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## ORIGINAL ARTICLE

### PAIN OF CHILDBIRTH: WOMEN'S PERCEPTION THAT HAD THE DELIVERY AT HOME

A DOR DO PARTO: PERCEPÇÃO DE MULHERES QUE PARIRAM NO DOMICÍLIO

EL DOLOR DE PARTO: PERCEPCIÓN DE MUJERES QUE PARIERON EN SU DOMICILIO

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#### ABSTRACT

**Objective:** to analyze the representation of the pain of childbirth for women assisted in Planned Deliveries at Home. **Method:** this is an exploratory and descriptive study with a qualitative approach, based on the Grounded Theory Data. The production data was conducted through semi-structured interviews using voice recorder, in the city of Goiânia/GO. The study participants were 14 women who had planned home birth. After transcribing the interviews in full, the speeches were separated by similarity and structured codes. **Results:** the analysis of the understanding and the meaning of the pain of childbirth for women who gave birth at home revealed three themes: Strengthening, Overcoming and Trust. **Conclusion:** the pain of childbirth for women who chose to give birth at home was disassociated to suffering, being attributed to a growth process. **Descriptors:** Home Childbirth; Labor Pain; Pain Perception; Obstetric Nursing.

#### RESUMO

**Objetivo:** analisar a representação da dor do parto para mulheres atendidas em partos domiciliares planejados. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, com base na Teoria Fundamentada em Dados. A produção de dados foi realizada por meio de entrevista semiestruturada, utilizando gravador de voz, na cidade de Goiânia/GO. As participantes do estudo foram 14 mulheres que tiveram parto domiciliar planejado. Após a transcrição das entrevistas na íntegra, os discursos foram separados por semelhança e estruturados em códigos. **Resultados:** na análise da compreensão e do significado da dor do parto para mulheres que pariram em domicílio, emergiram três categorias temáticas: Fortalecimento, Superação e Confiança. **Conclusão:** a dor do parto para mulheres que optaram por parir em domicílio foi desassociada do sofrimento, sendo atribuída a um processo de crescimento. **Descritores:** Parto Domiciliar; Dor do Parto; Percepção da Dor; Enfermagem Obstétrica.

#### RESUMEN

**Objetivo:** analizar la representación del dolor del parto para mujeres atendidas en Partos Domiciliares Planeado. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo, fundamentado en la Teoría Fundamentada en Datos. La producción de datos fue realizada por medio de entrevista semiestruturada, utilizando gravador de voz, en la ciudad de Goiânia/GO. Las participantes del estudio fueron 14 mujeres que tuvieron parto domiciliar planeado. Después de la transcripción de las entrevistas en su íntegra, los discursos fueron separados por semejanza y estructurados en códigos. **Resultados:** en el análisis de la comprensión y el significado del dolor del parto para mujeres que parieron en domicilio surgieron tres categorías temáticas: Fortalecimiento, Superación y Confianza. **Conclusión:** el dolor del parto para mujeres que optaron por parir en domicilio fue desasociada al sufrimiento, siendo atribuída a un proceso de crecimiento. **Descriptores:** Parto Domiciliario; Dolor de Parto; Percepción del Dolor; Enfermería Obstétrica.

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INTRODUCTION

Childbirth is a natural process in the history of pre-cultural civilizations. Pregnancy and childbirth are one of the most significant human experiences and outstanding for women, which can be perceived positively or negatively influencing in future experiments.<sup>1-3</sup>

Since its genesis, the woman goes through several processes that promote changes in their behavior. In this sense, childbirth is a great transformation event<sup>4</sup>. However, the autonomy of women and their decision about their body should prevail at the time of giving birth to her son.<sup>5</sup>

The events surrounding the birth process and birth in the hospital setting mark an atmosphere of suffering, frustration of expectations, physical or symbolic violence, and painful, leading the woman and her family to a stressful situation at the expense of positive, rewarding and healthy experience.<sup>6-7</sup>

Since the early days, although it is a physiological process, childbirth suffers social and cultural implications as evidenced in the Old Testament of the Holy Scriptures that tells how a purging female when Eve, the first woman, known sin and heard the part of God who has children give birth in pain.<sup>8</sup>

In recent years, we have experienced major changes in the setting of obstetric care, in which values are taken that go beyond the scientific and technological aspects, marking the rescue of the historical model of childbirth, again bringing home environment as a place suitable for a delivery.<sup>9</sup> In this context, midwives emerge on the rise to the planned homebirth, aiming at recovering the quality of care during the delivery process for the mother and the newborn.<sup>10</sup>

The term Planned Homebirth is used to conceptualize those births happen at home intentionally and programmed by the mother along with the professional responsible for assistance that previously accompanied the prenatal monitoring, and the risk factors.<sup>10</sup>

In this line of thought, this study aims to analyze the representation of the pain of childbirth for women attending Planned Homebirths.

METHOD

This is an exploratory and descriptive study of a qualitative approach, using as a theoretical reference of the Grounded Theory (DFT). The study participants were 14 women living in Goiânia/GO who had planned a home

birth. The sample was guided by data saturation. Data collection was conducted through semi-structured interviews during December 2015.

Women who planned birth at home with the assistance of a professional team and signed the Informed Consent Form (TCLE) were included in the research. The exclusion criteria were women who did not live in Goiânia/GO, or who did not have the outcome of delivery at home. The study was approved by the Research Ethics Committee of the Federal University of Goiás Clinical Hospital as Opinion N° 852,830, and Resolution N° 466/12 of the National Health Council.<sup>11</sup>

The interviews were conducted by the researchers, using voice recorder. After transcription in full, the speeches were separated by similarity and structured codes that revealed three themes: Strengthening, Overcoming, and Trust.

All respondents had a pseudonyms to maintain their integrity.

RESULTS

Knowing the profile of respondents was identified: 85.7% of women were married; 64.3% had completed higher education; 50% had home delivery in the first pregnancy, and 64.3% had a minimum of eight to thirteen prenatal consultations.

In the testimonies that address the representation of childbirth for women who gave birth at home pain, revealed three themes: Strengthening, Overcoming, and Trust.

◆ Strengthening

Social prejudice built over the years brings impossibilities of imagination to overcome the pain of childbirth. For many women, natural childbirth becomes something so laborious, and for many women, it is impossible to be achieved. According to the lines, it can be seen that overcome the pain of childbirth contributes to these women feel “stronger”:

*Today I am much stronger; I know what I can do, I trust myself more, because sometimes, people said I would not do it, and I arrive at the point to believe it, to doubt me (Bianca).*  
*I got to see a force that maybe I would not have seen. Otherwise, you know? Go through this pain; it showed a strength that maybe at the time I thought it would not, I did not know I had (Moana).*  
*[...] We have the feeling of strength because it hurts a lot, you faced that pain, and you are fine, thank you. The feeling that I am strong, and [...] we do not believe that we are strong and can go through it, now I believe, I have this strength, I can handle (Flavia).*

*Strengthening as a person to be a mother, which is a ... I think it is very important, right? (Isabel).*

During prenatal clinical monitoring of pregnant women and preparation for childbirth are to guide and prepare the couple to live birth at home. These consultations are performed after the 30<sup>th</sup> week of pregnancy, every two weeks until the 36<sup>th</sup> week when they become weekly until delivery. Consultations always address issues related to the empowerment of the mother, procedures, and conduct during parturition, and care for the newborn. The interviewees describe the meetings with home birth team were extremely important to prepare and empower women to experience the pain of childbirth:

*What helped the most were the meetings with the team during the prenatal (Isabel).*

*With the staff, the dialogues were more rational, it was not as entertaining, was not all pretty and wonderful. No, not everything is wonderful, it has a side A and a side B. Then, in consultation we always discussed the two sides of the coin, always spoke of these issues (Adriana).*

*Because in all meetings we had an issue, a conversation, and addressed a topic, so ... I also read a lot about it; I took some doubts about the pain, something that opened my eyes enough (Flavia).*

*Oh, people, certainly the staff gave me much confidence, you know? I had great confidence in the team (Vanusa).*

#### ◆ Overcoming

According to the testimony of some women, the pain of childbirth was perceived as a time of excess; that is a represented pain for an achievement attributed to woman's ability to have a delivery and overcome even the imposition of an institutionalized obstetric model sometimes discredits the potential of this woman.

*[...] It is so different from a pain that you are feeling a disease, so it is the ability to generate a life and you put that life out, you be woman enough (Bianca).*

*You feel safer, more confident of your ability, then you think so: man, I got birth, I went through a painful process all over, you are so not knowing what will happen, right? [...] But you can see that it works, it worked, and managed to get through that, then, the process was a success (Marcela).*

*So, it was one thing to show myself that I could, what everyone told me that I would not, that the pain of childbirth is supposedly unbearable. However, it was the other way around; I would say it was a watershed, as the process of a teenager coming to adulthood to become a woman.*

*Moreover, see that even I have my limits I could go beyond them (Joana).*

Currently, the easy access of the population to social internet networks facilitates the spread of a range of information that can have a positive or negative impact. In this case, the internet enables data written by non-experts, which allow readers a guided knowledge on scientific evidence or some misconceptions. According to witnesses, the Internet groups helped in overcoming the pain process.

*I would say what helped me most were the Facebook groups. I began to devour everything, all groups even before getting pregnant (Joana).*

*When my first daughter was born, I was very friendly with a Facebook girl. So, I remember much of what she spoke; she showed me (Luana).*

#### ◆ Trust

Overall, the society classifies the woman in an unprejudiced way, doubting her ability to give birth. Commonly, patients are imposed on the type of speech, "you will not do it", "when the pain tightening you will ask cesarean," "labor is not a toothache." These lines will produce in pregnant women a discredit of their potential to give birth. According to the statements, the pain of childbirth provided a moment of greater confidence:

*And, but at no time I thought about giving up, I did not think so, then that will be in the hospital and ask for analgesia, or something, at no time I thought it [...] quite possible to spend and time perhaps until well wonder if really do it again (Moana).*

*[...] The pain of childbirth, it ... seems like a simple thing, but it changes [...] it gave me confidence as a woman, you know? (Luana)*

*[...] I know what I can do, I trust myself more, because sometimes people would say I was not going to do it and I arrived at the point to believe it, to doubt me (Bianca).*

The meeting with other women who experienced natural childbirth was a mediator for the pain of childbirth was perceived as confidence. The meetings in groups of pregnant women empower women to be able to experience the pain of confidence.

*I think that it influenced me [preparatory courses] to have information and perhaps I was thinking of the people who had no access to as much information as I had, like because I totally immersed myself (Moana). However, it is not the same thing you hear from a person who is near, the meetings there together, everyone speaking the same language. So, these meetings were to me which made me much more confident. At*

*the time, it was the pain I felt confident and always reminded of the groups (Vanuza).*

The experience of natural childbirth, assisted by qualified professionals, provided a respectful process in which the couple had the opportunity to experience the physiology in its purest level. Even with prejudice, the Brazilian culture, to feel pain, these women chose to pass through the birth and named strengthening, resilience, and confidence because of this option.

## DISCUSSION

The results showed that 64.3% of participants had at least eight prenatal consultations indicating that the follow-up to the Planned Homebirth exceeds the recommendations of the Ministry of Health (MOH).<sup>12</sup>

The MOH recommends that an ideal prenatal care should start with up to twelve weeks of gestation and have at least six visits, childbirth and the postpartum period. The monitoring of pregnant favors a pregnancy, healthy labor and birth, indispensable to address psychosocial, educational and preventive activities.<sup>12</sup>

The data revealed that women who had planned home birth disassociate the suffering labor pain. However, the fact that they passed the "labor pain" made them feel more empowered.

When compared to studies of women who gave birth in the hospital, there was a similarity in the construction of the sense of pain after experiencing it in normal birth. For the ten women who have had experience in the Unified Health System, eight assessed pain as a natural phenomenon inherent in childbirth and female nature emerging from the strengthening and empowerment of the mother.<sup>13</sup> However, for one of them, the pain was perceived as justified in institutions suffering from lack of obstetric care. For another participant was seen ambiguously: the lack of obstetric care and overcoming the achievement of the pain without this assistance.<sup>13</sup>

For women who gave birth at home, the strengthening process was built during the preparation of consultations for delivery with the team that attended them. The interviewees said that the meetings were very important. In this view, it can be said that prenatal care has fulfilled its real function: the preparation of the couple for the experience of labor and birth.

During pregnancy, it is normal for women more vulnerable not being informed about the

questions about the physiology of parturition process. For a quality prenatal care, it is necessary for addition to the consultations, advance individual educational activities and/or group allowing the discussion of various topics proposed by both professionals and pregnant women and caregivers. It is a unique opportunity to promote the empowerment of women and decide clearly how they prefer to live the experience of childbirth.<sup>14</sup>

This study often discouraged for normal delivery by the family, claiming that women would not be able to go through the pain of childbirth, and even opted to stay at home. The recommendations of the older women tend to have much value especially for the inexperienced, and pregnant women groups constitute a great opportunity to demystify some cultural positions and give the scientific knowledge for women to reach their autonomy.<sup>14-5</sup>

The groups of pregnant women were reminded of the women who gave birth at home as a tool that favored the confidence to follow for normal birth without intervention. It is a favorable place to learn about the experiences of other couples who have lived the same longings and disseminate their positive reports regarding homebirth.

The search for quality information on social internet networks was cited as a coping mechanism for women. This means of communication has become an increasingly important tool to show the experiences of women who chose normal delivery, to clarify and help pregnant women in the conscious and informed choice.<sup>16</sup>

## CONCLUSION

The planned homebirth is growing in large urban centers in Brazil. It has been presented as an alternative way for couples seeking greater autonomy to live childbirth satisfactorily.

This study concluded that the search for home birth has been increasing among married and high school women, predominant among women who have completed higher education.

Women in the study had ample prenatal monitoring, surpassing the recommendation of the Ministry Health of at least six visits, there was a pregnant woman who totaled 25 consultations with staff and obstetrician. This approach reveals that although care standards of care, it can be personalized care according to the needs of each woman.



The study showed that although the pain of childbirth, socially stigmatized and associated with suffering, women who delivered at home demystified this paradigm. They realized this broad event, including the birth process going far beyond, it is a natural experience. They believe that having experience of "labor pain" produced a growth by strengthening acquired by overcoming, producing confidence in their bodies as a mother.

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