



SPEECHES OF WOMEN WHO EXPERIENCED HOME CHILDBIRTH AS OPTION DISCURSOS DE MULHERES QUE VIVENCIARAM O PARTO DOMICILIAR COMO OPÇÃO DE PARTO

DISCURSOS DE LAS MUJERES QUE EXPERIMENTARON LO PARTO DOMICILIARIO COMO OPCION

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ABSTRACT

Objective: to analyze the reasons that lead women to choose home childbirth. **Method:** an exploratory study with qualitative approach, conducted at the Active Center of Being Integration, with five postpartum women who gave birth in domicile, using the analysis of the Collective Subject Discourse as technique. The study was approved by the Ethics Committee in Research, CAAE No 2983.0.000.104-09. **Results:** the study presented three central ideas: 1. Autonomy at parturition process; home childbirth and establishing linkages; 2. Empowerment of women in the home childbirth experience. **Conclusion:** there is still much to be done to ensure a safe, dignified and respectful delivery for all women, because when parturition is experienced positively, it leads women to discover a force hitherto dormant for the birth process and motivation for home childbirth. **Descriptors:** Home Childbirth; Qualitative Analysis; Refuge.

RESUMO

Objetivo: analisar os motivos que levam as mulheres a escolherem o parto domiciliar. **Método:** estudo exploratório com abordagem qualitativa, realizado no Centro Ativo de Integração do Ser, com cinco puérperas que tiveram os partos realizados em domicílio, tendo como técnica de análise o Discurso do Sujeito Coletivo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 2983.0.000.104-09. **Resultados:** o estudo apresentou três ideias-centrais: 1. Autonomia no processo parturitivo; parto domiciliar e estabelecimento de vínculos; 2. Empoderamento da mulher na experiência do parto domiciliar. **Conclusão:** ainda há muito a se fazer a fim de garantir um parto seguro, digno e respeitoso para todas as mulheres, pois o parto quando é vivenciado de forma positiva leva a mulher a descobrir uma força até então adormecida para o processo do nascimento e motivação para realização do parto domiciliar. **Descritores:** Parto Domiciliar; Análise Qualitativa; Acolhimento.

RESUMEN

Objetivo: analizar los motivos que llevan a las mujeres a elegir el parto domiciliario. **Método:** estudio cualitativo exploratorio, realizado en el Centro Activo de Integración del Ser, con cinco mujeres recién paridas que dieron a luz en domicilio, usando el Discurso del Sujeto Colectivo como técnica de análisis. El estudio fue aprobado por el Comité de Ética en Investigación, CAAE No 2983.0.000.104-09. **Resultados:** el estudio presenta tres ideas centrales: 1. Autonomía en el proceso del parto; parto domiciliario y establecimiento de vínculos; 2. Empoderamiento de las mujeres en la experiencia del parto domiciliario. **Conclusión:** aún queda mucho por hacer para garantizar un parto seguro, digno y respetuoso a todas las mujeres, porque el parto cuando experimentado positivamente conduce a las mujeres a descubrir una fuerza hasta entonces latente durante el proceso del parto y la motivación para lo parto domiciliario. **Descriptor:** Parto Domiciliario; Análisis Cualitativo; Recepción.

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INTRODUCTION

Hospitalization and medicalization of childbirth care distanced women from their family, people of their trust and home protection during parturition. Moreover, the adoption of horizontal position, made the women ceased to be the protagonists of childbirth, thus losing the autonomy of their own experience and being submitted to the involvement of many actors.¹

In Brazil, from the 80s of XX century, in an attempt to interfere with this reality, social movements and women's groups mobilized around the humanization of care for women during labor and childbirth, with the effective participation of the feminist movement. These movements boosted changes to the centered-care in hospitalar and medicalized childbirth in Brazil, with support from the World Health Organization (WHO).²

There was strong incentive to vaginal childbirth, breastfeeding in the immediate postpartum; combined housing (mother and newborn), the father presence or a companion in the labor and childbirth process, the role of nurses in the care of natural parturitions and the inclusion of midwives in the health system in areas where the hospital network is not present.³

In this process, the discussion about the ideal environment to woman gives birth has emerged, defending that the delivery should take place in a location that offered security for women and an appropriate care. Today, in situations of low-risk pregnancy, this place can be a Natural Birth Center (BC), a larger maternity ward in a hospital or the woman's own home. In all these areas, care must be centered on the needs and safety of women and respect for their values and their culture.⁴

The experience of childbirth is an important transition in a woman's life and family, a time when she needs support and understanding, and it must actively participate, thus obtaining physical and psychological comfort.¹ Despite delivery being a routine in hospitals and maternity wards, every woman should receive special attention, because the view of childbirth and how it is experienced is unique; therefore, the care and comfort should be provided in view of the uniqueness of each parturient.²

In the hospital context, due to its very nature, delivery care tends to move away from this specificity, since the scenario of birth became rapidly, becoming unknown and frightening for women and more convenient and aseptic for health professionals.⁵

In these environments, the so-called typical parturition is understood as appropriate, by common sense, and both professionals and some women undergoing it, tend to accept it as a necessary evil. Many of the practices used are based on scientific evidence and not on the needs of women, which leads to those more informed to seek alternative ways that enhance the birth and the parturition respecting the women autonomy in the birth process.⁶

Currently, convinced of the existence of other possibilities regarding the place of childbirth, some women are exercising the freedom to experience this unique experience in life in Birth Houses, Normal Birth Centers and also at home. In the latter alternative, we highlight the work of the Active Center of Being Integration of Childbirth (C.A.I.S.) in Recife-PE, together with groups of pregnant couples, and especially by its founder, an obstetric nurse/midwife who performs homebirth with great mastery.

The success of this and other similar experiences in various regions of the country has attracted increasing interest in researching the subject, as well as constituting knowledge for the purpose of providing professionals and interested people a reflection regarding the home health care offered to women in labor, parturition and birth.

Whereas, when deciding to perform a home childbirth, women oppose "frontally the existing urban ideology"⁷, this study was conducted with women who gave birth at home and prepared for the normal delivery in this environment through C.A.I.S Childbirth, whose work is guided by bases who value the rescue of birth in warm, family atmosphere with comfort and emotional security and monitoring by qualified professionals. We sought to answer the following question: what motives lead women to opt for home childbirth? To answer this question, the study aims at analyzing the reasons that lead women to choose homebirth

METHOD

Exploratory qualitative study.⁸ Data were collected from August to December 2008, using a form as instrument, answered orally by the women. The analysis was qualitative, through the Technique of Collective Subject Discourse (CSD).⁸

The inclusion criteria were: be over 18 years old, reside in the metropolitan region of Recife and have lived the experience of home birth after preparation by the C.A.I.S. do

Parto staff. Women were identified in the NGO headquarters and invited to participate. During the study period, 15 women had their deliveries conducted at home. Of this group, ten women participated in the study, as the others no longer lived in the metropolitan region of Recife.

The delimitation of the number of participants occurred when the data began to show repetition without adding new information related to the research objective, so that the study sample was five women. These women were over 30 days of delivery.

The implementation of this technique occurred in three steps: the first step we selected the key expressions from the discourse of each postpartum, the continuous or discontinuous segments of discourse that reveal the main focus of its content; the second stage was characterized by identifying the main idea of each of the key expressions. That moment was constituted in the summary of the content of such expressions; on the third stage, the key expressions for the central ideas were pooled in a speech synthesis, which portrays the Collective Subject Discourse (CSD).

Fictitious names for the participants were used to ensure anonymity. The ethical principles adopted by Resolution No. 196/96 of the National Health Council on Regulatory Guidelines and Standards for research involving humans were respected at all stages of the research.

Data were collected after the project approval by the Ethics Committee in Research - CEP / FUNESO under CAAE 2983.0.000.104-09.

RESULTS AND DISCUSSION

In this space are exposed initially elements that allow the characterization of the mothers who participated in the survey, and subsequently, the main ideas and the respective Collective Subject Discourse are presented, from which the experiences of the interviewees are described in home childbirth.

Women participating in the study were in the age group 25-45 years, married, with a family income between two and three minimum wages and regarding the education had completed high school. As for the number of pregnancies, 60% were multiparous and had obstetric history of vaginal deliveries in maternity or home and without obstetric complications.

Depending on the object of the study, understanding of why women opt for delivery,

the CSD s prepared enabled the abstraction of the following central ideas: empower women in the birth process; homebirth and establishing of linkages; empowerment of women in the home childbirth experience.

♦ Empowerment of women in the birth process

In the speech of all participants in the study, the home childbirth afforded autonomy, freedom, security to be with family in welcoming environment and rescue the role of women, which is not possible in the hospital environment, as the CSD follows:

Chose home birth for the sake of peace, for our house being an environment where the baby and I've gotten used to and also because I can be master of the situation and comfortable doing what I wanted and how I wanted; which is not possible in the hospital. The experience in the hospital is very unpleasant when compared to home childbirth, because [this] gives the woman freedom and autonomy not possible in the hospital. [...] You think of every detail of your way as you want; light, temperature, music, incense, scents in the air, you feed ad libitum, walk, sit, stand up, take a shower, finally, being free to receive your son actively and truly humanized (Rosa, Gardenia, Margarida, Flor od Campo and Girassol).

The valuation of this autonomy in this speech confirms the importance given by the mothers for the guarantee of being able to make choices in the residential environment, practicing habits that make the environment appropriate to their beliefs, choosing behaviors and deciding on who will participate or not in this moment. A similar study⁹ found several reasons that led pregnant women opting for home childbirths, including: faster, fewer interventions, such as non-performing vaginal touch, have the presence of family, have more freedom to move and emit sounds through the pain of uterine contractions. While in the hospital, they said that the delivery was longer, many touches were performed that left them bruised, could not move.

The inevitable reference to the care they would receive in the hospital reinforces that negative experiences of some of these women left marks of suffering, which, besides not being forgotten, are reproduced and compared with the experience of women who are close to them (mother, sisters, cousins, friends, etc...) with their own parturitions.¹⁰⁻¹

It is noteworthy that home birth care is in the context of public health policies that focus on this as a special area of expertise of health professionals, thus involving activities ranging from education and prevention to

recovery and health maintenance of individuals and their families in the context of their homes. The central idea of the first CSD emphasizes delivery care at home for its accession to the chance of laboring women participate actively and genuinely humanized way.¹²⁻³

When a woman chooses to give birth at home she is faced with confronting not only the current medicalized, interventional and institutionalized model of care delivery, but also with a barrier of the family and friends, which also incorporated the ideal form of is giving birth in hospitals where woman would be theoretically protected by all technological devices available. The second CSD is about that, as some interviewees when referring to the autonomy of choice, state:

It would be great if the family could be on side, could understand or at least respect my decision to have a child at home and have made that choice, but they did not agree they had another thought, another culture; I had to face criticism from friends, family and doctors saying and complaining that I was crazy and irresponsible. My friends and family said, "You're crazy, what is this? You're crazy, you will not get it, this is madness, and this is irresponsible". When women decide to give birth at home, and express it to people they have great difficulty in accepting. In my third child I made a birth plan and asked anybody not appearing and when I went into labor I did not warn anyone only when there was already born. For being too sure of my choice and relying heavily on Suely and mostly in my nature, I went over all these difficulties calmly. Then I had to have more strength, more determination and perseverance. My main difficulty was just being against the family (Rosa, Flor do Campo and Girassol, Gardenia, Papoula).

It is perceived to be "notorious that planned home childbirth in large urban centers relates to a matter of personal choice of the woman". Facing rejection from family, friends and health professionals, the respondents sought strategies to circumvent this objection by asserting their desire.¹⁴

It should be emphasized that without returning to the woman's autonomy of her childbirth, there is no humanization of birth, while they cannot freely choose the position to give birth, where and when to give birth and who wish with her. Having respected their beliefs and values, it will be playing a history of abuse and unnecessary interference, which does not proceed in a world that proposes a democratic and egalitarian system.¹⁵

Everyone found it very quiet. My family [...] my husband is crazy about home birth, today

he is activist for this cause. For him it was a unique experience, it was an intimate moment where we could share together, where he could be present. My family felt very natural for me to opt for this type of delivery. I think the family somehow greatly influences the attitude we take toward our life, it is important the family support because it's women who must choose how she thinks she should give birth (Flôr do campo and Girassol)

This third CSD shows that, in the opposite direction, there are people in the affective circle of pregnant women who support and believe that this type of delivery provides security. Besides the enhancement of family participation, sharing and support front of pregnant decision expressed in this discourse point to the importance of family support for her to feel safe by opting for home birth. Moreover, it is to respect human and reproductive rights, signed in legal documents that guarantee every woman the right of informed choice.¹⁶

In both CSD there is the prospect of humanization of labor and birth as it values the uniqueness of people, family and professional support so that women can make choices guided by the guidelines they had access, making them to open up to other possibilities for labor and birth. This position does not underestimate the hospital technology, which through scientific backing interventions save lives in situations where the obstetric condition goes beyond the physiological and imposes greater complexity of actions.

◆ Home childbirth and establishing links

The next CSD reaffirms what has been observed in other studies, which state that coexist and share the same physical space is developing links and reception and when the woman trust the person who is on her side, the labor and birth happen more easily.¹⁷ Thus, when a woman opts for a home birth, she is also seeking the opportunity to share this moment with whom she has ties of affection and trust. This can be seen below:

Having the presence of the father in childbirth was also wonderful. It was crucial to know I could count on the participation and cooperation of my husband, my mother and my children, and the most important was strengthening the family bond that was kinda shocked at the occasion. It was an intimate moment where we can share together, where he may be present. My family felt very natural for me to opt for this type of delivery, being able to share with my partner the birth of our children, because after all, that moment was result of another intimate moment of us (Flôr de Liz, Lótus,

Rosa, Gardênia, Margarida, Flôr do campo and Girassol).

The complicity of the couple assumed in the above discourse has a facilitatory effect of labor, a factor related to the behavioral effects attributed to hormonal balance so well described by Medeiros⁶ when describing that "some women can reach such peaks of hormone secretion and reduce such so its neocortical activity that they compare the last seconds of labor with an orgasm", which exemplifies the need for bonding highlighted in CSD.

In her home environment and surrounded by loved people, the pain, tension and fear are replaced by feelings of courage and strength, attributes of a comprehensive health care. Such action requires positive interactions that include attitudes of care of quality, sheltering and bonding.¹⁸⁻⁹

I respected [who did not support], did not affect me at all and did not affect anything, [...], I can only regret not having counted on them. After all, a good thing we want to share with anyone we like. With regard to the family in general, then I say, mother, father and friends. I mean, if you do not support, do not hinder. The husband that could not help at the occasion, I wanted my other children were together, but my husband took them, what reflected badly, my oldest son has trauma of his little brother so far (Orquideas, Gardênia, Margarida, Flôr do Campo and Girassol).

All processes related to pregnancy and childbirth are unique and remarkable on woman's life and all the people involved have the responsibility to make this enjoyable. This CSD brings the woman's regret by the omission of family participation and distance from their older sons, representing the breaking of an important link in the process of childbirth at home, in that certain attitudes hindered their experience.

The home childbirth still causes trepidation for many people; they believe that it is an outdated and dangerous act, the hospital environment being the safest place with appropriate technology. However, when there is an informed choice on the part of those who choose to give birth in the home is possible to overcome these barriers.^{14,16} Note that the sensations experienced during childbirth will remain forever in the memory, whether positive or negative.

In order to make the less impersonal the childbirth in hospital, the possibility of establishing linkages has been encouraged in the attitude of health professionals from institutions that cater to the birth, whereas the healthcare team should be prepared to

accommodate the pregnant, her partner and family, respecting all the meanings of that moment. This should facilitate the creation of a deeper bond with the mother, passing her confidence and tranquility.

♦ Empowerment of women in the home childbirth experience

It is part of women's experiences the act of gestating and giving birth. However, it is necessary to rescue the women's ability to exercise autonomy over the entire process with the health professional being only a facilitator. Once incorporated into the services the role of women, she will also have opportunity to effectively learn and train body techniques that have been excluded in that childbirth is no longer the subject of women and came to the medical field.²

The following CSD shows that the woman is able to act as subject of the action.

I define homebirth as one wonderful experience, where you feel at ease, master of the situation, may lead if you wants to stand up, sit down, walk, talk, want to eat, what you want do. And the issue of already being at home in the environment after birth and not in a strange and poorly accommodated place is a really wonderful experience, it worth for sure. My birth experience was perfect, unforgettable, very valuable, and transformative; if I could I would experience everything once a year or every day, or every month; it was just incredible, the moment that I could find with myself, with my girly, in my gut. The time when I most m experienced my strength in my whole life; I can and from now on I devour the world. For me this experience was very important, I gained an enormous faith in myself too, that only such an experience would do. It was simply amazing. I experienced living something that is part of the female nature. I also had the opportunity to offer a more respectful birth to my children, being with those who I love, vibrating a good energy to their arrival (Lotus, Flôr de Liz, Rosa, Gardênia, Margarida, Flôr do campo and Girassol).

Some unhappy women with the current model of care during pregnancy and childbirth seek additional ways to give birth to her children. The home childbirth is an alternative, as parturition unlike that postulates the medicalized version is a physiological, social and existential event linked to women's female sexuality and family life, while hospitalized childbirth introduces a number of resources and non-natural (or even anti-natural) procedures. The physiological aspect is recurrent in the argument of several factors associated with home childbirth.^{9,17}

Although 'modern woman' is seen as a subject of their choices, including maternity; it is not exactly what happens in reality. She remains under requirements dictated as scientific knowledge that will make her choose what is best for birth, building false illusion of the ideal, quick and painless childbirth. Then, she transfers to the professional midwife all responsibility for her pregnancy and birth, undergoing all types of interventional procedures.¹⁶⁻¹⁷

The choice of delivery at home, on the contrary, strengthened the power of decision over the whole process and encouraged the dissemination of the experience, as shown in the following CSD:

It is a truly wonderful experience, worth it for sure, for those who have doubts or fear, it is worthwhile to seek, obtain information through books, through the group, share experiences with people who have already kidded and see what worth. I mean, when we are secure of a decision is much easier to others respect us (Orquídeas, Gardênia, Flôr do campo and Girassol).

Informed women do not view childbirth as a cruel inhuman or painful event as commonly it shows up in the social imaginary, but as a possibility of wholeness, empowerment and growth, a phase transition to the concreteness of motherhood. The right to informed choice must be respected by the professionals who provide care to women. Motivation and access to information based on scientific evidence allowing this woman has the necessary tools to choose the type of birth that most suits her.^{11,15}

When prepared, the delivery shall be experienced positively, taking the pregnant woman to discover a hitherto dormant force that is the female empowerment, for the birth process and motivation to perform the home childbirth.

CONCLUSION

The understanding of the birth process means going beyond the act of parturition itself, i.e. means to understand the woman as a whole, set in a packed environment of a culture with values and beliefs.

The preparation received for this modality of care, home childbirth, by the women who comprised the study established a significant difference in the success of care. And considering that this choice is not yet in reality accessible to most Brazilian, it is concluded that there is still much to do to ensure a safe, dignified and respectful delivery for all women as recommended by WHO.

One must bear in investment strategies to access information based on scientific evidence allowing women are instrumentalized to choose the place of delivery that suits her. The right to informed choice should be guaranteed by the professionals who serve these clients and respected by people of their friendship.

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Submission: 2013/03/06
Accepted: 2014/06/22
Publishing: 2014/08/01

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