



PARTURITION EXPERIENCE: PARTURIENTS PERCEPTION ABOUT THE NORMAL BIRTH AND CESAREAN

EXPERIÊNCIA DE PARTO: PERCEÇÃO DAS PUÉRPERAS SOBRE O PARTO NORMAL E CESÁREO

EXPERIENCIA LABORAL: LA PERCEPCIÓN DE LAS PUERPERIAS SOBRE EL NACIMIENTO NORMAL Y CESAREAO

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ABSTRACT

Objective: to analyze the parturient perception about the experience with the normal and cesarean birth. **Method:** a descriptive study, exploratory, with a qualitative approach, conducted with 12 parturient from a reference public maternity in Teresina/PI, Brazil. Data were produced by recorded interviews, transcribed integrally and analyzed by Content Analysis Technique, emerging in the categories << The parturient view about their experience with the normal and caesarian birth >> and << Recognizing the importance that in the normal birth the recuperation is fast when compared to the caesarian birth and considering the caesarian birth only in the cases of obstetric complications >>. **Resultados:** the parturient reveal that in the normal birth the recuperation is fast when compared to the caesarian birth and consider the caesarian birth only in case of obstetric complications. **Conclusion:** the socio-cultural, economical, historical and emotional factors have been marked as the main element to a better acceptance of the birth way according to the condition predisposed from the normal or caesarian birth resoluteness. **Descriptors:** Normal Birth; Caesarian Birth; Nursing.

RESUMO

Objetivo: analisar a percepção de puérperas sobre a experiência com o parto normal e cesáreo. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com 12 puérperas de uma maternidade pública de referência em Teresina/PI, Brasil. Os dados foram produzidos por entrevistas gravadas, transcritas na íntegra e analisadas pela Técnica de Análise de Conteúdo, emergindo nas categorias: << O olhar de parturientes sobre sua experiência com o parto normal e cesáreo >> e << Reconhecimento da importância do parto cesáreo frente a complicações obstétricas >>. **Resultados:** as puérperas revelam que no parto normal a recuperação é rápida quando comparado ao parto cesariano e consideram o parto cesariano somente nos casos de intercorrências obstétricas. **Conclusão:** os fatores socioculturais, econômicos, históricos e emocionais têm se destacado como principal elemento para uma melhor aceitação da via de parto conforme condição que a predisõem a resolutividade do parto em normal ou cesariano. **Descritores:** Parto Natural; Parto Abdominal; Enfermagem.

RESUMEN

Objetivo: analizar la percepción de las madres en la experiencia con el parto vaginal y cesárea. **Método:** Estudio descriptivo, exploratorio con enfoque cualitativo, realizado con 12 madres de una referencia maternidad pública de Teresina/PI, Brasil. Los datos fueron producidos por entrevistas grabadas, transcritas y analizadas por la Técnica de Análisis de Contenido, emergente en las categorías: << Visión de las madres en su experiencia con el parto vaginal y cesárea >> y << el reconocimiento de la importancia de la cesárea en comparación con complicaciones obstétricas >>. **Resultados:** las madres revelan que en la recuperación normal al nacer es rápida en comparación con la cesárea y el parto por cesárea en cuenta sólo en los casos de complicaciones obstétricas. **Conclusión:** factores socio-culturales, económicos, históricos y emocionales se han destacado como elementos principales para la aceptación de la modalidad de parto como una condición que predispone a la firmeza del parto en normal o cesárea. **Descriptores:** Parto Vaginal; Parto Cesáreo; Enfermería.

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INTRODUCTION

The birth is mentioned as a watershed in women's life, full of meanings built and rebuilt, through the singularity and culture that transform their daily routine. This process is a historical fact in which the art of giving birth occurred in the home of the woman who was usually accompanied by a midwife of your trust. In this design, the woman freely expresses their feelings and fears in a warm atmosphere in the family room.¹

Historically give birth and birth has become increasingly over time, from the time when the delivery was conducted by midwives in the home environment of own parturient much change occurred with the incorporation of technological innovations in the arena of obstetric medicine.²

The parturition procedures and childbirth has special value in the life of the woman and her family as it means the result of clinical stages in reproductive health, reviewing as a unique and distinct time as it involves feelings of fear, anguish, cultural and social values, lacking support and understanding of both the team assists as the family.³

Childbirth became a hospital procedure, promoted by intense medication and surgical routines, distancing midwifery art midwife and subtracting the mother's empowerment in the process. Since then, in Brazil and in the world, women began to be away from their families at the time of parturition, remaining isolated in a labor room, with little or no privacy.¹

In Brazil, the dominant model of childbirth care is interventionist, repressing the mother, to elect the institutional routines at a loss to physiology and social and cultural aspects of the event. Reality attributed to normal childbirth induces existential and simply psychological reasons grounded in lived attempts and practical conditions transmitted by family members and friends who are subjective point of view associated with the service and especially as regards the pain of natural childbirth accompanied by fear, anxiety and negative experience during childbirth.⁴

Since 1985, the World Health Organization announced that the population cesarean rates vary approximately between 5,0% and 15,0% .In However, these rates over time has been gradually adding in

various parts of the world. In Brazil, statistics carried out by the Ministry of Health shows significant growth of 32,0% in 1994 to 52,0% of births in 2010. In 2014, kept 52,0% of births and 88.0% of C-sections were performed in the private health system.⁵

The increasing cesarean rates in Brazil symbolizes vast challenge, arguing unnecessary risks for both the mother/child, in addition to the association with maternal mortality and high costs to the health system; especially when it observed the reduction of maternal mortality linked to skilled attendance at birth, emergency obstetric care and the country's inability to achieve the target of 75% reduction in maternal mortality till 2015.⁶

In 1990, the Ministry of Health adopted measures to raise awareness to improve the recovery assistance to natural childbirth, reinvigorating delivery model in the country, which was founded in interventionist actions and medication in this sense, changes began to be implemented in order to encourage vaginal delivery, in addition to providing health professionals to understand the woman's right to share the parturition process.⁴

It is observed that the creation of the Normal Birth Centers (NBC) attempts to revive the rights that women have about the practice of vaginal delivery that has advantages for both the mother and the baby, as the rapid postpartum recovery, low risk of infection, bleeding and other complications, and both receive high early that guarantee the same to have their birth in a similar location to your environment.⁷

Normal Birth Centers (NBC) were created in Brazil by Ordinance of the Ministry of Health nº 985/GM, on August 5, 1999, for the purpose of securing universal access to care delivery, thereby providing a humanized care during pregnancy, childbirth and postpartum , guided as a result reducing maternal and child mortality.⁸

Was notified by the Ministry of Health in 2011 over a line of care and protection of maternal and perinatal health, Stork Network, in which favors women: health, quality of life and well-being during pregnancy, childbirth, postpartum, growth and development of children up to two years of life. The objective was to reduce

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the maternal and child mortality; sexual accreditation and reproductive rights.⁹

It is evident that the qualified assistance to labor in women is a fundamental right and portrays indispensable factor to blame the woman can practice maternity safely and well-being. The health team should be prepared to welcome the mother, her partner and other family members, enjoying all the meanings that moment, with the duty to provide the creation of links, transferring him confidence, calm and reserved the rights of women in the actions of health.¹⁰

Studies of this issue indicate that the choice for a specified delivery route derives from the socioeconomic and cultural context of inclusion of every woman, in addition to the care provided by professionals in the delivery room.^{10,6}

In this sense, the expectation of the pregnant woman and the type of delivery is related to the information to be obtained and explained to the woman during prenatal care, link to care delivery. So the mother can know the possible alternatives in care, under normal circumstances and in case complications arise. According to this context came the following guiding question: What is the perception of mothers about their experience with normal and caesarean section? So to answer this question was designed as objective:

- To analyze the parturient perception about the experience with the normal and cesarean birth.

METHOD

Article extracted from the monograph << Aspects related to the primigravida expectative choosing the birth way in a public maternity >>, presented to the Nursing bachelor course in Estácio/Teresina unified educational Center, Teresina PI, as a requirement to obtain the Nursing Bachelor title.

descriptive, exploratory study with a qualitative approach, performed in a public hospital of reference in Teresina (PI), Brazil, consisting of a population of 12 mothers, including the following factors: vaginally mothers with previous experience of normal and caesarean section after 12 hours of occurrence of birth were willing to report their experiences at that time, excluding submitted only one type of delivery. Using the criterion of saturation of the data

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collected when the statements became repetitive.

Obeying the inclusion criteria, the mothers were informed about the objectives of the study and invited to participate in the study after informed about the importance of reading and signing of the Terms of Consent (TC), according to Resolution nº 466/12 of the National Health Council.¹¹ The interviews took place between September 2015 on the wards Maternity reference, using a recorder with authorization of the institution and acceptance of deponents.

Data collection began from a script semi structured research with the following question: “What is the perception of women (you) about your experience with normal and caesarean section?” The recorded interviews were transcribed and analyzed by content analysis technique Minayo,¹² emerging category:<< The mothers look on your experience with vaginal delivery and Caesarean >> and << Recognition of the importance of cesarean section compared to obstetric complications >>

He obeyed the preservation of the identity of the participants, they were identified by the letter "D" Followed by a number. Regarding the ethical aspects, the research was approved by the Piauí Ethics Research Committee Facing Cancer Association, receiving the opinion nº 1.005.754 and CAAE: 39466014.8.0000.5584.

RESULTS AND DISCUSSION

The studied parturient's age varies between 19 to 45 years old, primary school (2), incomplete high school (2), complete high school (7), and only one with college. As for family income six have income of 1 minimum wage, 4 two to three minimum wages, with more than four salaries and only one without fixed income.

♦ The parturient view about their experience with the normal and cesarean birth

The child birth is discussed as one of the main events in woman's life, because the birth acquired knowledge always represented a really important moment in women's life, a singular and special moment, underlined by changes in their new role, the mother role. This time because the woman's life different feelings: fear, uncertainty, joy and satisfaction, among others, need special attention from family

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and health team that participates in this event.¹³

In this context, it appears that the circumstances and expectations of women are the main points of delivery experience. The interviewed mothers were encouraged to compare their different experiences, being evidenced in their reports that the normal birth is seen as satisfactory since the recovery is faster and allows the realization of its activities without relying on others, as can be seen in statements below:

[...]for me the normal delivery was better, I had the baby in one day and the next he went home, the recovery in the normal is faster. (D 01)

for me the normal delivery was better, I had the baby in one day and the next he went home, the recovery in the normal is faster [...]recovery is better, you can go for home faster, can take care of your child without the help of others and not Cesarean. (D 02)

My normal delivery was good, it was fast, I did not feel pain. It was too good birth, my daughter was born seven months, spent three days in the incubator, then I went home and recovery was great. (D 03)

[...]the advantage of my normal birth is that I went home the other day, as the Cesarean was only after three days [...]you need help to get up to move [...] I had both experiences and for me it is normal best. (Deponent 10)

As seen on the above interviews, the interviewees recognize normal delivery as the best option as it provides faster recovery, possibility of self-care and return home early, unlike the cesarean section.

Similar results were found in research conducted in André Saint Hospital in 2010, the mothers showed normal delivery as most preferred for several reasons. Some mothers stressed on speedy recovery postpartum compared to abdominal delivery, others attribute this preference not only because of the effective recovery, but the fear before the anesthesia used for cesarean section.¹⁴

According to some studies in Brazil, normal delivery has several positive aspects, because of providing the significant recovery women, given that normal calve is simple, fast, and quiet giving opportunities to independence puerperal to walk, perform hygiene staff, housekeepers, baby care, and effective recovery of the mother's body.¹³

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Natural childbirth favors income ranging from skin to skin contact between newborn and the mother, entering one line at that time also helps to globe Pinard security, heartbeat and breathing new born, which contributes to decreased crying and stress new born, so it will have reduced loss energy, keeping warm by the mother of the heat transfer in rooming.^{15,10}

Satisfying give the preference or advantages associated with natural childbirth, related to recovery after delivery is faster, design a better choice and above all healthier for both the mother and the baby, another positive experience with previous natural childbirth is feeling less pain after childbirth.¹⁵

In this context, this category points out the manifestation of deponents in relation to caesarean section, expressing the difficulty they present to look after the child for self-care, to get up and walk. It also reports that the caesarean section is sore. Following testimonials demonstrating this understanding:

Cesarean section is horrible, the feeling of both anesthesia and to care for the child, to stand, to walk [...] I don't advice [...]I only had it because it was the way I myself prefer normal. (De 02)

At the normal birth, the person recovers quickly, as the Cesarean is very painful and sore [...]if I wanted to have another birth, I did not want to have Cesarean anymore, it's too bad. (Deponent 04)

[...]My normal birth was good [...] I felt little pain, as the Cesarean is not very good not because besides we do not do things the people, agent cannot move right and feel a lot of pain [...] (Deponent 05).

In normal birth we recover very fast and caesarean section but you recover more slowly, you get a huge scar [...]not all doctors are capricious, sometimes they leave a very ugly scar [...] (Deponent 09)

The choice of the type of delivery always revolves around a long discussion, in which most women show a preference for vaginal deliveries, but some opt for cesarean section, believing it to be a less painful process, but actually increases the time hospitalization and recovery which affects the initiation of breastfeeding.¹⁶

Researchers report that this theme abdominal birth limits the experiences and

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feelings of the protagonists maternal self-care, the daily routine of chores and other subsequent times to delivery such as the care given to the newborn.¹⁰

Below testimonials that show the design of the mothers about the benefits of vaginal delivery for breastfeeding to facilitate the handle and able to breastfeed better. These statements also emphasize the difficulties in recovery and pain in the surgical cesarean post.

Normal is better much better because even though you feel the pain that is normal even for you to have the baby over all other factors that are better coming after the baby is born the issue of breastfeeding and the baby question take the breast quickly all this is better. In normal birth, I felt differently was just that the Cesarean my baby was taking longer to catch breast understood. (Deponent 11)

Normal delivery was better than Cesarean recovery was better [...]after caesarian so far I've been struggling to get up, take a shower and I'm not getting, the surgery is hurting me, I laid now because I was so hurt [...]I cannot breastfeed Normal. (Deponent 12)

The obstetrical care associated with abdominal delivery, can stretch from the beginning of breastfeeding, when faced with vaginal delivery, reducing the chance of establishing early bond between mother and child, so early contact between mother and newborn offers a link positive, contributing to guarantee success of breastfeeding, which may contribute to the reduction of infant mortality rates.¹⁷

Thus, it can be seen that rapid recovery is of great importance to the preference of mothers for normal delivery. Women emphasize the independence that vaginal delivery offers in order to provide the performance of common functions such as bathing and domestic activities. This better rehabilitation is still important to mother's care to their newborn, as in the breastfeeding process.

Recognize of the cesarean birth importance in front of the obstetric complications

These categories present depositions showing the parturient recognition about the caesarian birth importance in regarding obstetric complications. In these statements, the mothers expressed that even considering the cesarean section as

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bad, believe that this type of delivery just preventing a complication and saving her life and the baby.

The caesarean section was bad, I felt a lot of pain, but I had high blood pressure and was just as well [...]. (Deponent 03)

Cesarean for me was better because I am hypertensive and had high blood pressure, if the time had passed the child had not resisted [...]who have high blood pressure cannot wait for the normal way no. (Deponent 06)

Normal is best for the issue of my recovery and baby. The Cesarean also goes the question of whether the person has a complication in childbirth [...]It is as they say it is the best option to save both the baby and the mother right. Although it is more difficult to recover only in time of trouble is the best. (Deponent 07)

The normal delivery for me has faster recovery [...]in the other hand at Cesarean agent has a longer recovery, longer has more risk as well, only in my case cesarean delivery was good because it was agility of my problems because I had pre-eclampsia. (Deponent 08)

The indication of the cesarean or vaginal delivery involves a number of factors that are not simply a matter of preference, but involve factors related to need and indication, risks and benefits, performance time, costs, future complications and repercussions. They also state that every woman should know that vaginal delivery is safer for the woman and the baby, already cesarean should be an indication of the obstetrician with the mother's participation and should be limited to cases with complications.¹⁶⁻⁷

As the American Gynecology College and Obstetrics and Maternal-Fetal Medicine Society is essential that you avoid the first obstetrical delivery and for that they guide it necessary to review the distorted definitions, labor, fetal distress and working time parturition.¹⁸

The caesarean section is greatest when associated with complications during pregnancy or at delivery, by way of example to pre-eclampsia (PE), syndrome that is characterized by presenting a set of associated factors and complexity of origin still unclear whose manifestation is in about 5-7% of pregnancies worldwide have contributed to the increase in the number

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of caesarean sections in this maternity, study setting.¹⁹

The increasing cesarean considerably lead to rethink the clinical importance and public health, and seek to investigate any strategy to reduce it becomes valid, including attempted vaginal birth in women with preeclampsia. Cesarean section increases the risk of mortality and surgical complications for the current and future pregnancies.²⁰

The mode of delivery in women with pre-eclampsia was significantly associated with cesarean section, especially those with prior caesareans and obesity. Statistics show high number of women hypertensive pregnancy syndromes (HPS), recognized are among the leading causes of maternal mortality worldwide. The HPS is a major public health problem in Brazil, prompting health managers to implement more set health policy for these clients.²¹

Cesarean section is a procedure that involves risks to the mother and to the child when they are performed without clinical factors warrant. Usually this type of delivery is associated with complications such as: delay in puerperal recovery, increased length of stay, late start breastfeeding, as well as increased expenses for health services.²²

The statements of the witnesses reveal that the birth process is a manifestation characterized by myths and beliefs, resulting in cultural aspects, as principles and certainties that are historically passed through the generations, revealing direct influence on the socio-cultural and emotional education of women and their "choice" for normal or caesarean section.

Acceding studies to this subject has shown that women hold no autonomy regarding the mode of delivery, maternity local school of this study it was observed that the mother gateway for admission is defined as risk rating, i.e., the divider between vaginal delivery and caesarean section is marked as diagnosis of obstetrician on duty. And the answer to the normal birth act are the obstetric complications many time covered by the pregnancy assistance with low quality.

CONCLUSION

The socio cultural, economical, historical and emotional factors have been marked as main elements to a better acceptance of

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the birth way according to the condition that predispose the normal or caesarian birth resoluteness. While speaking of some mothers show that these relate the pain of normal birth, anesthesia, surgical wound cesarean section, postpartum recovery time, as an important gap between the delivery routes.

Normal birth reveals autonomy and empowerment female front of birth sena, the mother of pain and sociocultural preparation acquired for the born again be shown to the other actors involved throughout the obstetrical process of prenatal care during labor and delivery all received knowledge to design the birth process as acceptable or just tolerated and that context shows health education's contribution to the design of the normal birth delivery. The parturient know that the caesarian birth is an alternative birth way to the resoluteness in front of the obstetric complications.

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Submission: 2016/01/11

Accepted: 2016/04/21

Publishing: 2016/08/01

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J Nurs UFPE on line., Recife, 10(8):2801-8, Aug., 2016