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ORIGINAL ARTICLE

WOMEN'S KNOWLEDGE ABOUT THE DIFFERENT POSITIONS FOR LABOUR: A CONTRIBUTION FOR CARING

OS SABERES DAS MULHERES ACERCA DAS DIFERENTES POSIÇÕES DE PARIR: UMA CONTRIBUIÇÃO PARA O CUIDAR

EL CONOCIMIENTO DE LA MUJER ACERCA DE LAS POSICIONES DISTINTAS DEL PARTO: UNA CONTRIBUCIÓN EN LA ASISTENCIA

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ABSTRACT

Objective: to analyze the meaning of women's knowledge to the possibility of opting for an alternative for a delivery position. **Method:** exploratory and descriptive study with a qualitative approach, carried out with ten pregnant women enrolled in the Prenatal Program of a Polyclinic in Niterói/RJ, Brazil. The women underwent semi-structured interviews and data were analyzed using content analysis technique in thematic modality. **Results:** from the data analyzed two categories emerged, namely << The pregnant women's knowledge about mother positioning in the second stage of labor >>; << Freedom of choice: the meaning that pregnant women attach to the possibility of opting for an alternative for delivery >>. **Conclusion:** Autonomy, as the most vertical position, allows the empowerment of women in the process of gestate and give birth. **Descriptors:** Natural Childbirth; Personal Autonomy; Nursing.

RESUMO

Objetivo: analisar o significado dos saberes das mulheres o qual atribuem às possibilidades de se optar por uma posição alternativa de parto. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, realizada com dez gestantes inscritas no Programa de Pré-natal de uma Policlínica de Niterói/RJ, Brasil. As gestantes foram submetidas à entrevista semiestruturada e os dados foram analisados a partir da Técnica de Análise de conteúdo na modalidade temática. **Resultados:** Dos dados analisados emergiram duas categorias, a saber: << O saber das gestantes acerca do posicionamento materno no período expulsivo do trabalho de parto >>; << Liberdade de escolha: o significado que as gestantes atribuem às possibilidades de se optar por uma posição alternativa de parto >>. **Conclusão:** a autonomia, quanto a posições mais verticalizadas, permitem o empoderamento da mulher durante o processo de gestar e parir. **Descritores:** Parto Normal; Autonomia Pessoal; Enfermagem.

RESUMEN

Objetivo: analizar el significado de conocimiento de las mujeres sobre la posibilidad de optar por una posición de entrega alternativo. **Método:** un estudio exploratorio y descriptivo, con abordaje cualitativo, realizado con diez mujeres embarazadas inscritas en el Programa Prenatal de una policlínica en Niterói/RJ, Brasil. Las mujeres se sometieron a entrevistas semiestructuradas y los datos fueron analizados utilizando la técnica de análisis de contenido, en la modalidad temática. **Resultados:** los datos analizados emergieron dos categorías, a saber, << El conocimiento de las embarazadas acerca del posicionamiento de la mama en la segunda etapa del parto>>; << La libertad de elección: el sentido de que las mujeres embarazadas se unen a la posibilidad de optar por una posición de entrega alternativa>>. **Conclusión:** la autonomía, como la posición más vertical, permitirá a la potenciación de la mujer en el proceso de gestación y dar a luz. **Descriptores:** Autonomía Personal; Parto Normal; Enfermería.

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INTRODUCTION

The normal delivery is a unique event, a unique process in the woman's, partner's and family's universe. It is one of the most emblematic human experience, with strong positive and stimulating potential for all who participate in this process. The art of livery is an activity that accompanies the history of humanity and particularly the history of women.¹

This is the most natural method for mother and child, and it is also the safest. Thus, the normal delivery is the most suitable for any pregnancy that does not present complications and complications. It is understood as normal birth that occurs as physiology, without unnecessary interventions or consequences of these interventions.

The importance of advancements in science for maternal and fetal health is unquestionable, however we cannot forget that non-pharmacological and non-invasive procedures are also benefits for a better evolution of the labor and delivery, resulting in lower risks to health both the mother and baby, and promoting the autonomy of labor for women.²

One negative factor is the over-medicalization of childbirth, which causes the loss of the woman's role in labor, becoming passive orders of beings and techniques, often without guidance whether they can refuse any type of conduct adopted by professionals.³ In this context, care is guided with expertise, and human ethics, respecting the needs, desires, expectations and choices of women in the gestation and labor process.⁴

Returning to the role of labor for the woman is one of several ways to humanize care in childbirth care. Since humanizing and qualifying health care is learning to share knowledge and to recognize rights. Thus, the Ministry of Health conceptualizes humanized care as a set that involves knowledge, practices and attitudes that promote the healthy labor and birth and the prevention of maternal and perinatal morbidity and mortality. It begins during prenatally and seeks to ensure that the health team performs beneficial procedures for the woman and the baby, to avoid unnecessary interventions and to preserve their privacy and autonomy.⁵

We discussed about the rescue of physiological events in the parturition process in which it is not recommended to put the mothers in the dorsal lithotomy position during labor and delivery, and women should be encouraged to walk at that time. Every

woman should be free to choose the position to be adopted during the labor⁶.

But despite the scientific evidence for the benefits of choosing the position adopted by the woman, in practice the adoption of dorsal position during the second stage of labor is still prevalent. This study highlights a significant gap between what is recommended as a practice and reality in the health services.³

By placing the woman in a horizontal position, the professional contributes to limiting the role of the woman during her labor, making it a passive element during the parturition process, as this position is usually a factor that limits the freedom of movement and can cause significant discomfort to the woman in labor. Thus, the deliveries performed in the various forms of vertical positions are related to the reduced time of the expulsion period when compared to deliveries in horizontal position,⁷ and rescues the woman's autonomy in the birth scene and it is an influencer process of feminism's care process.

Thus, in recent years we have experienced major changes in the setting of obstetric care, which are values are incorporated that go beyond the scientific and technological aspects, pointing to the rescue of the historical model of birth, bringing again the woman's autonomy in the labor.⁸

OBJECTIVE

- To analyze the meaning of women's knowledge which attribute to the possibility of opting for an alternative delivery position.

METHOD

This is a descriptive study with a qualitative approach,⁹ held after the examination and approval of the Ethics Committee of the Medicine School of the University Hospital Antonio Pedro (HUAP), at Universidade Federal Fluminense (UFF), it was approved as also for the Resolution No 466/12 of the National Health Council, under Protocol No. 218,283 / 2013.

The study participants were ten (10) pregnant women enrolled in prenatal program of Polyclinic Carlos Antonio da Silva, in Niterói. Everyone signed the Consent and Informed (IC) that conditioned their participation, ensuring anonymity and confidentiality of information, confirmed with the use of an alpha-numeric code (G1 ... G10). The inclusion criteria is: to have at least four prenatal consultations; to be eighteen years old. Exclusion criteria took into

consideration the pregnant with high-risk at prenatal care.

For the production of data semi-structured interviews were carried out with open and closed questions. Data collection occurred during the months from September to October, in 2014. The interviews were recorded on device with permission of the interviewees; and subsequently we proceeded to the transcript of the testimony, and after the completion of the analysis.

To analyze the data, we opted for the content analysis technique, in the thematic analysis mode. Content analysis is defined as a set of communication analysis techniques, to obtain, through systematic procedures and description of the objectives of message content, indicators (quantitative or not) to allow the interference of knowledge of the conditions of production/reception (rejected variables) of these messages.¹⁰ This enabled to discuss and to establish the point of view of the scope of the proposed objective of the study.

After analyzing the material, the construction of the themes described below was performed: 1) *The pregnant women's knowledge about mother positioning in the second stage of labor*; 2) *Freedom of choice: the meaning that pregnant women attribute to the possibility of opting for an alternative delivery position*.

RESULTS

♦ The knowledge of pregnant women about maternal positioning in the second stage of labor

Women's testimony showed their knowledge about the position to have their children.

Open leg? I only know this [...] A kind of sitting with my leg opened. (G1)

...Just lying on a stretcher, with the leg open type, one to a side and the other leg to the other side. (G2)

I've seen my sister in law during her labor with her leg opened [...] lying with open leg, I just know that right there. (G3)

There's the squatted way that you can be squatted. (G4)

When the knowledge of these positions during the act of giving birth, the statements were those below:

Through the Internet, this group of doulas that I participate on the Internet that I told you [...] I always see births, yesterday I saw one in the bathtub on all fours, the baby was born in water, super cute [...] There is also another with the woman squatting and her husband holding her, another woman

leaning on those balls so [...] but all on the internet. (G5)

On the Internet, on television, some research [...] In the pre-natal they never told me about it. (G6)

So I learned here in lecture about normal delivery that nurses of UFF spoke, and at home, on the Internet, I was curious and I searched about it. (G7)

As for the possible benefits for the woman and the baby that the alternative positions for childbirth can offer, the testimony of women pointed out the following message:

From what I read the contraction depends on the woman, what position she feels better. (G4)

No, not beyond the comfort [...] In general some women talk that the tub is more comfortable, the woman feels more relaxed. (G8)

I believe so, do you know why? Due to the fact that earlier, people do not have cesarean [...] my mother was born in the squatted way [...] My grandmother was trying squatting, then the midwife said to my Grandpa [...] or the mother or baby, and then she got up and with the force that she had trying to raise up my mother was born [...] then it did not hurt anything. (G1)

Knowledge of women facing the alternative position in the process of giving birth is important to promote the empowerment of women across their choices.

♦ Freedom of choice: the meaning that pregnant women attach to the possibility of opting for an alternative for labor position

The meaning that pregnant women attribute to the possibilities of opting for an alternative for delivery position is in the following statements:

I don't think so; you just have to stay like that [...] lying. (G2)

I think the in public health it's not [...] all in the traditional way and that's all. (G3)

I believe so, but depending on the hospital, it's not as we want, because today if you arrive there and the doctor say: well, we will cut you now... There are doctors who let you free to question but not others (G6)

I can even ask, but the problem is they realize this request. (G9)

When asked to the pregnant women about the meaning given by them on the choice of position to give birth, the statements were those below:

I think it would be a way for me to feel good without harming the child [...] It would be a benefit to both. (G3)

To have security at the time of delivery. (G4)

It is very important, it's according to what I'm feeling [...] then it will be the position that will be more favorable to me and not the professional who will doing my delivery. (G5)

To choose is having autonomy to choose what you want, if it is better and more comfortable for me and for the child. (G8)

So I feel powerful if I could choose these types of position. (G10)

Thus, the women's comfort to the process of giving birth is essential to their security and feminine binding front of their autonomy and right to choose.

DISCUSSION

The lack of pregnant women's knowledge about their rights in the process of gestating/labor, ignorance about the possibility of adopting the birth plans, acceptance reduced by professionals in relation to delivery plans and the setting of many delivery rooms do not allow the adoption of different positions in the second stage in the country are clear indications that implies the prevalence of horizontal position during the second stage of labor.⁷

With regard to the perception of women and professionals about the woman's autonomy in choosing the position in the second stage, the evidence shows that: women have little access to information related to childbirth during prenatal and professionals still maintains a interventional practice that reduces the chances of women experience a physiological birth and strengthening of their autonomy.¹¹ Thus, it is inferred that women who accept the conventional position predetermined and imposed by the professionals at delivery by ignorance, since Internet access is still something that does not reach all levels of society and when the information is not offered during the prenatal is inhibiting factor for the woman on the choice of position.

The satisfaction of women in relation to labor and birth of child is closely linked to several factors. Among them, there are: culture, expectations, experiences, knowledge about this process, and especially the attention and care received during delivery period. Women who have not had the experience of giving birth or those who have had negative experiences, rely on third-party experience reports or carry in memory facts of the popular imagination that are reflected by the media in general usually as something scary.¹²

When considering the care and comfort during labor, we should not simplify and

consider only pain relief.¹³ This comfort is transmitted through the look, sensitive listening, understanding of the uniqueness of the moment of birth and empathy professional with the mother, the professional must demonstrate interest and attention, stimulating a partnership with the mother, thus promoting the relationship with the woman.

Since the gravity exerted by the vertical position assists both in delivery of fetal expulsion process for the extra intrauterine pressure naturally by gravity as for with increasing of the maternal pelvic diameters.¹⁴

Uterine contractions are also benefited by the vertical position, are more efficient contractions, as this position blood circulation is respected allowing less frequent contractions, however with more intensity.¹⁴ Thus, the adoption of vertical positions during the second stage allows birth with lower rates of maternal and fetal complications, resulting in healthier newborns.

All professionals qualified to attend the birth must be able to perform this service, according to the different positions chosen by the women during the second stage. There is the difficulty of sensitizing professionals and managers to adopt measures to enable the practice of adopting different positions to give birth in the hospital care.¹⁵

Thus, the World Health Organization (WHO) has proposed changes in the current obstetric care, including the rescue of natural childbirth, with stimulating action of midwife in prenatal and childbirth. Thus, the nursing routine implemented since 1996 is the visit of the mother and companion to meet the delivery rooms and receive guidance on the vertical and horizontal positions with tilt after the guidelines, their options of choice are registered in the medical record, being respected the choice of the mother at the time of the second stage. This practice helps in the rescue of the woman's role in the birth and should take place in an interdisciplinary way.

The adoption of different positions in the second stage has been encouraged in public institutions to attend the birth and provide humane care for women during childbirth. This stimulus is related to the accession of municipalities as strategy of Stork Network /Ministry of Health.

The humanist model favors the welfare of the mother and her baby, trying to be the least invasive as possible, considering both physiological processes and the psychological and socio-cultural context of pregnancy and childbirth. One can conjecture that unlike

testimonials, women's right to choose the positions to be adopted during the labor and the second stage is more likely to be respected than in private institutions; however, it is worth noting that the preparation of the pregnant woman to assume the squatting position is not always developed in the educational activities of pre-natal.¹⁶

By respecting the physiology of labor, we are respecting the role of women, their citizenship, their rights and their freedom of choice. The autonomy is perceived as a process that involves the definition and expression of preferences and free choices in contexts constraints, coercions or pressure, and that for the implementation of this concept, the setting conditions are required which are linked to socio-cultural factors.¹⁷

Respecting the autonomy of women means respecting their human powers to give their own laws, therefore, autonomy means "acting in a sovereign manner in regard to oneself".¹⁸

Autonomy cited by interviewees is related to their own desires, preferences and choice. To prepare them during prenatal to play their role, facilitating access to information, promote their active participation during the birth process is the duty of those who assist them throughout the process of gestate, labor.

Empowerment is an educational process that aims to help women in developing the knowledge, attitudes, skills and self-knowledge necessary for them to assume effectively responsibility for the decisions to be taken regarding their health.¹⁹

By corroborating the statements of the interviewees we can infer that the usual risk of pregnant women, who receive pre-natal care focusing on the physiology of pregnancy and childbirth, is likely to experience a safe, comfortable and full of positive memories childbirth.

CONCLUSION

There was misinformation of these women for childbirth, especially the different positions that can be adopted during the second stage; it was revealed that few knew other positions besides the lithotomy position.

The lack of information about normal delivery generates fear and insecurity and leads society to define the Cesarean as a low-risk procedure.

The moment when the woman lives her labor process is not ideal for the preparation and excessive information; however, the nurse, with knowledge and sensitivity, can identify the best way to prepare women for

childbirth or during prenatal visits or educational activities related to prenatal program, thus considering the importance of this in professional assistance to women during pregnancy and childbirth.

Thus, one of the greatest challenges of the present obstetrics is to ensure the quality of humanized care to women during pregnancy and childbirth, by building links, encouraging women's autonomy over their own bodies and recognizing this woman to be active in the process of gestate and labor.

The need for a more comprehensive approach that includes questions relating to the position in childbirth in undergraduate curricula of medical and nursing courses is highlighted, as well as an overhaul in prenatal care so that the program can enable pregnant women to the informed choice of the positions that can be adopted in the second stage of delivery.

It is believed that the results of this study will guide the prenatal and delivery care practices, contributing to the rescue of the autonomy of women.

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