



"I WANTED TO GIVE BIRTH HERE!": REASONS THAT LED PARTURIENT TO MIGRATE THE PLACE OF BIRTH

"EU QUIS PARIR AQUI!": MOTIVOS QUE LEVARAM PARTURIENTES À MIGRAÇÃO QUANTO AO LOCAL DE PARTO

"YO QUISE DAR A LUZ AQUÍ!": RAZONES POR LAS QUE LAS PARTURIENTAS MIGRARON CUANTO AL LUGAR DE NACIMIENTO

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ABSTRACT

Objective: to analyze the reasons that led the parturient to migrate the place of birth. **Method:** descriptive and exploratory study, with a qualitative approach, with 10 parturients. The data production based on a semi-structured interview and the analysis was processed by the Content Analysis Technique in the Thematic Analysis modality. **Results:** the precariousness in the regional obstetric attention stood out as a propulsive factor for the migration regarding the place of delivery and that reality confers more negative feelings than positive ones. **Conclusion:** the presented problem characterizes disrespect and violation of the women's right to adequate obstetrical care, requiring constant supervision, evaluation and surveillance, as well as investments in health facilities for their improvement. **Descriptors:** Delivery; Migration; Access to Health Services; Women's Health; Obstetric Nursing.

RESUMO

Objetivo: analisar os motivos que levaram parturientes à migração quanto ao local de parto. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, com 10 parturientes. A produção dos dados foi a partir de entrevista semiestruturada e a análise foi processada pela Técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** foi evidenciado que a precariedade na atenção obstétrica regional foi apontada como fator propulsor para a migração quanto ao local do parto e que essa realidade confere mais sentimentos negativos do que positivos. **Conclusão:** a problemática apresentada caracteriza desrespeito e infração ao direito das mulheres à assistência obstétrica adequada, havendo necessidade de constante supervisão, avaliação e fiscalização além de investimentos nos estabelecimentos de saúde para a sua melhoria. **Descritores:** Parto; Migração; Acesso aos Serviços de Saúde; Saúde da Mulher; Enfermagem Obstétrica.

ABSTRACT

Objetivo: analizar las razones por las que las parturientas migraron el lugar de nacimiento. **Métodos:** estudio descriptivo y exploratorio, de enfoque cualitativo, con 10 parturientas. La producción de los datos ocurrió a partir de entrevistas semi-estructuradas y el análisis fue realizado mediante la técnica de análisis de contenido en el modo de análisis temático. **Resultados:** la atención obstétrica regional precaria fue identificada como factor propulsor para la migración cuanto al lugar de nacimiento y este hecho da más sentimientos negativos que positivos. **Conclusión:** la problemática presentada caracteriza la falta de respeto y la violación del derecho de las mujeres a la atención obstétrica adecuada, lo que requiere una constante supervisión, evaluación y seguimiento, así como las inversiones en instalaciones de salud para su mejora. **Descriptores:** Nacimiento; Migración; Acceso a los Servicios de Salud; Salud de la Mujer; Enfermería Obstétrica.

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INTRODUCTION

Childbirth represents a unique moment in the lives of the women who experience it, being valued both in physical, emotional as in social perspectives.¹ That stage of the reproductive cycle can bring to the surface multiple feelings, whether of anxiety, fear, insecurity, pleasure, satisfaction and empowerment.²

Childbirth has undergone changes, alternating periods of social valuation and devaluation, occurring initially in private spaces, with the help of midwives. Nowadays, it has been increasingly institutionalized, where parturients are seen as figurative elements in the birth of their children, due to the hierarchical position and power adopted by health professionals and related ones, who often focus on the hard technologies available at hospital units.³

Such institutionalization was initially due to medical reasons, a period in which the need to maintain deliveries within hospital services was rooted in society, arguing that such conduct would be the only way to reduce infant mortality, which led to the incorporation of health policies with a more biologist and functionalist approach.⁴⁻⁵ With that, labor began to be perceived from a hospital-centered model, leading women to seek those services as a result of social ideals and government initiatives at the time.⁶ In that context, medicine transformed the childbirth into an event of essentially pathological nature, which required medical and surgical treatment, predominating, therefore, hospital care.⁷

Some women have preferred a home birth, since the hospital environment has conferred often-negative experiences on parturients. The exaggerated medicalization, the use of inappropriate technologies, the isolation of the parturient of their relatives, repetitive vaginal touches, distrust in the multidisciplinary team, among other reasons, have made the house the ideal place for childbirth. The search for the home as an appropriate space for childbirth and delivery has humanized more those events, that is, phenomena marked by family, individual and social essence.⁸⁻⁹

Moreover, the precarious attention to childbirth is caused by the lack or insufficient number of health professionals, unnecessary harmful and interventionist practices, difficulty in accessing health services, lack of health units, among others, which directly interferes with the migration process regarding the place of birth.¹⁰ That

phenomenon is alarming because of the lack of integration between prenatal and childbirth services, as well as an assistance with low coverage and disordered demand, causing overcrowding of maternity wards and an unrestrained flow of parturients seeking care in reference units.¹¹

Often, women are forced to visit several hospitals seeking the care denied to them, due to factors such as: lack of intermediate units and neonatal intensive care unit, lack of maternity vacancies, lack of physical and human resources, as well as inadequate facilities and equipment needed to provide quality service.¹²⁻¹³

In view of the presented context, the question is: << "What are the reasons that led parturients to migrate the place of birth? >>

The justification for this research is the empirical observation, based on the discourse of parturients on the preference for migration, as well as the observation of a great occurrence of the event, in addition to the lack of research on the theme from the motivations of women themselves.

The study will contribute to raise the visibility of the problem of the migration of parturients regarding the place of birth, provoking discussions in the scope of health care for women and children and motivating the development of more work related to the issue. Furthermore, it will provide subsidies to health professionals and managers, in order to guarantee improvements in parturient assistance, avoiding the migration of the place of delivery, by organizing an adequate care network, thus justifying the research that aims to:

- Analyze the reasons that led parturients to migrate the place of birth.

METHOD

Descriptive and exploratory study, with a qualitative approach.¹⁴⁻⁵ The locus of the study was defined by the Hospital Manoel Novaes (HMN), located in the city of Itabuna (BA), Brazil. This choice was due to the fact that hospital unit is a reference within the local health system for situations of emergency and maternal and child emergence, especially in relation to labor, and having the accreditation as Baby Friendly Hospital, a title recognized and granted by the United Nations Children's Fund (UNICEF) and World Health Organization (WHO). In addition, it has an expressive demand for parturient care from other municipalities, such as Ilhéus-Bahia.

The subjects in the study were ten parturients, that is, women who were about to give birth or those who had given birth a short time ago and who fulfilled the following inclusion criteria: to be a citizen and resident in the city of Ilhéus-Bahia, to have performed all prenatal in the city of Ilhéus-Bahia, having delivered at the HMN in Itabuna-Bahia, aged between 18 and 40 years, stable in the first 24 or 48 hours postpartum, no complications in labor, delivery and postpartum, to have a living child in satisfactory clinical conditions. Women who did not meet those criteria were excluded.

The data production occurred through a semi-structured interview, using a script with questions related to the sociodemographic profile of the interviewees and open questions, with voice recording on audio tapes that will be archived for five years, being destroyed later.

The approach to the parturients took place at the joint housing sector, through the support of the HMN multidisciplinary team, a moment when the researches explained about the objectives of the research with subsequent voluntary acceptance and signing of the Informed Consent Form (ICF). The research followed Resolution N° 466/2012 of the National Health Council¹⁶, once the project passed through the UESC's CEP, beginning only after full approval under the opinion number 331,898 and CAAE: 16849013.6.0000.5526.

All participants received a composite name, consisting of the first name "Maria", associating them with the condition of a strong and warlike woman. The interviews took place at home, on days and times previously scheduled with the deponents, guaranteeing their convenience. That method includes a set of techniques to analyze the dialogues, using procedures to describe the content of the collected messages. There was a pre-analysis of the material, in order to organize it according to the objectives of the research and, later, the material was explored, followed by the stage of interpretation and deduction according to the theoretical framework of the study.¹⁷

From the pre-analysis of the characteristics of the participants and the statements obtained with the interviews, one proceeded to organize, to interpret and to deduce, a stage in which two major categories emerged, namely: Precariousness in Regional Obstetric Care as a propelling factor for the migration regarding the place of birth and Feelings evoked by parturients before the process of migration regarding the place of birth.

RESULTS AND DISCUSSION

The subjects of the survey were ten women who, in the condition of parturients, performed the migration regarding the place of birth. They were between 18 and 30 years old. Seven were married, two held a stable union, and one was single. Eight self-declared black. In relation to education, four attended Higher Education, two, High School, and two, Elementary School II, one attended only Elementary School I, and one declared illiterate.

♦ Precariousness in Regional Obstetric Care as a propelling factor for the migration regarding the place of birth

National indicators related to maternal and infant mortality suggest possible inadequacies in the health care network for pregnant women, women who are parturients and puerperas, which compromises the guarantee of a safe birth.¹⁸ Although the Ministry of Health (MS) has implemented PHPN and the Stork Network in order to ensure universal and quality access for all pregnant women, there is a need for a broader expansion of strategies to improve obstetric care throughout the country.¹⁹

Nowadays, parturients seek incessantly for a satisfactory care in the public and private services of attention to women and children, especially in the period of childbirth, which demonstrates the lack of effective actions and inadequate care, making them wander for other spaces in the search for care.²⁰

Moreover, the migration phenomenon regarding the place of birth refers to a movement considered natural by women in order to obtain the best conditions to develop the parturitive process and ensure a healthy childbirth.¹¹ Such migration relates to the role imputed to mothers in the development of their children, that is, women as the direct responsible for care at birth. Here, it is evident that the deponents have a negative perception about the attention given in the local health units, preferring to migrate to places that guarantee the safety of the arrival of their child, as stated below:

[...] I left the municipality of Ilhéus to have a child in Itabuna because the situation in Ilhéus is precarious. Health clinics are not open. I could not perform my prenatal care, I had only two consultations [...]. (Maria Betânia)

[...] in fact, the intention was not to give birth in Itabuna, I wanted to have my baby here in Ilheus. The real reason was the condition of the health system in Ilhéus. And in case I needed better assistance, I

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would have to pay for a private service [...].
(Maria Ana)

Those discourses point out a dissatisfaction with the care provided in the place where they reside, especially by the closure of the units, by the lack of regularity in the prenatal consultations, making women choose to migrate from one city to another in order to guarantee a quality and humanized service for themselves and the baby, which can still be verified in the following testimony:

[...] I might want my son to be born here, but since the health clinics are shameful, precarious, It is already a horrible situation, can you imagine my son being born in Ilheus? I would have to keep searching! [...] Unfortunately, I could not give my son a reserved place in Ilhéus [...]. (Maria Betânia)

The statements show that women are empowered to resist the problems related to precarious care, with the exclusive objective of preserving the child's integrity, reinforcing the stereotype of a socially constructed mother-model. On the other hand, those women have difficulty in perceiving themselves as legal citizens, since they move to another municipality in the search for the ideal care, but do not claim for local improvements guaranteed by the Federal Constitution and the Unified Health System (SUS). That fact refers to the fragility of social control over health care, a space where the female presence is still restricted and not very impressive.

The improvement in the health and life conditions of the parturients is established not only by the use of hard technologies but, above all, by the guarantee of qualitative and quantitative human, physical and financial resources, with a view to promoting quality of care during labor.²¹

Maternities need to have minimal resources to assist women and their newborns during birth and their stay at the hospital unit.²² Inadequate care in labor and lack of resources and services have negative repercussions on the binomial, increasing the risks of maternal and fetal morbidity and mortality. Fear for the appearance of maternal and, above all, neonatal complications and grievances appears among the reasons that led the women to migrate to have their children in another city, as can be seen in the following speeches:

[...] I needed a better care, if the baby was born prematurely, since in the city (Ilhéus) there is no ICU. I did not think twice and went to Itabuna [...]. (Maria Regina)
[...] what is worse is this question of not having a pediatrician to care for the

children. If you need a neonatal ICU, they do not have it, so, for safety reasons, it is better to go to Itabuna [...]. (Maria da Silva)

Furthermore, there is the presence of fear that intercurrents may occur during labor and that they do not have a service with material, structural and human quality, which can be visualized below:

[...] after delivery I would not have a specialist doctor to evaluate my baby. In addition to the lack of doctors, the very precarious structure in the maternity ward, which does not have an intensive care unit for neonates [...]. (Maria Farina)

The statements evidence that the lack of physical structure in the local maternity is a source of concern and suffering for women. In addition, there is a feeling of maternal impotence in the face of the real condition offered by the public services, making them devise strategies to ensure effective care for the child. In that case, they choose to migrate to a place of delivery that has the minimum conditions to provide care with shelter, humanization and quality.

It is necessary to preserve the right of the woman/newborn/family in the course of pregnancy, childbirth and the puerperium, so that they can receive a personalized care that guarantees adequate care in the physical, emotional and social dimensions.²³

That right must be guaranteed in the local spaces of attention to women and children in order to make them subjects of that process with the help of a team dimensioned quantitatively and qualitatively, equipment, materials and medicines according to the complexity and necessity of attending to the demand, promoting a welcoming environment, humanization actions and a comfortable environment for waiting²⁴, which is not always the case in the daily routine of labor, as pointed out below:

[...] I had already arrived in labor. The reception room was in a very precarious situation: mold everywhere; the stretcher where they put me to take the exam was staggering, I had to stand still, I could not move anywhere, I was dying of pain and wanted to turn a little and the nurse asked me to stay very quiet; the robe they gave me was clean, but it was torn. So, that makes us a bit afraid to have a baby there, even more when it was my first child. Therefore, my concern is much bigger. I had never been through this before. These were the reasons that led me to have the child in Itabuna [...]. (Maria Farina)

The assistance provided by the local maternity is not anchored in a model of receptiveness and humanization for the

mother-child binomial, making the environment uncomfortable and unsafe for the parturients. Those circumstances lead women to migrate the place of delivery in an attempt to safeguard the benefit to the baby, as seen in the speech below:

[...]I had childbirth pain at six and a half months. When I got to the doctor, he said that I had three fingers of dilation and said clearly: "If you have a car, because SAMU will not take you, go straight to Itabuna, because your son will be born and if he is born here, he dies, because there is no ICU here to accommodate him". So I had to leave here [...]. (Maria Rafucha)

That scenario of precarious care contributes to the migration regarding the place of birth, although the Stork Network provides for the attachment of pregnant women to maternity and safe transportation. In a study that evaluated the antepartum pilgrimage, among the 6,652 puerperal women included in the study, 70% indicated as a reason for choosing another maternity hospital the absence of a vacancy, the absence of beds in the neonatal ICU and the inequality in the supply of obstetric beds in their own city of birth.²⁰

The parturients seek services that provide them with the maintenance of their lives and their children. That search can be burdensome for pregnant women and, in that case, those who do not have the financial means search for other hospital units, end up helpless in the health system.

Although every Brazilian citizen is entitled to the SUS, with the coverage of all the necessary assistance related to their health, many parturients prefer to pay for more quality of material resources and access to better services, believing that they will be safe concerning their children's birth. That conception remains entrenched among the study participants, as the following statements reveal:

[...] my health plan did not cover the birth here in the city (Ilhéus), so I tried to find out where I could be attended and they directed me to the hospital in Itabuna [...]. (Maria Regina)

[...] in the week that the baby was going to be born I decided to give birth there (in Itabuna), because of the security, so I did not have to hurry, because I have a health plan and here, not even health plan works out [...]. (Maria da Silva)

Women feel insecure and scared when they do not have health insurance coverage for care during labor. They are suspicious of public obstetric care services, either because they have little knowledge of them, because

they do not have the guarantee of a birthplace, or even because they do not know the obstetrician who will work in their delivery. Some parturients express security in the private service as a result of the health plan, making them hostages of the market-oriented care oppression²⁵, as explained below:

[...] the health plan, which I have, was not part of the entire process of maternity leave in Ilhéus. I got in touch with my plan and got information on what would be the maternity that would cover my birth, which informed me that it would be in Itabuna [...]. (Maria Ana)

The presented statement indicates that, in the studied municipality, there is no satisfactory obstetric care network, leading her to migrate to another location in the search for a better care condition at the time of delivery.

Another reason to migrate the place of birth is the difficulty in accessing maternity. Pregnant women usually pilgrimage before delivery due to precariousness in obstetric care.²⁶

Another motivation for the mothers to migrate was the choice of the doctor who would perform all the safe follow-up during labor. The MS recommends that the same health professional who accompanied the pregnant woman during prenatal care should, preferably, perform the delivery, being able to be an obstetrician and/or obstetrician. Those professionals contribute to make the woman feel calmer and safer with regard to the birth of the child.^{11,6}

However, in the Brazilian reality, it is difficult to keep a single professional as a driver in the process of giving birth to women because of the high demand for care. Thus, some parturients justified the migration during labor as a result of the previous knowledge they had about the hospital unit in another city and guaranteed the follow-up with the same prenatal doctor, a fact observed in the following speeches:

[...] for I already know the doctor and the hospital [...]. (Maria Nascimento)

[...] the reason is that my doctor is from Itabuna. So, I felt calm, because only knowing he was at the hospital to attend me at that moment [...]. (Maria Carla)

Thus, it is evident that the belief in a safe delivery occurs due to a relationship of trust and respect established between health professionals and parturients, giving the phenomenon positive meanings.

The received information, the socioeconomic and cultural context in which

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they live and the family experiences may influence the meaning of the migration of the place of birth for women.²⁷⁻⁸ Women present a load of information from family members and friends who have gone through the same process and that confers beliefs, myths and taboos that interfere with the displacement of those women to another place in order to have their children.²⁹ The following statements reveal that reality:

[...] my mother has always said that Manoel Novaes was a good hospital and I went [...]. (Maria Betânia)

[...]Because most of the colleagues reported that the resources there, from Itabuna, were much better [...]. (Maria Nascimento)

Therefore, third parties can influence the wishes of parturients, since they have positive and/or negative experiences with regard to labor.

♦ Feelings evoked by parturients before the process of migration regarding the place of birth

The fact that she cannot give birth in the city where she resides can lead to conflicting feelings for the parturients, especially since there is a sense of belonging with the arrival of the baby that is not restricted only to consanguinity, but to an understanding as a social group. From the psychological point of view, the hope and fear surrounding the process of childbirth can become real or not, thus constituting the act of giving birth as a period of expectations and anxieties.²⁸

In that way, new meanings and perceptions about childbirth begin to take shape in the lives of the women who experience it. Culturally, labor comprises feelings of insecurity, fear and a certain lack of knowledge. The dehumanized care provided to parturients, often focused on the medicalization of the body, exacerbate that situation.²⁹

During the interviews, the majority of mothers brought negative feelings about the place of birth. Nevertheless, three elements are important for obstetric care to fully contemplate the demands of parturients, either: fast admission, maternity leave and humanization in care. In the study, there were negative representations about the assistance during labor in the place where the parturients resided, as described below:

[...] ashamed! I am ashamed with Ilhéus, because it was not supposed to be happening [...]. (Maria Betânia)

[...] discomfort; neglect of our health; abandonment would also be the word [...]. (Maria Ana)

[...] I felt helpless [...]. (Maria Regina)

"I wanted to give birth here!": reasons...

[...] I thought it was horrible! [...]. (Maria Vitória)

In addition to the situation of migration of the place of birth, women experience feelings of shame, discomfort, neglect and abandonment in the local health services implanted through the speech below:

[...] I was uncomfortable! I would much more rather have my son in Ilhéus, more convenience, because it was closer, people could visit me more, but, unfortunately, it was not possible [...]. (Maria da Silva)

For parturients, giving birth in the city where they live seems to be more comfortable for the proximity of the home and relatives, which will directly contribute to immediate puerperal care. Migration promotes a geographic distance, which prevents the link among the quadrinomial (woman-child-family-community) to delineate more quickly and successfully.

Moreover, the participants point out the fear that something negative may occur as a result of the distance from their home, considered by many women as their comfort zone³⁰. There may also be fear of not being able to fully control the body to bring the child into the world, as well as the fear that the baby will be born premature, with serious health problems, needing a better quality of care.

Fear can also associate with spatial displacement, a moment when the woman reveals dread to use improper means of transportation to reach the maternity of another municipality, raising the risk of intercurrents during labor. The following speeches reveal those circumstances:

[...] my concern was for my son to be born in the car, in the middle of the road, because from here to Itabuna is half an hour on the road, and that could die [...]. (Maria Rafucha)

[...] at first, I was scared because I was already in labor. Then the worry and fear that something could happen on the Ilhéus-Itabuna road or even a traffic jam that would hinder and delay my arrival to the maternity ward and happen to give birth in the middle of the road. I was not going to have an obstetrician or pediatrician, and no specialist helping me [...]. (Maria Farina)

In order to minimize that feeling, the performance of the multidisciplinary team and the adequate structuring of a health service become fundamental, since they provide subsidies for the quality of care and emotional support. Thus, there is certain tranquility in women due to the type of service offered, as envisaged below:

[...] *I really felt better to go there (Itabuna)*

[...]. (Maria Joaquina)

[...] *I felt calm! In fact ... safety and tranquility [...]. (Maria Nascimento)*

That reality also appears below:

[...] *good care at the hospital, the affection of the people with me and my daughter*

[...]. (Maria Carla)

The parturient advocates the maternity of another municipality due to the quality care received, overcoming the discomfort with the geographical displacement. As a result, that security and peace of mind with the service provided can contribute to a more humanized labor. Therefore, women point out the need for an improvement in obstetric care, with a view to the birth and satisfactory development of their children, emphasizing the importance of extending that care to family extension.

CONCLUSION

The migration regarding the place of delivery represents a public health problem that afflicts parturients from various parts of Brazil. The main reasons mentioned in this study relate to the precariousness of regional obstetric care due to the lack of neonatal ICU, the lack of several professionals, among them, the pediatrician, the lack of materials and inputs needed for that assistance, the difficulty in accessing care and influence or previous experience of friends and family.

This study also detected that migration leads to the unveiling of negative and positive feelings among parturients. Those women experience feelings such as indignation, physical and emotional discomfort, the feeling of abandonment and neglect by health services, concern and fear of displacement. At the same time, the migration, when in satisfactory conditions, confers feelings such as safety and tranquility, that is, ambiguities can happen due to geographical change in the place of birth.

Therefore, that reality denotes disrespect and violation of women's right to obstetric care. Thus, federal, state and local managers are responsible for supervising, evaluating and constantly monitoring those services to ensure the implementation of the guidelines of the Unified Health System.

The limitations of the study focus on the lack of research on the subject at the international and national levels, especially when performed by nurses, which did not impede the validation of the results of the research due to the theoretical representativeness elaborated by the researchers.

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