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Contribution of a residency course in the training and professional insertion of graduated obstetric nurses

Contribuição de um curso de residência na formação e inserção profissional de enfermeiras obstetras egressas

Contribución de un curso de residencia en la formación e inserción profesional de enfermeras obstétricas graduadas

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Abstract
The study aimed to analyze the training and professional insertion of nurses who graduated from a residency course in Obstetric Nursing. A qualitative study was carried out that used Symbolic Interactionism as theoretical framework and the Grounded Theory as methodological framework. The study sample consisted of 12 social actresses who were nurses graduated from the course. Data collection took place through a recorded interview with the following guiding question: "Please report the contribution of the obstetric residency course to your training and professional insertion in the job market". The data led to the construction of a central category: The residency in Obstetric Nursing for graduates of the course provided training for qualified performance and insertion into the job market with a view to professional autonomy. The graduates declared that the obstetric residency enabled them to offer scientific evidence-based care to the mother/child binomial.
Keywords: Obstetric nursing; Obstetrics; Nursing care; Nursing education; Qualitative research.

Resumo
O estudo teve o objetivo de analisar a formação e a inserção profissional de enfermeiras egressas de um curso de residência em enfermagem obstétrica. Realizou-se um estudo qualitativo que utilizou o Interacionismo Simbólico como referencial teórico e a Teoria Fundamentada nos Dados como referencial metodológico. A amostra do estudo foi composta por 12 atrizes sociais que eram enfermeiras egressas do curso. A coleta de dados ocorreu por meio de entrevista gravada com a seguinte pergunta norteadora: "Relate qual foi a contribuição do curso de residência obstétrica para a sua formação e inserção profissional ao mercado de trabalho". Os dados levaram a construção de uma categoria central: A residência em enfermagem obstétrica para as egressas do curso conferiu formação para a atuação qualificada e a inserção ao mercado de trabalho com vistas à autonomia profissional. As egressas declararam que a residência obstétrica as capacitou para oferecer assistência baseada em evidências científicas ao binômio mãe/filho.
Palavras-chave: Enfermagem obstétrica; Obstetrícia; Cuidado de enfermagem; Educação em enfermagem; Pesquisa qualitativa.

Resumen
El objetivo del estudio fue analizar la formación e inserción profesional de enfermeras graduadas de un curso de residencia en Enfermería Obstétrica. Se realizó un estudio cualitativo en el que se empleó el Interaccionismo Simbólico como marco de referencia teórico y la Teoría Fundamentada en los Datos como marco de referencia metodológico. La muestra del estudio estuvo compuesta por 12 actrices sociales que eran enfermeras graduadas del curso. Los datos se recolectaron por medio de una entrevista grabada con la siguiente pregunta guía: "Díganos cuál fue el aporte del curso de residencia obstétrica para su formación e inserción profesional en el mercado laboral". Los datos derivaron en la construcción de una categoría central: La residencia en Enfermería Obstétrica para las graduadas del curso confirió formación para un desempeño calificado e inserción en el mercado laboral con vistas a la autonomía profesional. Las graduadas afirmaron que la residencia obstétrica las capacitó para ofrecer asistencia basada en evidencias científicas al binomio madre/hijo.
Palabras clave: Enfermería obstétrica; Obstetricia; Atención de enfermería; Educación en enfermería; Investigación cualitativa.

1. Introduction

An important component of the evaluation process of *Stricto* and *Lato sensu* graduate programs consists of the follow-up of the graduates. These studies are scarce, especially those of the Residence in Obstetric Nursing modality, and the results are important, as they provide subsidies to improve the processes of academic and professional training, in order to make the necessary adjustments to meet the objectives of the teaching programs (Gutiérrez, Barros, & Barbieri, 2019).

Professional qualification, through the residency modality, is considered a differentiated training that allows for the optimization of knowledge and professional skills for the development of work with safety and enthusiasm. Professional autonomy in the obstetric area is related to the knowledge and professional skills acquired in training (Silva, Cordeiro, Fernandes, Silva, & Teixeira, 2014). The graduate with such training has professional qualifications permeated by the emphasis on humanistic education, with the promotion of their own construction as critical, autonomous and capable of transformation (Jesus, Gomes, Spillere, Prado, & Canever, 2013).

The Ministry of Health (*Ministério da Saúde*, MS) has offered both a technical and financial incentive to carry out specialization courses in Obstetric Nursing, due to the compatibility of this training with the contemporary trends in care for pregnant women, parturients and puerperal women, which are been humanized and qualified care by itself (Winck & Brüggemann, 2010) in the result of the work developed by these professionals in the health institutions. This fact determines that educators need to establish an interpersonal relationship with the multidisciplinary team in the environment where the practices will be carried out (Batista & Gonçalves, 2011).

In this context, with a view to the training of Nursing professionals specialized in Obstetrics with a broad profile to strengthen and qualify care in delivery and birth, in 2013 the National Obstetric Nursing Residency Program (*Programa Nacional de Residência em Enfermagem Obstétrica*, PRONAENF) was created, funded by the MS and which, through scholarships, encourages higher education institutions to train obstetric nurses, in consonance with policies in the lines of care for women, newborns and the family, to act with competence in reproductive planning, in humanized care in the pregnancy-puerperal cycle and in the neonatal period (Brazil, 2012a; Brazil, 2012b).

With this, these professionals are occupying more space in care and gaining visibility, given their important performance in partitive environments, since they are qualified and essential for the practice of physiological and humanized deliveries (Alves, Paixão, Fraga, Lírio, & Oliveira, 2018).

The motivation for the development of this study was due to the need to answer the following question: Has the training offered by the obstetric residency conceived qualified professionals for the market? It is understood that the Nursing residency, as a strategy for the training of obstetric nurses, is a promise for the advancement of qualified care with great potential for transforming the care model across the country. Therefore, this study aimed to analyze the training and professional insertion of

nurses who graduated from an Obstetric Nursing Residency course with a view to strengthening qualified care for delivery and birth.

2. Methodology

A qualitative study that used Symbolic Interactionism (SI) as theoretical framework and the Grounded Theory (GT) as methodological framework (Blumer, 1969; Strauss & Corbin, 2008).

SI is a theoretical perspective that makes it possible to understand how individuals interpret the objects and other people with whom they interact and how such an interpretation process leads to individual behavior in specific situations, considering the meaning that people attribute to their own experiences (Strauss & Corbin, 2008).

SI works with the following concepts: the symbol, the *self*, the mind, language, social interaction and society (Strauss & Corbin, 2008). The symbol is the human communication that can occur through words, gestures, expressions, and physical objects that have a meaning for the interlocutors. The symbol is seen as the individual; the *self* corresponds to the individual's self/ego; the mind is related to how the individual will process the situation; language is associated with how he/she will express himself/herself and how these factors influence the person to relate socially (social interaction) within the society in which he/she lives (society) (Strauss & Corbin, 2008).

The GT aims to build theoretical models based on the data investigated in a given object from reality. The interview can be used as a data collection technique, which can be guided through a script (data collection instrument). This methodology has three interdependent phases for data analysis, namely: open coding, axial coding and selective coding, which make it possible to understand the study object through the construction of categories and subcategories. In the last stage of data analysis, selective coding, refinement and integration of the categories and subcategories originated from the two previous stages are performed, which leads to the formation of a theoretical scheme and makes the results of the study take the form of grounded theory. Subsequently, as guided by the methodology, a diagram (visual/graphic representation of the relationships of all the study categories and subcategories) is constructed that represents the experience of the research subjects on the study object, it is the theory that emerged from the research data (Carvalho, Borges & Rêgo, 2010). In the GT, other techniques for data collection can be used, such as observation, focus group, analysis of documents, photographs and figures.

The *locus* of the research was an Obstetric Nursing Residency course from the PRONAENFs, created in 2015, in force in Southern Brazil, located in the state of Minas Gerais (MG). The course offers the entry of new students and training of these professionals every two years.

Therefore, the study was developed with the participation of all graduates of the residency in Obstetric Nursing certified in 2015 (six graduates) and 2017 (six graduates). The population consisted of 12 participants, meeting the inclusion criterion, which was being trained in the first two classes of the course. The exclusion factor was not working in the Nursing area.

Data collection was carried out by one of the authors, a PhD student, with experience in qualitative research and who was preceptor of the residency. Contact with the graduates took place previously via phone/email, when the date and place of the interview was set. Data was collected between May and July 2018, starting with the application of a sociodemographic characterization instrument. Immediately after that, an interview recorded on a digital device was conducted with the following guiding question: “Please report the contribution of the obstetric residency course to your training and professional insertion in the job market”. The interviews lasted a mean of 35 minutes, took place without disturbances or interruptions, and were transcribed following their order according to the proposed methodology. Data saturation occurred in the 8th interview, but it was decided to do it with all participants.

As provided by the methodology, the interview conducted is transcribed and analyzed. Only after completing this stage

it is possible to return to the field and conduct another interview. This is what will enable both the understanding of the study object and the saturation of categories and subcategories in their properties, dimensions and articulation bridges, respecting the stages proposed by Strauss and Corbin (2008) in the three interdependent phases, called open coding, axial and selective. From this process the Central Category was triggered: "The residency in Obstetric Nursing for graduates of the course provided training for qualified performance and insertion into the job market with a view to professional autonomy".

Resolution 466/2012 of the National Health Council (Brazil, 2012) was respected, with approval by the Research Ethics Committee of the Ribeirão Preto Nursing School - University of São Paulo (Opinion: 2,592,548). The social actresses signed the Free and Informed Consent Term that guaranteed anonymity, which used the codenames of people, chosen by the interviewees themselves, and one of the copies was handed in to the participants.

3. Results

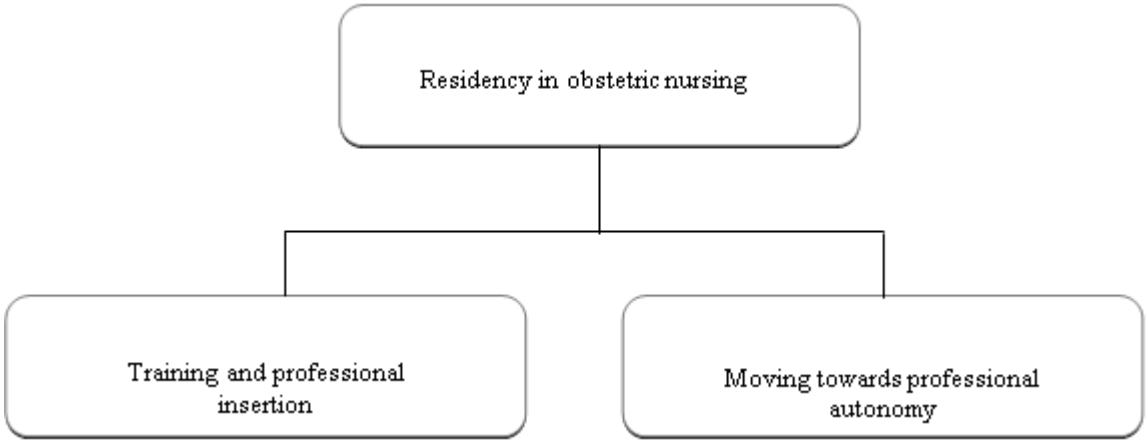
The population consisted of 12 graduates aged 26 to 30 years old (91.66%), mostly single (58.3%), and working professionally in the area of interest of the study (100%).

From the method, the meaning of the contribution of the obstetric residency in the formation and professional insertion of the graduates was contextualized. Clippings were made of units of analysis, identification of codes, groupings and categorizations, which generated the category called "Contribution of the Obstetric Residency", divided into the following subcategories: Vocational training and Professional insertion. From these, the Central Category was triggered: "The residency in Obstetric Nursing for graduates of the course provided training for qualified performance and insertion into the job market with a view to professional autonomy".

Category: Contribution of the Obstetric Residency

After analyzing the data against the GT, the diagram of the central category was created, which can be seen in Figure 1.

Figure 1 - Central Category: The residency in Obstetric Nursing for graduates of the course provided training for qualified performance and insertion into the job market with a view to professional autonomy.



Source: Authors.

Subcategory: Professional training

The quality training of health professionals goes beyond mere learning of competences and technical skills. It includes the handling of situations of an abstract order, in which an entire set of ethical and moral values are assumed, given their importance.

In this study, there was recognition and satisfaction of the nurses who graduated from quality professional training, which conferred aptitude and confidence to work in all maternal and child contexts, as can be seen in the following statements.

> *At the residency, as we have many hours of practice, we realize that we can do the techniques, we are acquiring confidence to do everything and, mainly, losing fear of delivery, because in our imagination we think everything will go wrong and from the residency we realize that it is natural, and that the normal thing is to be all right [...]. The residency helped me to see this. (Marta)*

> *I see the residency in Obstetric Nursing as a great good bet by the government, I think that labor accompanied by the nurse is essential, as she is devoted to a humanized performance and she is exclusive to the patient. (Maria)*

> *In the reference maternity it was beautiful, the most amazing thing, more wonderful, we were very well received, they showed the institution, had lectures in the work period, teaching within the institution, delivery house to the exclusive care of the obstetric nurse, doctor, it was only if it had some dystocia, ours was something I thought I would never live! It was perfect, all based on scientific evidence. (Rute)*

> *I felt able, but not safe. The theoretical basis of the residency is very good, all the professors are very qualified; they prepared us, taught us a lot, but the confidence to act in practice did not depend on them, but on the internship fields and this left much to be desired. (Eva)*

Although the course taught the use of technologies for the evolution of delivery, dissatisfaction of the social actresses regarding the inappropriate use in the evolution of labor and delivery was observed. The persistence of deficient maternal and perinatal indicators was pointed out in a direct relationship with unnecessary interventions or for medical convenience, which is often independent of the desire of the Obstetric Nurse (ON) to evolve the delivery in a physiological manner, which is an obstacle within the multidisciplinary team. This fact was reported in some statements, as can be seen in the following speeches.

> *And when I finally finished my shift, the doctor arrives, the patient was already nine cm dilated and he simply decides to do a cesarean section on her [...]. We were four obstetric nurses for a whole entourage of doctors behind, all against normal delivery [...]. [...] I wanted so much to have done something different, showed the other side to her [parturient], but no, who arrived and solved the situation was the doctor who did the c-section. (Ester)*

> *[...] But many still do not have this view, they cannot recognize that delivery can be the full responsibility of the obstetric nurse. But this is a matter of resistance and their own opinion [doctors]. Even if you see that the situation is favorable, that it will evolve into a birth, if they think it will not, they do not listen to you and will do what they decide. (Ana)*

> *We still have the culture of cesarean section, but normal delivery has gained space, and increasingly the policies have brought this autonomy to nurses and there are hospitals that are more aware in this part and more incisive, we are concerned, they have the nurse as a work partner. (Abgail)*

Subcategory: Professional training

Insertion in the labor market is a process of fundamental importance for the professional and a good parameter to assess the quality of the course.

Of all the interviewees, 42.6% were working in hospital care in maternity hospitals; 33% in Primary Health Care Units;

16.6% chose to reconcile their academic career with the professional practice, and 16.6% chose to pursue an academic career, master's degree and PhD. Of the interviewees, 33% are reconciling professional performance in maternity hospitals or primary care units with maternal and child consulting or acting as members of a home delivery care company. These latter were considered the innovative aspect found during the interviews, since these are areas that signal a market on the rise in the country.

> *Whoever is willing to face it does not go without work no, I had no difficulties. And about me being hired here in the maternity, I consider that it was fundamental that I was a student of the residency here, the selection process in which I took part had several stages, and because I had already passed here as a resident, I already knew the team and a little bit of the routine. And that made all the difference at the time of the interview. (Sara)*

> *As an obstetric nurse, I did not act, I did not have this insertion into the labor market, but it was by choice to pursue an academic career, which were opening other paths. (Miriã)*

> *In prenatal care I work a lot the issue of humanization in delivery and birth, wow, how important this is! And how important it is for women to arrive to have their babies knowing these things so simple and so hidden at the same time. (Débora)*

Given this professional reality and the growing number of pregnant women who wish to be monitored by qualified professionals, both in prenatal care, home delivery and puerperium, what is observed as a consequence is the high number of professionals interested in having their own business. Such interest in entrepreneurship can be due to the lack of acceptance of private and public institutions that can prevent the ON effective performance. The following statements demonstrate the interest of the study participants in autonomous performance.

> *I'm also working in home delivery in a [private] company. When I was invited to work, I accepted and faced fear, because qualification I do have. [...] We have support to work outside also, at homes, we work with a team with professional competence. This really was a gain, the professional experience of monitoring a home delivery and all this coming from my training by residency which always gives me a twinkle in the eye, I'm very proud. (Priscila)*

> *I finished my master's degree in 2017 and am now in the process of entering the PhD. So, that way, I didn't get into the practical part, hospital care or primary care, I didn't go that way. Currently I work with maternal-child consulting, maternal consulting, it has all the monitoring of the pregnant woman and the family, only a little more personalized, individual with that family. (Rebeca)*

4. Discussion

The effectiveness of the residency as a graduate modality is highlighted, since it provides numerous meetings in which health actions are produced by the continuous presence of the residents and, therefore, becomes a device that allows for the change and insertion of practices, by potentiating the training of agents capable of transforming health care (Lobato, Melchior & Baduy, 2012). The partnership with the preceptors in the internship fields strengthens the training conferred by the course, as they are responsible for guiding the residents in the practical activities of the fields of activity encouraging the integration of different knowledge through multidisciplinarity (Miranda, Leonello, & Oliveira, 2015).

The training models of the health professionals date back to the beginning of the 21st century, when the reorganization of the health services began, in which the main actions were based on health promotion, prevention and treatment of injuries.

The recovery of the care dimension and the search for integrality in health care are the challenges posed for the organization of care within the health services (Magnabosco, Haddad, Vannuchi, Rossaneis, & Silva, 2015).

The training and daily professional practice of nurses tend to follow the provisions that are supported by the perspective of the competences and abilities of the professional to have initiatives, not limited only to the pre-established activities. Such actions lead to have understanding and mastery of new situations at work and responsibilities that are recognized for their practices (Sade & Peres, 2015).

The model of delivery and birth care in Brazil has undergone a remarkable transition. This model, called technocratic by Davis-Floyd (2001), considers delivery as a medical and risk event, to the detriment of women-centered care. This marks delivery and birth with a cascade of unnecessary and harmful interventions that result in high rates of cesarean sections, and even more, turn birth into a pathological event that needs to be treated. This fact, mentioned by the graduates, demonstrates that the policy on ON insertion does exist; however, in the practice, it is still restricted and the medical team finds it difficult to act as a multidisciplinary team.

In the effort to change this reality, from the 1980s on, the humanization of delivery movement gained visibility by providing the parturient with welcoming and respectful care, based on scientific evidence, which is one of the most important milestones of the transition to the Brazilian obstetric care model (Brazil, 2001).

The obstetric practice based on scientific evidence is grounded on the classification of obstetric conducts in normal delivery, according to the criteria of efficacy and risk utility. In this context, the ON is pointed out as a foundation and indispensable element in humanized delivery care (Word Health Organization, 1996; Brazil, 2001). It can be seen from the graduates' statements that the services offered the technologies for labor and delivery but, many times, they were underused because due to lack of support from the other team members.

This study is similar to the previous research conducted in Belo Horizonte (MG), which showed the ON incisive participation in labor, delivery and birth care. The results indicated the predominance of these professionals in obstetric care, reinforcing their important contribution to aspects related to the care practice, in agreement with the World Health Organization (WHO), the Ministry of Health, and the principles of humanization. Being the obstetric practices respected or not, the ON plays an essential role in changing inappropriate conducts (Sousa, Souza, Rezende, Martins, Campos, & Lansky, 2016).

It is important to highlight that this role played by the ON, from the perspective of improving care from their insertion in the health services, is recognized by the professionals themselves as positive, considering that training in the residency modality is sufficient to provide them with confidence and theoretical and practical knowledge to act competently. However, the humanized practice is facing the biomedical model and the resistance of the institutions and other health professionals that end up contradicting what is advocated by the public policies in theory and in what is practiced, hindering the full performance of the ON (Pereira, Guimarães, Nicácio, Batista, Mouta, & Prata, 2018).

Thus, there is a timid transformation when it comes to autonomy for the professional performance of the ON. For this setting to continue in progress, it is necessary that a paradigm shift on the model of delivery care itself takes place and that the institutions support its insertion in delivery and birth.

The presence of the ON in the services contributes to mitigating another worrying condition in the country, which is surgical delivery. Cesarean sections can cause significant and sometimes permanent complications for the mother and/or for the infant. In Brazil, there has been a reduction in the number of cesarean sections since 2010, when rates fell from 57% to 55.5%, according to the MS (Guedes, 2018), but the country continues to lead the ranking, as second in numbers of surgical delivery (55.5%), only behind Dominican Republic (58.8%) (Zanardo, Uribe, Nadal, & Habigzang, 2017).

For more specific advances in this scenario, it is necessary that a paradigm shift of the model of delivery care itself takes place and that the institutions support the insertion of obstetric nurses in delivery and birth. This is still a challenge and requires

efforts from managers, society and the professionals themselves.

The MS has invested in the training of professionals with a view to reducing the rates of surgical deliveries and maternal and perinatal mortality. Professional qualification, through residency in Obstetric Nursing, has been an excellent strategy to contribute to professional insertion in health institutions and the consequent reduction of unnecessary interventions. In addition to that, national and international studies have related improvements in maternal and child care and the reduction of surgical deliveries with the presence of qualified professionals, especially obstetric nurses. Therefore, this measure provides comprehensive care to the family and attributes a greater controlling sense for the delivery experience by women (Amaral, Alves, Pereira, Rodrigues, Silva, & Marchiori, 2019; Sandall, Soltani, Gates, Shennan, & Devane, 2016; Souza, Gaíva, & Modes, 2011).

Several ordinances legitimize the performance of professional ONs within the scope of the Unified Health System (*Sistema Único de Saúde*, SUS), such as Ordinance GM/MS No. 985/99, which establishes the Normal Delivery Center, within the scope of the SUS, and deliberates that they may function exclusively with obstetric nurses; Ordinance No. 743/05, which standardizes the information of the Report for the issuance of Hospital Admission Authorization and defines the issuance of HAA reports by the ON for normal delivery without dystocia, which confers legality for the performance of these professionals (Brazil, 2011; Brazil, 2017).

In Brazil, the Law of professional Nursing practice (7498/86), regulated by Decree 94,406/87, and Resolution COFEN 516/2016 regulate the performance and responsibility of the nurse, obstetric nurse and obstetrician in caring for the pregnant women, parturient women, puerperal women and newborns in obstetric services, in Normal Delivery Centers and/or in Delivery Houses and other places where such care occurs, and provide for the competence of the obstetric nurse in performing eutocic delivery, episiotomy and episiorrhaphy, when necessary, and in the care of women in dystocic delivery until the arrival of the physician (Word Health Organization, 1996; Federal Nursing Council, 2016).

Thus, the insertion of qualified professionals for maternal and child care seeks to change the reality of birth in the country. According to SUS users themselves who were assisted by ONs during labor and delivery, these professionals are able to influence the construction of the image and values that are attributed to the birth process, becoming agents of change that favor humanized care model. With this, by empowering the woman on the delivery and birth of the child, the ON creates conditions for normal delivery, with the minimum number of interventions (Prata & Progianti, 2013).

Important efforts have been made to ensure that the quality of maternal and child care is constantly advancing. With a view to the improvements in the conditions in the form of giving birth, the MS developed the Safe Maternity Program of the Stork Network, aiming to respect human dignity, feelings, choices, preferences and empowerment of women, going beyond the prevention of deaths and morbidities, covering all the female biopsychosocial aspects (Brazil, 2011).

A study conducted in Rio de Janeiro pointed to the Stork Network as one of the greatest strategies used to insert the ON in prenatal care, delivery and birth and, consequently, reduce maternal and child mortality. This policy proposes the change of the current technocratic model, with more humanized and qualified actions for care, seeking to place the woman as the protagonist of delivery (Amaral, Alves, Pereira, Rodrigues, Silva, & Marchiori, 2019).

The understanding about the importance of obstetric nurses in the services, which must be shared, is also emphasized. However, it is noted that there is no professional insertion policy elaborated as a measure that aims to contribute to the entry of these professionals in assistance services with visibility for their work.

The graduates' experiences were evidenced in the categories discussed, as well as autonomy and insertion in the labor market. These findings were significant and may come to lead to the improvement and implementation of the course. It is observed that the social actresses showed different *selfs* in view of their position in the labor market and that this is explained by how each person reacts differently to the same situation, in addition to being in different locations, which leads to interaction

with the whole in a diversified manner.

Referring to the central category, to which we arrived with the GT, it is verified that the Residency in Obstetric Nursing contributed to the formation of the graduates for a qualified performance, as well as to their insertion in the labor market. However, the professional autonomy of the nurse is a process that has been taking place slowly.

From this perspective, it was verified that the graduates who felt with little autonomy for the professional performance while residents did not subject themselves to the hegemonic system when they entered their first job after the end of the residency, deciding to look for other places where they would have more possibilities to act with autonomy, such as in delivery houses, home delivery and consulting companies. All the attitudes of submission and anguish suffered during the course served as an impulse for these professionals to position themselves in the performance as ONs immediately after the training was completed and led them to goals defined for the future.

Suffering was explained in relation to how these professionals defined themselves in two ways: first as qualified nurses, because they had already undergone a professional training that gave them the basis to act with autonomy without offering any risk to the patient. Second, as students, since the process was for a qualified and specific training and, even so, faced with the conflict of trying to understand how other people (actors of the residency, that is, the teachers and preceptors of the course) identified them.

Bringing this experience as an object to themselves, the graduates perceived the role of the other, what we call the social *self*. This movement is in line with Blumer's (1969) premise: meanings for human beings are constructed from interaction with the other human being.

When constructing a theoretical model, the aspects in relation to the insertion of ONs in the labor market and the search for professional autonomy are evidenced. The path of autonomy begins from the moment that the ON does not subject herself to the system if she does not feel accepted by it. From the moment she opts for leaving the institution where she understands being the cause of so many internal and personal conflicts, she communicates with her *self.*

The search for other paths such as the academic area and entrepreneurship leads the graduate to interact with society and her *self* is seen in another way, now a nurse who recognizes herself with experience and skills, with competence and courage to seek the transformation of the care model she considered retrograde and/or the training of other professionals wherever she goes.

It is noteworthy that professional training has been taking place throughout the country due to this modality, as well as the insertion in the labor market, as was evidenced in the study. The path to professional autonomy is on the rise, but there is a need to face the issues that permeate the difficulties in acting in delivery and birth care.

The value of this type of study is perceived, as well as the necessary continuity of research on the professional trajectory of graduates, so that the importance of the obstetric residency as a professional qualifier in maternal and child health is sustained. Other studies that show the challenges of this journey towards professional autonomy will be of paramount importance, since a large part of the studies in this theme are related to the care practice of obstetric nurses and to the appreciation of women in an attempt to strengthen the process of giving birth.

Limitations of the study

The training and professional insertion for nurses who graduated from only one residency program in the country were studied and, therefore, they do not allow for generalizations. However, this can be replicated in other obstetric residencies to assist in the policies for the education and training of the students.

Another limitation was the fact that the study was developed with residents of the first and second classes of the Residency in Obstetric Nursing, which was considered a period of intense struggles and achievements for space to act within the course

proposal.

5. Conclusion

It was evident that the residency contributed to the professional training of the graduated residents to offer quality care to the mother/child binomial based on scientific evidence. Professional insertion in the job market was permeated by their personal affinities, be it in primary care, in maternity care for delivery, birth and the immediate postpartum period, or in entrepreneurship and micro-enterprises, with an emphasis on home delivery and maternal-child consultancy.

However, enabling favorable conditions for the performance of the ON, as well as respect and appreciation of the category, are necessary in order to expand the insertion of these professionals in the labor market considering their ability to positively change the perspective of maternal and child care in the country. It is also acknowledged that the transformation of the care model is a challenge and requires collective efforts, by managers, professionals and society, to improve care for women throughout the puerperal pregnancy cycle.

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