# Humanization of the bond between doctor and patient: A look at maternal and child care

https://doi.org/10.56238/sevened2024.026-024

Maria Clara Pinto Andrade[1], Anna Carla Silva Ferreira[2], Bruno Henrique Silva Araújo[3], Francisca Diana Braga Neta[4], Maria Ângela Santos de Santana[5], Maria Isabela Siqueira Fontenele[6], Laura Augusta Freire Batista[7], Lara Lis Leite Santos[8] and Alcione de Oliveira Santos[9]

**ABSTRACT**

Humanization consists of the set of techniques and actions that, built within its principles, promotes the quality of relationships between health professionals and patients in which the public, especially maternal and child, is lacking in this aspect in Brazilian hospitals. The purpose of this study is, based on the literature review, to condense information on the process of humanization in health in the maternal-child context in Brazil. The main difficulties encountered in making this theme effective in the context of health are the absence of maternal protagonism in childbirth, introspection of physicians when dealing with the newborn's family and the stressful environment of the Neonatal Intensive Care Unit. The importance of teaching about humanization in the country's universities for the training of human medical professionals in the care of Obstetrics and Neonatology is understood. It is verified that this article concludes that there is a lack of studies regarding the humanization of the doctor-patient relationship in the circumstance of maternal-child health and that, although there are hospitals that encourage the adoption of humanized behaviors in the country, it is still not a unanimous reality in Brazil.

**Keywords:** Humanization, Care, Look, Maternal, Infant.

[1] E-mail: mariaclarapintoandrade@gmail.com
[2] E-mail: annacarla310124@gmail.com
[3] E-mail: brunohsaraujo@outlook.com
[4] E-mail: dianastarpvh@gmail.com
[5] E-mail: angelasant24@gmail.com
[6] E-mail: mariaisabelasiq@hotmail.com
[7] E-mail: lauraaugusta_@hotmail.com
[8] E-mail: laraliissleite@gmail.com
[9] E-mail: alcione.m@hotmail.com

## INTRODUCTION

The concept of humanization, in the doctor-patient context, assumes several variables, and is even more evident when it comes to professionals related to maternal and child health, since it is a double role facing the interface of technical knowledge. As a result, this relationship begins at the time of prenatal care, in which the patient is surrounded by physicians who - in various situations - are incisive in choosing not to respect the mother's decision regarding the conduct of the pregnancy, breaking this relationship of trust between physician and patient (HOTIMSKY; SCHRAIBER, 2005).

In addition, it is important to highlight that, although childbirth is a complex event that permeates preconceived judgments, communication with the obstetrician in charge linked to previous studies with scientific evidence by the mother make this moment more welcoming and humanized, showing that medical care is essential for the cultivation of affective maternal memories related to birth. However, the other facet of this theme involves professionals intimidated by the constant information circulating in common sense about the modes of delivery and the technologies used, which, innumerably, place the mother in the position of the exclusive holder of technical knowledge when in fact it should be a mutual exchange between the parties involved (SENS; STAMM, 2019).

According to Périco et al., (2006), it is essential that the child's subsequent consultations are based on empathy on the part of the specialized professional, taking into account the perception of mothers and children in care and, consequently, making them comfortable in a moment of tension. It is also necessary to emphasize that, in several facets, the theme is relevant to society because it is a preconception conceived by previous generations and related to inefficient care histories, but not openly exposed due to the hierarchization of medical knowledge and the lack of recognition of the patient's protagonism in the treatment offered.

Based on this, the work, with the methodology of bibliographic review, aims to identify the problems of public policies about the lack of humanization in maternal and child care conducted by obstetricians and pediatricians at the national level and justified in the interest of academics about humanization in the protagonism of mother and child in medical consultations. In addition, academic study can provide, together with numerous scientific studies in recent years, to add more to the theme and encourage scholars to promote public policies aimed at reducing the distance in the relationship between physician and maternal and pediatric patient, thus increasing the confidence and effectiveness of the treatments proposed to this target audience.

## THE BIOMEDICAL MODEL OF PRENATAL CARE

Recent efforts by the Ministry of Health (such as the National Humanization Policy, of 2004) to promote the humanization of medical practices have been reformulating old habits of physicians. Despite this, the exercise of health in Brazil still remains intrinsically linked to the biomedical model

of care and treatment, making women a supporting player in the gestational process itself. This reality can be seen in the care of pregnant women by specialist professionals, such as obstetricians, who are fundamental to women's health from prepartum to postpartum. Such care is performed by adopting risk classification to measure the need for referral, since primary care (pregnant women's gateway to the SUS) is composed of general practitioners. This is one of the barriers that prevent the follow-up of an obstetrician throughout the prenatal care and that evidence the incorporation of the biomedical model in medical specialties (WARMLING et al., 2018; AMORIM; BRANT, 2021).

In this context, the study "Maternal and child care in a basic health unit: contributions of participatory management" brought a successful experience of female protagonism in pregnancy through participatory management. Through a group bringing together pregnant women and professionals within the *WhatsApp application*, women were able to actively act in their gestational process, either through communication with doctors and nurses present in the virtual environment or through the exchange of knowledge and experiences among the pregnant women themselves. In addition to participatory management as a way to place pregnant women in the position of co-manager of their health, it is of fundamental importance for physicians to exercise empathy during consultations, always prioritizing the understanding of the patient in her physiological, emotional and behavioral demands. This model of care requires humanization of the working professionals, aiming at the creation of bonds with women in the gestational process in order to provide a better dialogue between those involved and an effective dissemination of information (AMORIM; BRANT, 2021; SILVA et al., 2021).

An action similar to this was developed by a Colombian hospital, which created a *call center* for pregnant women with the objective of monitoring the gestational process, ascertaining the health situation of the mother and baby, as well as solving doubts about this life cycle. The calls were made weekly by health professionals, thus providing greater integration between the woman and the health facility team (MOLINA, 2019).

## HUMANIZED CHILDBIRTH: AN ESSENTIAL AND BENEFICIAL ACT FOR LIFE

Historically, childbirth has always been understood as a natural process, which is a mobilizing and remarkable phenomenon in the history of all those involved, which is a great aggregator of multiple meanings in different cultures that is perpetuated for generations, an example is the celebration of birthdays, known as the first important milestone of life (FUJITA; SHIMO, 2014).

In addition, with the advent of medical advancement, the prevention of fatalities was sought, with this, there was a consequent mechanization of births in hospital environments under the responsibility of professionals, especially in Brazil where since the 80s the number of cesarean

deliveries has been increasing, representing 80% of births performed in private networks and 26% in the public health system.  resulting in an overall average of 40%. Thus, Brazil is the country that performs the most cesarean deliveries in the world (NAGAHAMA; SANTIAGO, 2011).

Although more safety has been sought by mechanizing deliveries, cesarean delivery has been done in a massively unnecessary way, causing consequences such as: increased maternal mortality rates, infections, hemorrhages, possible complications resulting from anesthesia in mothers. In addition to impasses resulting from prematurity in children, such as: respiratory problems, hospitalizations and immunological immaturity (NAGAHAMA; SANTIAGO, 2011).

Faced with such implications for the irresponsible use of cesarean sections, the World Health Organization and the Ministry of Health expressed their concerns about the excessive use of unnatural childbirth and then, in 1996, published the Safe Maternity Report, which presents recommendations for good obstetric practices (FUJITA; SHIMO, 2014).

In addition to such practices, emotional support should be encouraged by the professionals involved, the offer of oral liquids, empathic support, respect, clarification of doubts about childbirth, massages and relaxation techniques, support and professional instruction for breastfeeding (according to WHO guidelines on breastfeeding) (MONTEIRO; HOLLAND; MELO, 2017).

Even so, currently a large number of maternity hospitals prioritize procedures that delay humanized childbirth. In most Brazilian maternity hospitals, the reality of childbirth care reflects a care marked by routine interventions such as venipuncture, use of oxytocytes, episiotomy, analgesia, tricotomy and intestinal lavage, valuing the medical professional more than benefits to the binomial. There is evidence that venipuncture, to hydrate the pregnant woman, hinders her walking and free movement; episiotomy generates a genital lesion that causes great discomfort because it reaches the muscle tissue and does not prevent perineal lacerations (AZEVEDO; SALVETTI; TORRES, 2017).

It is also important to emphasize the contribution of health education in order to demystify the pain present in natural childbirth, thus contributing to the empowerment of women at the time of childbirth, which would enable  a paradigm shift through education. Finally, it should be made clear that pain is part of the physiology of childbirth and it is important that the parturient understands this, since labor pain stimulates the body to naturally release beta-endorphins that will act to control pain as a natural analgesic. The woman who understands this fact and all the uniqueness involved can make this moment a unique experience (AZEVEDO; SALVETTI; TORRES, 2017).

For this to occur, quality obstetric care is necessary, which is a right that must be guaranteed to any and all women who are in the gestational period, mainly due to the state of vulnerability that the woman is in (CARRILLO et al., 2016).

In this context, the challenges encountered in health services are related to the care provided to patients and the humanization of this relationship. The act of humanizing ranges from attention

and welcoming to respect for the rights and particularities of each individual (SAMPAIO; SILVA; MOURA, 2008).

"Women with positive experiences during the parturition process are more likely to exercise motherhood in a more pleasurable way than others who have suffered obstetric violence. They also bring important benefits to the newborn, such as the desire to breastfeed and protect him " (AZEVEDO; SALVETTI; TORRES, 2017, p.3).

The profile in which the most cases occur in which women are not treated in a humanized way during labor include adolescents, pregnant women with high-risk pregnancies, and lower-class women. Adolescents are the most vulnerable, since teenage pregnancy represents a public health problem, in addition to being at risk; followed by high-risk pregnancies, in which health professionals feel very pressured by the woman's own health condition, often leading to the mother's non-participation in the process; finally, women who have low financial status and who come from lower socioeconomic classes (MANRIQUE; CUERVO, 2017).

## METHODS AND CARE IN THE PUERPERIUM

The kangaroo mother method presents itself as a practice, which increases intimate contact between mother and child, because through this skin-to-skin contact it is possible to feel temperature, breathing, sleep and contribute to the baby's weight gain, especially for premature babies, since it helps in breastfeeding as well as strengthens the feeling of love, affection and encourages protection between the puerperal woman and her child. It is essential to have a constant presence of health professionals in the treatment of the mother's health, especially with women's health programs, in order to promote more humanized care in this postpartum period (NEVES; RAVELLI; LEMOS, 2010).

Due to all this situation to which the mother is exposed in her puerperium, she can be the target of some illnesses, such as postpartum depression. Postpartum depression is a reality experienced by many women, often due to psychoaffective disorders, which accompanied them during their pregnancy period and that there was no adequate treatment, either due to lack of knowledge or follow-up by a specialist, in this way, these depressive symptoms manifest themselves after the birth of the child, becoming harmful to the baby, as well as for the family. For this reason, it is necessary to take a close look at this issue, since the puerperium presents itself as a stage of profound changes in the social, psychological and physical spheres of women, characterized as an unstable period, which demands the need for a deep knowledge of this stage in women's lives, since it is an essential factor in determining the threshold between health and disease (COUTINHO; SARAIVA, 2008).

According to Rattner (2009), for humanization in the care of births and births, it is essential to expand public policies for the pre- and post-birth period in order to promote a more humanized care through exams and constant care with doctors, nurses and professionals specialized in this area in order to promote greater care and a closer relationship between mother and child.

## A HUMANIZATION APPROACH TO NEONATAL CARE

Pregnancy is a physiological process in which the woman, aware of her situation as a future mother of a baby, goes through physical and psychic changes whose transformations can be challenging to the point of feeling that pregnancy is a disease. In view of the numerous facets that involve this process, such as the awareness of maternal responsibility, women can still experience the challenge of high-risk pregnancy in which they can experience the anticipation of delivery and the prematurity of the newborn (GUIMARÃES; MONTICELLI, 2007).

The Neonatal Intensive Care Unit (NICU) is an environment whose convergence between the intense care of professionals and the physical technological space unites in favor of the health of the newborn, but other affective needs of this individual reappear in this context and the focus focused exclusively on the NICU machines with the purpose of providing a cure, care becomes depersonalized and not very human (SILVA; SILVA; CHRISTOFFEL, 2009).

According to a research carried out in three Neonatal Intensive Care Units of public hospitals in the Metropolitan Region of Vitória, professionals understand the importance of humanized care directed to newborns – such as minimizing sound stimuli and preparing the oral muscles for breastfeeding through non-nutritive sucking – however, resistance to practicing the actions is noticeable, since the stressful and rotating environment of the NICU prevents humanization practices. Based on this, humanized care in Brazil should result from a reorganization of the health service, linking technical knowledge and the human factor in the doctor-patient relationship (ROSEIRO; PAULA, 2015).

The possibility of cure, especially in the compartment of intensive care units, in the area of Neonatology is the result of the incorporation of technologies associated with the scientific knowledge of the health team and, thus, reduces the rates of complications in care. However, when it involves neonatal terminality, the family is weakened by the uncertainty of the treatment directed to the patient and the way the doctor interacts with the family members influences the way the pain process is experienced, consequently, the careful way of facial and gesticular expressions is essential for the news to be passed on in a less aggressive way (SILVA; MENDONÇA, 2010).

In this context, according to Brasil (2014), the National Curriculum Guidelines for the Undergraduate Medical Course determine that humanization in the doctor-patient relationship is an

agenda that should be discussed and executed from medical graduation, in which humanized care should be carried out considering all aspects inherent to the patient's life (DIAS et al., 2019).

Furthermore, the third principle of princimal bioethics applied in the neonatal area - autonomy - is based on the transfer of decision-making power to the family regarding the treatments offered and, as a result, reinforces the importance of strengthening the relationship between doctors and family members, as long as it is beneficial and humanized in order to offer technical and emotional support (SILVA; MENDONÇA, 2010).

According to Floss et al. (2013), the use of the figure of the clown in the "Recruits of Joy" project, developed by medical students from the Federal University of Rio Grande, alleviates the suffering of parents and hospitalized children caused by invasive treatment through playful games and children's theater, as well as encourages future professionals to observe the patient completely, respecting limits, life stories and individuality.

## CONCLUSION

According to the studies obtained in the research, it was found that humanized treatment between pregnant women, babies and doctors is extremely important for the good development of pregnancy, including the physical, emotional and mental aspects of the future mother in this important life cycle. Despite the benefits, this practice is still little present in the daily routine of centers specialized in maternal and child care, in which the lack of empathy prevails in most cases, as well as the lack of interest in changing such a scenario.

It can be considered that despite so many difficulties, humanized treatment exists in the target population of this study, but in small proportions, thus requiring mechanisms that encourage the adoption of behaviors that overflow empathy, respect and security for the pregnant woman. This fact reflects on the debate on humanization in the doctor-patient relationship in the maternal-child aspect, which is still not widespread among the medical and scientific community, which makes this theme lacking in studies, as well as artifices that can provide resources for the implementation of measures that can change the current panorama.

In view of this, it is necessary that more research in this area be developed, so that complicity and integration are stimulated between the entire health team and patients and thus be a constant in the daily medical follow-up of pregnant women, puerperal women and neonates.

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