

Factors that interfere with choice of childbirth: normal x caesarean

Factors that interfere with choice of childbirth: normal x caesarean

Factores que interfieren en la elección del parto: normal x cesárea

RESUMO

A escolha do parto é um ato muito importante na vida da gestante. Muitos fatores podem influenciar, como experiências anteriores, receios, traumas ou mesmo a recuperação e comorbidades tanto inerentes ao parto quanto ao pós-parto. Neste sentido, é importante debater os fatores que interferem nesta escolha. O objetivo dessa pesquisa foi identificar os fatores que levaram as mulheres a escolherem o tipo de parto em uma cidade do Sul de Minas Gerais. Trata-se de um estudo quantitativo, descritivo, transversal e exploratório, envolvendo seres humanos, com aplicação de questionário. O método de amostragem estabelecido foi o não probabilístico. A amostra foi composta por um grupo de 31 mulheres que tiveram partos no primeiro semestre do ano de 2021 na Maternidade da Fundação Hospitalar São Sebastião. Logo, os dados coletados demonstraram a cesárea com predominando na escolha das parturientes, representando 80,6% dos partos realizados quando comparados ao parto normal, que foi 19,40% e entre estes nem todos foram escolhas das gestantes, mas também situacionais. Também foi notado que o medo da dor foi um dos critérios mais utilizados na decisão da mulher pela cesárea eletiva. Observou-se ainda que existem lacunas quanto à promoção da saúde, pois algumas participantes do estudo relataram não terem recebido orientação quanto as vias de parto bem como seus riscos e benefícios. Sendo assim, demonstra-se que a promoção da saúde é uma necessidade urgente e que o profissional de enfermagem pode contribuir de maneira efetiva ao longo da gestação ao prestar assistência integral que seja composta pela promoção de saúde através do fornecimento de informações e esclarecimentos de dúvidas, bem como no cuidado humanizado para fazer com que a mulher se sinta mais segura sobre o seu parto e conseqüentemente alcance a maximização dos benefícios proporcionados por cada via, difundido neste caso a indicação ideal, respeitando os preceitos éticos, autonomia e segurança em saúde da mulher.

DESCRIPTORES: Enfermagem; Parto Normal; Cesárea.

ABSTRACT

The choice of childbirth is a very important act in the pregnant woman's life. Many factors can influence, such as previous experiences, fears, traumas or even recovery and comorbidities, both inherent to childbirth and postpartum. In this sense, it is important to debate the factors that influence this choice. The objective of this research was to identify the factors that led women to choose the type of delivery in a city in the south of Minas Gerais. This is a quantitative, descriptive, transversal and exploratory study, involving human beings, with the application of a questionnaire. The sampling method established was non-probabilistic. The sample consisted of a group of 31 women who gave birth in the first half of 2021 at the Maternity Hospital of the São Sebastião Hospital Foundation. Therefore, the data collected showed that cesarean was predominant in the choice of parturients, representing 80.6% of the deliveries performed when compared to vaginal delivery, which was 19.40% and among these, not all were chosen by pregnant women, but also situational. It was also noted that fear of pain was one of the most used criteria in women's decision to undergo elective cesarean section. It was also observed that there are gaps in terms of health promotion, as some study participants reported not having received guidance on the routes of delivery as well as their risks and benefits. Thus, it is shown that health promotion is an urgent need and that the nursing professional can effectively contribute throughout pregnancy by providing comprehensive care that includes health promotion through the provision of information and clarification of doubts, as well as in humanized care to make the woman feel more secure about her birth and consequently reach the maximization of the benefits provided by each route, in this case the ideal indication is disseminated, respecting the ethical precepts, autonomy and health safety of the women. **DESCRIPTORS:** Pressure Injury; Quality of Health Care; Nursing Care; Nursing Evaluation; Patient Safety.

RESUMEN

Objetivo: Caracterizar los casos de participantes con lesión por presión en un hospital privado y acreditado con un protocolo de prevención establecido. Método: Un estudio de caso múltiple realizado en un hospital privado, el muestreo fue de 100 historias clínicas electrónicas aleatorias más 2 casos que se notificaron en el sector de calidad. Resultados: El 28% de los incidentes de lesión por presión fueron subreportados según datos obtenidos del sector de calidad de la institución hospitalaria. El perfil de los participantes identificados en las historias clínicas corresponde al sexo masculino, ancianos, con enfermedad crónica existente y con tiempo de hospitalización de más de cinco días. En relación con la región del cuerpo con más lesiones, destacó la región sacra. Conclusión: Se observó la importancia de la aplicabilidad del protocolo para la prevención de la lesión por presión y la alineación de los conocimientos de la enfermera sobre el tema, los cambios en las tecnologías de salud.

DESCRIPTORES: Lesión por Presión; Calidad de la Atención de la salud; Cuidados de Enfermería; Evaluación de Enfermería; Seguridad del Paciente.

RECEIVED: 08/06/21 APPROVED: 14/06/21

Thaiara de Souza

Nurse

ORCID: 0000-0002-8042-8351

Camilla Goncalves Teodoro Nogueira

Nurse

ORCID: 0000-0003-3935-4618

Susinaia Vilela Avelar Rosa

Specialist in Family Health, Public Health, Obstetrics, Pedagogical Training and Public Policies. Master in Collective Health from Univas Pouso Alegre. Nurse acting as Health Authority at the VISA de Três Corações. Professor at UniCor.

ORCID: 0000-0001-9665-3134

Alessandra Mara Oliveira Dzivielevski

Advanced Trauma Support Nurse at BR Vida. Preceptor of the Nursing Course at the Universidade Vale do Rio Verde (UninCor). Specialist in Trauma, Emergency and Intensive Care, Master's Student of the Postgraduate Program in Nursing at the Federal University of Alfenas.

ORCID: 0000-0003-2157-5631

Joao Paulo Soares Fonseca

Professor at UniCor. Master in Education. Specialist in Intensive Care and Emergency.

ORCID: 0000-0003-4886-1718

Ranile Santos Silva

Professor of the Nursing Course at UniCor. Specialist in Family Health Management. Master in Bioethics. Doctoral student in Nursing at the Federal University of Alfenas.

ORCID: 0000-0002-5844-4224

INTRODUCTION

Childbirth means the expulsion of the fetus and its adnexa from the mother's body, which can be normal or cesarean. The experience of childbirth in women's lives represents an event of great importance, becoming a unique and special moment, transforming the woman into a mother. In ancient times, only one type of birth was possible, vaginal birth or also called physiological, because at the time there were no technologies that currently exist to deliver surgically. In that context, which permeated the 17th century, childbirth was performed by midwives who helped women in the experience of childbirth, knowledge passed from mother to daughter. 1

However, due to globalization and technological development and many other factors, cesarean delivery was created as a fundamental tool in saving the lives of pregnant women who did not have conditions suitable for normal birth, such as the

position of the fetus, certain types of diseases, among other factors. However, this surgery has become a common practice and is currently related to the pandemic, given the large numbers of surgical deliveries performed in Brazil. In Brazil, the percentage of cesarean deliveries reaches 84%, that is, women who are attended by private plans and have the option, mostly choose elective cesarean. 2

The desire of women in relation to the type of birth chosen will be related to their knowledge about the subject and the information offered by professionals. It is considered very important to make the right decision about the desired mode of delivery, guaranteeing a rapprochement between the pregnant woman and the professional, being able to clarify all the doubts and anxieties they have regarding pregnancy, childbirth and the puerperium. Taking into account the high number of cesarean sections in the world, including Brazil, which has the highest rate of cesarean sections performed, it means that there is a lack of

guidance for pregnant women regarding the type of delivery. 3

Therefore, the most suitable professional is the nurse, as their care practice is totally focused on humanization, on welcoming the pregnant woman, both during prenatal care and at the time of delivery. The guidance of this professional becomes of total relevance at the time of decision, as he is able to provide care aimed at the guidance process, establishing tranquility at the time of normal delivery. 4 Thus, it became the objective of the research to identify the factors that led women to choose the type of delivery.

METHODS

This is a quantitative, transversal and descriptive study, involving human beings, with the application of a questionnaire. The study was carried out in a Maternity Hospital located in a city located in the south of Minas Gerais. The sampling method established was non-probabilistic.

A group of women who gave birth from the year 2021 was selected. To determine the legitimacy of the answers, the data for analysis considered a population of 105 women, and with a margin of error of 10%, a reliability of 90%, the sample size was calculated at 31 women. Inclusion criteria were women who had vaginal or cesarean delivery in the first half of 2021 and women who accepted to participate in the research after signing the consent form and the exclusion criteria were women who had an abortion in the first half of 2021 and women who dropped out of the research.

The questionnaire applied was made by the author herself, consisting of objective questions with discursive points related to competences. They contain in their structure questions related to sociodemographic data, in order to characterize the sample, and six more questions related to pregnancy and childbirth that refer to the number of pregnancy, vaginal delivery and cesarean section; if she received guidance on the types of delivery; if she was influenced as to the choice of the type of delivery and who influenced her and what was the reason for the preference for the type of delivery.

Participants were randomly chosen, according to acceptance, at the time of the visit to the Maternity Hospital, until completing the sample, that is, on the day of the visit to the maternity hospital, all postpartum women who met the inclusion criteria were invited to participate in the research and invited to consent to the research by signing the Informed Consent Form (ICF). Data were collected through a questionnaire and for the analysis of the research statistics was performed with relative and absolute values, entered in Excel tables.

This study complied with the precepts established by Resolution No. 466/12 of December 2012. The principles of anonymity, privacy and professional secrecy were respected. The study participant had autonomy to decide whether or not to participate in the study. The interviews began after approval of the research pre-project by the Research Ethics Committee of the University Vale do Rio Verde – UNIN-

The desire of women in relation to the type of birth chosen will be related to their knowledge about the subject and the information offered by professionals. It is considered very important to make the right decision about the desired mode of delivery, guaranteeing a rapprochement between the pregnant woman and the professional, being able to clarify all the doubts and anxieties they have regarding pregnancy, childbirth and the puerperium

COR (CEP), under the opinion CAAE nº 45372021.0.0000.5158.

RESULTS

31 postpartum women answered the questionnaire, with the initial questions referring to sociodemographic data. The majority, 51.6%, are women up to 30 years old; from 31 to 40 years old, 2.5% and above this age group there was still a considerable percentage, 25.9%. About performing occupational activities, 51.6% of the participants, the majority in this context, do not perform paid activities.

About marital status, the majority, 58.06%, declared to be single, and the rest married, divorced or cohabiting. In terms of income, approximately 29% of respondents said they had a family income of less than one minimum wage, 32% one minimum wage, 32% up to three minimum wages, and above three minimum wages are grouped in 6.45% of the participants. As for the level of education, there is a percentage tie between complete higher and secondary education, which have a percentage of 25.9% each.

About the gestational experiences of the participants, 61.3% of the interviewees revealed having had two or more pregnancies, while only 38.7% reported a single pregnancy. The results showed that the previous experience with cesarean delivery was much greater than with vaginal delivery, where only 22.5% of the interviewees have a history of vaginal delivery, that is, among the 19 participants with two or more pregnancies, most of them (61.2%) was a cesarean.

Asked if they had received guidance during pregnancy about the types of delivery, 16.6% did not receive any information, while some searched the internet (13.8%) and others were guided by family and friends (25%), and the rest of them by physicians (44.6%). The sum of participants who sought guidance on their own (internet) and those who report not having received guidance add up to 31%. Subsequently, it was asked whether the participants had any kind of influence in the choice of the

mode of delivery, most reported that they did not (77.4%), and some mentioned mother and family (16.2%) and only 6.45% reported having been influenced by doctors. Another 7% felt influenced by their mothers and other family members.

When performing the quantitative analysis of how many deliveries were performed between normal and cesarean, the result was 80.6% for cesarean delivery and 19.35% for vaginal delivery. Among the vaginal births, 2 out of the 6 participants reported having had a positive previous experience of vaginal birth. However, one of them assumes that the normal delivery route was not a choice, but driven by the condition in which she found herself, considering that, according to her, "the bag burst", that is, the bag was ruptured after strong contractions leading the body naturally to the normal delivery route.

Among the cesarean sections, some of them would have had a normal birth before, but given the risky conditions in the last pregnancy and often to avoid pain, they opted for a cesarean. It is also important to say that among the risk factors most cited and described by doctors, according to them, were the lack of passage and lack of dilation. Among the criteria selected by the participants, the one with the lowest percentage was tubal ligation, representing 3.47%.

The alternative of controlling the date of delivery was also cited as the reason for choosing a cesarean, representing 3.47% of the responses, as well as a positive previous experience, 10.34%. Risk factors were also mentioned and amounted to 34.48%, being factors directed by physicians in order to maintain the health safety of both mother and baby. Pain was the most cited cause, 48.27%, as one of the reasons for choosing a cesarean.

As for the participants who opted for normal birth, the results show that the predominance is based on the criteria of positive experience observed in other people and faster recovery, both with 30.76%. Then there are the benefits for mother and baby and positive previous experience, both adding each a total of 15.38% and 7.72%

reported that the physiological conditions forced it, that the birth started naturally, and they had no time or possibility to choose the cesarean. It is important to say that none of the participants reported that the option for vaginal delivery was due to participation in the delivery.

DISCUSSION

Related to age, studies show that women over 30 years old usually opt for cesarean, and this choice is predominant in private units. 5 With regard to income, the research includes people from the economic class between C, D and E, according to the classification of criteria by minimum wage ranges, listed by the IBGE. 6 Considering the current minimum wage, it can be said that they are people without great purchasing power, and yet, there is a high rate of cesarean sections, as described throughout the results, which demonstrates that although the highest rates of cesarean sections occur in private hospitals, does not prevent the achievement of it by people without high income brackets.

As for the level of education, there was a balance between higher and secondary education. As reported by some authors, women with higher education and income make up the highest rates of cesarean sections, considering that most of them occur in private hospitals and are paid for, and not always with a medical indication. 5 Many studies reflect on women's autonomy regarding the choice of the birthing life, as even if they show interest in vaginal delivery, they are influenced by professionals during surgical delivery due to convenience, cost-effectiveness, time, schedule, among other factors. 7

Considering that the sum of participants who sought guidance on their own and those who did not receive information, a problem is perceived, where health promotion through guidance and clarification of doubts proves to be insufficient, as the ideal would be that all pregnant women received follow-up and guidance on the routes of delivery. This knowledge is very important both for the woman to prepare

Related to age, studies show that women over 30 years old usually opt for cesarean, and this choice is predominant in private units. 5 With regard to income, the research includes people from the economic class between C, D and E, according to the classification of criteria by minimum wage ranges, listed by the IBGE

herself and for her to understand the risks and benefits and also the indications of each method by her doctor. 8

However, the nursing team can also provide information and contribute to women's health education in this regard. Because, as pointed out by Medeiros (2019), 9 lack of knowledge is precisely what makes people make wrong choices, as it makes people easily manipulated.

When analyzing the data collected, it is clear that the influence for the choice of delivery was related to the cesarean delivery, in view of the risk factors expressed by the doctors themselves who made the cesarean to be the safest choice of delivery within the clinical condition of each patient, but there was also influence of physicians in cesarean deliveries even without clinical indication.

Another 7% felt influenced by their mothers and other family members, demonstrating that people always provide their opinions, even if they are lay people. In this context, it is very common for women to be guided by their family groups, by the discourses of the environment in which they live, as they have more impact, with regard to cultural influences passed on by the social group that affect women's decisions, however, not always correct. 10 Of the criteria with the lowest percentage was tubal ligation, since the mother in this case underwent an elective cesarean to also perform tubal ligation (fallopian tube ligation). 11

When they mention previous experience as the choice of the mode of delivery, it is normal for them to relate comfort and safety, as they already know the procedure, which brings them more comfort and security. 12 As for the risk factors, they are indisputable, if the cesarean is medically indicated to provide better safety conditions for the mother and baby, they must be carried out with great zeal by the professional team. The cephalopelvic disproportion (CPD), represents an extreme risk condition, being generally associated with women with the body still developing as teenagers. CPD is a clinical indication, recognized during prenatal care, but misdiagnosed according to the Ministry of Health, as it is normally diagnosed during labor, according to its

evolution. 13

Pain was the most cited cause, as the fear of pain related to natural childbirth is common among women, especially among those who have not had the experience of natural childbirth. About pain, it is important to understand that it manifests itself in different ways in individuals and can be more intense or acute for some than for others, as it is a result of the body's physiological expression of some action and is also influenced by external and internal factors. However, despite the fact that the pain caused by contractions does exist, there are currently several methods for controlling this pain, which may or may not be pharmacological. 14 There are also pharmacological interventions, such as analgesia for pain relief, but it is still the subject of much scientific debate because it increases the duration of labor. 15

Regarding the benefits referred to natural childbirth, it is worth mentioning that the benefits are not limited to women only, but directly reflect in favoring better respiratory adaptation, reducing infection rates for the baby, and promoting tactile stimuli for the newborn. 16 As for the quick recovery mentioned by the participants, it is in fact a criterion that we easily observe in everyday social languages, as well as in the scientific literature, when opting for a normal birth. 17

In this context, it is shown that the choice of the type of delivery is individualized, but some factors contribute to this choice in a general way, such as the crucial pregnancy cycle for choosing the mode of delivery, where there are divergences of feelings. 18 It is necessary for women to understand that normal birth, different from cesarean, provides the mother with the experience of actively participating in childbirth through regular strength and control of her own body, but also of the mind, as the emotional state influences the birth conditions of the woman. Therefore, humanized care and guidance are highlighted as favoring women in labor, in addition to the other physical health benefits already defined throughout the theoretical framework. 19,20

Regarding the benefits referred to natural childbirth, it is worth mentioning that the benefits are not limited to women only, but directly reflect in favoring better respiratory adaptation, reducing infection rates for the baby, and promoting tactile stimuli for the newborn

CONCLUSION

The survey data showed that the option for cesarean section has been expressive by women of different age groups and social compositions, with medical indication not being the reason for choice in most cases and pain being an important criterion al-

leged in the choice of most participants. Considering the woman's anxiety at the time of childbirth, cesarean, as it is a surgical route that inhibits pain during childbirth through anesthetic interventions, is chosen in these terms. However, the pain must be dealt with in different ways by health professionals, because when unavoidable, the humanized care of the team can

provide comfort and make the moment less painful for the parturient. The research significantly contributed to the perception of the importance of nurses in health promotion and the importance of knowledge to lead to healthier and more humane prenatal and childbirth practices.

REFERENCES

- Melo JKF, Davim RMB, Silva RRA. Vantagens e desvantagens do parto normal e cesariano: opinião de puérperas. *Revista de Pesquisa Cuidado é Fundamental Online*. 2015;7(4):3197-3205.
- Agência Nacional de Saúde Suplementar. Ministério da saúde e ANS criam normas para reduzir cesarianas. [Internet]. Brasil; 2020 Sep [cited 2021 Mar 20]. Available from: <http://www.ans.gov.br/sala-de-imprensa/releases/consumidor/2611-ministerio-da-saude-e-ans-criam-normas-para-reduzir-cesarianas>
- Dini A. Crescimento no número mundial de cesárias. In: *Revista Crescer Globo*. [Internet]. Brasil; 2018 [cited 2021 jun 20]. Available from: <https://revistacrescer.globo.com/Gravidez/Saude/noticia/2018/10/crescimento-no-numero-mundial-de-cesareas-e-alarmante-e-sem-precedentes-no-brasil-555-dos-nascimentos-sao-por-cesariana.html>
- Gomes CM, Oliveira MPS, Lucena GP. O papel do enfermeiro na promoção do parto humanizado. *Revista Recien-Revista Científica de Enfermagem*. 2020;10(29):180-8.
- Silva TPR, Pinheiro BLS, Kitagawa KY, Couto RC, Pedrosa TMG, Simão DAS, et al. Influência de laedad materna y las características del hospital en la tasa de nacimiento. *Revista Brasileira de Enfermagem*. 2020;73(suppl 4):e20180955.
- Carneiro TRA. Faixas Salariais x Classe Social – Qual a sua classe social? [Internet]. Brasil; 2020 [cited 2021 jun 10]. Available from: <https://thiagorodrigo.com.br/artigo/faixas-salariais-classe-social-abep-ibge/>
- Copelli FHS, Rocha L, Zampieri MFM, Gregório VRP, Custódio ZAO. Fatores determinantes para a preferência da mulher pela cesariana. *Texto & Contexto-Enfermagem*. 2015;24(2):336-43.
- Cabral SAAO, Carmo LA, Barbosa SES, Fontes NAS, Gabriel IS, Barroso ML. Conhecimento das gestantes acerca do parto na admissão intrapartal. *Revista Multidisciplinar e de Psicologia*. 2018;12(39):851-64.
- Medeiros HOS. *Enfermagem nas práticas educativas para o trabalho de parto* [monograph]. Palmas: Enfermagem, Universidade Federal do Tocantins; 2019. 30 p.
- Martins APC, Jesus MVN, Prado Jr PP, Passos CM. Aspectos que influenciam a tomada de decisão da mulher sobre o tipo de parto. *Revista Baiana de Enfermagem*. 2018;32:e25025.
- Duarte LG, Araujo FM, Bortoletto MSS, Melchior R, González AD. Da gestação à laqueadura: cartografia de uma mãe órfã vivenciada em um Consultório na Rua. *Interface (Botucatu)*. 2021;25:e200063.
- Perpétuo IHO, Bessa GH, Fonseca MC. Parto cesáreo: uma análise da perspectiva das mulheres de Belo Horizonte. In: *Anais do XI Encontro Nacional de Estudos Populacionais* [Internet]; 1996; Belo Horizonte. Belo Horizonte: Associação Brasileira de Estudos Populacionais; 1996 [cited 2021 jun 20]. Available from: <http://www.abep.org.br/publicacoes/index.php/anais/article/view/839/805>
- Mendonça MNPS, Menezes MPN, Lima MSC, Gomes MV, Matos MMR, Lima FC. Estudo das indicações de cesariana em uma maternidade de referência em baixo risco. *Research, Society and Development*. 2021;10(1)e7510111375.
- Campos VS, Morais AC, Araújo PO, Morais AC, Almeida BS, Silva JS. Experiência de puérperas com a dor do parto normal. *Revista Eletrônica Acervo Saúde*. 2020;(40):e2396.
- Felisbino-Mendes MS, Santos LO, Amorim T, Costa IN, Martins EF. O uso de analgesia farmacológica influencia no desfecho de parto?. *Acta Paulista de Enfermagem*. 2017;30(5):458-65.
- Santos JB, Santos AT, Parizani D, Figueiredo FRB, Medea AG, Oliveira ML, et al. O enfermeiro como educador para benefício do parto normal. *Revista Remecs*. 2016;1(1): 24-36.
- Silva RCF, Souza BF, Wernet M, Fabbro MRC, Assalin ACB, Bussadori JCC. Satisfação no parto normal: encontro consigo. *Revista Gaúcha de Enfermagem*. 2018;39: e20170218.
- Gazineu RC, Amorim KRA, Paz CT, Gramacho RCCV. Benefícios do parto normal para a qualidade de vida do binômio mãe-filho. *Revista Textura*. 2018;12(20):121-129.
- Velho MB, Santos EKA, Collaço VS. Parto normal e cesárea: representações sociais de mulheres que os vivenciaram. *Revista Brasileira de Enfermagem*. 2014;67(2):282-9.
- Ayres LFA, Henriques BD, Amorim WM. A representação cultural de um "parto natural": o ordenamento do corpo grávido em meados do século XX. *Ciência & Saúde Coletiva*. 2018;23(11):3525-34.