

## SUS birth network



<https://doi.org/10.56238/sevenced2023.007-050>

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### ABSTRACT

This work consists of a survey, carried out through questionnaires, about the lack of humanization during the pregnancy process in the public network, in which the feelings and concerns of the pregnant women who were being followed up in the network were evidenced. In addition, their knowledge about episiotomy was evaluated. It is concluded, then, that a support network is necessary during this process, so that they can pass comfortably.

**Keywords:** Network, Childbirth, SUS, Family support, Episiotomy.

## 1 INTRODUCTION

In the academic environment, the training of most health professionals has been based on passive methodologies in which knowledge is only passed on to the student in a fragmented and technical way. In this context, there is a need for new methodologies that can break with this bias considered outdated and that point out new trends that make the construction of knowledge more critical and reflective. Thus, the Arco de Magueréz emerges as an active method in the continuing education of students in the health area. (Silva et al, 2020).

This technique emerged in 1970 when Frenchman Charles Magueréz needed to work on the integration of African emigrants who went to France to work in industry and agriculture. As they had difficulties in learning French, it was not possible to give lectures or any other form of knowledge acquired through reading and writing because most of them were illiterate. In this way, he created a methodology that was based on problem solving focused on "know-how", taking into account the experience of each one in order to arrive at the creation of a solution to the problem existing in that reality. (Souza, 2008)

As the study through the Arch of Magueréz takes place through a certain aspect of reality, the first stage of its development is the observation of reality through the eyes of the research participants and determination of the problem. With the problem defined, the reflection on which factors are



involved in the cause of this problem begins, seeking a greater understanding of the context, thus, the key points of the issue will be defined and this will result in a new reflection on the subject. In the third stage, Theorization, is when data obtained, recorded and processed are analyzed and discussed, enabling more accurate answers to the problem. In the fourth stage, the Solution Hypotheses, creativity, and originality should be used a lot so that alternative solutions to the problem can be thought of that can transform reality. And, finally, in the fifth and final stage of Application to Reality, it is possible to intervene and manage situations that are linked to the proposed solution to the problem. (Colombo et al, 2007).

In this research, the Arch of Magueréz was used to discuss the delivery network offered by the Unified Health System (SUS) and the lack of humanization in the treatment offered to pregnant women during this process. This discussion is necessary because:

"[...] Even with the change of childbirth care to the hospital environment and with all the technological evolution, there is still difficulty in accessing quality health services for all women, high rates of maternal and neonatal morbidity and mortality, very high levels of operative delivery, most of the time without real indication, abusive use of state-of-the-art technology, clandestine abortions, mass sterilization, women's low adherence to breastfeeding, among others." (CASTRO, 2005).

## 2 DEVELOPMENT

The activity proposed the construction of a Magueréz Arch using the situations experienced by medical students in their practical activities. The work described in the steps below presents the problems found in the Public Health Network, in the Family Health Strategy, regarding the treatment of pregnant women.

### 2.1 THE DEVELOPMENT OF THE ARC FOLLOWED THE FOLLOWING STEPS

#### 2.1.1 STAGE 1: Observation of the concrete social reality

It was observed by the students, in the researched place, that pregnant women feel afraid when they do not have a support network. Many of them did not know what episiotomy is, and it was up to the students to explain it, since they answered that they would only allow the perineum to be manipulated or to perform the episiotomy if necessary. It was also observed that most pregnant women are not receiving psychological follow-up. The health professional explained about the risks of each type of delivery, making it clear to them that they evaluated the consultations offered by SUS as very satisfied, since they felt heard at each consultation. They also reported that they did not feel that their body was being violated during the consultations. It was found that most pregnant women opted for humanized delivery.



### 2.1.2 STEP 2: Key Points

The key points found by the group at the research site were that the fear felt by them was caused by the lack of a support network. Most studies have found an association between the absence of social support and the occurrence of depression during pregnancy. Factors such as low income, low education, marital conflicts, domestic violence, and stressful events also play a role.

In addition, low income and low schooling also influence the lack of knowledge about episiotomy. Regarding the lack of knowledge about humanized childbirth:

The way of perceiving pregnancy and childbirth may be directly related to knowledge and traditions that have been transmitted by the family, and may influence their psychosocial adaptation during this process. In this context, it is stated that belief is the act or effect of believing; religious faith; intimate conviction. Myth, on the other hand, is the narrative of symbolic significance, transmitted from generation to generation within a given group, and considered true by it. Regarding the concept of taboo, some authors state that in the anthropological literature, it refers to individuals, things, or words whose quality is an object of fear or susceptible to prohibition. It is also claimed that the taboo can directly influence women's perception of pregnancy and childbirth. (CAMPOS, et al., 2014)

### 2.1.3 3rd STAGE: Research on the themes, problems

Humanization is understood as mutual accountability between health services and the community and consists of welcoming and problem-solving. In a survey on the humanization of labor and birth in Brazil, we found data indicators that propose a change in the technical-scientific paradigm, in the training and attitude of the professional, as well as in the redefinition of professional roles. The process of humanization of labor and birth promotes the effective involvement of the parturient as an active subject capable of choices, contributing to her awareness of her rights and autonomy. For the professional who envisions a humanistic performance, respecting and understanding the rights, needs and limits of the human being is an indispensable condition for humanized and quality care. The support given to women during childbirth by health professionals, doulas and lay women has been studied in randomized clinical trials and systematic reviews, making them a practice based on scientific evidence. The humanization of obstetric and neonatal care in recent decades has achieved advances in public care policies and care practice. However, the maintenance of these and new advances depends a lot on the commitment of health professionals, the dissemination to users, and the recognition of this care as a right for all. In this sense, studies and research in this area, involving users and professionals, can highlight new achievements and challenges. (LONGO, et al., 2010)

The lack of preparation of health professionals for humanized care in the parturition process is highlighted as an important challenge faced for the implementation of the Program for the Humanization of Prenatal Care and Birth in the Centers Obstetric. According to studies, the lack of



knowledge about the precepts that encompass the humanization of labor and birth is mainly linked to the absence of this theme in the academic training of health professionals, they understand humanized childbirth as a government policy full of flaws, in which there is dichotomization between theory and practice. In addition, some studies report that teaching in the health area, in most cases, is restricted to aspects centered on intervention, so that professionals are not sensitized to act in a humanized way in childbirth care. Several studies point to the need for changes in academic training and in the paradigm of health care and the importance of including a more humanized, systemic and integrative view of the human being in the pedagogical practice that permeates the training of health professionals. Other studies have emphasized the orientation of teaching in undergraduate courses towards humanized care during labor and birth. (BUSSANELLO, 2011)

As important as all obstetric medical follow-up during prenatal care is also psychological assistance and guidance for future mothers. Each in their own area contributes to the good mental and physical health of mothers and their babies. There is also the interference of psychological, emotional, behavioral and economic aspects. Such applied factors make it possible for women to be vulnerable to the most diverse conditions during their pregnancy. As a result of childbirth, conscious and unconscious reactions occur in the pregnant woman and in her entire family and social context, which awaken deep and unexpected anxieties. The psychotherapeutic approach is considered to be of fundamental importance in the treatment, also counting on family support and monitoring. (DA CUNHA, 2012)

#### **2.1.4 STEP 4: Solution hypothesis**

Faced with the problem observed, such as the lack of a support network, the lack of psychological follow-up, it is necessary that measures be taken. The application of forms to question the wishes of pregnant women, after all, pregnancy comes with great changes in the body and mind. It should be noted, therefore, that to succeed in this vulnerable moment in a woman's life, a relationship of trust must be established between the patient, her doctor, psychologist, family members and other relevant professionals so that the empathy needed at this time can benefit the woman. Work to control and explain various fantasies that occur naturally in pregnant women during pregnancy.

It should also be noted that a support network should be made available, since in many cases the pregnant woman only has a multidisciplinary team, not having a network at home. Therefore, it is necessary to offer it in the Public Network.

#### **2.1.5 STEP 5: Application to reality**

A questionnaire was applied to pregnant women in the unit, in order to make the desires and fears of each pregnant woman understandable when going through this moment. It is perceived that a



support network is necessary so that they can go through this moment comfortably. It was also highlighted that they need psychological support:

Pregnancy is a special period and requires numerous preparations, specifically internal ones. Consultations with the obstetrician and psychologist make them start the pregnancy healthier both physically and emotionally, searching for information about the development of this special process that encompasses from conception to postpartum, becoming aware of the baby's life, the changes in his body and especially emotional control. (DA CUNHA, 2017)

The activities aimed at solving the problem were the application of the questionnaire together with a conversation with the pregnant women, in order to discover their feelings and desires.

### 3 CONCLUSION

It is concluded that the family should be present from the beginning of pregnancy, offering support. However, it was noted that not all women have it, so there must be a Public Support Network. In addition, the importance of humanization was highlighted, since the training of professionals, both in the academic sphere and in institutional training programs, is far from attention focused on the quality of human relationships, the satisfaction of users and professionals, the rational use of technologies and the opening of a space for the true exercise of citizenship and the rights of parturients. Regarding episiotomy, the literature already makes it clear that it should not be performed routinely and that its use would occur in specific clinical situations, according to the determination of the service.

Individuals cope with conflict in different ways due to changes in their social, economic, physical, and psychological environments. For example, in a family setting, a lack of planning often exposes women to a variety of emotions during pregnancy because of the thoughts of another family member in their life, leading to the emergence or rejection of negative thoughts and desires. This emotional chaos can lead to changes in the body. Adding these factors together can lead to cognitive-behavioral changes that affect everyone around you. Therefore, it is of utmost importance for women to seek help from a health psychologist during pregnancy to promote practices that lessen existing suffering and help them maintain sanity. Because, in part, due to institutional routines, during hospitalization, the individual is deprived of things (which are important to him), of being part of his historical and social constitution. It is positively emphasized that, in the performance of his role, the psychologist will always enhance his listening and appreciation of life.



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