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INTEGRATIVE LITERATURE REVIEW ARTICLE

THE HISTORIC ROUTE OF CHILDBIRTH CARE POLICIES IN BRAZIL: AN INTEGRATIVE REVIEW

A TRAJETÓRIA HISTÓRICA DAS POLÍTICAS DE ATENÇÃO AO PARTO NO BRASIL: UMA REVISÃO INTEGRATIVA

LA TRAYECTORIA HISTÓRICA DE LAS POLÍTICAS DE ATENCIÓN AL PARTO EN BRASIL: UNA REVISIÓN INTEGRADORA

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RESUMO

Objetivo: conhecer as mudanças no cenário das políticas de saúde relacionadas ao parto. ***Método:*** trata-se de uma revisão integrativa de literatura que buscou responder a seguinte questão: "Quais são as mudanças nas políticas de saúde sobre a atenção ao parto no Brasil?". Foi utilizada a base de dados Lilacs, o portal SciELO e o Banco Brasileiro de Teses e Dissertações, sem delimitação temporal. Foi determinado como critério de seleção dos estudos abordar as políticas públicas relativas ao processo de parturição no Brasil. A seleção foi realizada por meio de leitura flutuante dos títulos e resumos, seguida pela leitura integral dos artigos. ***Resultados:*** foram consideradas relevantes em relação à temática deste estudo 15 produções, categorizadas em 3 eixos temáticos, considerando a similaridade de conteúdos. ***Conclusão:*** as mudanças nas políticas públicas relativas ao parto trouxeram muitos avanços ao longo dos anos. Entretanto, é necessário persistir na busca pela humanização do parto. ***Descritores:*** Políticas Públicas; Parto; Humanização da Assistência.

ABSTRACT

Objective: to know the changes in the scenario of health policies related to childbirth. ***Method:*** this is an integrative literature review which sought to answer the following question: "What are the changes in the health policies on childbirth care in Brazil?". One used the LILACS database, the SciELO website, and the Brazilian Bank of Theses and Dissertations, without temporal boundaries. One defined as a criterion for selection of studies to address the public policies related to the delivery process in Brazil. The selection was performed through fluctuating reading of titles and abstracts, followed by the reading of full studies. ***Results:*** one regarded as relevant for the theme of this study 15 productions, categorized into 3 thematic axes, taking into account the similarity of contents. ***Conclusion:*** changes in the public policies regarding childbirth brought many advances over the years. However, there's a need to persist in the quest for humanization of childbirth. ***Descriptors:*** Public Policies; Childbirth; Humanization of Assistance.

RESUMEN

Objetivo: conocer los cambios en el escenario de las políticas de salud relacionadas con el parto. ***Método:*** esta es una revisión integradora de literatura que buscó responder a la siguiente pregunta: "¿Cuáles son los cambios en las políticas de salud acerca de la atención al parto en Brasil?". Fue utilizada la base de datos Lilacs, el portal SciELO y el Banco Brasileño de Tesis y Disertaciones, sin límites temporales. Fue determinado como criterio para la selección de los estudios abordar las políticas públicas relacionadas con el proceso de parto en Brasil. La selección fue realizada por medio de lectura fluctuante de los títulos y los resúmenes, seguida por la lectura integral de los artículos. ***Resultados:*** fueron consideradas relevantes con relación a la temática de este estudio 15 producciones, categorizadas en 3 ejes temáticos, teniendo en cuenta la similitud de contenidos. ***Conclusión:*** los cambios en las políticas públicas relativas al parto trajeron muchos avances durante los años. Sin embargo, es necesario persistir en la búsqueda de la humanización del parto. ***Descriptores:*** Políticas Públicas; Parto; Humanización de la Atención.

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INTRODUCTION

Childbirth is regarded as a watershed in a woman's life, laden with constructed and reconstructed meanings, through the parturient's uniqueness and culture which transforms a woman's daily life. This process is a historic event in which the art of giving birth used to occur at the woman's home, who was usually accompanied by a midwife she trusted in. In this scenario, the woman freely expressed her feelings and longings in a warm environment within the family bosom.[1]

In the world context, the childbirth institutionalization is related to the end of World War II, when governments from the time realized the need for decreasing the high maternal and infant mortality rates. From then on, in Brazil and in the world, the parturient starts being taken away from her relatives during the delivery process, and she remains alone in an antepartum room, with little or no privacy.[2]

In the course of history, childbirth became a hospital-driven event, promoted through an intensive medicalization and surgical routines, depriving the midwife from the art of bringing to light and taking control away from the mother during this process.[3,4]

The underdeveloped and developing countries still present high maternal and neonatal mortality rates. This fact is connected to a series of factors, such as the social context where the woman and her family are in, family planning, and the attention the health care team provides the parturient with.[5]

In this line of thought, new proposals for childbirth care emerge, aimed at the woman, her particularities, rights, and wishes from the perspective of replacing the hegemonic model focused on medical interventions and the misuse of technologies through a humanistic paradigm whose focus is the woman cared for by means of actions covering the social and cultural differences of the female population.[6]

In this context, the National Childbirth Humanization Policy (PHPN) was created in 2000, in order to resume the physiological and natural character of childbirth, in which the woman participates in an active and autonomous way.[7]

This study aims to know the changes in the scenario of health policies related to childbirth.

METHOD

This is a descriptive study, with an integrative literature review design, since it consists of a synopsis of several published studies and provides general notes with regard to a delimited study area.[8]

For carrying out this study, the following steps were taken: 1) establishing the hypothesis and objectives of the integrative review; 2) establishing criteria for inclusion and exclusion of papers (sample selection); 3) definition of information to be extracted from the selected papers; 4) analysis of results; 5) discussion and presentation of results; and 6) presentation of the review.[9] One highlights that the whole process was permeated by collective discussion and peer validation of the steps taken.

This integrative review sought to answer this guiding question: "What are the changes in the health policies on childbirth care in Brazil?".

After defining the theme, one established as descriptors *Public Policies* and *Childbirth*, previously found in the Health Sciences Descriptors (DeCS), and the Boolean operator AND was the tool for intersecting them. One used the Literature in the Health Sciences in Latin America and the Caribbean (LILACS) database, the Scientific Electronic Library Online (SciELO) website, and the Brazilian Bank of Theses and Dissertations.

One determined as a criterion for selection of studies to address the public policies related to the delivery process in Brazil. No temporal boundaries were adopted in this integrative review.

The sample selection was performed through fluctuating reading of titles and abstracts, followed by the reading of full studies.

RESULTS

In the LILACS database, one found 8,651 publications with the descriptor Childbirth and with the descriptor Public Policies 2,680 publications were found. After crossing the descriptors, 21 publications were found, and 5 papers covered the study objective, the other ones listed aspects related to the team's participation in the delivery process.

In the SciELO website, 1,942 publications were found with the descriptor Public Policies and with the descriptor Childbirth 2,951 publications were found. After crossing the descriptors, 4 papers which met the study criteria were identified, however, they showed duplicity.

The search for studies on the Brazilian Bank of Theses and Dissertations resulted in 4 MS dissertations and 1 PhD thesis. After the reading of full studies, a manual search was conducted in the references of each one, and 6 new works were selected for this study.

At the end of the paper selection stage, one regarded as relevant for the theme of this study 10 papers, 4 MS dissertations, and 1 PhD thesis.

During the data analysis, one observed that, in terms of temporal evolution, the period from 2005 to 2009 concentrated more than half of the studies in this review.

Regarding the location where the studies were published, Sao Paulo is the state with the highest amount, it presented 5 publications, followed by Rio de Janeiro, with 4 publications, whereas the state of Rio Grande do Sul was responsible for 3 publications and the states of Goias and Santa Catarina presented 1 publication each one.

For the analysis and subsequent synthesis of the papers which met the inclusion criteria, a synoptic box was used, specially designed for this purpose, which covered the following aspects: study identification; sample size; study approach; methodology; objectives; and results.

Theme 1 – The history of childbirth in Brazil until the mid-1980s			
Identification	Sample size/ study approach/ methodology	Objective	Results
Nagahama EEI, Santiago SM. The medical institutionalization of childbirth in Brazil. Ciênc Saúde Coletiva. 2005;10(3):651-7.	--- Qualitative Reflection	Describe the strategies for implementing the institutional hegemony over the female body.	The childbirth hospitalization process was crucial to knowledge acquisition in this area and the development of medical knowledge, culminating in the establishment of the female body's medicalization.
Vieira MR. Humanization of childbirth attention: rescuing the midwives' practices [dissertation]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2004.	Participation of 3 lay midwives Qualitative Use of pre-prepared questionnaire	Know the practices of three lay midwives who worked in the 1960s, 70s, and 80s.	The results reveal that the practices performed by lay midwives who worked from the 1960s to the 1980s were related to the physiological aspect of pregnant women, they remained at the domestic environment, thus, they were in line with the practices recommended by the childbirth humanization policy.

Figure 1. Papers which, after analysis of the synoptic box, were grouped into the theme 1.

Theme 2 – Changes in the public childbirth policies in the 1980s			
Identification	Sample size/ study approach/ methodology	Objective	Results
Neto ETS, Alves KCG, Zorzal M, Lima RSD. Maternal health policies in Brazil: relations to maternal and child health indicators. Saúde Soc. 2008;17(8):107-19.	--- Qualitative and quantitative Documentary research in electronic addresses of the Brazilian federal government and in the databases of SINASC and SIM	Identify the main legislations which grounded the formulation of maternal and child public policies in Brazil from the 1980s.	The implementation of public policies in the 1980s contributed to the consolidation of various programs of laws and health aimed at the maternal and child care which played an important role in the organization of health care systems, in order to reflect in the improvement of neonatal quality indicators in the 1990s and 2000s, however, high rates of maternal mortality still remain in Brazil.
Silva LR, Christoffel MM, Souza KV. History, conquests and perspectives of the woman and child	--- Qualitative Reflection	Think through, from the 1980s to the first quinquennium of the 21st century,	There's a need for developing actions in the political field, in professional training, in order to decrease paradoxes surrounding the

care. Texto & Contexto Enferm. 2005;14(4):585-93.		the achievements and prospects in terms of public and social policies in the field of obstetrics and neonatology in Brazil.	health practices.
Osis MJMD. The Program for Integrated Women's Health Care (PAISM): a landmark in the approach to reproductive health in Brazil. Cad Saúde Pública. 1998;14(1):25-32.	--- Qualitative Reflection	Think through the meaning of PAISM for reproductive health in Brazil.	The adoption of PAISM represented a significant step towards the recognition of women's reproductive rights.
Freitas GL, Vasconcelos CTM, Moura ERF, Pinheiro AKB. Discussing the policy of attention to women's health in the context of health promoting. Rev Eletrônica Enferm. 2009;11(2):424-8.	--- Qualitative Reflection	Analyze, epistemologically, the health promotion assumptions of the National Integral Women's Health Care Policy (PNAISM) and the health promotion assumptions presented in the letters which resulted from conferences on health promotion.	PNAISM presents itself in an innovative way by covering aspects related to health promotion and humanization, in order to minimize current inequities in women's health, assisting groups which have been excluded from society and areas which have been poorly assisted.

Figure 2. Papers which, after analysis of the synoptic box, were grouped into theme 2.

Theme 3 – Humanization of delivery and childbirth			
Identification	Sample size/ study approach/ methodology	Objective	Results
Rattner D. Humanizing childbirth care: pondering on public policies. Interface Comun Saúde Educ. 2009;13(1):759-68.	--- Qualitative Reflection	Think through the implementation of public childbirth policies.	The study presents a reflection on the institutional route of humanization in childbirth and delivery care from the professional's point of view. In order to lead change to effectively happen, intra and extrainstitucional partnerships are needed at all levels of the system, between services and civil society, with effective organization of social control.
Riffel MJ. The order of the 'delivery humanization' on life education [thesis]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2005.	--- Qualitative Analysis of documents of the delivery and childbirth humanization policy issued by the Ministry of Health	Describe how the knowledge on "humanization" is articulated to design education policies for childbirth.	By standardizing practices naming them "humanizing", the government uses the "scientific evidence", establishes the "truth" of humanization, locates and indicates inertia, weaknesses, scissions, and power lines moving and allowing such evidence to be replaced, modified, dissolved, denied, affirmed, or even destroyed.
Dutra IL. Parto natural, normal e humanizado: a polissemia dos termos e seus efeitos sobre a atenção ao parto [dissertation]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2005.	--- Qualitative This is a case study	Delimit and describe the convergences and conflicts which pervade the conceptions of various types of childbirth.	The study carried out shows convergences, ambiguities, overlaps, and conflicts between the three terms and within each of them, indicating that this polysemy presents direct effects on the way how childbirth is implemented in the institution, limiting the possibilities for changes aimed by the humanization policy.
Wei CY. Humanizing actions during childbirth: a group of women´s experiences and perceptions at a hospital-school [dissertation]. São Paulo: Universidade de São Paulo; 2007.	--- Quantitative and qualitative Sample consisting of 35 women	Explore the experiences which the users of a teaching hospital had at the time of hospitalization for childbirth, comparing to previous hospitalization for childbirth within a period over 5 years.	The results of this study allowed one to view the panorama of childbirth care with the implementation of care practices aimed at humanization, as well as the impact that these changes have caused for users.
Serruya SJ, Cecatti JG, Lago TG. The Brazilian Ministry of Health's Program for Humanization of Prenatal and Childbirth	--- Descriptive quantitative ---	Preliminarily evaluate the indicators generated in PHPN by HM for Brazil in two years (2001 and 2002).	The results of the study point that the assisted women had poor adherence to the set of recommended care activities, this justifies the need for permanent evaluations, in order to improve the

Care: preliminary results. Cad Saúde Pública. 2004;20(5):1281-9.			quality of care, ensuring, besides better maternal and perinatal outcomes, the inalienable right of each woman to experience pregnancy and give birth with safety and well-being.
Dias MAB, Domingues RMSM. Challenges for the implementation of a humanization policy in hospital care for childbirth. Ciênc Saúde Coletiva. 2005;10(3):669-705.	--- Qualitative Reflection	Discuss the difficulties for implementing a new model of low-risk childbirth care in the hospital structure.	The proposal for the humanization of childbirth care is under direct influence of the organizational model, the models of institutional mission, the involvement and adherence of managers to the proposal, the sensitivity and training of professionals, a relationship between two human beings, thus, subject to inevitable aspects of their subjectivities.
Diniz CSG. Humanization of childbirth care in Brazil: the numerous meanings of a movement. Interface Comun Saúde Educ. 2009;3(1):759-68.	--- Qualitative Reflection	Recovering the origins of the term childbirth humanization.	The results show that among the various meanings one finds: the use of evidence-based medicine (EBM), the respect for sexual and reproductive rights, the universal access and the consumption of technology, the embracing and respectful treatment, the management of childbirth pain, and the prevention of iatrogenic pain, new professional assignments and corporate disputes; the cost-benefit ratio, etc.

Figure 3. Papers which, after analysis of the synoptic box, were grouped into theme 3.

DISCUSSION

After reading the full publications included in this review, one conducted the grouping into three themes, taking into account the similarity of contents, namely: The history of childbirth in Brazil until the mid-1980s; Changes in the public childbirth policies in the 1980s; and Humanization of delivery and childbirth.

• The history of childbirth in Brazil until the mid-1980s

To discuss the evolution of public childbirth care policies, there's a need for understanding how this process occurred over history, the scope of this analytical category.

In Brazil, the first concerns about maternal and child health took place during the transition from the New State to the Military Regime. In 1940, the National Children Department was implemented, whose aim was standardizing the care for children and the fight against children mortality.[7]

In 1975, the Maternal and Child Health Program was established, which enhances the look at women's health still under the reproduction view and aims to reduce morbidity and mortality of women and children. Within this period, one sees the first changes with regard to the childbirth policies.[10]

Studies point that the woman made the first contact with the lay midwife and, in some cases, the physician was contacted just since she realized she was pregnant. At that time, though maternity hospitals were available in Brazil, the midwife figure was dominant.[11-2]

Midwives accompanied women from the beginning of pregnancy, advised with regard to lifestyle and changes related to pregnancy, they performed maneuvers, such as palpation of the abdomen during pregnancy, in order to identify the fetal position. During delivery, the women chose the anatomical position in which they wanted to give birth and the relatives participated along with the parturient in this process. After placental delivery, the midwives provided the initial care for the newborn infant and advised the puerperal woman to rest, since she had actively participated in the delivery.[11]

Therefore, the establishment of the bond between the midwife and the pregnant woman occurred during the gravidic-puerperal cycle; one realizes that the childbirth performed by midwives in the 1960s was already following the guidelines recommended by the Delivery and Childbirth Humanization Policy, implemented in 2000.[7,11]

Another study presents testimonies of women who gave birth from the 1940s to the 1980s. Most women from the first generation had her birth in the home environment, reported a good experience, and recalled the care provided by the midwife, especially during the puerperium. However, women from the second generation gave birth in hospitals and, during hospital stay, they experienced feelings such as fear, anguish, and solitude, mainly due to the fact of staying alone and also because they realized some roughness on the part of professionals. The analysis of this theme allowed one to observe some changes with regard to childbirth policies, which, through the development of surgical and technological knowledge, led the medicine to get close to the childbirth moment,

attributing a supporting role to the woman in the delivery process.[12]

- **Changes in the public childbirth policies in the 1980s**

In the studies which make up this theme, in Brazil, the 1980s represented a jump in the history of public policies aimed at childbirth care, addressing other issues of women's health which go beyond the reproductive sphere.

This period was characterized as a democratic transition moment, due to the organization of the various social movements, which demanded changes in the population's health.[1]

In this scenario, the feminist movement in the late 1970's brings the proposal to break with the health service offered to women. Until then, the woman was seen in a reductionist and fragmented way through targeted actions in order to conceive healthy children.[13]

The feminist movement has the proposal of incorporating other issues to women's health, such as prenatal care, better childbirth conditions, and, also, other aspects related to gender, work, sexuality, health, contraception, and prevention of sexually transmitted diseases. This mobilization of the women's movement with cooperation of health professionals led to the guidelines of the Program for Integrated Women's Health Care (PAISM).[14]

PAISM was created by the Ministry of Health in 1983, aiming to care for women in an integral way, observing their needs and particularities. The areas where this program acts are divided into groups having the various stages of women's lives as a basis: gravidic-puerperal care; abortion care; conception and contraception care; prevention of breast and uterine cervix cancer; menopause care; prevalent gynecological diseases care; prevention and treatment of STDs/AIDS; support to women victims of violência.[10,14]

This program was a milestone for the public policies related to women's health, because, somehow, it broke with the reductionist policy proposals from that time, adopting the concept of integral health. The PAISM's proposal was enhancing the view on women and, thus, meets their needs at every stage of life, also covering segments which were, then, outside the health services.[13]

The late 1980s was the beginning of a series of significant changes which occurred in the reorientation of the profit-driven medical care model of that time. One realizes that public policies generated within the society's bosom by social movements within this period contributed to the consolidation of laws and health programs aimed at the participation of social actors in a more active and integral way. Thus, one highlights the importance of organizing the health services which reflect on the improvement of neonatal mortality rates and an increased access to prenatal consultation and hospital childbirth.[15]

- **Humanization of delivery and childbirth**

Throughout the 1980s, and more intensely in the 1990s, the discussions on the current model of delivery in the country were strengthened, which was grounded on interventionist and medical-driven actions.[16]

Within this period, the Ministry of Health launched measures aiming to promote vaginal delivery and the search for resuming childbirth as a physiological event, such as: the 160% increase in the remuneration for vaginal delivery and payment of delivery analgesia, in order to reduce the high rates of C-sections.[7]

In this sense, changes began to be implemented in order to encourage vaginal delivery, rooming-in unit, and the de-medicalization of childbirth, besides providing the healthcare professionals with an understanding of the women's right to actively participate in the delivery process and the observation of their rights for choice with regard to their life and their health.[17]

By means of the concerns about the technological and mechanistic way through which childbirth has been approached, and in search for resuming childbirth as a natural event, with the least possible interventions, the first ideals with regard to the childbirth humanization emerge.[18]

It's worth highlighting that the term humanization was adopted only in 2000, when the National Childbirth Humanization Program (PHPN) was launched, through Portaria GM 569, enacted on 06/01/2000. The program's priority is promoting improved access, coverage, prenatal care monitoring quality, and childbirth and puerperium care to the mother-child binomial.[7]

Therefore, the health care team needs to develop actions for embracing a pregnant woman, her relatives, and her newborn infant, prioritizing the establishment of healthy bonds.

In addition, the program proposes a break with unnecessary interventionist practices which don't benefit the woman neither the newborn infant.[7]

In this sense, one exemplifies the conduction of episiotomy on a routine basis,

isolation of the parturient during the delivery process as practices which go against the proposal for humanization of delivery and childbirth.[19]

The humanization of childbirth proposes an integral attention focused on the woman, in order to replace the medical interventions and the excessive use of technologies by a humanistic paradigm. The focus lies on care for the woman through actions covering the multiplicity of social and cultural differences of the female population.[6]

One analyzed the childbirth experiences of 35 women, comparing a previous hospitalization for childbirth with another one within a period over 5 years. The results allowed one to glimpse an improve in the panorama of assistance with the implementation of care practices aimed at humanization, as well as the positive impact that these changes resulted in the users.[20]

Corroborating the above mentioned, a study was carried out with adolescent puerperal mothers at the Sofia Feldman Hospital, in Minas Gerais, revealed that the parturients experienced the childbirth in a humanized way when they realized the team's commitment to their well-being during labor. The adolescents reported that the massages performed by the female nurses during labor, besides resulting in pain relief, promoted, through touch, feelings of safety, affection, and affection.[21]

As a counterpoint, by addressing the concept of women's health care, one observed an institutional hegemony over the female body.[22] The authors understand that the hospital childbirth contributed to knowledge and improvement in childbirth care, however, the hegemony over women in the delivery room for policies imposed by the health policies and the medical practices compromise the women's autonomy in the delivery process.

There're two prevailing models of childbirth care, the technocratic and the humanistic model. The technocratic model's priority is meeting the needs of healthcare professionals, it focuses on surgical routines, medicalization, a large number of interventions. The humanistic model proposes monitoring of the parturient and her family during the gravidic-puerperal cycle, seeking to be the least invasive as possible and providing a quiet and healthy environment for experiencing childbirth. In this model, the professionals need to provide an integral care for women, answering to their questions and strengthening the bond with the parturient.[23]

Thus, in order to achieve the ideal of humanization, there's a need for making the health professionals aware to provide the parturient with care, dialogue, embracement, and communication.

FINAL REMARKS

This integrative review allowed one to know the Brazilian productions with regard to the route of public policies related to childbirth. It was shown that 2005 and 2009 had a higher number of publications on the theme, and southeastern Brazil is the region where most researches were produced.

Regarding the public policies, most publications were related to the 1980s, more precisely to PAISM. One found out that this program significantly influenced women's health care, since it broke with the previous model, focused on standardized childbirth actions, in which the woman was regarded only from the reproductive viewpoint.

The publications also covered the humanization policy, when addressing PHPN, which aims to resume the integral attention, in order to replace the medical interventions and the excessive use of technologies by a humanistic paradigm, whose focus lies on the woman cared for by means of actions covering the social and cultural differences of the female population.

Therefore, when addressing changes in the public policies with regard to childbirth, one may take into account that some advances were achieved over these 70 years. However, there's a need for persisting in the quest for childbirth humanization, since in the studies included in this review, childbirth is still addressed through standardized actions and technological and medical-driven interventions which deny the woman a leading role in the delivery process. So, there's still the need for further studies to implement and consolidate the public policies of women's care, in order to ensure safe motherhood and birth.

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