

The process of humanizing childbirth: current state of knowledge.

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SUMMARY

Humanized childbirth integrates measures from prenatal to postpartum care, aiming to make the woman the protagonist of this moment, as well as providing satisfaction, autonomy, and security to the mother-child dyad. Studies highlight the lack of knowledge about the topic, reinforcing the importance of a narrative review. Searches for articles were conducted in the Scielo and BVSMS databases using the descriptors "Humanized Childbirth" and "Humanization of Childbirth Care," identifying 109 studies and including 14 complete articles. Among these, the focus was on rights related to humanized childbirth in 3, on care during humanized childbirth in 4, and on... The role of nursing in humanizing childbirth in section 3. While the others addressed topics related to non-pharmacological methods, medicalization, and assistance... Doulas. It is observed that, in general, studies on the subject are fragmented. It is hoped that the present findings, in their entirety, will be useful for providing a foundation and contribute to future discussions and interventions.

Keywords: Humanized childbirth; Humanization of childbirth care; Pregnant woman.

ABSTRACT

Humanized childbirth encompasses measures from prenatal to postpartum care, aimed at making the woman the protagonist of the experience while also providing the mother-child dyad with satisfaction, autonomy, and safety. Studies indicate a lack of knowledge on the subject, highlighting the importance of a narrative review. Searches for articles were conducted in the Scielo and BVSMS databases using the descriptors "Humanized Childbirth" and "Humanization of Birth Assistance," resulting in the identification of 109 studies, of which 14 were full-text articles. Among these, three focused on the rights related to humanized childbirth, four addressed care in humanized childbirth, and three discussed the role of nursing in the humanization of childbirth. The remaining articles covered themes related to non-pharmacological methods, medicalization, and doula assistance. It is observed that, in general, studies on the topic are fragmented. It is hoped that the present findings will be comprehensively useful as a foundation and contribute to future discussions and interventions.

Key words: Humanized Childbirth; Humanization of Birth Assistance; Pregnant Woman.



INTRODUCTION:

Childbirth and labor are physiological processes that provide an individual experience for pregnant women and their families.¹ Being marked by physiological transformations and emotional, which can be accompanied by anxiety, doubts, and worries.²

Historically, birth was a natural, intimate, physiological, and private event. shared between pregnant women and their families. Since women, in general, had their children at home with the help of a midwife.¹

Although the situation remained this way until the invention of forceps in the 1630s, by Peter Chamberlen, being the first artifact to be instrumentalized. Medicalization It was, therefore, a dispute spanning more than three centuries between practitioners of various sports, since... Midwives, barbers, surgeons, and doctors disputed the legitimacy. But the process was decided. by physicians, in accordance with the regulations of each country.³

However, after the 19th century, there was a radical change due to the technification of medicine. which led to pregnant women being placed in a subordinate position in relation to healthcare professionals.⁴ And, in the 1980s, this included different interventions, such as trichotomy, enema, artificial rupture of membranes, episiotomy and restrictions (ambulation, (feeding and positions). Therefore, treating the event as pathological and removing the maternal individuality and autonomy in the process.¹

Previously, medical technologies, inadequate hygiene, and the lack of training of midwives contributed to the high morbidity and mortality rates of pregnant women and their babies.⁴

The pregnant woman's right to participate in obstetric care, including childbirth, is emphasized. a natural process, which can become complicated and then require intervention.⁵

These rights include: the right to drink fluids during childbirth, respect for privacy, Choice of companion, freedom of movement and position, immediate skin-to-skin contact. And Harmful practices need to be eliminated, such as the systematic use of enemas, hair removal, pelvimetry and lithotomy position.⁵

This care is based on the guidelines of the World Health Organization (WHO), which states that "All women have the right to receive the highest attainable standard of health, including the right to care." dignified and respectful treatment during pregnancy and childbirth, and the right not to suffer violence or discrimination."⁵

In 2000, the Ministry of Health launched the Humanization of Prenatal Care Program, in which the A user-centric approach should be supported by lightweight technologies, with attention focused on health. involving connection, acceptance, and accountability.⁶

And in 2003, the National Humanization Policy was created in order to transform the SUS (Brazilian Public Health System).

valuing the different subjects involved in the production of health: users, workers and managers.⁴

Humanizing childbirth care is therefore seen as one aspect of the National Humanization Policy (PNH) that guarantees... Respect for women, at a time when they need attention and care, as does the family. and the baby. And medical interventions should only facilitate childbirth.⁴

Therefore, understanding the process of humanizing childbirth is relevant, since it guarantees such rights of pregnant women, as it is known by these women, their families and the healthcare professionals involved.⁴

METHODOLOGY

This is a narrative literature review, suitable for discussing a specific topic.

It consists of a broad analysis of the literature, without establishing a rigorous methodology.

and replicable for the reproduction of data and quantitative responses to specific questions. Seen

This is a bibliographical analysis of pregnant women's perspectives on childbirth.

Humanized, articles indexed in the ScientificElectronic databases were retrieved.

Library Online (SciELO) and the Virtual Health Library of the Ministry of Health (BVS), in the month of June 2023, with reference to the last 25 years. The following keywords were used.

Humanized childbirth and the rights of pregnant women were discussed, and manuscripts in Portuguese and Spanish. The inclusion criterion was that the expressions used in the searches had to appear in the title.

or were explicitly stated in the abstract. The excluded articles, after reading the abstracts and/or the

The full texts did not directly correlate with the keywords used.

After retrieving the target information, an initial reading of the titles and abstracts was carried out.

without excluding any publications. Subsequently, a complete reading of the texts was carried out. A

The analysis sought to establish the theoretical foundation of the studies, as well as to observe the characteristics.

general overview of these and their objectives. Finally, an assessment was made of the methodology and the results.

and the related discussion. Specifically, in the analysis of the identified scientific production,

No specific qualitative or quantitative techniques were used on the data, and it was

All texts were analyzed.

RESULT:

The research for the materials that comprised this work encompassed 109 studies.

correlated with the humanization of childbirth in the aforementioned databases, of which 14 were

included. Among the studies, 4 present a cross-sectional approach, either qualitative or quantitative, and the remaining (10) present a theoretical approach. The prevalence of the Portuguese language was observed, which reached 78.6%, compared to the Spanish language (21.4%).

Table 1 highlights the particularities of the selected studies. Thus, it is noted that predominance of approaches regarding nursing care, rights, and assistance of the humanized childbirth process.

Table 1 – Focus of the studies in the articles on humanized childbirth.

Enfoque dos estudos	Número de publicações
Direitos da mulher	3
Cuidado assistencial no parto humanizado	4
Assistência da enfermagem	3
Métodos não farmacológicos utilizados	1
História e políticas à medicalização do parto	1
Doulas à assistência	1
Informações às gestantes	1

During the study, no case reports addressing these themes were found, which likely reflects the scarcity, in practice, of studies on humanized childbirth, its Assistance and its implications.

DISCUSSION:

Childbirth is a critical moment of transition characterized by tension, doubt, anxiety and/or curiosities. Therefore, it should be done with the guidance of qualified professionals, being The presence of a pediatrician is required by law. ^{6,7} The more humanized this process is, the more This ends up being advantageous for the woman giving birth, with several benefits such as safety, self-esteem and satisfaction of the mother-child dyad.⁸

According to Leão and Bastos (2001), support activities during childbirth can be classified as Categories: emotional support, that is, encouraging, reassuring, and being continuously present; Physical comfort measures, such as massages and cold compresses; information support, through guidance, instructions and advice; and advocacy, by interpreting the pregnant woman's wishes and acting accordingly. in her favor. ⁴

Assistance throughout all stages of labor, for example, can reduce labor time. of childbirth and the need for analgesia, as well as increasing spontaneous vaginal deliveries and



Year VII, v.1 2026 | Submission: 05/13/2026 | Accepted: 05/16/2026 | Publication: 05/19/2026

reduce cesarean sections.⁵ And the multidisciplinary team must ensure attention with respect and dignity.⁶

Priority should be given to the following aspects of care: attentive listening; respect for the pregnant woman's autonomy; Welcoming, bonding and accountability; analysis of the psychological and social aspects of pregnant women; Valuing the caregiver; access to information; consideration of self-care capacity.⁸ To achieve this, it is essential to recognize different cultural values, beliefs, needs and expectations of pregnant women.²

Furthermore, if there are no complications, a home birth can take place if that is the mother's wish. pregnant women. However, there must be an adequate and qualified professional team for monitoring, with medical and nursing professionals present.⁶

Fluid and food intake during labor is recommended for low-risk pregnant women. risk. It is recommended to encourage mobility, upright posture, and the adoption of a preferred position.⁵

Furthermore, skin-to-skin contact between mother and child should be established early, providing support. to the start of breastfeeding in the first hour postpartum.¹

There is also importance in making the Kangaroo Method viable, used so that babies Premature babies have skin-to-skin contact. Therefore, the baby wears a minimum of clothing next to their body. from the mother or caregiver, in an upright position. In order to feel more secure and protected, spend less energy to stay warm, learn to breastfeed faster, be discharged in advance and strengthen the emotional bond.⁶

And the pain must be relieved, as it can cause physical and psychological harm to both mother and baby. Thus, non-pharmacological resources, such as continuous attention, mobility, and stimulation of Ambulation, breathing exercises, use of birthing ball and birthing stool, shower with Warm water and perineal exercises should be encouraged; and, if necessary, pharmacological resources, such as analgesia, may be used, if desired.²

While the well-being of the pregnant woman during childbirth depends on several factors such as: environment, companion, team, anxiety and/or unforeseen events. Therefore, the environment must provide, Essentially, this includes: a bed, obstetric stools or chair, armchair, birthing ball, and an attached bathroom. A designated place for the pregnant woman to stay throughout the entire labor process. And observation is essential. careful, especially in the first hour after delivery, in order to prevent complications, such as hemorrhages.⁶

The comprehensive care strategy corresponds to the Stork Network, within the scope of the System. Unified Health System (SUS), established by the Ministry of Health (MS) through Ordinance No. 1,459, of June 24, 2011, in order to ensure women's reproductive planning and humanization. of care during pregnancy, childbirth and the postpartum period.⁹



Year VII, v.1 2026 | Submission: 05/13/2026 | Accepted: 05/16/2026 | Publication: 05/19/2026

While Law No. 11,634, of December 27, 2007, provides for the right of pregnant women to knowledge of and connection to motherhood, as well as where she will receive assistance within the scope of motherhood of the SUS. And Law No. 11,108, of April 7, 2005, guarantees pregnant women the right to the presence of companion during labor, delivery, and the immediate postpartum period within the SUS (Brazilian Public Health System).⁹

Also, Ordinance No. 569/GM/MS, of June 1, 2000, establishes the Program of Humanization in prenatal and childbirth care within the Brazilian Unified Health System (SUS). And Decree No. 4,279/GM/MS, Decree of December 30, 2010, establishes guidelines for the organization of the Health Care Network in within the scope of the SUS.⁹

And the responsibilities of the managers include: expanding coverage and Qualification of Family Health teams; linking pregnant women to the place of delivery; expansion the number of Intensive Care Unit and Intermediate Care Unit beds; Expansion of Human Milk Banks; improvements in neonatal and obstetric emergency units; guarantee of necessary medications; risk classification; qualification of care in maternity wards; training of the healthcare teams involved; improvement of Information systems on child mortality and on live births; perinatal forums with society to discuss topics related to maternal health and Children's health; expansion of Baby-Friendly Hospitals and expansion of Health Support Centers. Family.⁶

However, in Brazil, childbirth assistance is still characterized by a high rate of... interventions.⁴ With approximately 50% of births being cesarean sections, although the WHO establishes that only 15% of these require surgery. And the pregnant woman should be informed about the reasons why... They prevent people from choosing normal childbirth, since this is the safest and healthiest option; therefore, humanized care should be encouraged.^{6,10}

And, given the necessary procedures, some medical acts are related to practice. Inadequate care, such as obstetric violence, is correlated with actions performed by a professional. health, expressed through dehumanized care, abuse of interventions and/or medicalization. and pathological transformation of physiological parturition.^{4,11}

Therefore, the International Childbirth Initiative addresses the relevance of achieving the goal. potential for health and well-being, in line with the 2030 Agenda for Sustainable Development Sustainable. To achieve this, the active role of the pregnant woman requires promoting humanized childbirth. Regardless of the chosen delivery method, prenatal education and sharing experiences are essential. Respect for women's decisions, promotion of the presence of a companion, and encouragement of ongoing training for healthcare professionals.^{4,11}

Thus, women-centered reproductive health fits within the rights-based approach.



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Human beings of women. The main objectives being: the promotion of practices based on evidence, care as a physiological process, and the active participation of pregnant women, so that they become and feel like protagonists.^{5,12}

The quality of care is particularly relevant when it comes to analyzing the experience of childbirth and birth in their different dimensions. And it essentially has three Components: The clinical component correlates with adherence to and compliance with guidelines. clinical or protocol-based; the interpersonal component is expressed in care centered on individuals according to their individual preferences, needs and values; and the component of The context relates to timely, efficient, and equitable service.⁵

However, the provision of care and services by healthcare teams depends on knowledge about both physiological and emotional processes, as well as observation of deviations from normality and comprehensive, individualized care for patients. This Therefore, it is essential to increase evidence-based practice in order to promote the active role of the pregnant woman. But prenatal appointments, for example, are relatively brief; therefore, not They provide all the necessary information for pregnant women, who tend to resort to other sources of information that are not always safe and reliable.^{1,13}

Furthermore, the intrinsic characteristics of healthcare professionals tend to influence, in addition to Positive or negative form, depending on the information conveyed. For example, regarding the form communication, empathy, perspectives, and/or lack of knowledge. But pregnant women... They feel safe with the healthcare team and the provision of care, which demands constant updating and standardization of the comprehensive approach.^{1,2}

The encouragement and confidence conveyed by an understanding team can have a significant influence in reducing emotional tension, especially when women are given the opportunity to discuss their feelings and ask questions.⁴

And the hospital environment refers to the treatment given to the physical, social, and professional space. as well as interpersonal relationships. Therefore, humanization requires a commitment to... ambiance in the construction of a space aimed at comfort, at the production of subjectivities and that it can be used as a facilitating tool.¹³

And scenarios contrary to humanized childbirth are observed, such as the discouragement of normal childbirth and the lack of knowledge about non-medicinal methods, which This highlights the gap in the training and knowledge of healthcare professionals. As well as, the resistance of healthcare professionals to ensuring the presence of a companion and the bureaucratization of the reception process.¹⁴

However, the WHO demands that actions be taken to prevent and eradicate situations of assistance.

Inadequate, requiring greater government support, programs for better quality of assistance, empowerment of pregnant women's rights, dignified and respectful care for women, Accountability of systems and/or professionals and continuous training of professionals. Therefore, it is necessary to incorporate lightweight technologies that materialize in practical applications. relational, such as welcoming and bonding.¹⁰⁻¹²

And especially educational investment, since pregnant women may, by being unaware of their Rights guaranteed by law, becoming hostages or victims of the public health system. And so on. Health education should be the responsibility of professionals, in association with... quality managers of women's healthcare.^{9,13}

Another important aspect is the creation of a document in which wishes can be recorded. of the pregnant woman. Given that there are women who report satisfactory experiences, even if they are Procedures were performed that were not included in her birth plan, which were explained with clarity, making her feel respected and with an active role in her care process.^{1,14}

However, these topics are still rarely addressed, making it impossible to quantify the... knowledge of pregnant women and verify the demands of this process.⁹ Given this, it becomes It is relevant to address and establish the "humanization of childbirth".

CONCLUSION:

Viewing childbirth-related care as a positive experience implies, therefore, in addition to assistance provided by personnel with technical skills and clinical practices grounded in evidence, placing women as essential subjects in decision-making.

However, there are still several obstacles to the humanization of childbirth, such as poor communication. Among professionals, low levels of training and the adoption of a non-systematized, which consequently results in a failure to transmit knowledge to pregnant women. Therefore, it is essential that these topics be addressed comprehensively.

Therefore, it demands greater government support for research and actions on the subject, the elaboration of quality care programs, strengthening the rights of pregnant women, Accountability of health systems and training of the professionals involved.

Therefore, it is believed that this study can contribute to the advancement of discussions. Regarding the humanization of childbirth. And it is emphasized that, despite advances in legislation and in Literature shows little change in this scenario. Therefore, it is considered relevant to... a more in-depth study on this topic, with a view to improving assistance to mother-child dyad.



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Year VII, v.1 2026 | Submission: 05/13/2026 | Accepted: 05/16/2026 | Publication: 05/19/2026

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