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RESEARCH

A preocupação das mulheres primíparas em relação ao trabalho de parto e parto

Concern of primiparous women with regard to labor and birth

La preocupación de mujeres primíparas con respecto al trabajo de parto y al parto

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ABSTRACT

Objective: Recognizing the concerns of primiparous women about labor and birth, the nurse identify actions to mitigating the feelings of women. **Method:** this was a descriptive, exploratory research, qualitative in nature, with six primiparous women rooming at the University Hospital Antonio Pedro through semistructured interviews and analyzed with the principles of thematic analysis, after approval by the Ethics Committee of the University Hospital Antonio Pedro, under nº 218 283. **Results:** in the data analysis, the results showed their feelings and expectations regarding their relationship with labor and birth, such as fear, insecurity and anxiety. However, the presence of a companion proved to be important for inhibition of these feelings. **Conclusion:** the health professional should facilitate and promote care to the mother, with a resulting assistance of a trust and bond. **Descriptors:** Labor obstetric, Obstetrical nursing, Nursing, Orientation.

RESUMO

Objetivo: Conhecer as preocupações das mulheres primíparas acerca do trabalho de parto e parto; identificar ações do enfermeiro para amenizar os sentimentos das mulheres. **Método:** trata-se de uma pesquisa descritiva, exploratória, de natureza qualitativa, com seis mulheres primíparas do alojamento conjunto do Hospital Universitário Antônio Pedro mediante entrevista semiestruturada e analisado com os preceitos da análise temática, após aprovação pelo Comitê de Ética do Hospital Universitário Antônio Pedro, sob nº 218.283. **Resultados:** na análise dos dados, os resultados mostraram os seus sentimentos e expectativas quanto a sua relação com o trabalho de parto e parto, como medo, insegurança, ansiedade. Contudo, a presença do acompanhante mostrou-se importante para inibição desses sentimentos. **Conclusão:** o profissional de saúde deve facilitar e promover o cuidado a parturiente, com uma assistência resultante de uma relação de confiança e vinculo. **Descritores:** Trabalho de parto, Enfermagem obstétrica, Enfermagem, Orientação.

RESUMEN

Objetivo: Conocer las inquietudes de las mujeres primíparas sobre el parto, la enfermera a identificar acciones para mitigar los sentimientos de las mujeres. **Método:** se realizó un estudio descriptivo, exploratorio y cualitativo en la naturaleza, con seis mujeres primíparas del alojamiento del Hospital Universitario Antonio Pedro a través de entrevistas semiestructuradas y analizado con los principios del análisis temático, después de la aprobación por el Comité de Ética del Hospital Universitario Antonio Pedro, bajo el nº 218 283. **Resultados:** en el análisis de los datos, los resultados mostraron sus sentimientos y expectativas con respecto a su relación con el trabajo de parto y el parto, como el miedo, la inseguridad y la ansiedad. Sin embargo, la presencia de un compañero resultó ser importante para la inhibición de estos sentimientos. **Conclusión:** el profesional de la salud debe facilitar y promover el cuidado a la madre, con un recorrido que resulta de un fideicomiso y la unión. **Descriptores:** Trabajo de parto, enfermería obstétrica, enfermería, orientación.

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INTRODUCTION

The birth of the son is undoubtedly one of the main events in the life of the woman, because it is the event that makes her truly mother. The moment is so important that for many is fascinating and requires study and analysis for understanding.[1]

Thus the labor constitutes a natural and physiological event, where does not exist in most cases, the need for interventions or interference that allows physically or psychologically harming the woman/mother or her fetus.[2] Thus, the labor is part of women's sexual and reproductive life, which must be accompanied by favorably and non-invasively, allowing the mother take possession of her labor of active form.[3]

During pregnancy, women who are in their first pregnancy are called gilts, and become enchanted with the idea of being a mother, but do not think about the consequences, as will be their life after birth with the arrival of children, modifying radially in the context of her life.

Numerous and successive transformations occur in the body and life of the mother until the birth of the newborn, to manifesting these changes, it starts significant period of change and emotions. Understanding the behavior of pregnant women during this period requires empathy and sensitivity of the healthcare team.[4] These transformations can generate a crisis of her being, marked by emotional and physical changes, which may cause conflicts, and state of stress, fear, anxiety and insecurity. Thus, it is important to the health professional to help her overcoming those feelings, moments of tension and go through this phase without complications[5].

This range of feelings begins to rise when the approaching birth of her son occurs. The woman has a lot of reasons to have this concern, such as: pain, that labor is difficult, not to recognize the signs of labor (contractions, hardening the belly, breaking of the bag, little bleeding), of abortion, of anesthesia, not like the son, that the baby is swapped at birth, poor medical care, to be alone at the time of childbirth, to keep the vagina wide, to evacuate, urinate, fart, of not being a good mother, to die, malformation of the fetus.

However, these feelings can be solved with an appropriate prenatal, where the woman is prepared and informed to the labor and birth. The participation of groups of pregnant women is an important tool to conveying the necessary information about the pregnancy.[6]

The woman needs both her physical side, as the emotional and mental are worked during pregnancy so there are no questions and not any concern during labor and birth. The woman will need to be sure of her decisions and choices; of her role during childbirth and that her choices will be served by the health team.

In this sense, the health professional needs to supporting the woman at this time so full of mysteries and expectations for this pregnant woman, so she can react positively to labour and birth.

Yes, the woman reacts to offer to her positively or negatively, and the feelings involved in the process of birth are significant enough for the mother. When she realizes that health professionals are aware of the situation and to solidarize with the expressions of pain, fear and joy, the woman reacts with security, exacerbating the possibility of understanding the moment experience.[1]

Thereby, nursing care transcends the use of technical procedures, involving the sensitivity and in the process give birth all abilities can be used by nurses, outlining a sensitive care. This care is essential in the moments preceding the birth and during the birth of the baby that the mother's emotional state often shows extremely sensitive and vulnerable to the conditions presented by the environment and the relations with the people around.[7]

In the foregoing, this study aimed to: 1) meeting primiparous women's concerns about labour and birth; 2) identifying actions of nurses to ease the feelings of women.

METHOD

This is a descriptive-exploratory study with a qualitative approach in order to accurately display the reality evidenced by facts and phenomena investigated.[8]

The study population was composed of six primiparous women admitted in the accommodation of HUAP /UFF of the city of Rio de Janeiro, Brazil. The choice for this institution gave the same be one of maternity hospitals referenced in birth tracking. All signed an informed consent (TFCC) conditioning its participation, ensuring anonymity and the confidentiality of the information, confirmed with the use of an alpha-numeric code (M1 to ...M6). The criterion of inclusion took into account: 1) primiparous women; 2) submitted to natural childbirth; 3) over eighteen years old; 4) women with an interest in participating in the study.

For the data collection it was conducted semi-structured interview through open and closed questions. The collection of information took place during the months of April to May 2013, in the hospital unit. The interviews were recorded on magnetic tape with permission of respondents; and later it proceeded to the transcription of statements, which have been validated by the interviewees, prior to performing the analysis.

To analyze the data collected, we opted for formulating, through content analysis of the mode of categorization. Content analysis is defined as a set of communications analysis techniques in order to obtain, for systematic procedures and objectives description of contents of messages, indicators (quantitative or not) that allow the interference of knowledge relating to conditions of production/reception (disallowed variables) of these messages.[8] Made it possible for them to discussing and establishing the viewpoint to the achievement of the proposed objectives of the study.

After the transcript of the interviews, the material was subjected to perusal to facilitate understanding and interpretation of data, and then was qualitatively processed based on the analysis, in its various phases: pre-analysis; exploration of the material; treatment of results, inference and interpretation.[9]

The data collected were organized initially in table using the Microsoft software-Excel in version 2010, which allowed us to show, format and analyze the collected information to be presented.

From the categorisation of subjects' testimony emerged the following thematic categories: 1) concerns have been found and the mitigated primiparous women; 2) nurse's actions in favor of women in labour and birth.

The investigation was conducted after the appreciation and approval of the Research Ethics Committee of the University Hospital Antônio Pedro (HUAP), linked the Fluminense Federal University (UFF) being approved as also predicts the resolution No. 466/12 of the National Health Council (CNS), under Protocol 218,283.

RESULTS E DISCUSSION

Characterization of subjects

In the present study with 20 women admitted in the accommodation set obtained a predominance of an aged between nineteen and forty years of age, constituting a more advanced population. Thus, the gestation over thirty-five years old constitutes a high-risk pregnancy.

The classification of high-risk pregnancy for those pregnant women who are over 35 years old, even women being sure of themselves, their feelings, generate a voltage, making the level of concern is greater because they are afraid of something with her son during the development of the fetus. The fact that include pregnant women of 35 or older in a risk group makes them have more concerns about the safety of the baby, which could end up negatively affecting the mother-foetus interactions.[10,11]

On the other hand, pregnant women bellow thirty-five feel difficulty in adapting to their new reality, leaving of being daughter to become mother, which may generate internal conflicts causing anxiety and fear. These women experienced more maternal role adjustment difficulties during pregnancy, compared with the two groups older.[11]

In relation to marital status has a predominance of married women. As for religion result was predominantly protestant. The ethnicity of the women was black, with level of incomplete high school education, with a family income of less than a minimum wage. When we analyze the issues of education, family income comes to the fore the question of the information that the expectant mother has and how it will be ready for labour and birth.

Many women who do not have the proper preparation end up feeling a lot of pain that generates fear, insecurity, and anxiety that may disrupt the labour and birth.

Regarding care during the gestational period, women had claimed to have at least six prenatal consultations. The prenatal consultation is where the expectant mother can speak openly of her hopes, fears, and concerns in general with a trusted professional without being criticized for that. It is important to the professional who carries out this about issues: prenatal relaxation technique, pain, anxiety, concern, fear that the expectant mother may have and get her in the best possible way for the time of labour and birth.

The results show that the planning of childbirth appears to be beneficial for some women in terms of fear, pain and concern about the baby during childbirth. In this way, the implementation of measures to promote the information, emotional support and involvement in decision-making on the part of maternal and child health services could be an asset for the improvement of parents' experiences.[12]

With regard to complications in prenatal, there was a predominance of complications such as: bleeding, infection, urinary placental detachment and plaquetomia. About the healthcare professional who accompanied the prenatal obtained a predominance of doctor. Gestational age of women admitted in the sector of the unit was more than 38 weeks of gestation.

The concerns have been found and the mitigated primiparous women

For women giving birth is a milestone in their lives that messes with their sexuality and emotions. This will mark the birth experience life the same, being positive or negative.

One of the concerns that primiparous reported more frequently, was the issue of pain in childbirth:

> *Was very pain because of this infection that I had, I kept thinking: I tell them I'm in so much pain, that I can't stand her more in here or not, my God in heaven? (M3)*
>
> *I felt the pain that say us to feel. (M5)*
>
> *I was concerned more with the pain huh? As much as people explain that it's going to be a very strong pain, you're never prepared, psychologically, for this pain so strong. Gave me a despair so (...) of the pain, you just want to do everything, to evacuate, puking, urinating, me of all. (M6)*
>
> *I don't know, I can't explain it (...) The pain was very strong, it hurts a lot. (M2)*

The testimony of the women in the study raise another concern in relation to time, linked to gestational age. Some participants have their kids with less than 38 weeks and other above this time.

> *Felt, because of the passage of time? I thought I was passing the time. (M4)*

> *I Had. Gee, at one point said to me that she had to stay longer? Inside my belly (...) Why (...) To develop better. (M1)*
>
> *I was very worried about her, due to gestational age, with my doctor who did the prenatal period was over and the doctor who was serving me was another. So with this difference was scared, but I was with the good ... time by a doctor in that I trusted? (M6)*

The participants in the study who were aged over thirty-five showed their concern during labour and birth was about their age. The Ministry of Health says it constitutes one of the risk factors for pregnancy current exceeding 35 years old.[10] Due to the fact of being more advanced than average age for having a son like to have their first child, these women had the fear of something happening with the baby and also for being a high-risk pregnancy both because of maternal age both because of some complications that occurred during the prenatal period. As the following statements:

> *I felt that, by age, by all the problems? As the very low platelet could have bleeding, it was dangerous. So my concern was that too. (M11*
>
> *Still, concern about the health of the fetus, as shown in the following snippet: Felt. Felt (...) very afraid of her (...) very pain like that and then felt afraid of her, I don't know, break anything of hers (...) I don't know, I can't explain it. (M3)*

Analyzing the content, one can realize that some concerns that women have had during labour and birth were not openly expressed. The testimony pointed to the fear of anything happens to herself or with the baby for death and fetal distress.

> *There, after that I stayed with that thing in mind, do you think she should have stayed longer in here? Will she go well? (M6)*
>
> *If it's okay with him inside of my belly.* (M3)

The presence of a chaperone during labour and birth only brings benefit for pregnant women. All primiparous referred that the escort dropped calmer through words of support and with simple gestures, like: holding hands, massage. This demonstrates that leaving pregnant women calmer, the levels of these concerns diminish, making the time of labour and birth more profitable for the woman, baby and escort. Helped me a lot, it helped me a lot.

> *Like, he wouldn't let me get more nervous, helped me up, climb and do when the contractions came, helped me a lot. Made Me more calm? Would I shake his hand.* (M1)
>
> *Helped me, it's good to a person present. He gave me strength, Word of encouragement, sometimes looked a little nervous, too, but it helped me, because it's good to have someone like that next to you this.* (M5)
>
> *Helped me, yes. Ah (...) supporting me, massaging, holding my hand (...) Helping Me move when I want? Trying to make me calmer.* (M2).
>
> *He kept directing me to calm me down by him knowing who actually go hurt? His presence helped me more than him talking.* (M3)

> *Helped. She giving me strength, give me your hand, holding her hand.* (M4)

The nurse's actions in favour of women in labour and birth

The women interviewed indicate that the nurses provided attention to their concerns and gave a good assistance, paying attention, listening to their troubles, administering pain medication and doing everything in its power during labour and birth. The support of these professionals at the time of labour and birth makes all the difference and is recorded in the memory of those women. This support was passed through conversations between patient and nurse, causing the woman to stay more calm, listening to them, passing instructions of what to do and how to act during a particular phase of labour and birth.

> *Gave, the nurses. They all treated me well, conversed with me. They talked, soothed me. Said when the contractions came for pushing out of the way. Talk to me normal.* (M3)

> *The nurse. They all so treated me very well? Especially the nurse who was escorting me, saying I was going to be all right, gave me a lot of support so even with advanced age as well? That will be all right. (M9). The nurse. Everyone treated me very well. They gave Me support, strength, speaking for me to stay calm. Hear Me, helped me pushing for the baby out.* (M2)

> *The nurses treated me really super well, were calming down, giving me instructions on how would this pain and the pain as I was feeling gave me a despair, people help, was desperate.* (M6)

The women pointed out that the nurses did what was within reach during labour and birth thereof, to ease their concerns during this time of their lives. When questioned if the nurse could do something to alleviate their concerns during labour and birth, responded:

> *No, because they helped me a lot. Had already helped me, so I don't even have to talk about (M3)*

> *I think they did so quite, understand? Mainly, the nurse who was there with me. (M6)*

> *I don't think (...) They helped me a lot. All I needed they helped me. (M5)*

> *I think pain, really, has no time for them to do (...) the son is not in their bodies. They try to calm saying it's normal. (M2)*

> *No, I think it was all happy, treated me very well when I got here. (M1)*

Most of the concerns of pregnant women is originated by the anxieties and fears that they have during labour and birth and these feelings arise due to the fact that women, especially those who are having their first child, are going through yet unknown situation for them.

The parturients experience curiosity and expectation throughout pregnancy. In the period in which they realize that the birth is about to happen, the anxiety increases; however, this is not the only one feeling experienced by them during that time: insecurity and the fear of death add up to feeling of protection and fear of loss, characteristic of motherhood. The woman, who will become mother, fears for obstetric complications that may arise and prevent her from enjoying the first moments of conviviality with the much awaited son.[1]

The issue of pain in labor and childbirth is a concept that surrounds women for generations and many pregnant women, primarily primiparas, lack the fear of choosing normal birth due to the fact of be afraid to feel that pain as strong as it is passed down from mother to daughter.

The concept of childbirth as a moment of pain is transmitted from generation to generation and, possibly, cause fear in parturient women, mainly in that never experienced this moment, contributing to the increase in pain sensation and difficulty.[1]

Normal childbirth, as a painful process seems to be as old as human existence itself. The remotest known explanation for their origin is contained in the Holy Bible, in the book of Genesis, where God said to the woman: I will multiply the sufferings of your birth; you will give birth with pain. In the course of many centuries, the consecration of the pain as suffering, at birth, through the myth-Will give birth in pain, has been infused in women's popular imagination. Thereby, is in determining cultural component that the emotional and physical point of view, the natural childbirth has a connotation and meaning of traumatic experience for the woman. The pain of natural childbirth is recognized historically and culturally as an experience inherent in the process of parturition, associated with the idea of suffering, and an event expected by most women from different cultures.[13]

The fact is that the perception of pain is influenced by culture. Western women are prepared from children to go through a pain that are not capable of supporting. Thus, the fear causes psychic tension which leads to increased pain due to the strain of organs and tissues, forming a vicious cycle. The hospitalization of parturient modifies their basic chores and simple routine as showering and feeding the hospital environment, with their sounds, smells, lights and people, causes stress and tension that compete to increase the pain of childbirth.[14] Furthermore, pervades the thought conveyed by health professionals and communication networks that natural childbirth is an iconic landmark on women in society with pain, and that is pass down from generation to generation.

Pain manifests itself in several dimensions, which can make labor harder, due to the woman experiencing a new experience which raises concern and expectation, being the pain as a frightening feeling and interferes with the effective confrontation of the parturition.[15] Thereby, ends up generating anxiety the woman, who will influence us painful stimuli during the birthing process, because this relationship of pain and anxiety are directly interconnected.

Gestational age, especially when it's less than 38 weeks of gestation, brings concern for women, as was demonstrated in the statements. The issue of prematurity is delicate, even more related to your first child and can influence the family living in the mother-baby care, because this premature newborn needs to be admitted to develop completely. It is

important that the family get-together is stimulated, causing her mother visit her son frequently who breastfeed and be oriented to it and so that the bonds are created and strengthened.

Prematurity also interferes with the family living in the relationship, in the vicinity, in care and breastfeeding. The mothers, when they meet with the experience of the hospitalization of his son, they run into the impossibilities mentioned and are anxious, with doubts and difficulties faced this reality.[16] Because there are feelings of guilt for being scared, distant, scared and with difficulties in approaching the baby, guilt for not having been able to take the pregnancy anyway, not to be a mother able.

For women over the age of thirty-five years old, high-risk pregnancy can present both for the expectant mother as for the medical team, an indication of greater emotional and social problems associated with the experience of this period of life. For these reasons, pregnant women included in a group of high-risk pregnancy tend to feel more fragile, apprehensive and impotent. Additonally occurs an increase maternal anxiety levels.[11] So this woman requires greater care of the multidisciplinary team and emphasizing the aspect of a new moment in her life.

Thereby, primiparous feel various types of concerns due to coping with the unknown, what generates fear, insecurity and anxiety. Such a state of tension is experienced as great suffering for which certainly contributed, numerous factors, among which, the physiological processes of parturition, senses how painful insurportavelmente, as well as the psychological processes marked by expressions of anguish and anxiety and from what was recurrently referred to as fear, perceived as no less painful, according to depositions-fear of pain and death, of harms health, of imperfections.[17]

Primiparous, by the fact they're passing for the first time by the process of labour and birth, feel much more concern than multiparous. It is important that nurses and other health professionals have patience and try to clarify your doubts so that the concerns that have been raised here are minimized.

Women have had feelings of something bad happen to the fetus, as their suffering and even death. Thus, the health professional must respect the woman as a subject that has her culture, beliefs and emotions to try to alleviate those concerns during labour and birth, and it is important that these fears are worked during the prenatal period and during labour and delivery are only strengthened.

In this sense, pregnancy and childbirth are events that mark the life of the woman, and can be positive or negative, depending on, among other factors, the guidelines and care received during this period. The woman prepared during the prenatal period, through information and guidance pertaining to pregnancy, childbirth and the puerperium, will face these periods with greater security, harmony and pleasure, because the lack of information could generate unnecessary concerns and expectations. In this way, it is possible to affirm that the transition to the maternal role begins during gestation, transits through the process of childbirth and birth and reaches the puerperium; however not always who has recently given birth is able to take on the new roles and they adapt in a balanced way.[18]

Easing these concerns, primiparous may participate actively in the labour and birth and will have a positive birth experience what will influence her future childbirths.

The World Health Organization (WHO) recognizes that the presence of the escort only brings benefits during labour and birth. The benefits of having the presence of companion during labour and birth are: reduction of the time of labor, reduced need for medication and analgesia, less need for operative birth or instrumental. It is important for women to have someone they trust during this special moment in their life. Currently, women have the right to choose someone to be with her during childbirth and postpartum, constituting a legal backing through the Law 11.108 2005, which guarantees the choice and the presence of a chaperone around labor and birth process.

Analyzing the interviews collected, all women, who had a chaperone during her labour and birth mitigated concerns emerged by having a trusted person beside she helped during that special moment.

Many are the difficulties that women face in relation to childbirth: a little familiarity with the place in which it is being cared for, where the professionals are unknown and still is prevented the presence of an escort of their choice, to give her support at this moment. It is necessary raising awareness of professionals to understand that the environment is not limited only to the physical, but also includes the internal environment of women, covering their feelings, emotions and perceptions. Thereby they can devote a careful covering the human being in its entirety.[7]

The presence of the escort was important to the woman to calm down and could be in control of that moment, in that her opinion and participation are essential. With one person always at her side, the primiparous feel safe, supported in this moment of emotional fragility. It is important that health professionals, especially nurses, facilitates the presence of companion and guide on how he can do to help the woman, encouraging her to participate in the process of labour and birth along with it.

Long ago, childbirth is no longer something natural for a procedure with excessive medical intervention and hospital. The rituals surrounding birth have changed over time, as a result of significant influences of the advancement of science. The birth was already part of the daily lives of families. Accompanied by women midwives at home and marked by great affective involvement, allow nature to act without interference. Currently birth is surrounded by technical procedures designed to increase the safety of childbirth, but away from the family, human and affective component.[19]

It ends up generating multiple kinds of concerns, such as fear of something happening with the baby; the intense pain; not being able to give birth; the baby was born premature and the nurse, with her care, can help women during labour and birth with simple gestures, like talking to her; perform massage; use words of comfort, easing those feelings, such as fear and anxiety.

So, it is up to the professional establishing health education link with the expectant mother, based on her questions, as most of the issues brought, although it seems elementary to the listener, can pose a serious problem for the presents. In the area of obstetrics, as in several other scenarios of the Brazilian health system, the professional must develop skills to achieve effective host of the user, such as: communicate, demonstrating understanding of the problem and an interest in helping her, clarifying and educating her about the possible alternatives of action. So, the nurse must update and

rearrange her role as an educator, stimulating the fellow-agents of the process to express her feelings, beliefs, values, enabling conditions for learning from customers and reviewing the birth as a rite of passage, which requires a transformative approach that goes beyond the biological and traditional vision watch woman.[15]

Such ideas are fundamental elements in the theory of Florence Nightingale,[15] for whom environmental balance contributes to the cure of diseases. According to this theory, the nurses are responsible to provide this balance. Thus, obstetric nurses who develop their work in order to balance the environmental factors of the area, such as the sounds, invasive procedures and the amount of people on the observation of women, end up contributing to make labor less traumatic and less painful.[14]

The nurse needs to know how develops the process of labour and birth in order to support and guide the woman and her families and accompanist on the development of this moment, transmitting confidence, comfort and safety, and providing appropriate nursing care. Thus creating a link between the professional and the mother, this will be of vital importance to ensuring that the woman has a good experience of her labour and birth.

When a member of the health team makes a bond with the mother she feels welcomed and cared for, even if the professional does not remain with her all the time. In our study, the presence of a professional (usually in nursing) who gave some sort of warning during labour, associated with the absence of complications with the woman or the baby was pointed to as a reason for satisfaction in relation to previous birth assistance.[20]

The main role of the nurse's care, and, in the case of the woman in labor and birth, you need to be attentive to the individual woman, and not only the expulsion of the baby. Provide an environment suitable for parturient at that moment let it make noises and screaming as comfortable with her, let her walk and stay in desired position. With that, the woman will rank the experience of labour and birth will take it positively and for future pregnancies.

The nurse cannot forget that one of its main functions is care. And this function encompasses various issues, how to promote the patient's comfort, look at her fully and not just as a being that will give life to another being. This question is important to offer a quality service to the patient and do a good job.

CONCLUSION

In this study it was possible noticing that during labour and birth, women, mainly the primiparous, by the fact be experiencing something new, get concerned and as this moment is marked in their lives, reflecting on other future pregnancies.

It is important that the feelings of women in labour and birth are not ignored by health professionals, especially nurses, because that care to listen to their concerns and

provide an individualized and humanized assistance will make any difference in this moment so stressful.

The preparation provided by the nurse, the wife for the labour and birth is fundamental to what their levels of concern may decrease and to assume the starring role during this time making decisions about your body and actively participating in them.

It is important for that woman in labor and childbirth have around someone reliable during this time, in case the nurse, who must provide a quality assistance in understanding thereof, is pointed to as a synonym for attention.

Non-obstetric health professionals ignored the concerns of expectant mothers calming them, and thus creating opportunities so that they had a positive perception of the labour and birth.

It was identified that many women did not receive a good preparation for the labour and birth during the prenatal period, because the same pointed anguish and nervousness during that time.

The obstetric health professional during prenatal consultations needs to transmit as much information and guidance on the labour and birth, especially for primiparous, for during the awaited moment the woman can enjoy and participate effectively.

The nurse during labour and birth will reinforce what the woman learned during the prenatal period, such as relaxation techniques, the stages of labor. It is important, also, that this encourages professional escort to participate this time, how to help pregnant women get around, and performing massage, help the woman in respiration.

The nurse needs to promote comfort, decreasing the intensity of the light, leaving the woman express herself any way she wants, with yelling or not wanting to talk. It is important that the individuality of every pregnant woman is respected at this time so important.

So primiparous have many concerns, fears, insecurities during labour and birth, and that these can be mitigated with adequate preparation and quality assistance during that time.

The concern to minimize the fears of women in labour, not just health professionals, nurse or obstetric doctor, who will be with her during labour and birth, but also the professional who will perform prenatal care.

The linkage between these two moments of assistance will make the woman feel calmer, reducing the concerns, reducing the possible complications during labour and birth and making this moment is striking for this woman in a positive way.

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