Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

WOMAN'S EMPOWERMENT IN PLANNED CHILDBIRTH AT HOME

O EMPODERAMENTO DA MULHER NO PARTO DOMICILIAR PLANEJADO

EL EMPODERAMIENTO DE LA MUJER EN EL PARTO DOMICILIARIO PLANEADO

Joanne de Paula Nascimento[1], Diego Vieira de Mattos[2], Maria Eliane Liégio Matão[3], Cleusa Alves Martins[4], Paula Ávila Moraes[5]

ABSTRACT

Objective: to analyze factors that influence women in the choice of planned home birth. ***Method***: descriptive, exploratory study with a qualitative approach, based on the framework of Grounded Theory in data. The production data occurred in Goiânia /GO, Brazil with 14 women who had planned home normal birth. The interviews were conducted using voice recorder. After transcription in full, the speeches were separated by similarity and structured categories. To maintain the integrity of all respondents were given pseudonyms. ***Results***: in the data analysis emerged two thematic categories: Fear and Fugue x Empowerment. ***Conclusion***: women opt for planned home birth, the construction of the desire of women and family is permeated by various symbols and meanings that bind pregnancy to a natural event that is part of the life cycle, take a questioning stance of the current model of care the labor and birth. Keywords: Childbirth Homecare; Humanized birth; Obstetric. ***Descriptors***: Home Childbirth; Humanizing Delivery; Obstetric Nursing.

RESUMO

Objetivo: analisar fatores que influenciam as mulheres na opção pelo Parto Domiciliar Planejado. ***Método:*** estudo descritivo-exploratório, de abordagem qualitativa, com base no referencial da Teoria Fundamentada em Dados. A produção de dados ocorreu em Goiânia/GO, Brasil com 14 mulheres que tiveram parto normal domiciliar planejado. As entrevistas foram realizadas utilizando gravador de voz. Após a transcrição na íntegra, os discursos foram separados por semelhança e estruturados em categorias. Com a finalidade de manter a integridade das respondentes, todas receberam pseudônimos. ***Resultados:*** na análise dos dados, emergiram duas categorias temáticas: Medo e Fuga x Empoderamento. ***Conclusão:*** as mulheres optam pelo Parto Domiciliar Planejado e a construção do desejo da mulher e de sua família é permeada por vários símbolos e significados que ligam a gestação a um evento natural que faz parte do ciclo da vida, onde assumem uma postura questionadora do atual modelo de atenção ao parto e nascimento. ***Descritores:*** Parto Domiciliar; Parto Humanizado; Enfermagem Obstétrica.

RESUMEN

Objetivo: analizar factores que influyen en las mujeres en la opción por el parto domiciliario planeado. ***Método:*** estudio descriptivo-exploratorio, de enfoque cualitativo, fundamentado en el referencial de la Teoría Fundamentada en Datos. La producción de datos fue en Goiânia/GO, Brasil con 14 mujeres que tuvieron parto normal domiciliario planeado. Las entrevistas fueron realizadas utilizando gravador de voz. Después de la transcripción en su íntegra, los discursos fueron separados por semejanza y estructurados en categorías. Con la finalidad de mantener la integridad de las respondientes todas recibieron pseudónimos. ***Resultados:*** en el análisis de los datos surgieron dos categorías temáticas: Miedo y Fuga x Empoderamiento. ***Conclusión:*** las mujeres optan por parto domiciliario planeado, la construcción del deseo de la mujer y la familia es permeada por varios símbolos y significados que ligan la gestación a un evento natural que es parte del ciclo de la vida, asumen una postura cuestionadora del actual modelo de atención al parto y nacimiento. ***Descriptores***: Parto Domiciliario; Parto Humanizado; Enfermería Obstétrica.

[1]Obstetric Nurse of the Women and Maternity Hospital Dona Íris. Master´s student in Health Care by PUC/Goiás. Goiânia (GO), Brazil. E-mail: 18paulajo@gmail.com; [2]Obstetric Nurse. Ph.D. student in Psychology by PUC/GO; President of ABENFO-Goiás. Goiânia (GO), Brazil. E-mail: diegovmattos@hotmail.com; [3]Obstetric Nurse. Ph.D. in Psychology by PUC/GO. Assistant Professor II of the Department of Nursing of PUC/GO. Goiânia (GO), Brazil. E-mail: liegio@ih.com.br; [4]Obstetric Nurse. Ph.D. in Nursing by EEAN/UFRJ; Associate Professor of the Nursing School and Master´s in Health Education/Federal University of Goiás. Goiânia (GO), Brazil. E-mail: cleusa.alves@gmail.com; [5]Obstetric Nurse of Renascer Team, Humanzied Childbirth. Goiânia (GO), Brazil. E-mail: paulaavilamoraes@gmail.com

INTRODUCTION

Childbirth is a condition of the woman, a natural process in the history of the human population. Pregnancy and childbirth are one of the most significant human experiences and impactful to the female body, which may have positive or negative results, influencing in future experiments.[1,3]

During life, the woman goes through several processes that promote changes in their behavior, and in this sense, childbirth is one of great change for the mother event. However, autonomy and the decision about their body must prevail at the time of giving birth to their son.[2]

For women, the events involving the process of labor and birth in the hospital setting has an atmosphere of risk, suffering, frustration of expectations, physical violence or symbolic and painful being a stressful situation for the woman and her family, hindering to turn that experience into something positive, rewarding and healthy.[4]

During the decades of 60-90, technocratic model bringing the institutionalization of labor, misuse of invasive technologies prevailed in the labor and birth process, incorporating large number of interventions, often unnecessary, and as a consequence, high rates of cesareans, fetal monitoring, episiotomy, induction of labor with oxytocin, among other behaviors.[5]

In 2012, the data of the National System Births (Sinasc) indicated that the number of C-sections accounted for 55.6% of births in the country. Approximately 98% of births took place in health institutions. Home deliveries reported are included in deliveries in the path or accidental home.[6,10]

The humanist model favors the welfare of the mother and her baby, looking to be the least invasive as possible, using the appropriate technology, constituting an assistance characterized by continuous monitoring of the parturition process.[4]

The act of humanizing assistance to women during the delivery process points to attention on the woman and family in their uniqueness, with specific needs that go beyond biological issues and encompass social, ethical, educational and psychological conditions present in human relationships.[7]

Since the 2000s, there were major changes in the obstetric setting; values are taken that go beyond the scientific and technological aspects, pointing to the rescue of the historical model of birth, again bringing home environment as a place suitable for delivery. In this context, midwives emerge on the rise for planned home birth, aiming at recovering the quality of care at childbirth for the mother and the newborn.[8]

In Brazil, the term Planned Homebirth is used to conceptualize those births taking place at home, a decision planned by the mother along with the health professional - obstetrician nurse or doctor - responsible for the care to be provided and previously accompanied the prenatal, preventing the risk factors during the birth process. This mode of delivery and birth allows for greater environmental control, by the professional woman in labor and family, involved in the delivery event.[9]

Thus, homebirth emerges rescuing the physiological delivery model, historically compatible with the birth process. However, this trend reveals a reality with great challenges, requests and dilemmas for women who opt for this type of assistance. In this perspective, the study aims: to analyze factors that influence women in the choice of planned home birth.

METHOD

This is a descriptive study of qualitative approach, using as a theoretical methodological reference to the Grounded Theory/PDT. The study participants were 14 women living in Goiânia (GO), who had normal birth home planned. The sampling was guided by data saturation and data collection through semi-structured interviews during December 2015.

Inclusion criteria were women who had a planned birth at home, with the assistance of a health professional team. Women were excluded if they did not live in Goiânia, or who did not have the final outcomes of delivery at home.

The interviews were conducted by the researchers, using voice recorder. After transcription in full, the speeches were separated by similarity and two categories were structured: Fear and Fugue x Empowerment.

All respondents had pseudonyms to maintain their integrity.

The study had the project approved by the Research Ethics Committee of the Federal University Clinical Hospital of Goiás, CAAE 35107814.4.0000.5078, and meets the requirements of Resolution Nº 466/12 of the National Health Council. All participants signed the Informed Consent Form (TCLE).

RESULTS

Knowing the profile of the interviews, there were: 85.7% of women were married, 64.3% had completed higher education, 50% had home delivery in the first pregnancy and 64.3% had at least to 13 prenatal consultations.

In the analysis of the reports, it was identified that the empowerment of women to decision birth at home, two categories emerged: Fear and Fugue x Empowerment.

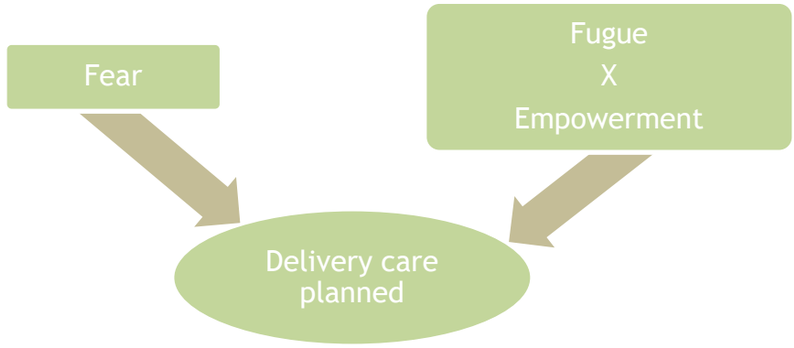

Figure 1. Graphical representation of categories.

♦ Fear

Pregnancy and childbirth and postpartum are events that are part of the reproductive lives of women. It is a unique experience in the life of the woman, the partner and involves family. Although the labor and birth is a biological event, it is accompanied by other factors that generate psycho-emotional, cultural, social and economic implications.

In the nineteenth century, the influence of industrialization and the medicalization of health contributed to the transference of the birth at home for the hospital setting. This biomedical approach has caused changes in the care process and behavior of women. The patients conform to new social position and immerse their autonomy during the birth process.

The empowerment of women during their labor becomes a power tool given to the healthcare professional who sometimes uses interventions, unnecessary behaviors that compromise the physiology of the female body to speed up the natural process of childbirth. In this sense, many women reported fear of giving birth in hospital due to unpleasant situations experiencing trauma:

> *First, I am very afraid of the hospital, I have much trauma from what I lived through my mother´s death, I do not like hospital and only go to the hospital if I am too bad, then, so he joined the business with pleasure [...] (E.2).*
>
> *Since I got pregnant, I never thought about going to the hospital, because my experience in the hospital had also been awful, right, then when I found out that there was a planned home birth I wanted at home (E.10).*

Humanization of Childbirth care includes several structural aspects, work, and family. Thus, the hospital is still perceived by some women as synonymous with disease, disassociated from the meaning of labor and birth:

> *Thus, I am a person who does not like that I do not feel well in the hospital; I do not think a hospital is a place of life, people who are there for life becomes more susceptible to infection and such [...] (E .4).*
>
> *The hospital environment for me is not a quiet environment, is full of sick people, place full of infection [...] sad place (E.7).*
>
> *Because I do not like hospital and when we will know the hospital has more sense of the risk of infection, but many people think otherwise, you know, think that at home you have more bacteria you will get an infection at otherwise there because at home you know it, your body is used to it (E.6).*

The participants reported traumatic births situations in the family, the feeling of fear and insecurity, little woman´s autonomy related to lack of control of the risk of infection in the hospital.

♦ Fugue X Empowerment

The events involving the process of labor and birth in the hospital had an atmosphere of risk, suffering, frustration and physical or psychological violence to the woman an exhausting and painful experience.

The advent of many technology procedures began to be used without scientific evidence, and the negative results of technicality reflected the “cesarean epidemic” increase in maternal and perinatal morbidity and mortality rates and dissatisfaction of patients, leading them to opt for planned home birth as an empowerment mechanism:

> *So, I did not want at all going to the maternity because I knew indirectly I had it with me, everybody I knew who it was and even they wanted and got to go into labor in the hospital*

ended up falling into a C-section, then the people came with that thing ah! I do not have dilation! Why did they not dilate? (E.6).

Complaints related to excessive interventions, the expansion time control and delivery dynamics of the charge were identified that explain the high rates of interventions, superimposes physiology and alter the physiological course of labor and delivery and can trigger cascade events where an intervention of other successive conditions[9]. For some respondents, the home birth would be a way to escape interventions such as episiotomy:

> *Because I was afraid of intervention, I was afraid of episiotomy, even more, I read how it was done unnecessarily, [...] I was afraid at the time of labor pain was already happening, and I can not impose myself to this (E.5).*
>
> *Moreover, I thought well, people if I go to the hospital the people will cut me, because it will get many speeches, and I was very afraid (E.14).*

The humanized delivery care means putting the woman in control, giving them a sense of security during childbirth and care for their child. In the hospital model, the decision for obstetric and neonatal interventions often is conditioned to conduct professional attending the birth:

> *First, the fear of suffering an obstetric violence, the hospital environment for me is not a quiet environment, a sense of security inside me was higher. Moreover, the intervention weighed more, have the right to choose the more I take a birth plan, the more I knew that the team is humanized by the time she left away from me I would not have control, so I think that sense of security at home made me choose (E.7).*
>
> *Fear of obstetric violence, and especially violence in the neonate as well. My oldest daughter was born of an unnecessary cesarean I do not even know how many weeks a baby to be born, the doctor took her at 37 weeks and 5 days and were drops of silver nitrate, it was a mother and daughter distance, several things I wanted to go through a normal delivery, but at the same time I was afraid to go to maternity and suffer obstetric violence (E.11).*
>
> *They treat the woman giving birth to a person who is out of control of their health, a person totally without the right to autonomy of the body. Then, the medical knowledge totally takes our place, and interventions in children that I knew could be unnecessary, and I did not buy this fight in the hospital, I was afraid of retaliation, suddenly take a birth plan and the person I mistreating just to prove to me that the control was not me (E.5).*

Assistance to humanized delivery implies the performance of the professional for compliance with the physiological aspects, avoiding unnecessary interventions, recognizing the social and cultural aspects of labor and birth, respecting the autonomy of women throughout the process, ensuring women the right to escort free choice and information about the procedures that will be submitted.[11]

The autonomy to actively decide on their care. In this experience, the professional team acts as a facilitator of a natural process, in which the woman is prepared throughout life[12].

DISCUSSION

The interviews explicit the sense of fear of the hospital related to the fear of unnecessary cesarean or excessive interventions on his wife and the newborn and the choice of home birth as a planned escape of interventions.

The social construction of the hospital is the appropriate place for delivery resulted as a natural environment for care delivery and all actions and interventions associated with it so that giving birth out of this environment is considered abnormal and accidental associated with lack of assistance.[2]

Brazil is a world leader in cesarean sections, the repercussions of these are quite serious: cesareans carry four times the risk of puerperal infection, three times more risk of maternal morbidity and mortality, increased risk of prematurity and neonatal mortality, more difficult mother recovery, longer separation of mother/baby with delayed initiation of breastfeeding and increased costs for the health system.[13]

Humanization and the quality of care delivery are essential conditions for health actions translated in the resolution of the identified problems, the satisfaction of patients, strengthening the capacity of women facing the identification of their demands, recognizing and claiming their rights and promotion of self-care to improve the newborn and mother´s quality of life.[14]

Humanism aims not following the conventional model of care, raising the subject active woman in the birth process, giving her the right to choices, emphasizing family participation and seeking to encourage the most active participation of the partner in the childbirth.

The country has the movement to transform care delivery cultural practices pregnant women seeking birth at home, known for planned home birth; the residence

presents as a safe and viable environment for giving birth. This assistance mode allows greater control of the environment, by the mother and family, involved in the delivery.[9]

According to most interviewed, the hospital is not a suitable place for the labor and birth and opted for home delivery planned for safety; they feel at home confidence that that team would respect their autonomy throughout the process.

CONCLUSION

The best place to give birth is one in which the woman feels safe, and it could be at home, in a Birth Center or a maternity hospital. The residence is a safe environment for the birth being the wife and family decision and accompanied by a specialized team.

The study showed that women opt for planned home birth, the construction of women´s desire and family is permeated by various symbols and meanings that bind pregnancy to a natural event that is part of the life cycle, take a questioning attitude of the current model attention to labor and birth.

The natural empowerment of the mother and autonomy in choosing the best way of delivery and neonatal care is the achievement of freedom to the SUS patients. Considering that the hospital environment is a hostile and threatening institution for many women, who dream of having a respectful and natural childbirth.

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Submission: 2015/04/28
Accepted: 2016/10/13
Publishing: 2016/11/15

Corresponding Address

Joanne de Paula Nascimento
Rua Paissandú, 295
Bairro Ipiranga
CEP 32676-*295* — Goiânia (GO), Brazil