THE INFORMATION OF WOMEN FOR CHOOSING THE BIRTH PROCESS

A INFORMAÇÃO DE MULHERES PARA ESCOLHA DO PROCESSO DE NASCIMENTO

LA INFORMACIÓN DE MUJERES PARA ELECCIÓN DEL PROCESO DE NACIMIENTO

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ABSTRACT

Objective: to discuss the information process of the woman for the free choice of the type of delivery, based on the reflexive analysis. **Method:** this is a qualitative study of the type reflexive analysis originated in the scientific initiation of the nursing undergraduate course, through the following steps: searching the databases, reading the selected material, moving the analytical praxis of the subject, and writing the written material. **Results:** women's information for the choice of delivery is given by health professionals, their support network, whether social or family, as well as being used from the internet, with blogs and specialized health websites, to search information. **Conclusion:** the choice of delivery should belong to the woman and the guarantee of information should be offered, so she can assess the advantages and disadvantages, with the experiences shared in each delivery. **Descriptors:** Obstetrics; Labor, Obstetric; Natural Childbirth; Humanizing Delivery; Information; Obstetric Nursing.

RESUMO

Objetivo: discutir, a partir da análise reflexiva, acerca do processo de informação da mulher para a livre escolha do tipo de parto. **Método:** estudo qualitativo, do tipo análise reflexiva originada na iniciação científica do curso de graduação em enfermagem, mediante as seguintes etapas: busca nas bases de dados; leitura do material selecionado; movimento da práxis analítica da temática; e formulação do material escrito. **Resultados:** a informação das mulheres para a escolha do parto se dá pelos profissionais de saúde, da sua rede de apoio, seja ela de ordem social ou familiar, além de ser utilizada da internet, com *blogs* e *sites* especializados em saúde, para a busca de tais informações. **Conclusão:** a escolha do parto deve pertencer à mulher e a garantia da informação deve ser oferecida para que a mesma avalie as vantagens e desvantagens, com as experiências compartilhadas em cada parto. **Descritores:** Obstetrícia; Trabalho de Parto; Parto Normal; Parto Humanizado; Informação; Enfermagem Obstétrica.

RESUMEN

Objetivo: discutir, a partir del análisis reflexiva, acerca del proceso de información de la mujer para la libre elección del tipo de parto. **Método:** estudio cualitativo, del tipo análisis reflexivo originada en la iniciación científica del curso de graduación en enfermería, mediante de las siguientes etapas: búsqueda en las bases de datos, lectura del material seleccionado, movimiento de la práctica analítica de la temática, y formulación del material escrito. **Resultados:** la información de las mujeres para la elección del parto se da por los profesionales de salud, a su red de apoyo, sea ella de orden social o familiar, además de ser utilizada de la internet, con *blogs* y *sites* especializados en salud, para la búsqueda de tales informaciones. **Conclusión:** la elección del parto debe pertenecer a la mujer e la garantía de la información debe ser ofrecida, para que la misma evalúe las ventajas y desventajas, con las experiencias compartidas en cada parto. **Descriptor:** Obstetricia; Trabajo de Parto; Parto Normal; Parto Humanizado; Información; Enfermería Obstétrica.

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INTRODUCTION

The object of this study has is the information of women in the process of delivery and birth. Gestation is a period of physiological and psychological adaptation, influenced by values, beliefs, culture and social aspects. From the beginning, the moment of childbirth has been improved, undergoing several significant transformations. The delivery was first attended by midwives who were mostly lay, few graduates and who acted empirically, passed from generation to generation, directly at the time of childbirth, since men were considered as superior as women and saw this act worthless.¹⁻²

From the eighteenth century with the advancement of medicine, the man begins to be inserted directly in the context of childbirth of an area for his professional performance. This gives rise to a new perspective on childbirth, with the process taking the form of the doctor, not the midwives, and the conception of risk to the act of birth, the beginning of which introduces practices and interventions promoted by medicine.³ Thus, in the course of the twentieth century, with the delivery performed in a hospital environment, the use of interventional practices such as medicalization of the female body, episiotomy, Kristeller maneuver, a rupture of the birth model, and perpetuation of a model obstetric care started.⁴

It should be emphasized that the woman should be the protagonist of the delivery,⁵ should have autonomy of choice as to the way of delivery she wishes and free choice. For this to occur, it becomes necessary to inform the woman by the health professional, who should initiate this process even during prenatal follow-up.¹

Obstetrical care must have quality and humanization as essential characteristics. It is the duty of health services and professionals to welcome the woman and the newborn with dignity, focusing them as subjects of rights.⁶ Considering the other as a subject and not as a passive object of our attention is the basis that sustains the process of humanization.⁶ In this sense, information for women is a welcoming and humane practice and allows the contribution of the choice of childbirth.⁷

The health professional's assistance in prenatal care becomes a major influence on informing the woman about her choice of birth process. Thus, the health professional is the main informant about the best choice and type of delivery, and, for the Humanization

Policy, the encouragement of normal birth and reduction of unnecessary cesarean should be in the discourse of the professional.^{1,8}

OBJECTIVE

- To discuss the information process of the woman for the free choice of the type of delivery, based on the reflexive analysis.

METHOD

This is a qualitative study, reflexive analysis, based on a biographical narrative review elaborated through scientific articles, manuals of the Ministry of Health, books, supported by the assistance offered to women in childbirth and birth focused on the right to information and choice of delivery, developed as a scientific initiation project in the area of women's health, of the nursing course of the University Center Anhanguera (UNIAN), with the purpose of answering the following guiding question: How is the information process with the woman configured for the free choice of way of delivery?

Data collection was performed from August to December 2016. The following controlled descriptors were used: "Obstetrics"; "Labor"; "Normal birth"; "Humanized birth"; "Information"; "Obstetric nursing". The articles were selected through the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Databases in Nursing (BDENF), and the electronic library ScientificElectronic Library Online (SciELO) available electronically, published in Portuguese Portuguese, English, and Spanish; in the period from 2006 to 2016.

For the preparation of the study, the articles with information related to abortion process assistance were verified, followed by the reading and analysis of the material, which allowed the identification of what would be used; and later the assembly of the study, according to all the reflections.

RESULTS AND DISCUSSION

The study promoted how the information process for choosing the type of delivery occurs, in which women should be informed about the benefits and risks of each delivery and what is included in their care. Some parameters that influence in the informative process the woman can be observed: Family and social network; and health professionals who accompany the women.

The first reports on the choice of delivery will be through family members and people in the women's social networking, where they are based on their own experiences at birth.

This information is often contradictory to the reality of the pregnant woman, considering that each pregnancy has its particularity, and belongs to the unique experience of the person. As a result, they may have a negative influence on the psychological health of this woman, negatively influencing the choice due to a frustrating experience of family members or someone in their social network.⁹⁻¹⁰

The expectation of women regarding the choice of type of delivery is related to their knowledge about the subject and the information treated by the health professionals. It is of fundamental importance for the decision of the way of delivery by the pregnant woman a closer approximation of it with the professional, guaranteeing an integral and quality attention to the woman, clarifying their doubts and desires with regard to the aspects of gestation, childbirth, and puerperium.¹¹

It is fundamental and of total responsibility of the health professionals the process of orientation to the woman to choose the way of delivery. They are the ones who should be the main guiding factors in this decision-making process, based on the scientific basis that will provide the necessary information to the woman and accompany the course of her gestation, explain it in detail about her case, clarify the risks and benefits of vaginal delivery and also abdominal. This makes the woman able to make her decision, since the health team provided the information due, being consistent with her case. Thus, the information helps the choice of the birth process,¹⁰ but it may occur during this informative process, induction of cesarean delivery preference, for medical convenience. For the conversion of a difference and an asymmetry into a hierarchical relation of inequality for the purposes of domination, exploitation and oppression, as well as an unequal relationship between the superior and the inferior contributes to passivity,¹² and the oppressive way to the school of the path of childbirth, strictly related by the choice of the health professional, not the woman.

In society, in general, women live immersed in a pro-cesarean culture and deny their status as a citizen, in which the lack of possibility of the option of the place of birth does not cause astonishment or rebellion. However, in the last ten years, there has been a significant expansion of movements of women and health professionals, who have sought to discuss alternatives to the model of attention to childbirth prevalent in Brazil. The popularization of the Internet has contributed to the growth of this form of expression

enabling users to find information on different birth modalities of the technocratic hospital model.⁸

When the information is scarce, or the subject knows that he is entitled to more information, he searches in the media and electronic sources of information (internet). For this group of subjects, even for those who reported having received information in the consultation and in the family and social life, the Internet proved to be an important instrument for source of information, apprehension of concepts on the subject, and decision making.⁹

The internet, through specialized websites and blogs, scientific articles, and social networks are other options that help the women, especially in their doubts about the advantages and disadvantages of the way of delivery they want,¹⁰ a range of information is available in this medium, where sometimes without the scientific-technical knowledge they claim on unrealistic aspects. Convincing and elaborate texts are arranged, but contradictory to the state of health of this woman, it is necessary she be aware of the peculiarities of her gestation. However, this informative tool is an important way of clarifying the choice of delivery method.

One of the main interventions is the elective cesarean, one that is often marked by the convenience of the health professional, and the lack of information from the woman. The main indications for the use of cesarean section in obstetric care are the following: cephalopelvic disproportion, frequently misdiagnosed, since it can only be performed during labor based on the data of its evolution, as recorded in the partogram; cesarean section, being a frequent indication of a new cesarean section, since many obstetricians fear a rupture of the uterine scar, although different observational studies describe the safety of vaginal delivery after a cesarean section,¹³ because it is known that the cesarean section has greater maternal and fetal risks, and contributes to the increase in maternal mortality.¹⁴⁻⁵

Normal birth is a unique and relevant experience that women expect to experience, in a physiological process, something more natural and healthy for themselves and their baby.¹⁶ Besides being natural, minimally without interventions, it favors the reduction of maternal and it contributes to the faster recovery of the body process and earlier contact with the newborn to initiate breastfeeding.¹⁷

The empowerment of women's information enables women to discuss the most

satisfactory model of their right to choose, providing care that meets their needs. It is essential for women to have autonomy and not be induced by health professionals who, full of their knowledge, make women the instruments of their work,¹⁸ and, with the current Humanization Policy of care for childbirth and proposed birth, it is more accessible for women to obtain information and have autonomy as to the choice of the way of delivery she desires.¹⁰

It is important that the woman is respected so she experiences a unique and special moment. It is her right to also act on the decisions that will be made about her life and about her own body-related behaviors, including the choice for the birth process she desires.¹⁰

CONCLUSION

The woman must seek all the means for information process to choose the way of delivery that satisfies her. It is necessary the indispensable participation of the health professional who welcomes this woman since it is of paramount importance to provide such information. The orientation of the health professional must be coherent and appropriate for the scientific evidence, besides the clinical picture that the woman presents, considering the particularity of each childbirth.

The experiences of the network of social and family support are of great influence for the choice of birth to which this woman will choose, but they should not be their only bases, since each woman experiences her moment of childbirth, being necessary that she is not based on other experiences. Also, experiences can be positive or negative and depending on how the professional was treated their relationship with them, and the health unit, and that may impact on the wrong choice of type of delivery.

Being the choice of normal delivery or cesarean section, the health status of women should be prioritized, so all health professionals involved should be aware of the chosen form of birth, respecting this decision, being responsible to inform about any possible interferences.

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Submission: 2017/09/22

Accepted: 2017/11/08

Publishing: 2017/12/15

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