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RESEARCH

Significado de parto humanizado para gestantes

The meaning of humanized childbirth for pregnant women

Significado del parto humanizado para las mujeres embarazadas

Clara de Cássia Versiani [1] , Márcia Barbieri [2] , Maria Cristina Gabrielloni [3] , Suzete Maria Fustinoni [4]

ABSTRACT

Objective: To understand the meaning of a humanized childbirth in the conception of pregnant women. **Method:** This was a descriptive study of a qualitative nature with a phenomenological approach. Semi-structured interviews were conducted with 15 pregnant women enrolled in an outpatient prenatal care at a university hospital in the city of Montes Claros/MG. **Results:** The central unveiled theme was: Understanding the humanized childbirth as one in which the professional has as prerogative the empathic relationship and technical expertise enabling the woman to experience labor and delivery as the physiological protagonist during the process. **Conclusion**: The pregnant women define the humanized childbirth based on the philosophical bases of childbirth humanization and birth advocated by the Ministry of Health, which has the interpersonal relationship and competent assistance as principles. **Descriptors:** Humanized childbirth, Pregnant women, Obstetric nursing.

RESUMO

Objetivo: Compreender o significado de parto humanizado na concepção de gestantes. **Método:** estudo descritivo, de natureza qualitativa, com enfoque fenomenológico. Foram realizadas entrevistas semiestruturadas com quinze gestantes matriculadas no ambulatório de pré-natal de um hospital universitário no município de Montes Claros/MG. **Resultados:** o tema central desvelado foi: compreendendo o parto humanizado como aquele em que o profissional tenha como prerrogativa o relacionamento empático e a competência técnica que propicie à mulher a vivência de um trabalho de parto e parto fisiológico como protagonista durante este processo. **Conclusão**: as gestantes definiram que o parto humanizado deve ser pautado nas bases filosóficas da humanização do parto e nascimento, preconizado pelo Ministério da Saúde, que tem como princípios o relacionamento interpessoal e uma assistência competente. **Descritores:** Parto humanizado, Gestantes, Enfermagem obstétrica.

RESUMEN

Objetivo: Comprender el significado de parto humanizado en la concepción de embarazadas**. Método:** Estudio descriptivo de naturaleza cualitativa con enfoque fenomenológico. Fueron realizadas entrevistas semi-estructuradas con quince mujeres embarazadas matriculadas en el ambulatorio de pre-natal de un hospital universitario en el municipio de Montes Claros/MG. **Resultados:** El tema central tratado fue: Comprendiendo el parto humanizado como aquel en que el profesional tenga como prerrogativa el relacionamiento empático y la competencia técnica que propicie a la mujer la vivencia de parto y parto fisiológico como protagonista durante este proceso. **Conclusión:** Las embarazadas definen el parto humanizado pautado en las bases filosóficas de la humanización del parto y nacimiento preconizado por el Ministerio de la Salud que tiene como principios el relacionamiento interpersonal y una asistencia competente. **Descriptores:** Parto humanizado, Mujeres embarazadas, Enfermería obstétrica.

Study extracted from the Master Thesis presented to the Graduate Program in Nursing at the Federal University of São Paulo in 2012.

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INTRODUCTION

In the hospital environment, the humanization of care becomes necessary as some factors such as the advancement of medical technology, hospital routines, and paternalism from the health care team are, many times, just geared to the application of technical procedures with mechanistic goals and, consequently, disadvantaging the patient's autonomy.

In the obstetric area, since approximately a decade ago, concepts and assistential models have been spread and implemented to change the views and assistance practices from health professionals, especially about pregnant women and families, to reflect the humanization of childbirth assistance. The model emerged from the World Health Organization (WHO), has being adopted by the Ministry of Health and countersigned by Ordinance No. 569 from 2000.[1, 2]

Childbirth assistance deserves particular attention because it is a relatively short period compared to other no less important periods in the gravid-puerperal cycle, which determines deep modifications in maternal and fetal physiology and should be the targeted for more accurate assistance in order to protect the spontaneity of its development, ensuring, the moment and the means, and quick correction of deviations from normality. [3]

Humanized assistance should lead to the development of some essential human characteristics such as sensitivity, respect, and dignity creating an embracing atmosphere with institutional conducts that break with the traditional isolation imposed to women. [4] It should also ensure security and procedures that bring benefits for both mother and newborn, without forgetting the recovery of her autonomy on the occasion of childbirth.

To humanize the childbirth is to respect and create conditions for all the spiritual, psychological, and biological dimensions of the human being to be met.

The term humanization assigned by the Ministry of Health has the premise of improving the conditions of care, listen to what the expectant mother describes to be feeling so that the treatment is effective, bringing also the importance of the participation of the family. It involves a set of practices and attitudes aimed at the promotion of childbirth and healthy birth and the prevention of maternal and perinatal morbidity and mortality with procedures proven to be beneficial to the binomial mother-son, avoiding unnecessary interventions, and the establishing relationships based on ethical principles, preserving their privacy and autonomy.[5] The quality of assistance is directly related to the domain of professionals with regard to knowledge and special techniques to assist the individual or groups with health problems or risk of getting sick and even with greater intends to stimulate the recovery of the women's autonomy as part of this process. Nursing, as an integral part in this group of workers, has contributed to the implementation of these conducts in humanized childbirth.[6, 7]

Thus, it becomes relevant that health professionals meet the conception of pregnant women about humanized childbirth because this factor will allow improved description

about their conceptions about the humanizing theme, arousing more and more improvement in the quality of care, providing greater interaction with the expecting mother.

The reality of humanized childbirth assistance has been unveiled for about a decade throughout our experience as professionals-women, leading us to reflect about this existential fact. Because this assistential model is new in our environment, the following questions emerged: How does the model of humanization of childbirth assistance adopted by various health institutions is seen by pregnant women? What is the meaning of a humanized childbirth for them?

Before the exposed, the present study aimed to understand the meaning of a humanized childbirth for pregnant women.

METHOD

This was a descriptive study with a qualitative phenomenological approach by providing an understanding of the phenomena through the everyday experience of the researched subjects.[8]

The study was conducted at the outpatient service for prenatal follow-up care from a maternity in a university hospital in the city of Montes Claros/MG, which already has a significant pathway in the process of humanization of mother-child assistance.

The subjects of this study were 15 term pregnant women between 37 to 40 weeks of gestation, enrolled in that clinic.

An open non-directive interview based on the following guiding question was used for data collection: "what is the meaning of a humanized childbirth to you?" The interviews were recorded and transcribed in their entirety for further analysis. All participants signed a volunteer informed consent before the interviews.

Data collection occurred between November of 2009 and January of 2010; the saturation of depositions that made possible the understanding of the phenomenon determined the ending of data collection.

All procedures for the execution of the study obeyed the ethical standards required by the resolution 466/2012 from the National Health Council; the study was carried out with the approval of the Research Ethics Committee from the Federal University of São Paulo (UNIFESP) through protocol nº0749/09.

The interviews were recorded and subsequently transcribed in full. The reading of transcripts allowed understanding the meaning attributed to the humanized childbirth by pregnant women. The structuring of data followed the steps proposed by the phenomenological model of Amadeo Giorgi[9], namely: global vision of the set of statements aiming to capture its meaning before the research object; division of reports in units of meaning securing the vision of the whole; transcription of each unit of meaning and specific synthesis of all units of meaning transforming them into a consistent state of the structure of lived experiences.

RESULTS E DISCUSSION

The obtained results include a brief characterization of the interviewees composed of six primigravidas and nine multiparous, aged between 19 and 39 years. Six of them had completed elementary school, eight had completed middle school, and one had completed college. As for the marital status, 12 were in stable relationships and three did not report.

Two themes were identified regarding the meanings: **Hoping that the professional establishes the empathic relationship in attendance** and **Wanting that the professional was technically competent to provide care**, which composed the central phenomenon: understanding the humanized childbirth as one in which the professional who will serve have empathic ability to relate and technical competence.

The following was evident in the women's speeches: the significant role that the health professional needs to have to establish **the empathetic relationship in the care being provided during labor and delivery, being patient, respectful, willing to listen, gentle and taking their concerns, complaints, and fears into consideration.**

> *[...] Place them in our place to think if I was feeling this pain what would I do? I wonder if I would be giving this whole assistance? [...].*
> *[...] In the moment you are feeling the pain, you speak and he knows the answer, and do not answer with brutality [...].*
> *[...] We need attention, monitoring, teaching and guidance [...].*

It was evident in the speeches what pregnant women bring in assumptions similar to those advocated by the Ministry of Health about the humanization of assistance to labor and birth such as the receiving of women with dignity, respecting their needs, adopting an attitude of solidarity, offering comfort, avoiding inappropriate words during the assistance, having an ethical and sensitive attitude.[10]

Thus, the health professional must be able to become aware of feelings, needs, and concerns from others in order to satisfy them with this empathy being developed with sensitivity, respect, and appreciation for each other's feelings. [11]

> *[...] The humanized childbirth comes from human because it implies contact, the link between a pregnant woman and midwife [...]*

The possibility of creation of a bond is decreased when the needs of women in this embracing relationship by the health team are not taken into consideration, making the established flows simply bureaucratic and little-functional. Therefore, when a health team is not sensitized to the importance of the bond creation with the expectant mother, the risks of cancellation or of lower frequency in prenatal follow-up increases. At birth, the lack of this bond between parturient and obstetrician generates a feeling of insecurity.[12, 13]

Other authors state that if the relationship between the professional and woman is hostile it can cause anguish, fear, causing her to view the birth as a moment of risk. [14-17]

When assisting parturients the health professional must consider them as a whole to identify needs, understand, and seek, wherever possible, to satisfy them. Knowing how to

identify cultural and individual differences will certainly contribute to reducing the anguish, fear, and tension present during labor.

The effective and humanized interaction towards pregnant women is of extreme importance for the success of this attention because the creation of bonds between professional, client, and family, and the consideration about choices, expectations, and culture will allow the humanization of care and greater security and reliability for these women.[18, 19]

The monitoring of labor and delivery by family members is considered a differential and a contribution to the humanized childbirth assistance. Family participation is being supported by the philosophical bases of humanization in which the presence of the escort should be allowed for all women in the delivery room.[20, 21]

> *[...] The humanized childbirth allows family members of pregnant women to monitor during labor and delivery. [...]*

The accompaniment by the husband, partner, close relative, or friend helps providing psychic-emotional-physical support that positively stimulates the parturient in the most difficult moments, being able to transmit comfort, encouragement, listening, and security. It allows reducing the need for medications for pain relief during childbirth and operative reduction in the duration of labor and delivery, as well as to decrease cases of postpartum depression. It is a useful practice that should be stimulated. [5, 22]

Conversely, negative aspects are also perceived with the presence of an escort; possible inappropriate behavior in women is observed such as: they become more needy, spoiled, and destabilized by thinking that the companion is the salvation when they are tired and thinking that they will not hold until the end of the labor. The behavior of escorts can also influence the parturients' behavior facing the duration of pain from childbirth.[23, 24]

In addition to these factors, the presence of a male escort can also bring an experience of feelings of embarrassment, causing the woman to not let them to stay in the delivery room, claiming that it causes her shame.[25]

The other theme is **wanting the professional to have technical competence to provide care** during childbirth assistance aiding to the promotion and protection of her health and that of her child.

> *[...] That they really see the real conditions of the mother, if she, the baby are in distress. If necessary, perform c-section, do not be waiting [...].*

The technical capacity of the health professional involved with this assistance is also an important premise advocated by the Ministry of Health because a healthy newborn, with full capability for biological and psychosocial future development is what is expected at the end of pregnancy and childbirth, however, and also a healthy woman not traumatized by the process of childbirth and birth. Allowing her to experience labor and delivery as a physiological event, encouraging the exercise of female citizenship with the rescue of her autonomy in childbirth, being the backbones of humanization.[10, 26-28]

However, this attention by a competent professional also depends on the use of proven beneficial procedures that avoid unnecessary interventions in addition to sharing decisions on the conduct to be adopted with the mother and her family, taking care of the

lives of these pregnant women and their children as an act of defense of life against several factors that put them at risk. [5]

Authors state that professionals should have scientific knowledge and demonstrated skills that are beneficial practices to assist a woman in labor which constitute the careful monitoring of the progress of labor and delivery through the use of partograph, intermittent fetal rate auscultation, and referencing the mother and newborn to more complex levels of service if there are risk factors and complications. These skills lead the health professional to a clinical reasoning and, consequently, the decision-making process about conducts to adopt. [22-24, 29-31]

However, despite the accumulation of technical knowledge, health professionals are still using actions advised against by evidences for delivery tracking such as: installation of routine intravenous infusions upon the parturient's admission, prescription and control of the acceleration of labor with oxytocin, guidance for "pushes" when the dilation is complete or nearly complete, and the use of the lithotomic position, with or without the use of leg support, for natural childbirth. [16, 32]

Such practices lead the woman to be subjected to pre-established conducts in assistance protocols in services that control the evolution of her labor and delivery. [33] Parturients, when losing their place as protagonists in the scene of childbirth, are relegated to the role of supporting casts and live in what is called the culture of silence. Their intuitions, beliefs, values, wisdom, and culture are progressively erased. [34] In this respect, *"The woman is being held as a hostage of a model in which assistance is treated as incapable."* [29]

Therefore, it was realized that this autonomy should start from the prenatal period because the care needed by parturients during pregnancy, assuring their health and that of her child, are fundamental for a safe and peaceful birth represented by the search for proper monitoring in the gestational period with the responsibility of knowing all the important guidelines for a birth without complications.

> *[...] Taking care of ourselves, correct prenatal exams, consultations, exams and to not get a surprise at the time of birth, care the mother has to have with her own health, hers and the baby's. Take the medicines prescribed and monitor even at home [...]*

In this assistance, the health professional plays an important role in embracing the woman from the beginning of the pregnancy, ensuring, at the end of the pregnancy, the birth of a healthy child and maternal and neonatal health guaranteed. [10]

Thus, the prenatal care requires not only technical and scientific knowledge by the health team but the guidance to the woman about her gestational status, local and general modifications in her body, types of childbirth, and conducts that facilitate an active participation at birth.

Therefore, it is believed that this humanization will be achieved if the same paths are sought as health professionals in the perception of the individuality of each woman in the process of parturition, avoiding the medicalized model domain, rescuing childbirth as the moment of birth, respecting its meanings, returning the rights to the expecting mother with humanity and security to the woman, allowing that this assistance will protrude

sensitivity, respect, solidarity, and love for the human being, thus, reaching the fullness of humanization in childbirth. This reality is still a challenge for all health promoters.

CONCLUSION

In this study, it has been unveiled that, in their world-lives, pregnant women define the humanized childbirth based on the philosophical bases of humanization of childbirth and birth advocated by the Ministry of Health, which has interpersonal skills and competent assistance as principles.

However, still today, it appears that the training of health professionals leaves much to be desired with regard to interpersonal relationships indicating the need to training investments.

As for the technical competence, it is suggested that more and more professionals use scientific evidences in relation to procedures by implementing them effectively.

Finally, it is highlighted that the results found are a stimulus to the development of other studies given that the humanizing theme is a broad concept that allows further reflections because this issue has not been exhausted.

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