trabalho dos participantes. Para comparar as proporções e verificar as associações foi utilizado o teste exato de Fisher. **Resultados:** analisou-se 129 formulários dos participantes. A maioria era do sexo feminino, de cor branca, casadas e com mediana de idade de 35 anos. Em relação às regiões de atuação no país, houve predomínio da Nordeste. Houve diferença estatisticamente significativa entre a *Instituição de Ensino Superior* (IES) de especialização em EO segundo a área de atuação e de residência por regiões brasileiras, anos de conclusão de especialização e bolsa de estudos. **Conclusões:** a formação é, indubitavelmente, fator relevante para que as melhorias na assistência obstétrica se perpetuem. Observou-se que, mais recentemente, as IES privadas vêm oferecendo mais oportunidades de formação do que as IES públicas.

Palavras-chave: Enfermagem Obstétrica; Enfermeiras Obstétricas; Educação Continuada em Enfermagem; Assistência Perinatal; Parto.

RESUMEN

Objetivos: analizar el perfil de los participantes de un curso de perfeccionamiento en enfermería obstétrica (EO). **Métodos:** estudio transversal con participantes del curso de perfeccionamiento en EO de los años 2014 a 2016. Las variables incluídas en este estudio se refieren a las características sociodemográficas, económicas y de trabajo de los participantes. Para comparar las proporciones y verificar las asociaciones se utilizó la prueba exacta de Fischer. **Resultados:** se analizaron 129 fichas de los participantes. La mayoría era del sexo femenino, tez blanca, casada y con edad promedio de 35

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años. En cuanto a las regiones de actuación en el país, predominó la región noreste. Se observó diferencia estadísticamente significativa entre la Instituição de Ensino Superior (IES) de especialización en EO según la zona de actuación y de residencia por regiones brasileñas, años de término de la especialización y beca de estudios. **Conclusión:** la formación es, sin duda, un factor sumamente importante para perpetuar las mejores prácticas en la atención obstétrica. Últimamente se observa que las IES particulares están ofreciendo más oportunidades que las IES públicas.

Palabras clave: Enfermería Obstétrica; Enfermeras Obstétricas; Educación Continua en Enfermería; Atención Perinatal; Parto.

INTRODUCTION

The quality care provided to women and newborn during the delivery and birth process consists in one of the main challenges for improvement of the maternal and perinatal health indicators. Despite the progress observed in the last decades, the maternal and neonatal mortality remains a challenge in the Brazilian scenario, particularly regarding the fact that most deaths could be avoided and are the result of the difficulty to access quality services.¹

The professional qualification based on scientific evidence and the convenient and proper use of technologies have contributed to promote an effective, humanized, and individual care and, consequently, is proving to be one of the most potential strategies to change the currently reality.²⁻⁴

Additionally, one way to improve the health care indicators provided for in the governmental programs and to please women is to effectively include Obstetric Nursing in the delivery and birth care.^{5,6} With this purpose, the *Ministério da Saúde* (BR) has invested in the education of these professionals through actions as the incentive to implementation of Training programs and Advanced Courses in Obstetric Nursing.³

However, even with the investment in Obstetric Nursing education, the evidence of the relevance of this professional's work in the context of delivery and birth, and the regulation of this area⁷, these professionals do not play a big role in the delivery and puerperium scene yet.⁸ This information suggest that, even with the specialization, the Obstetric Nurses still need to be trained so that they can develop capacities beyond the ones already developed during the specialization and have more chances to be included in this area. In this context, the "Improving the Obstetric Nursing in the delivery and birth components in *Rede Cegonha*" project was developed through a partnership between the *Universidade Federal de Minas Gerais* (UFMG) – UFMG, the *Ministério da Saúde* (BR), the *Associação Brasileira de Obstetrizes e Enfermeiros Obstétricas* (ABENFO), and the *Hospital Sofia Feldman* (HSF).

The course has two phases, and the first of them takes place at HSF and offers 12 hours of theory classes and 120 hours

of practice classes. The second phase happens in the hospital where they work, when they return to their workplaces with a work plan prepared by them during the first phase – aiming at including the Obstetric Nursing and qualifying the delivery and birth care. There are tutors in this phase, and they also visit the nurses to monitor the planned actions.

It must be emphasized that the Obstetric Nursing is regulated by Law N°. 7,498/86, Decree-Law 94,406/87.⁹ The model proposed by MS establishes the interaction of these professionals in the scope of the assistance to women in the pregnancy, delivery, and puerperium process, as well as the newborn care (NC) in the neonatal and postnatal phases. In addition to these professionals, physicians, doulas, physical therapists, and others are included in the collaborative model.^{6,10}

Different aspects are considered to influence the results of the education, among them those related to the participants' profile. This knowledge may contribute to the improvement of strategies directed to this public. Therefore, this study aims at analyzing the profile of the participants of the advanced course in Obstetric Nursing. The relevance of the research is that, based on the classification of their profiles, it is possible to analyze the weaknesses of the course in Obstetric Nursing in a search for strategies that may translate into best practices.

METHODS

It is a cross-sectional study conducted with 129 participants of the Advanced Course in Obstetric Nursing from 2014 to 2016.

For data collection, a self-filling instrument was used regarding the socio-demographic and economic characteristics and the work of the participants. This document went through an expert evaluation in the Obstetric Nursing area in order to verify the compliance with the objective of the study. The questionnaire was used during the period from March 2014 and March 2016, with the presence of one of the researchers. All professionals that completed the advanced course in Obstetric Nursing during the study participated herein, being this the inclusion criterion. The exclusion criterion was the participants who did not complete both phases of the advanced course.

The variables included in this study refer to the socio-demographic characteristics of the participants, such as: sex, age, skin color, education, marital status, average monthly remuneration, and residence area. On the other hand, the variables related to the participant's education and work were: performance per Brazilian region, higher educational institution (IES) of specialization in Obstetric Nursing, receipt of a scholarship to take the advanced course, performance in the obstetric area, complementary professional education, participation in congresses and events in the Obstetrics or Neonatal area, professional bond, type of work, main area of expertise, delivery and

prenatal consultation monitoring, and professional associations to which they belong.

The frequencies, proportions, and 95% CI of the proportions were calculated regarding the categorical variables. For the quantitative variables, the median and the interquartile range (IQR) were used due to the variable asymmetry.

Additionally, a frequency distribution table for the variables was provided according to the method of the course in Obstetric Nursing. The Fisher's exact test was used to compare the proportions and verify the associations. We adopted the significance level of 0.05 in the analytical procedures.

The results were described and provided using tables and pie charts. We highlight that the participant's total numbers ranged due to the absence of some data related to the variables studied.

The data were processed and analyzed using the Statistical Software program (Stata), version 14.0 (Stata Corp, Texas, USA).

The ethical issues were addressed based on Resolution No. 466/2012 of the *Conselho Nacional de Saúde* (CNS) regarding researches with humans. The research project was approved by *Comitê de Ética em Pesquisa da UFMG, Certificado de Apresentação para Consideração Ética (CAAE) N° 29846714.9.0000.5132* and opinion 580.713.

RESULTS

We analyzed 129 forms. Within the forms, 89.15% belonged to women with median age of 35 years old and white skin color in 57 of the cases and black in 47. Additionally, 27.34% earned three to four minimum wages and, as to the marital status, 42.40% were married. With respect to the regions of the country, most were from the Northeast (34.88%). As for the education in Obstetric Nursing, 59% of the participants were graduated from private institutions and the others from public institutions.

In Table 1, it is possible to note that almost 21% have received a predominantly full scholarship (80.77%). Moreover, 38 of the participants had another specialty other than Obstetrics, and over 75% participated in congresses and events in the obstetric area during the last five years.

Table 2 provides the variables related to the professional performance of the participants. Among these nurses, 97.66% work directly with obstetric care, 57.03% had employment bond, and 65.60% worked in public services, whereby 93.60% worked predominantly in hospital care and 74.19% assisted in deliveries. Most of them did not assist in prenatal medical appointments (89.52%) and was not registered in a professional association in the area (45.90%).

With respect to the employment contract, the *Consolidação das Leis do Trabalho (CLT)* was the predominant option (55.75%, 95% CI=46.45-65.05) and, as to the performance

sector, most of them worked in the obstetric division/delivery room (77.45%, 95% CI=69.20-85.70) (data not shown).

Finally, Table 3 shows a statistically significant difference between the IES of specialization in Obstetric Nursing regarding the area of expertise and residence per Brazilian region, year of completion of the specialization, and scholarship ($p < 0,05$).

Table 1 - Obstetric Nursing education process, characterization regarding the education incentive, type of scholarship, complementary education, and participation in congresses in the area – *Belo Horizonte*, 2014-2016

Education in Obstetric Nursing	n (%)	95% CI of the proportions
Scholarship		
Yes	26 (20.47)	13.24-27.37
No	101 (79.53)	72.62-86.75
Type of scholarship		
Full	21 (80.77)	64.53-97.00
Partial	5 (19.23)	2.99-35.64
Other specialty		
Other specialization	38 (65.52)	52.91-78.12
Master's degree	15 (25.86)	14.24-37.47
Doctor's degree	2 (3.45)	1.39-8.28
Other specialization and master's degree	2 (3.45)	1.39-8.28
Teaching in Higher Education	1 (1.72)	1.71-5.17
Participation in congresses and events in the obstetric area in the last 5 years		
Yes	93 (76.86)	68.39-83.60
No	28 (23.14)	16.40-31.61

Source: created for the purposes of this study.
Note: 95% CI = confidence interval of 95%.

Table 2 - Characterization of the professional performance – *Belo Horizonte*, 2014-2016

Characteristics of the professional performance	n (%)	95% CI of the proportions
Works in the obstetric field		
Yes	125 (97.66)	94.99-100.31
No	3 (2.34)	0.31-5.00
Number of professional bonds		
1	73 (57.03)	48.21-65.42
2	47 (36.72)	28.73-45.51
3 or more	8 (6.25)	3.12-12.10
Type of work		
Public	82 (65.60)	57.15-74.04
Private	11 (8.80)	3.76-13.85
Both (public and private)	25 (20.00)	12.89-27.10
Philanthropic	7 (5.60)	1.51-9.68

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Table 2 - Characterization of the professional performance – *Belo Horizonte*, 2014-2016

Characteristics of the professional performance	n (%)	95% CI of the proportions
Main area of expertise		
Primary Health Care	4 (3.20)	1.19-8.32
Hospital Care	117 (93.60)	87.61-96.80
Primary and Hospital Care	1 (0.80)	0.10-5.60
Other	3 (2.40)	0.76-7.28
Delivery Care		
Yes	92 (74.19)	66.38-82.00
No	32 (25.81)	17.99-33.61
In charge of prenatal appointments		
Yes	13 (10.48)	5.01-15.95
No	111 (89.52)	84.04-94.98
Registration with a professional association of the area*		
ABEn	1 (1.64)	0.22-11.30
ABENFO	26 (42.62)	30.58-55.60
ABEn and ABENFO	3 (4.92)	1.54-14.58
COREN	1 (1.64)	0.22-11.30
Other	2 (3.28)	0.79-12.63
Did not answer about the registration	28 (45.90)	33.57-58.76

Source: created for the purposes of this study.

Note: 95% CI = confidence interval of 95%.

*ABEn = Associação Brasileira de Enfermagem; ABENFO = Associação Brasileira de Obstetras e Enfermeiros Obstetras; COREN = Conselho Regional de Enfermagem.

Of the 52 participants that completed the IES of specialization in Obstetric Nursing in the public system, 53.85% worked in the Northeast. Additionally, of the 76 participants that completed the IES of specialization in Obstetric Nursing in the private system, 25.00% worked in the Southeast and 25.00% in the South. Among the participants that completed the specialization in Obstetric Nursing in the public system, 37.25% completed the specialization 12 to 16 years ago. In comparison to the private system, the bigger proportion was until six years ago. Most of the participants did not receive a scholarship for both types of specialization in Obstetric Nursing.

DISCUSSION

With respect to the profile of the participants of the Advanced Course in Obstetric Nursing financed by the *Ministério da Saúde* (BR), the results of this study showed a median age of 35 years old, with higher proportion of self-referred white and married individuals. It was also verified that most of them earned three to four minimum wages and, as like it happens in the nursing field, there are more women in the Ob-

stetric Nursing area. This result corroborates other researches that showed the prevalence of 95.2% and 90.3%, respectively, of women working as nurses.^{11,12} The delivery care is historically done by women, which can be easily identified when following the global delivery care journey.¹³

Table 3 - Description of the sample according to the type of specialization in Obstetric Nursing – *Belo Horizonte*, 2014-2016

Characteristic	Public		Private		P value*
	n	%	n	%	
Regions of the area of expertise and residence					
North	6	11.54	17	22.37	0.005
Northeast	28	53.85	16	21.05	
Southeast	9	17.31	19	25	
South	7	13.46	19	25	
Midwest	2	3.85	5	6.58	
Years of completion of the specialization					
≤6	17	33.3	52	70.27	<0.001
7-11	10	19.61	19	25.68	
12-16	19	37.25	2	2.70	
>16	5	9.80	1	1.35	
Scholarship					
Yes	18	34.62	8	10.53	0.001
No	34	65.38	68	89.37	
Performance in the obstetric field					
Yes	52	100	73	96.05	0.206
No	0	0	3	3.95	

Source: created for the purposes of this study.

Notes: *Fisher's exact test; p-value in bold ≤0.05.

As for the education in Obstetric Nursing, most participants attended the private system. This result is in line with the *Instituto Nacional de Pesquisas Educacionais Anísio Teixeira* (INEP)¹⁴, by stating that, regarding the administrative division, the women participation is higher in private IES (as stated, ON is mostly composed by women).

With respect to the regions of the country, most of them were from the Northeast. A study using research data of "Nascer no Brasil" has showed the lack of specific and proper care for women and newborn in this region, where there are high rates of neonatal morbimortality and poor assistance to women, both in prenatal and delivery.^{11,15} This result may reveal that leading these professionals to the Advanced Course is another strategy to improve these indicators. Moreover, these Obstetric Nursing education spaces in the Northeast emerged due to the demand for specific improvement assistance in obstetric and neonatal care.

The South and Southeast regions showed a proportion of 20.16% and 21.71%, respectively, in this study. These regions

showed lower rates of neonatal and women morbimortality, but present alarming prematurity rates that can be avoid and high rates of cesarean section delivery,¹⁵ which would also justify the presence of these professionals in Advanced Courses, intending to improve the assistance to women and newborn. It is highlighted that, in such regions, the education of these professionals is hindered by the model of interventional assistance. A study from *Rio Grande do Sul* on the inclusion of Obstetric Nursing shows that the fierce dispute for power prevents the education and maintenance of these professionals, hindering then the improvement of the service and the change in the model proposed by the *Ministério da Saúde* (BR).¹⁶

With respect to postgraduate program in Obstetric Nursing, a lower proportion of courses in public institutions was observed, which allows a reflection on the history of the education method in Obstetric Nursing in the country, its players, and consequences.

The *Ministério da Saúde* (BR) incentive arises from actions directed to humanize the obstetric care and insert these professionals in the vaginal delivery care. Between 1999 and 2004, 76 courses of specialization in ON were financed in the country and 1,366 nurses graduated.¹⁷ This incentive to Obstetric Nursing education faced great challenges to promote practice classes, which made it difficult to combine the theory with the technical skills – essential to vaginal delivery care. This problem is closely related to the hegemonic professional-centered model existing at that time, still current in our area.^{17,18}

After this period, new governmental actions started to encourage education and training of professionals in health care, such as Law No. 11,129 of June 30, 2005, which created the *Residência em Área Profissional de Saúde e a Comissão Nacional de Residência Multiprofissional em Saúde*, linked to the *Ministério da Educação* (MEC), aiming at the specific training in service.¹⁹

Accordingly, there is a gap in education directly supported by the *Ministério da Saúde* (BR) and federal IES, which enabled the increased number of specializations offered by private institutions. Therefore, the Obstetric Nursing specialization offer is divided into two periods: early 2000s, with many institutions offering courses and going through a low period – which lasted about eight years – and only after 2011, through *Rede Cegonha*, when new incentives stimulated the offer of these courses by public IES once again.²⁰

It was also verified that few people received scholarship as specialists in Obstetric Nursing, but most of them were full scholarships. Since 2011, with the launching of *Rede Cegonha*, there have been new incentives to education. There are important pillars for consolidating the education of these professionals, such as strengthening and qualifying the Obstetric Nurses, the Specialization Course in Obstetric Nursing of *Rede Cegonha* (for professionals that are already working in units

that provide obstetric care), education of new Obstetric Nurses through Training and, furthermore, the advanced course in Obstetric Nursing intended to ensure reinsertion of these professionals already graduated, improving their abilities and qualifying their service.

Further with respect to the results showed in this study, most participants, in addition to being specialists in Obstetric Nursing, were graduated in another *lato sensu* course and participated in congresses and events in the obstetric area, showing a clear interest to get more qualification and update their knowledge in their area of expertise. We highlight that the congresses and events are important in the education process, since they are places that promote the development of ideas for taking actions, guiding the professional practices.

The presence of another specialization enables the discussion on the difficult to insert these professionals in the market after their graduation in Obstetric Nursing, leading them to a search for a new specialty. In a study about the performance of alumnus of a specialization course in Obstetric Nursing, there are reports that may suggest the reasons behind this difficulty. The main obstacle to work is the scenario of this area, predominantly seen as interventional, with no space and opportunity for work as a Obstetric Nurse.²⁰

Another work also shows that many alumnus of the specialization courses in Obstetric Nursing feel that their work is not authentic or adequate and cannot find institutional support, feeling many times excluded from the health care team.²¹

The difficult for the Obstetric Nurses to stay in the Obstetrics area may be caused by a fragile and ambiguous professional identity, causing the accumulation of or deviation from their work in the professional practice and their displacement as a Obstetric Nurse assisting prenatal and delivery to other areas of nursing to generate apathy and frustration.¹⁷

The findings of this research also show that most Obstetric Nurses work directly in obstetric care and have one or more employment bonds. The fact that most nurses work directly in obstetric care is fully consistent with the proposal of the Advanced Course, which aims at qualifying the Obstetric Nurses and improving their skills directly through the qualification of the care.

In studies on stress related to the number of employment bonds, it is highlighted that it is very common for the nurses to have more than one employment bond and, because this area is mainly dominated by women, the stress from the work-day is combined with the stress from domestic activities since women, in this Brazilian patriarchal society, still are almost full responsible for them.^{22,23}

Another result of this research shows that most Obstetric Nurses work in public or mixed services, and more than 90% predominantly work in hospital care and most of them assist in deliveries. A study on the Obstetric Nursing education in Bra-

zil also showed that the employment bond of alumnus from free courses supported by the *Ministério da Saúde* (BR) was the *Sistema Único de Saúde* (SUS), with 74.00%.²⁴

A recent study²⁵ emphasizes the care models in several regions of the world, with emphasis on European countries with cesarean section delivery rates close to the rates recommended by the World Health Organization – WHO, between 10% and 15%. We note in these models the inclusion of the Obstetric Nurse in the care. Thus, stimulating care models with the inclusion of the ON in the public and private sectors proves to be an alternative in order to reduce the rates of cesarean section deliveries.²⁶

Additionally, the analysis of the Cochrane Library emphasizes the benefits in the care models in which women received the continuous care by Obstetric Nurses: women were less prone to receive unnecessary interventions during the delivery process and were more satisfied – if compared to traditional models.²⁷ However, it is important to highlight the urgent need to implement new assistance devices, such as the Delivery Houses – another space for performance and education of Obstetric Nurses.

Furthermore related to the care in this period, another data was described in the study: most participants of the Advanced Course are not engaged with prenatal appointments, probably because they are not connected to primary health care. The prenatal appointment is ensured by law and the nurses have theoretical-scientific competence to assist women with normal risk pregnancy – enabling a qualified care, contributing to a safe maternity hospital, and reducing the women and neonatal morbimortality rates.²⁸

The data of this study also evidenced that most Obstetric Nurses are not registered with a professional association, showing the importance to reinforce the need of professional identity and political integration of the area.

Finally, this research showed a significant statistically difference between the IES of specialization in Obstetric Nursing regarding the area of expertise and residency per Brazilian region, years of completion of the specialization, and scholarship. With respect to the Brazilian regions, there was a predominance of the Northeast, which demonstrates the commitment of the public bodies supporting this initiative with the improvement of assistance in this region of Brazil. It is also highlighted that the peaks in Obstetric Nursing education of this sample were between 2000 and 2004 regarding the public institutions, and 2010 regarding the private institutions, which is related to the education programs implemented between 1999 and 2004. After this period there was a gap in education provided by public incentive.^{14,25} We noticed that, more recently, the private IES have been offering more education opportunities than public IES. Accordingly, programs and courses such as the *Aprimoramento para Enfermagem Obstétrica* present themselves as a return of the SUS education to SUS.

Finally, we acknowledge that this study has some difficulties related to the fact that it is cross-sectional, which prevents from determining the temporality, in addition to the data losses due to the self-filling instrument. Moreover, this research had as a limiting factor a sample that may not represent the population working as Obstetric Nurses. However, it is emphasized that there is a lack of national and international studies on this theme using representative samples. Thus, the findings of this study may assuredly contribute so that the improvements in obstetric care shall continue.

CONCLUSION

The findings of this study revealed that the professionals who needed enhancement were the ones who graduated in private courses in Obstetric Nursing, with predominance in the Northeast, and received three to four minimum wages. Therefore, we highlight the need to change the curriculum and the education process in Obstetric Nursing so that the professionals feel more qualified and confident to work at the obstetric and neonatal care more effectively.

We reiterate the importance of a curricular basis for the specialization courses that serves the demands of the pregnant women, parturients and their family, as well as ensures the work of the multidisciplinary team and the effective model of obstetric care and may directly result in sound and assertive decisions taken.

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