Midwifery 53 (2017) 96–102

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw

Report on the midwives' experiences in the Brazilian National Health System: A qualitative research

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ARTICLE INFO

Keywords:
Human resources in healthcare
Professional practice
Midwife

ABSTRACT

Objective: to describe the experiences of midwives who graduated from the University of São Paulo's midwifery program and the characteristics of their work within the Brazilian National Health System (SUS).
Design: a descriptive, qualitative field study.
Setting: interviews were scheduled by telephone or e-mail and were held with the midwives outside their work environment. Interviews lasted for up to one hour and were recorded.
Participants: ten midwives who had graduated from the University of São Paulo's midwifery program and were working or had worked in the SUS at the time of the study.
Ethical issues: the study protocol was approved by the internal review board of the School of Arts, Sciences and Humanities, University of São Paulo. All pertinent ethical principles were followed.
Measures and Findings: data were collected at interviews focussing on the participants' work and their experiences while working in the SUS. The dialogues during the interview sessions allowed the participants to build on and extend the proposed topics. After the data had been transcribed and read, the discourses were grouped in accordance with the similarity of their content, resulting in four thematic categories: *the inclusion of midwives into the obstetric team*; *dealing with contradictions: challenges of the profession; working in the SUS: between precariousness and guaranteeing access to health services;* and *making a difference*. The findings provoke reflection on the challenges faced by midwives in their work within the SUS: challenges associated with the difficulties in working in the public healthcare sector, difficulties in their relationships with other healthcare professionals, difficulties related to a general lack of knowledge on this specific occupation in Brazil, the absence of a midwifery model of care, difficulty in dealing with obstetric abuse, and the dilemmas facing the midwives during their daily practice of midwifery.
Key conclusion: despite the difficulties encountered, the midwives consider the care they provide to be differentiated. They perceive gradual changes in the care offered to women by the healthcare facilities and by other professionals, and believe that they make a difference in their workplaces. In addition, they want to work in the SUS and are committed to transforming the quality of care provided to women in Brazil.
Practical implications: the experiences related by midwives reflect the midwifery scenario nationwide, highlighting the perspectives for change. The emphasis placed by midwives on their social role and their commitment to changing current midwifery care models and to consolidating the SUS is noteworthy.

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http://dx.doi.org/10.1016/j.midw.2017.07.013
Received 19 January 2017; Received in revised form 4 June 2017; Accepted 18 July 2017

Introduction

Various articles have been published on direct-entry midwives and their inclusion in the health labour force in Brazil, providing detailed descriptions on the establishment of the midwifery program at the University of São Paulo (USP) and the challenges faced by midwives graduating from this course in becoming registered and entering the healthcare workplace (Narchi et al,. 2010; Narchi et al., 2012; Gualda et al., 2013; Narchi and Silva, 2014).

The midwifery course at USP, inaugurated in 2005, is so far the only direct-entry midwifery certificate program in the country. This academic program aims to improve maternal and perinatal health indicators. A great number of problems have been identified in maternity care in Brazil, including the fact that the health workforce consists primarily of doctors, who provide care in 89% of childbirths (Victora et al., 2011). The number of nurse-midwives is officially unknown, although they are generally recognised to be few and present at only 9% of deliveries in hospitals (Victora el al., 2011), where they are often not even involved with midwifery care, but only with nursing care (Merighi and Gualda, 2009; Narchi et al., 2010).

The fact that currently 98.9% of deliveries occur in hospitals has not contributed to improving the quality of care of mothers and their babies. Recent reports (Victora et al., 2011; Leal et al., 2014; WHO, 2015; Rattner and Moura, 2016) have shown that Brazil continues to rank among the countries in the world with the greatest numbers of Caesarean sections. While the World Health Organization recommends a Caesarean rate of around 15% (WHO, 2015), in 2014 56% of all births in Brazil were by Caesarean section. Furthermore, the country's maternal mortality ratio of 65:100,000 births in 2015 remains high, well above the goal to reduce deaths to 35 per 100,000 births established in the Millennium Development Goals for 2015 (Rattner and Moura, 2016). In addition, early neonatal mortality rates remain high, prematurity rates are elevated and continue to grow, the numbers of routine episiotomies and the use of oxytocin during the first phase of labour are excessive, and obstetric violence and the over-medicalization of care is a reality during hospital births (Andrade, 2016; Aquino, 2014; Diniz, 2016; Victora et al., 2011; Leal et al., 2014; Narchi et al., 2013).

This poor quality of obstetric care has been denounced by health professionals and particularly by women demanding that their sexual and reproductive rights be respected and that evidence-based practices be adopted (Victora et al., 2011, Leal et al., 2014). Pressure from world conferences and other sectors of Brazilian society such as academics and professionals in the field, as well as the humanised birth movement and the women's movement, have had an expressive impact on the government's agenda, with progress having been made in the formulation of specific guidelines and policies for women's healthcare. This is evident from the programs and policies implemented by the Brazilian Ministry of Health over recent years, including the nationwide implantation of the Stork Network (*Rede Cegonha*) in 2011 (Brazil, 2000, 2001, 2004, 2011, 2015).

In addition to the above-mentioned governmental and non-governmental incentives to improve the quality of care, initiatives have been developed to tackle the biomedical, interventionist model based on the irrational use of technology by implementing a direct-entry midwifery program aimed at offering a new model of midwifery care which, according to Fullerton and Thompson (2005), should be comprehensive, individualised and based on current scientific evidence.

Since most of the women seeking professional midwifery care do so within the primary healthcare sector, midwives should be given the conditions to put into practice what they learned during their training, i.e. to provide a humanised midwifery healthcare model focussed on the needs of the woman and her family, particularly within the public healthcare system (SUS), a system in which the same principles apply throughout the entire country: universality, equity and comprehensiveness.

Therefore, the inclusion of midwives in the healthcare system is important, particularly within the SUS, since midwives indisputably contribute towards transforming the facility-based, biomedical and interventionist model of care that remains predominant in Brazil. Reality, however, shows that midwives, women and some health professionals are regularly confronted with impositions that contradict everything that is recognised scientifically, recommended and indeed required in legal documents, agreements and government programs and protocols.

Furthermore, difficulties with certification/accreditation and the consequent limitations to the USP midwives' inclusion as official health workers prevented the first groups of graduates from entering the health services, particularly between 2008 and 2012 (Tritinália et al., 2014; Narchi and Silva, 2014).

It was only at the end of 2013 that this situation improved thanks to the mobilization of the direct-entry midwifery program faculty members, students and graduates that resulted in the inclusion of midwifery as a profession in public tenders promoted by the São Paulo State Health Department. In 2014, the law that included midwives in the list of healthcare professions in São Paulo, the largest city in Brazil, was approved. As a result, various public healthcare facilities have already hired midwives.

The number of direct-entry midwives currently working in public or private health services in Brazil is unknown. Many work autonomously in the city of São Paulo, in other cities or in rural areas of the country. The latest survey, conducted in 2012–2013, showed that only 10.3% of midwives were working or had worked in public hospitals within the SUS network (Narchi and Silva, 2014). As mentioned, this scenario has changed. Therefore, the objective of the present study was to acquire data on the work characteristics and experiences of midwives who had graduated from USP and who were working within the SUS.

Methods

A qualitative, descriptive field study was conducted in 2015 with midwives certified by USP's midwifery program and who had been or were currently working in public healthcare facilities within the SUS.

The eligibility criteria for participation in the study consisted of having graduated from the midwifery program, working or having worked in the public healthcare sector, and agreeing to participate. About 30 midwives were working in the SUS in 2015; all were contacted and 10 were primarily available to participate in the study.

Two midwifery students were trained to carry out the semi-structured interviews, which were scheduled by telephone or e-mail. Interviews lasted up to one hour and were held outside the midwives' workplace environment. The dialogues were recorded and later transcribed. The number of 10 respondents was defined after theoretical saturation, which indicated that no further participants needed to be included, since the content in the speeches had become repetitive.

Data were obtained on the individual's sociodemographic characteristics, workplace and type of work contract; the amount of time they had been working there; their experience in other workplaces; personal insights regarding their work and care management; challenges, evaluation, personal objectives and perceptions regarding the workplace and the care provided within the SUS; and, finally, situations at work and experiences within the public healthcare service.

The qualitative methodology was chosen because it allows problems emerging from the daily work practice of the midwives to be uncovered. The midwives' discourses were submitted to thematic content analysis, a technique that permits inferences based on the presence of themes, categorised into units or 'expressions' that represent them (Campos, 2004). Thus, the midwives' discourses were organised into registration units, which were coded and then categorised according to their similarity and differentiation in function of common characteristics.

The midwives' participation in the study was entirely voluntary and in accordance with the guidelines and regulations governing research