



PRACTICAL APPLICABILITY OF THE PROJECT APICE ON FOR QUALIFICATION OF OBSTETRIC CARE IN TEACHING HOSPITAL¹

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ABSTRACT

Objective: to characterize obstetric and neonatal care in a teaching hospital part of the project Improvement and Innovation in Care and Teaching in Obstetrics and Neonatology. **Method:** case study by Mixed Method. The qualitative stage, conducted between October 2021 and April 2022, included 18 semi-structured interviews with maternity professionals analyzed according to Bardin's thematic modality. The quantitative stage, represented by a cross-sectional study, occurred between December 2022 and April 2023, included a sample of 2,113 women, with gestational age ≥ 22 weeks, with birth via normal delivery and cesarean section, in the period of execution of the project. The variables submitted to descriptive statistical analysis were individual and obstetric characteristics; classification of the Robson group, appropriate practices in labor and those not recommended. **Results:** the obstetric and neonatal indicators indicated that this institution is moving towards the consolidation of the humanization of childbirth, but still presents adversities for the fulfillment of the requirements raised by the project. **Conclusion:** it was evidenced the complexity in the implementation of scientific evidence and the relevance of continuous work with indicators as an important tool for institutional evaluation, which should be a guideline in multiprofessional discussion spaces.

Keywords: Hospitals. Teaching. Health Policy. Maternal-Child Health Services. Delivery Rooms.

INTRODUCTION

The Brazilian obstetric scenario, for decades, has been marked by a traditional care, permeated by interventions, technological devices and therapeutic resources, associated with a pathological understanding of pregnancy. As a consequence, this technocratic model exposed pregnant women to many procedures and practices not recommended, which generate dissatisfaction with the experience of childbirth and contribute to the increase in maternal and fetal morbidity and mortality rates⁽¹⁻³⁾.

To move towards a model of obstetric care based on principles of humanization and

qualification, aligned with the guidelines reflected in international public policies, through the document: *Assistance to Normal Childbirth: a practical guide* elaborated in 1996 by the World Health Organization (WHO)⁽⁴⁾, the Ministry of Health (MH) implemented in the national territory, in 2011, the *Rede Cegonha*. This is a government strategy to improve the care of childbirth and birth in the Unified Health System (SUS), through the expansion and qualification of access to reproductive planning, prenatal with a view to reducing maternal and neonatal mortality⁽⁵⁾.

The first evaluation of *Rede Cegonha* was recorded by the national survey *Pesquisa Nascer no Brasil*, which pointed out important

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recommendations to research institutions and universities, such as encouraging the training of health professionals for the appropriate use of technologies based on scientific evidence, as well as for interdisciplinary and team work, promoting partnership and collaboration⁽⁶⁾. This is because such institutions are recognized as essential in the generation of future professionals, but still perpetuate a technocratic model, with interventionist practices and objectification of women's bodies, incorporating in their training programs the fragmentation of health care^(7,8).

Thus, in view of the need and importance of an initiative related to professional improvement and the qualification of obstetric and neonatal care, in order to strengthen the *Rede Cegonha*, the MH launched, in August 2017, the Improvement and Innovation Project in Care and Teaching in Obstetrics and Neonatology (Apice On). This is a partnership between the Ministry of Education, the Federal University of Minas Gerais (UFMG), the Brazilian Company of Hospital Services (EBSERH) and the National Institute of Women's, Children's and Adolescents' Health Fernandes Figueira/Fiocruz (IFF/Fiocruz)⁽⁹⁾.

At the time, there was participation of 97 teaching hospitals, university and/ or acting as auxiliary units of education, within the framework of the *Rede Cegonha*, focusing on improving clinical training and management of care in relation to childbirth, birth and abortion. For this, a care model based on scientific evidence, rights and principles of humanization was used. In this perspective, as expected results in these scenarios, for the component, qualification of obstetric care, among others, the implementation of practices proven useful, the reduction of non-recommended practices and the performance of obstetric nurses within the logic of the collaborative model⁽⁹⁾.

It is understood that these teaching hospitals experienced an organizational transition resulting from the participation in this ministerial proposal. It is a process supported by the theory of transitions, since it caused internal changes in the institutional structure or dynamics, from the adoption of new practices, procedures, technologies, care models or new policies, that end up affecting the lives of workers in this environment⁽¹⁰⁾.

Given this context, it was considered the need to broaden knowledge about the development of

the Apice On project, the profile of the 97 participating teaching hospitals and the challenges of their implementation from the perspective of humanizing obstetric care⁽¹¹⁻¹³⁾. Thus, from the perception of professionals on the implementation of this ministerial initiative, as well as the quality indicators of maternal and neonatal care, the study aimed to characterize obstetric and neonatal care in a teaching hospital that is part of the Apice On project.

METHODS

This is a unique case study, of the descriptive type supported by the Mixed Method Incorporated Project, an approach that allows to incorporate the quantitative supplementary data to the traditional qualitative project, bringing improvements in interpretation and analysis to the larger project⁽¹⁴⁾.

The scenario was a maternal-fetal high risk maternity located in the city of Rio de Janeiro. In 1999, it received the title of Baby Friendly Hospital Initiative (BFHI), being recognized in 2006 as a teaching hospital and, in 2010, as a National Reference Center by MS. Therefore, in March 2018, the institution was selected to join the Apice On Project for its recognized trajectory.

The qualitative stage conducted from October 2021 to April 2022, included the participation of 18 professionals who met the inclusion criterion, that is, have exercised assistance activity in the delivery room or maternity management, being involved in the process of implementing the ministerial proposal. The exclusion criteria corresponded to those who did not perform their work functions during the data collection period and to professionals who were absent for extended medical leave. Thus, four managing nurses, six obstetric nurses, one medical obstetrician and seven obstetricians participated in the study. It should be noted that there was no refusal to participate.

The main author, who is part of the staff of the hospital, made the initial contact face-to-face with the participant on the day he was at the maternity hospital, in order to expose the purpose of the research. After this initial approach and the verbalization of acceptance, a semi-structured interview was scheduled on a suitable day and time.

On the combined date, before the beginning of

the interviews, the professionals signed the Informed Consent Form (ICF) and then proceeded to the interviews guided by a script with closed questions, which allowed the professional characterization of respondents, besides containing guiding questions: How did you perceive motherhood before your participation in the Apice On Project? Was there any change in obstetric care guided by scientific evidence, from the insertion of maternity in the Apice On project? How do you evaluate your participation in this project? What is your understanding of the role of obstetric nurses in the delivery room? At the end of the last question, the recording was closed with the consent of the interviewees, being recorded, consequently, the content of the narratives, in order to ensure the fidelity of the information reported by the deponents. The interviews had an average duration of 47 minutes were carried out in reserved environments of the obstetrics department.

It is noteworthy that this stage was conducted by the main author at the time, PhD student of the Academic Program, duly trained by the second author, responsible for the orientation of this research. The other researchers formed the research team because of their expertise in the subject and willingness to collaborate to broaden the conceptual support and deepen the discussion.

Once this initial step was completed, after the complete transcription in a Microsoft Office Word® text program, the narratives were imported into the ATLAS.ti qualitative data analysis software to enable the structured steps of Content Analysis in the Thematic mode⁽¹⁵⁾. Thus, at the end of the analytical process of floating reading of the constituted corpus, exploration of the material by coding, treatment and interpretation of the results, 1042 units of significance, 45 record units and nine thematic nuclei were obtained. After the progressive regrouping by similarities originated three terminal categories, which expressed the motivations of opinions, attitudes, values, beliefs and trends of the studied topic described in the thesis defended in Academic Program. This article presents a selection of the categories: "The maternity hospital of the National Institute of Women's, Children's and Adolescents' Health Fernandes Figueira/Fiocruz" and "The improvement and innovation initiative in care and teaching in Obstetrics and Neonatology (Apice On) in Teaching Hospital" - subcategory "The

implications of the Apice On Project for IFF/Fiocruz maternity".

At the end of the collection of data from the qualitative method, the **quantitative step** was started, represented by a cross-sectional study, which took place from December 2022 to April 2023. Data from the book entitled: *Obstetric Indicators Apice On*, completed by Obstetrics medical residents and available at the Obstetric Surgical Center of the maternity hospital, were released in the software Epi Info 7® (version 7.2.5.0).

The sample was composed of 2,113 women, with gestational age ≥ 22 weeks, who performed normal delivery (890 women) or cesarean section surgery (1,223 women), attended from May 2018 to June 2020, period of execution of the Project Apice On. Subsequently, this database was exported and submitted to descriptive statistical analysis with calculation of absolute and relative frequencies by the statistical package Statistical Package for the Social Sciences (SPSS)®.

The study variables for the sample of women submitted to normal childbirth and cesarean section were individual and obstetric characteristics (age group, parity, previous cesarean delivery, high-risk pregnancy or usual risk, presence of fetal malformation and type of birth). For the characterization of professional practices during labor and delivery, the following variables were used for the normal birth sample: Robson group classification; recommended practices (liquid diet, presence of companion, use of non-pharmacological method for pain relief, position of the parturient in the expulsion period, skin-to-skin contact of the baby with the mother, establishment of breastfeeding in the first hour of life, time of umbilical cord clamping. And variables that indicated practices not recommended (presence of venous puncture, oxytocin infusion and episiotomy). The delimitation of these variables was based on the matrix of indicators proposed by the project Apice On in its component, qualification of obstetric care.

In the baseline, an analysis of the five months prior to the implementation of the Apice On project at the institution was performed. Thus, information was collected in the register of normal births in the period from December 1, 2017 to April 30, 2018, on the use of non-pharmacological methods for pain relief during labor, in pregnant

women with gestational age 22 weeks, whose birth occurred by normal delivery, constituting a sample of 238 women. Before this period, the normal birth books did not detail other information related to good obstetric practices.

As for ethical issues, this research was submitted to the Research Ethics Committee (REC) with approval under the CAAE n. 44940921.2.0000.5269. To guarantee the confidentiality and anonymity of the deponents, the reports received a fictitious code name represented by the letters EO-A which means: "Obstetric Care Nurse"; E-G for: "Managing Nurse"; MO-A for: "Attending Obstetrician" and MO-G for: "Obstetrician Medical Manager", followed by an alphanumeric system, in which each interview was numbered sequentially, respecting the order of execution. These classifications were considered from the function performed by the participants during the execution of the Apice On project.

RESULTS

The body of professionals involved in the implementation of the project Apice On of the teaching hospital shows that 12 presented *Lato Sensu* training in the modality of residency in Obstetrics, 11 completed the master's degree course and five the doctoral course; two have been working for less than five years in the four between 6 and 10 years, one between 11 and 15 years, eight between 16 and 20 years, one between 21 and 25 years and two more than 26 years.

As for the characterization of the sample described in Table 1, it was pointed out that most women with births by normal birth and cesarean section surgery during the Apice On project were aged between 20 and 34 years (65.2%), multiparous (57.6%) and without previous cesarean delivery (74.2%). A little more than half were pregnant women without gestational risk (57.6%), however, of those who fell under this criterion (42.4%), most presented only one complication (82.8%), with Fetal Malformation (MFF) being the most prevalent (45.2%), followed by Systemic Arterial Hypertension (SAH) (24.3%).

Table 1. Individual and obstetric characteristics of women with gestational age ≥ 22 weeks undergoing obstetric procedures at a teaching hospital. Rio de Janeiro, (RJ), Brazil, May 2018 to June 2020.

Variables	n	%
Age group (n = 2,039)		
≤ 15 years	41	2.0
16 - 19 years	251	12.3
20 - 34 years	1329	65.2
≥ 35 years	418	20.5
Parity (n = 2,095)		
Nulliparous	889	42.4
Multiparous	1,206	57.6
Previous cesarean section (n = 2,087)		
Yes	538	25.8
No	1549	74.2
High-risk pregnancy (n = 1,872)		
Yes	794	42.4
No	1078	57.6
Number of complications (n = 959)		
1 complication	794	82.8
2 complications	137	14.3
3 or more complications	28	2.9
Types of complications (n = 830)		
IUGR*	35	4.2
Gestational diabetes	59	7.1
Pregestational diabetes	1	0.1
Severe chronic disease	4	0.4

PPD**	1	0.1
Eclampsia	2	0.2
High blood pressure	202	24.3
Infections	113	14.1
FMF***	377	45.2
Placenta previa	0	0
Others	36	4.3

*IUGR = Intrauterine Growth Restriction; **PPD = Premature Placental Abruptio; ***FMF = Fetal Malformation.

The chart below shows the integration of obstetric indicators in the professionals' speeches, extracted from the categories described above. The process allowed, through the communication of results, the comparison and evaluation of data from

the two banks, showing a complementarity of information obtained and a broader and comprehensive interpretation of the phenomenon investigated.

Chart 1. Mixing data and producing inferences between qualitative and quantitative data

The Teaching Hospital and its obstetric and neonatal care according to Apice On	Qualitative research	Quantitative research	Inferences, Convergences and Divergences
Motherhood and its obstetric profile	<p><i>Well, the maternity hospital has a specificity, due to the high fetal risk. (ON-A/2)</i></p> <p><i>And, our number of vaginal deliveries is very low [...]. (ON-A/5)</i></p> <p><i>[...] we are a maternity hospital with a very specific profile and a low patient flow [...]. (OD-A/8)</i></p> <p><i>The maternity hospital has always had this number of deliveries [...] 100/110 per month [...] my risk percentage was 90%, because I was either malformed or had some maternal complication. (OD-G/16)</i></p>	<p>- 42.4% of women were classified as having high-risk pregnancies, with at least one complication.</p> <p>- Of the women classified as having high-risk pregnancies, 45.2% had FMF, followed by 24.3% with high blood pressure.</p> <p>- 59.7% of high-risk births and 56.1% of low-risk births were by cesarean section.</p>	The qualitative and quantitative data demonstrate agreement in describing the teaching hospital's institutional profile. This institution provides medium- and high-complexity care at both outpatient and inpatient levels. Furthermore, obstetric care is recognized as a benchmark in the State High-Risk Pregnancy System for fetal risk, through the Fetal Medicine department.
<p>Implementation of the Apice On Project</p> <p>Results covered, according to the care qualification component.</p> <ul style="list-style-type: none"> Free choice of companion during labor and delivery. Parturients with free diet, access to non- 	<p><i>[...] there was Apice On, and months go by without an episiotomy. For example, the issue of companionship was never discussed again. The issue of first contact [...], not clamping the cord quickly, the room temperature, promoting this humanization. (ON-A/6)</i></p> <p><i>And today we managed to raise awareness a bit [...]. Today they believe more in the role of the obstetric nurse, especially in the use of non-pharmacological methods [...].</i></p>	<p>In vaginal births:</p> <ul style="list-style-type: none"> - 95.9% of women received a liquid diet during labor. - 91.9% of women had a companion of their choice present. - 75.7% of women used some non-pharmacological method for pain relief. - 75.7% of women adopted non-supine positions during the expulsion stage. - 81.4% of women had skin-to-skin contact with 	The combination of quantitative and qualitative data confirms that this maternity hospital, since joining the Stork Network, has been gradually introducing best practices in labor and delivery. One of the implications of the Apice On Project for this maternity hospital was the inclusion of obstetric nurses in the delivery room, a first for the institution, working from the perspective of integrated care. This relationship structure was reflected in the consolidation and increase of best obstetric

<p>pharmacological pain relief methods, encouragement of free movement, and delivery in a non-lithotomy position.</p> <ul style="list-style-type: none"> • Timely umbilical cord clamping, skin-to-skin contact, and breastfeeding within the first hour are guaranteed. • Abolition of routine practices such as episiotomy. 	<p>(N-G/7)</p> <p><i>We already had a situation prior to the project's entry [...], a little more aligned with what the project as a whole advocated, compared to other educational institutions. [...] because we had already implemented several things. The diet [...] most obstetricians always left it open, always allowed for mobilization [...] we already had a low episiotomy rate. [...] Right now, our role is to provide this shared care, with nursing providing continuous care, and being able to offer non-pharmacological methods. (OD-A/11)</i></p> <p><i>[...] in the use of non-pharmacological methods for pain management, in dialogue and patient care, perhaps even in an increase in the number of vaginal births due to the patience and understanding of labor that nursing often brings [...]. (OD-A/13)</i></p> <p><i>I've seen this, things changing over time. When I was a routine nurse at the obstetric center, I started implementing best practices, non-invasive techniques for pain management [...]. (N-G/15)</i></p> <p><i>I think there's been a change in practices over the last decade [...] new ways of working [...]. I think this process of change in obstetric practices has been going on for a long time now. (OD-A/17)</i></p>	<p>the newborn.</p> <ul style="list-style-type: none"> - 65.4% of women breastfed within the first hour of life. - In 66% of births, the cord was clamped timely. - 1.4% of women underwent episiotomy. 	<p>practices.</p> <p>This aspect was evidenced in a baseline from the months prior to joining the project, which identified that 58.3% of laboring women benefited from the provision of non-pharmacological methods for pain relief.</p>
<p>Implementation of the Apice On Project</p> <p>Results not covered, according to the care qualification component.</p> <ul style="list-style-type: none"> • Abolition of routine practices such as intravenous infusion during labor and oxytocin in the first and second stages of labor. 	<p><i>[...] you can see the labor of leaving the woman freer, without so many interventions, the woman coming to the obstetric center without being punctured, before everyone came punctured. (ON-A/4)</i></p> <p><i>Apice On came up with this question: we need to take a better look at the type of process we're producing. [...] we're encouraging not to perform episiotomies, not to puncture patients for no reason, [...] so, they gave us a direction, you know? (OD-G/16)</i></p>	<ul style="list-style-type: none"> - 64.2% of women classified in Robson groups 1 and 3 underwent venipuncture. - 72.4% of births had oxytocin prescribed in the third stage of labor. 	<p>At this point in the mixed analysis, a divergence between the qualitative and quantitative data was noted. This highlights the need for continued work with obstetric indicators and their constant dissemination to the care team.</p>

Therefore, the analysis by joint display presented the correspondence between the results

of the different methods applied in this research. There was an important agreement between the

qualitative and quantitative data, being this a supplementary element incorporated into the main project, with the aim of improving the interpretation of the primary element. Thus, it was possible to understand the trajectory of participation of the maternity of this teaching hospital in the Apice On project and its applicability.

DISCUSSION

This research pointed to the obstetric profile of women treated in maternity, a reference institution for maternal and fetal risk in the care network of the city of Rio de Janeiro, determining the reduced number of pregnant women classified as habitual risk. Thus, it presents higher rates of cesarean section surgeries than those found in a baseline study that described the characteristics of the hospitals participating in the Apice On project in the Southeast Region I (Espírito Santo, Minas Gerais and Rio de Janeiro), which identified 37,6% of this surgical procedure⁽¹¹⁾. This reality is reflected not only in teaching hospitals with their profile of care for high-risk pregnancies, but also corroborates the incidence of cesarean section nationwide at 43.8% in 2017 and 58.21% in 2022^(5,16).

Thus, it shows a panorama that deepens in the cultural and organizational context of the Teaching Hospitals, which are scientific structures of knowledge transmission, responsible for the formation of professionals who will act in public or private sphere, in addition to being configured as models for other units of the health network. These attributes relate to the proposed by the project Apice On, considering that such hospital complexes have crucial importance for the necessary changes in the model of care, due to the strategic position they occupy and because they are responsible for the qualified production of labor force^(7,9,13).

Considering the necessary reconfiguration of the mother and child care model, this proposal represents a challenge. Generally, they are reference institutions for high-risk pregnancies, which consequently reinforces the biomedical assumption that the female body needs control and intervention, being the woman subjected to rigid and mechanized routines, without assessment of individual needs, characteristics of the medicalized

model, predominant in Brazilian obstetric care^(1,4,17). These particularities influence the high rates of invasive procedures, cesarean section surgeries and the low incorporation of obstetric nurses in the teams of those institutions participating in the Apice On project^(11,12).

However, the guidelines of *Rede Cegonha*, whose proposals include, among other actions, the creation of a care network that guarantees women the right to humanized and qualified attention during childbirth and birth^(2,13), motivated this educational institution to join such an initiative. This accession occurred soon after its national implementation, with the aim of expanding its organizational process, covering both management and assistance structure.

This measure enabled the institution to move towards the qualification of obstetric and neonatal care, reflected in some indicators. In the cases of births by normal birth, it was guaranteed for most women the supply of liquid diet (95.9%) percentage higher than that found in a cross-sectional research carried out in a reference maternity hospital in the state of Roraima, also participating in the Apice On which showed an average rate of 62.15 to 67.38% free diet for the parturients⁽¹⁸⁾. Although lower rates were identified in an evaluative study comparing the results of the national survey - Born in Brazil - with the evaluation of the *Rede Cegonha* in 2017, there was a considerable increase from 28.1% to 47.6% of this good practice⁽⁵⁾.

Similarly, the presence of a companion during labor and normal delivery was important (91.9%). This is an institutional practice that guarantees support to women, since the escorts are essential to provide better communication, emotional support and non-pharmacological pain relief and better health care⁽¹⁹⁾. This measure was described in some similar studies, which showed percentages between 72.1 and 96% of births, mainly after the implementation of the *Rede Cegonha* strategy^(1,18, 20, 21).

As for the offer of non-pharmacological methods for pain relief, this professional practice was widely present in births by normal delivery in this hospital (75.7%), a finding similar to that described in other studies, with percentages ranging from 56.7% to 62.8%^(4,5). Regarding free movement during labor and the adoption of non-supine positions during the expulsion period

(75.7%), a national study was identified that presented similar results, with 72.3% of women who had freedom of movement and position in childbirth⁽¹⁷⁾. However, a cross-sectional research on the evaluation of good practices in childbirth and birth care in maternity hospitals under the *Rede Cegonha* described that, out of a sample of 3,073 parturients, only 6.7% had vertical delivery⁽²²⁾. Another survey, carried out in a maternity hospital in a large city in the state of Paraná, identified that 57.4% of women had their births in the lithotomic position⁽²¹⁾.

Among the good recommendations to be adopted in the postpartum, skin-to-skin contact was present in 81.4% of normal births in the teaching hospital. In a survey carried out in an educational maternity hospital, a significant value of 90.7% was found for this professional practice in births⁽¹⁾. Similarly, in a cross-sectional study conducted in a Child Friendly Hospital in the Brazilian Northeast, with 83.6% of patients, there was an important correlation of factors for this practice: term birth, vaginal delivery, ≥ 2500 g birth weight, Apgar ≥ 7 index at the 1st minute⁽²³⁾. On the other hand, in a cross-sectional study carried out in five public maternity hospitals of a capital city in the Northeast region of the country, accredited by BFHI, it was noted that 53% of women did not have skin-to-skin contact with their babies immediately after birth⁽²⁴⁾.

Moreover, it is related to the implementation of this good obstetric practice to the early start of breastfeeding in the delivery room, present in 65.4% of births per normal birth in this hospital. A higher result was identified in births by normal delivery in a hospital that adhered to the Apice On project, with rates of 81.5%⁽¹⁸⁾. The research that correlates to the national evaluative study of the *Rede Cegonha*, showed an increase in the prevalence of breastfeeding in the delivery room, especially in hospitals that guarantee: the presence of a companion, skin-to-skin contact, rely on the role of the obstetric nurse in childbirth care and are accredited by the Baby Friendly Hospital Initiative (BFHI)^(20,25).

The timely clamping of the umbilical cord was present in the delivery room in 66% of the births by normal birth. This is a higher rate when compared to the observational, cross-sectional and analytical study carried out in an obstetric center unit of a university hospital in southern Brazil,

accredited by BFHI and participant of the Apice On project, which showed that in 537% of births, the umbilical cord was clamped late/timely⁽²⁶⁾.

Furthermore, the practice of episiotomy was performed in only 1.4% of births by vaginal route. Similarity was found in other national surveys, with percentages ranging from 7 to 8.8%^(17,18), indicating that professionals are aligned with this important WHO recommendation⁽⁶⁾. However, some institutions still continue to replicate this unrecommended practice, as pointed out in some studies, with indicators of 15.1% in teaching hospitals in the Northeast region of the country and 27.7% in the evaluation of the *Rede Cegonha*^(4,5).

These data point to the success of care models that use multiprofessional delivery assistance as a strategy, as described in the Apice On project and other national and international policies. This model, by definition, counts on the participation of obstetric nurses in the assistance to labor and usual risk childbirth, considering the elements: triggering, support and conduct of cases with complications and/ or dystocia identified by this professional, by the team of obstetricians. In the case of high-risk pregnancies, there is close collaboration between these specialized professionals⁽²⁷⁾.

In other national studies, the overcoming of the traditional model of obstetric care, with the incorporation of obstetric nurses in childbirth care, presents important results. These models show an increase in the implementation of good obstetric practices, reduction of interventions during labor and cesarean section surgeries, as well as women's satisfaction with the care received^(2,13,25,27).

It should be emphasized that, in order to move towards interprofessional collaborative practice, professionals from different areas must work together through a relationship of cooperation, collaboration, dialogue, trust, respect and articulated capacity for the execution of actions. This set of attitudes not only provides mutual learning between professions, respect among categories, recognition of the work and role of other professionals⁽²⁸⁾, but also strengthens the implementation of good obstetric practices.

A collective commitment is noted in the construction of a work process with common objectives and goals, for the sake of quality health care. In addition, we are moving towards overcoming the fragmentation of work, biomedical

individualization and reduced conception of the health-disease process toward democratization of the work context, problem-solving, qualification of care and organizational changes^(29,30).

Thus, regarding the incorporation of obstetric nurses in the delivery room, as collaborators for the guarantee of qualified obstetric care, there was, on the part of these professionals, an understanding of the different processes inherent to coexistence, the development of healthy interactions and trusting relationships. This fact became an indication of a healthy organizational transition in this teaching hospital⁽¹⁰⁾ and determined the increase in the use of non-pharmacological methods, as a good obstetric practice.

Concerning the results not considered according to the qualification component of obstetric care, the indicators showed that in the normal delivery assistance of groups 1 and 3 of the Robson Classification, peripheral venous puncture was performed in 64.2% of births.

The prescription of oxytocin medication was registered for most of the women in these two groups at the third stage of labor (72.4%), as management to prevent postpartum hemorrhage. This data points, to some extent, to a practice incorporated into the institutional routine. This behavior is related to the need to evaluate the prescribing actions of analgesics during labor for pain relief in pregnant women classified in the Robson groups described above, understanding that they are prone to experiencing a physiological labor. However, it is emphasized that in certain situations, it may be a necessary practice.

It should be noted that the non-recommended practices are strongly related to the profile of maternity hospitals as a reference for gestational risk. This was evidenced in a cross-sectional study carried out in two public maternity hospitals in the state of Paraná, which identified that, in the presence of maternal disease, obstetric interventions were more frequent⁽³⁾.

According to the matrix of indicators of the qualification component of obstetric care of the Apice On project, for the indicators presence of companion and supply of liquid diet reached the proposed goal, which are 90% and 85%, respectively. However, the implementation of non-pharmacological methods for pain relief, the adoption of non-supine positions in childbirth, the stimulation of early skin-to-skin contact,

breastfeeding instituted in the first hour of life and timely clamping of the umbilical cord did not reach the recommended percentages, 100% for the first two and above 90% for good practices to the newborn.

Thus, it is pointed out the importance of maintaining some good obstetric practices and the intensification of the management and care dialogue of the multiprofessional team in the formal collective spaces, in order to elaborate and implement actions that impact on work processes, in order to increase those care that did not reach the goals set by the MH. Thus, the analysis of indicators represents the assessment of the line of care to women in this teaching hospital and constitutes an opportunity for the improvement of obstetric practice, as well as for the qualification and safety of perinatal care, especially when it is a process of organizational transition, should then be continuously adopted as an institutional evaluation tool.

The sense is added to the execution of the project Apice On in this teaching hospital, according to the theory of transitions, the observation of the beginning of a period with an identifiable starting point - the adherence to the ministerial purpose, in May 2018 -, which extended, since the first signs of anticipation, perception or demonstration of change, to an eventual end, occurred in June 2020, with the beginning of a new period or stability of the new status⁽¹⁰⁾. It is a process resulting from the consolidation of the presence of obstetric nurses in the delivery room, with a view to developing a shared model of care in obstetrics.

Moreover, a correlation is established between this historical moment of incorporation of a government directive and some elements inherent to the organizational transition process. Regardless of whether the event that causes the transition is short or long-term, there is always a sense of movement, development or flow associated with it, and its end may or may not have the same characteristics as its beginning⁽¹⁰⁾, as represented by the implementation of good obstetric practices and a new relational configuration between doctors and obstetric nurses in the delivery room of this teaching hospital.

In the field of limitations of the study, it is impossible to cover the perception of other members of the multidisciplinary team that could

support, defend or affect the proposal for qualification of obstetric care raised by the Apice On project. In addition, the fact that the collection of quantitative data depends on the manual registration of professionals may have contributed to the occurrence of errors in filling in the indicator book of Apice On or to the absence of some information, as well as the lack of official data by the institution before the project, which made impossible comparisons before and after the implementation of this ministerial initiative.

CONCLUSION

This study presented the trajectory of implementation of a ministerial proposal related to the qualification of obstetric-neonatal care in a teaching hospital. The data pointed to the consolidation of appropriate technologies in childbirth with the significant contribution of the

performance of obstetric nurses. However, some adversities were also identified for the abolition of non-recommended practices, such as venoclysis. The results led to a reflection on the challenges related to obstetric care scenarios and complexity in the implementation of scientific evidence and transition of care models, which involve changes and overcoming barriers at individual and institutional levels.

Therefore, there should be a better management and assistance dialogue between the multidisciplinary team in the discussion spaces, in order to develop and implement professional and institutional actions that have an impact on the improvement of work processes. Also, the continuous work of analysis of indicators is encouraged as an institutional evaluation tool, since they represent the line of care for women and newborns and constitute an opportunity to improve obstetric practice and perinatal care safety.

APLICABILIDADE PRÁTICA DO PROJETO APICE ON PARA QUALIFICAÇÃO DA ATENÇÃO OBSTÉTRICA EM HOSPITAL DE ENSINO

RESUMO

Objetivo: caracterizar a assistência obstétrica e neonatal em um hospital de ensino integrante do projeto Aprimoramento e Inovação no Cuidado e Ensino em Obstetrícia e Neonatologia. **Método:** estudo de caso por Método Misto. A etapa qualitativa, conduzida entre outubro de 2021 e abril de 2022, contou com 18 entrevistas semiestruturadas de profissionais da maternidade analisadas segundo a modalidade temática de Bardin. A etapa quantitativa, representada por um estudo transversal, ocorreu entre dezembro de 2022 e abril de 2023, incluiu uma amostra de 2.113 mulheres, com idade gestacional ≥ 22 semanas, com nascimento via parto normal e cesariana, no período de execução do projeto. As variáveis submetidas à análise estatística descritiva foram as características individuais e obstétricas; classificação do grupo de Robson, práticas apropriadas no trabalho de parto e as não recomendadas. **Resultados:** os indicadores obstétricos e neonatais apontaram que esta instituição caminha rumo à consolidação da humanização do parto, mas ainda apresenta adversidades para o cumprimento dos requisitos suscitados pelo projeto. **Conclusão:** evidenciou-se a complexidade na implementação de evidências científicas e a relevância do trabalho contínuo com indicadores como uma importante ferramenta de avaliação institucional, os quais devem ser pauta nos espaços de discussão multiprofissional.

Palavras-chave: Hospitais de Ensino. Política de Saúde. Serviços de Saúde Materno Infantil. Sala de Parto.

APLICABILIDAD PRÁCTICA DEL PROYECTO APICE ON PARA LA CUALIFICACIÓN DE LA ATENCIÓN OBSTÉTRICA EN UN HOSPITAL ESCUELA

RESUMEN

Objetivo: caracterizar la atención obstétrica y neonatal en un hospital escuela integrante del proyecto Perfeccionamiento e Innovación en el Cuidado y la Enseñanza en Obstetrícia y Neonatología. **Método:** estudio de caso por Método Mixto. La etapa cualitativa, llevada a cabo entre octubre de 2021 y abril de 2022, contó con 18 entrevistas semiestructuradas de profesionales de la maternidad analizadas según la modalidad temática de Bardin. La etapa cuantitativa, representada por un estudio transversal, se realizó entre diciembre de 2022 y abril de 2023, incluyó una muestra de 2.113 mujeres, con edad gestacional ≥ 22 semanas, con nacimiento por parto normal y cesárea, en el período de ejecución del proyecto. Las variables sometidas al análisis estadístico descriptivo fueron las características individuales y obstétricas; clasificación del grupo de Robson, prácticas apropiadas en el parto y las no recomendadas. **Resultados:** los indicadores obstétricos y neonatales indicaron que esta institución camina hacia la consolidación de la humanización del parto, pero aún presenta adversidades para el cumplimiento de los requisitos suscitados por el proyecto. **Conclusión:** se evidenció la complejidad en la implementación de evidencias científicas y la relevancia del trabajo continuo con indicadores como una

importante herramienta de evaluación institucional, los cuales deben ser pauta en los espacios de discusión multiprofesional.

Palabras clave: Hospitales escuela. Política de Salud. Servicios de Salud Materno Infantil. Sala de Parto.

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