

Integrative reviews in the care of Obstetric and Gynecological Nursing in pandemic times: challenges and possibilities

Revisões integradoras en la atención de enfermería obstétrica y ginecológica en tiempos de pandemia: desafíos y posibilidades

Revisões integrativas na assistência da Enfermagem Obstétrica e Ginecológica em tempos pandêmicos: desafios e possibilidades

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In the unpredictability of life, in the beginning of 2020, we faced a virus that plagued the world population. In times of pandemic, teachers and researchers were restricted from their professional life, generating the need for reinventions to maintain the commitment and produce quality research and education.

In this context, virtualization has assumed a role of unprecedented proportions, allowing contact, teaching, and scientific research to be maintained. With that, the literature reviews started to occupy academic spaces in an increasingly expressive way, highlighting their importance in scientific production, as they allow to explore certain themes in an overly broad way, besides elucidating the state of the art of the subjects covered.

In the editorial in question, all productions are related to the obstetric care of nurses in low- and high-risk situations, from prenatal to late puerperium. Cases of obstetric violence related to episiotomy were also addressed. With integrative reviews to broadly explore the themes, including articles from the last five years. Thus, it was possible to rescue the most recent productions in the literature and analyze them.

The relevance of quality care to women is a duty of the health professional. Authors¹, for example, deal with non-pharmacological methods of pain relief during labor, that is, corroborate assistance based on non-interventionism, except in cases of real need, which must be supported by scientific evidence. Thus, the guiding questions of the works now presented come up against previous observations of the authors themselves, motivating them to question and scientifically explore such experiences.

The entrance of a pregnant woman into a hospital unit is usually given by the risk classification, however, we can ask ourselves if this classification is being effective in cases of Obstetric Emergencies. Such questioning goes against humanization in health. Generally, when we contextualize humanization in Obstetrics, it is immediately correlated to labor and normal delivery. However, humanization must be broad and present in all forms of birth, including the surgical modality, cesarean section.

However, humanized care is avoided when performing unnecessary interventions¹, such as episiotomy, which is not supported by solid scientific bases and, therefore, being unnecessary, can generate losses in a wide spectrum throughout the life of the woman undergoing the procedure.

Still thinking about the life of a woman, each one presents its particularities regarding the expanded concept of health, also considering its biopsychosocial and cultural reality. In their singularities, there are, for example, women with chronic diseases, such as kidney failure. In these cases, we can also ask about the repercussions of this chronic disease during pregnancy.

Finally, only in these brief words, it becomes evident that Obstetrics is an inexhaustible and singular source of studies that need to be carried out and deepened, because whoever undertakes the commitment to do scientific work in this field, finds fertile ground to be unveiled.

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