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The process of humanizing childbirth: current state of knowledge.

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The humanization process of childbirth: current state of knowledge

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ABSTRACT

Humanized childbirth integrates measures from prenatal to postpartum, aiming to make the woman the protagonist of this moment, as well as providing satisfaction, autonomy, and safety 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 in humanized childbirth in 4, and on the role of nursing in humanizing childbirth in 3. While the others addressed 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, in their entirety, useful for providing a foundation and contributing 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 It is marked by physiological and emotional transformations, which may be accompanied by anxiety, doubts, and worries.2

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Historically, birth was a natural, intimate, physiological, and private event shared between pregnant women and their families. Since women generally 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 was, therefore, a A dispute spanning more than three centuries between practitioners of various disciplines, including midwives, barbers, Surgeons and doctors disputed its legitimacy. But the process was decided by doctors, according to... the rules of each country.3

However, after the 19th century, there was a radical change due to the technification of medicine, the which led to pregnant women being placed in a subordinate position in relation to healthcare professionals.4 And, in the 1980s, it included different interventions, such as shaving, enemas, and rupture. Artificial membrane surgery, episiotomy, and restrictions (ambulation, feeding, and positioning) are all considered. Therefore, the event is treated as pathological, and maternal individuality and autonomy are disregarded in the process.¹

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

Emphasis is placed on the pregnant woman's right to participate in obstetric care, considering childbirth a natural process that can become complicated and therefore 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 World Health Organization (WHO), which states that "All Women have the right to receive the highest attainable standard of health, including the right to dignified and respectful care during pregnancy and childbirth, and the right to be free from violence or discrimination."5

In 2000, the Ministry of Health launched the Humanization of Prenatal Care Program, in which the focus The user experience should be supported by lightweight technologies, with a focus on health, involving connection, acceptance, and accountability.6

And in 2003, the National Humanization Policy was created in order to transform the SUS (Unified 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... The woman deserves respect at a time when she needs attention and care, as do her family and baby. Medical interventions should only facilitate childbirth.⁴

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

METHODOLOGY

This is a narrative literature review, suitable for discussing a particular subject. consisting 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. Given that This is a literature review on the perspectives of pregnant women regarding humanized childbirth. Articles indexed in the Scientific Electronic Library Online (SciELO) database were retrieved. and the Virtual Health Library of the Ministry of Health (BVS), in the month of June 2023, having as The reference is to the last 25 years. The keywords used were humanized childbirth and children's rights. pregnant women, and manuscripts in Portuguese and Spanish were used. The inclusion criterion was that the The expressions used in the searches were either in the title or explicitly stated in the abstract. The articles The excluded elements, after reading the abstracts and/or the full texts, did not show a direct correlation. with the keywords used.

After retrieving the target information, an initial reading of the titles and abstracts was carried out, without Exclusion of publications. Subsequently, a complete reading of the texts was carried out. The analysis sought the theoretical foundation of the studies, as well as the observation of the general characteristics of these and of its objectives. Finally, the methodology, results, and discussion were evaluated. correlated. Specifically, in the analysis of the identified scientific production, the following were not used: Specific qualitative or quantitative techniques were used for the data, and all texts were analyzed.

RESULT:

The research for the materials that comprised this work encompassed 109 related studies. to the humanization of childbirth in the aforementioned databases, of which 14 were included. Among the studies, 4 present a cross-sectional, qualitative or quantitative approach, and the remaining (10) present theoretical approach. The prevalence of the Portuguese language was observed, reaching 78.6%, in compared to the Spanish language (21.4%).

Table 1 highlights the particularities of the selected studies. Thus, the predominance of... approaches to nursing care, rights, and attention in the nursing process of Humanized childbirth.

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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.
This 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 involve the supervision of qualified professionals, with the presence of a pediatrician being required by law.6,7 The more humanized this process is, the more
This ultimately proves advantageous for the mother, with several benefits such as safety, self-esteem, and satisfaction for both mother and child.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 in her best interests.4

Assistance throughout all stages of labor, for example, can reduce the duration of labor. childbirth and the need for analgesia, as well as increasing spontaneous vaginal deliveries and reducing cesarean sections.5 And the multidisciplinary team must ensure care 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 companion; access to information; consideration of self-care capacity.8
To do this, it is essential to recognize the different cultural values, beliefs, needs, and expectations of the pregnant woman.2

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

Fluid and food intake during labor is recommended for low-risk pregnancies. 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, supporting the initiation of breastfeeding within the first hour after delivery.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 the body. mother or caregiver, in an upright position. In order to feel safer and more protected, spend less energy to stay warm, learn to breastfeed faster, be discharged with advance planning and strengthening 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 water. Warm 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. Thus, the environment must essentially provide, From: bed, birthing stools or chair, armchair, birthing ball, en-suite bathroom, space for the pregnant woman. To be present throughout the entire labor process. Careful observation is crucial, especially in the first hour after delivery, in order to prevent complications such as hemorrhaging.6

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

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 The Brazilian Unified Health System (SUS). And Law No. 11,108, of April 7, 2005, guarantees women in labor the right to have a companion present during labor, delivery, and the immediate postpartum period within the SUS.9

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

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And the responsibilities of the managers include: expanding coverage and improving qualifications.
of the Family Health teams; linking pregnant women to the place of delivery; increasing the number of
Intensive Care Unit and Intermediate Care Unit beds; expansion of Banks
Human Milk; improvements in neonatal and obstetric emergency units; guarantee of
medications that may be needed; risk classification; quality of care in
maternity wards; training of the healthcare teams involved; improvement of the systems of
Information on child mortality and regarding live births; perinatal forums.
with society in the discussion of topics related to maternal and child health; expansion of Baby-Friendly Hospitals
and expansion of Family Health Support Centers.6

However, in Brazil, childbirth care is still characterized by a high rate of interventions.4
Cesarean sections account for approximately 50% of births, although the WHO states that only 15% of these should be cesarean.
They need to be surgical. And the pregnant woman should be informed about the reasons that prevent her from choosing this option.
through normal childbirth, since this is the safest and healthiest method; therefore, humanized care should be
encouraged.6,10

And, given the necessary procedures, some medical acts are related to practice.
Inadequate practices, such as obstetric violence, are correlated with actions performed by healthcare professionals.
health, expressed through dehumanized care, abuse of interventions and/or medicalization, and pathological
transformation of physiological childbirth.4,11

With this, the International Childbirth Initiative addresses the relevance of achieving potential.
of health and well-being, in line with the 2030 Agenda for Sustainable Development. For
Therefore, the active role of the pregnant woman demands promoting a humanized birth, regardless of the method of delivery.
chosen childbirth, prenatal education, sharing experiences, respect for women's decisions,
promoting the presence of a companion and encouraging the continuous training of professionals in
health.4,11

Thus, women-centered reproductive health fits within the human rights approach of women.
women. The main objectives being: the promotion of evidence-based practices, assistance
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 its different dimensions. And it essentially has three components: the
The clinical component correlates with adherence to and compliance with clinical guidelines or...
protocols; the interpersonal component is expressed in individual-centered care as per

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their individual preferences, needs, and values; and the context component relates to timely, efficient, and equitable service.5

However, the provision of care and services by healthcare teams depends on knowledge. concerning both physiological and emotional processes, as well as the observation of deviations from normalcy and comprehensive, individualized care for patients. Therefore, it is fundamental to increase evidence-based practice in order to promote the active role of pregnant women. But the Prenatal care appointments, for example, are relatively brief; therefore, they do not cover all the... information needed by pregnant women, who tend to turn to other sources of information that are not always safe and reliable.1,13

Furthermore, the intrinsic characteristics of healthcare professionals tend to have a significant influence. positive or negative, depending on the information transmitted. For example, regarding the form of communication, empathy, perspectives, and/or lack of knowledge. But pregnant women feel secure in the presence of the healthcare team and in 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 an influence. significant 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... as well as interpersonal relationships. Therefore, humanization requires a commitment to the environment in which people interact. from the construction of space that aims at comfort, the production of subjectivities, and that can be used as a facilitating tool.13

And scenarios contrary to humanized childbirth are observed, such as the discouragement of childbirth. The normal situation and the lack of knowledge about non-drug methods highlight the gap. in the training and knowledge of health professionals. As well as the resistance of health professionals in 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 inadequate care. which require greater government support, programs for better quality of care, Strengthening the rights of pregnant women, providing dignified and respectful care to women, accountability of the systems and/or professionals and continuous training of professionals. Therefore, it is necessary incorporating soft technologies that materialize in relational practices, 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 such education in

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Health should be the responsibility of professionals, in association with quality managers.
assistance to women.9,13

Another relevant aspect is the creation of a document in which the wishes of the can be recorded.
pregnant women. Given that there are women who report satisfactory experiences, even if they are carried out
Procedures that were not included in her birth plan were explained clearly, making her feel respected and empowered
to play an active role in her care process.1,14

However, these topics are still rarely addressed, making it impossible to quantify pregnant women's knowledge
and verify the demands of this process.9 Given this, it becomes 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 between
The professionals, the low level of training, and the adoption of a non-systematized care model, which,
Consequently, this results in a failure to transmit knowledge to the pregnant woman. Therefore, it is
It is essential that these topics be addressed comprehensively.

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

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

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