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Choosing the type of childbirth: assessment of women's protagonism

Elegir el tipo de nacimiento infantil: evaluación del protagonismo de las mujeres

Escolha do tipo de parto: avaliação do protagonismo da mulher

ABSTRACT

The objective was to identify the types of births in a reference hospital, listing the decision process for that technique. It is a qualitative research, carried out with 76 immediate postpartum women, in a medium-sized municipality in the northwest of Paraná, in the months of April and May 2019. An objective questionnaire was used as a research instrument in order to collect sociodemographic information and about the choice of delivery. The data revealed that the vast majority performed the recommended number of prenatal visits. However, 64% were not informed about the particularities of each type of delivery by their doctors. Regarding the choice of mode of delivery in early pregnancy, 72% said they preferred normal delivery, but there was a decline in the number of pregnant women who actually performed natural delivery. It is concluded that despite the World Health Organization (WHO) recommendation, levels higher than expected for cesarean sections have been performed.

DESCRIPTORS: Public Health; Women's Health; Pregnant Women.

RESUMEN

El objetivo era identificar los tipos de nacimientos de niños en un hospital de referencia, enumerando el proceso de decisión para esa técnica. Esta es una investigación cualitativa, realizada con 76 mujeres posparto inmediatas, en un municipio de tamaño mediano en el noroeste de Paraná, en los meses de abril y mayo de 2019. Se utilizó un cuestionario objetivo como herramienta de investigación para recopilar información sociodemográfica y sobre la elección de la entrega. Los datos revelaron que la gran mayoría realizó el número recomendado de visitas prenatales. Sin embargo, 64% no fueron informados por sus médicos sobre las particularidades de cada tipo de parto. Con respecto a la elección del modo de parto al comienzo del embarazo, el 72% dijo que prefería el parto normal, pero hubo una disminución en el número de mujeres embarazadas que realmente realizaron el parto natural. Se concluye que a pesar de la recomendación de la Organización Mundial de la Salud (OMS), se han realizado niveles más altos de lo esperado para las cesáreas.

DESCRIPTORES: Salud Pública; Salud De La Mujer; Mujeres Embarazadas.

RESUMO

Objetivou-se identificar os tipos de partos empregados para o nascimento em crianças de um hospital de referência, elencando o processo de decisão para referida técnica. Trata-se de pesquisa qualitativa, elaborada com 76 puérperas imediatas, em um município de médio porte no noroeste do Paraná, nos meses de abril e maio de 2019. Utilizou-se como instrumento de pesquisa um questionário objetivo com o intuito de levantar informações sociodemográficas e sobre a escolha do parto. Os dados revelaram que a grande maioria realizou o número de consultas pré-natal recomendado. No entanto, 64% não foi esclarecida sobre as particularidades de cada tipo de parto pelos seus médicos. No tocante à escolha da modalidade de parto no início da gravidez, 72% disseram preferir o parto normal, porém houve um declínio no número de gestantes que efetivamente realizaram o parto natural. Conclui-se que apesar da preconização da Organização Mundial da Saúde (OMS), níveis superiores ao esperado para cesárea têm sido realizados.

DESCRIPTORES: Saúde Pública; Saúde Da Mulher; Gestantes.

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Luís Guilherme Burin

Medical student at the University Center of Maringá (UNICESUMAR), Maringá, Paraná, Brazil.
ORCID: 0000-0002-4948-7206

Leonardo Mazzetto Pasim Moron

Medical student at the University Center of Maringá (UNICESUMAR), Maringá, Paraná, Brazil.
ORCID: 0000-0003-3678-2086

Patricia Bossolani Charlo

Professor of the medical course at Centro Universitário de Maringá (UNICESUMAR), Maringá, Paraná, Brazil.
ORCID: 0000-0002-8262-2086

INTRODUCTION

Pregnancy is responsible for several anatomophysiological and socio-economic changes for the pregnant woman. The bodily changes that occur for the child's accommodation in the mother's womb are due to the influence of hormones, growth factors and endogenous substances, which will provide the embryo with the necessary conditions for its development. After fertilization, the egg is implanted in the uterus, where it will receive nutritional support for its growth. With the end of the gestational period, there is a need to choose the type of delivery, which can be natural or vaginal delivery and surgical or cesarean delivery. ⁽¹⁾

With the development of medicine over the 19th and 20th centuries, childbirth and birth care practices have undergone profound changes, being progressively replaced by private events carried out by midwives for hospital medical interventions. ⁽²⁾ The increase in cesarean section rates accompanied this process. In 2015, 55,5% of births performed in the country were surgical, while 44,5% were normal, according to data released by the Ministry of Health (MS). In the evaluated public network, 4.982 deliveries were performed in 2018. Of these, 77% were cesarean sections and 22%, natural deliveries. ⁽³⁾

Cesarean delivery, whose initial purpose was to meet unmet medical needs through vaginal delivery, had its use surfaced worldwide as a result of new surgical and aseptic techniques. In opposition to this trend, social movements composed of women and health professionals have been fighting for natural, humanized childbirth, in which women are the protagonists of their choices. ⁽⁴⁾

The scientific reason for this is that the benefits of natural childbirth for the binomial are numerous, for example, the agility of postpartum recovery for the mother. For the baby, there is an improvement in the immune system, it prevents respiratory problems due to the expulsion of amniotic fluid through chest compression and helps in the prevention of autoimmune diseases.

Brazil followed the world trend regarding the increasing adherence to cesarean delivery. For about two decades, the Ministry of Health has intervened in this scenario with Public Policies to humanize childbirth care and reduce cesarean rates. ⁽²⁾ Even with the creation of the Humanization Program for Prenatal and Birth in 2000, the country still has more than half of births performed by cesarean section. Due to the high incidence and effects that can be caused by the indiscriminate use of this technique (as a higher rate of respiratory, neurological and immunological problems), the subject is considered a Public Health problem.

According to the World Health Organization (WHO) ⁽⁵⁾, the total number of cesarean surgeries must be maintained between 10% and 15% of the total deliveries, and should be indicated in cases of risk to the mother or fetus. The scientific reason for this is that the benefits of natural childbirth for the binomial are numerous, for example, the agility of postpartum recovery for the mother. ⁽⁶⁾ For the baby, there is an improvement in the immune system, it prevents respiratory problems due to the expulsion of amniotic fluid through chest compression and helps in the prevention of autoimmune diseases.

Among the millennium development goals, improving maternal health is one of the primary. ⁽⁴⁾ In this sense, one of the biggest challenges in Brazil is to promote the reduction of commodification and medicalization of childbirth ⁽⁷⁾, which has been achieved through specific measures of prenatal planning and public initiatives such as the Humanization Program in Prenatal and Birth, National Policy for Integral Attention to Women's Health and Rede Cegonha. ⁽⁸⁾

Given the impact of the indiscriminate use of surgical methods for birth, with relevance to the health of the binomial and the consequences that this procedure has on the Unified Health System (SUS), the present research aimed to identify the types of births used for birth in children from a referral hospital, listing the decision process for that technique.

METHOD

The study is characterized as a quantitative, transversal and descriptive approach, carried out in a referral hospital, accredited by SUS, a reference in the care of low to high risk pregnant women, linked to the 34 Basic Health Units of the present municipality, located in a municipality in the northwest of Paraná.

The research was carried out with 76 immediate postpartum women hospitalized in the period from April to May 2019. Women who did not have a fixed residence in Maringá, who have the human immunodeficiency virus (HIV), were excluded from the study due to the medical recommendation for cesarean section and pregnant women who they had deliveries with a stillborn child due to the grieving process. The research participants signed the Free and Informed Consent Term (ICF) in two copies, of equal content, one remaining with the participants and the other with the researchers.

Data collection took place based on objective questions, designed to identify possible interferences in the decision on the type of delivery. The questionnaire was divided into two parts; the first was intended to survey the sociodemographic profile of the puerperal women, and in the second it was possible to identify the main reasons for choosing the type of delivery.

The data analysis process took place through the organization and tabulation of data in the Microsoft Excel 2016 program, using descriptive statistics, in the form of absolute frequency and relative frequency. The study respected the formal requirements contained in national and international regulatory standards for research involving human beings, being authorized by the institution and by the University's Research and Ethics Committee (CEEA: 3,197,379). The Certificate of Presentation of Ethical Appreciation (CAAE) is number 02955618.7.0000.5539.

RESULT

The results of the sociodemographic profile of the immediate postpartum women are shown in Table 01.

Regarding the gynecological history, shown in detail in Table 2, it was found that 53,94% had 8 to 12 prenatal consultations, considered satisfactory. Still, 61,8% were unaware of the term "humanized delivery".

Table 1 - Characterization of the sociodemographic profile of the puerperas

Variáveis	F (%)
Idade	
<20	3 (3,94)
21-25	18 (23,68)
26-30	23 (30,26)
31-35	19 (25)
36-40	9 (11,84)
>40	4 (5,26)
Raça	
Branca	21 (27,63)
Preta	12 (15,78)
Parda/morena/mulata	44 (57,89)
Amarela/orientação	0 (0)
Religião	
Católica	35 (46,05)
Evangélica	35 (46,05)
Espírita	0 (0)
Testemunha de Jeová	0 (0)
Outra	6 (7,89)
Escolaridade	
Ensino Fundamental	17 (22,36)
Ensino Médio	49 (64,47)
Ensino Superior Incompleto	4 (5,26)
Ensino Superior Completo	6 (7,89)
Renda	
Menos de 1 SM	1 (1,36)
De 01 a 03 SM	21 (27,63)
De 03 a 06 SM	3 (3,94)
De 06 a 10 SM	1 (1,36)
Acima de 10 SM	0 (0)
Não Responderam	50 (65,78)

* Data research 2019. * MS: minimum salary (R\$998,00)

Regarding the justification for choosing the type of delivery, recovery from normal delivery was the main reason for

64,4% of the interviewees to choose vaginal delivery.

On the other hand, fear of pain was

the predominant factor in the decision to have a cesarean.

Regarding the final decision on the choice of delivery, 47,3% stated that they had chosen the mode of delivery according to their wishes, while 48,6% suffered medical influence.

DISCUSSION

The present study is in agreement with the literature and allows to understand the feminine protagonism regarding motherhood. The evaluated population was mostly mixed or black, similar to the Brazilian statistics that indicate 60% of the Brazilian population dependent on the Unified Health System (SUS) as being mixed or black.⁽⁹⁾ In addition, the low level of education of women and the low purchasing power, in line with the classes C, D and E, are the main users of the public health service.⁽⁹⁻¹⁰⁾

The objectives of evaluating prenatal care have been achieved, since the majority of women in the study had consultations carried out in satisfactory numbers, proving the effectiveness of the designated and expected care regarding pregnancy, childbirth and the puerperium.⁽¹¹⁾ However, this space is understood to be of fundamental importance for discussion about the birth process and the promotion of female autonomy, which in numbers has not been done. The term "humanized childbirth" is still unknown, and clarification about the types of childbirth remains scarce, for reasons perhaps unknown, but which probably assume an intrinsic relationship with a university formation that is still scientific.⁽²⁾

Vaginal delivery is one of the greatest desires in early pregnancy. However, few mothers actually do so, as the research "Born in Brazil" demonstrates.⁽¹²⁾ Even with adequate numbers of prenatal care, the number of cesarean sections is higher than recommended by the WHO.⁽¹³⁾ The levels found in this study were lower than the general averages found in other studies (greater than 70%)⁽¹⁴⁾, possibly by the public participating in the research, since hi-

Table 2- Puerperas Gynecological History

Variáveis	F (%)
Números de consultas pré-natal	
De 1 a 3 consultas	1 (1,31)
De 4 a 7 consultas	20 (26,31)
De 8 a 12 consultas	41 (53,94)
Acima de 12 consultas	14 (18,42)
Esclarecimento sobre tipos de parto	
Não	49 (61,84)
Sim	27 (35,52)
Esclarecimento médico do termo "Parto Humanizado"	
Não	47 (61,84)
Sim	29 (38,15)
Escolha do tipo de Parto no início da gravidez	
Parto Normal	55 (72,36)
Parto Cesárea	18 (23,68)
Sem preferência alguma	3 (3,94)
Influência de preferência por parto normal/vaginal	
Influência da família/amigos	0 (0)
O medo de cesárea/cirurgia em geral	2 (2,63)
Experiência anterior positiva com parto normal	5 (6,57)
Melhor recuperação do parto normal	49 (64,47)
Outros	1 (1,31)
Influência da preferência por parto cesárea	
Influência da família/amigos	0 (0)
O medo de cesárea/cirurgia em geral	10 (13,15)
Experiência anterior positiva com cesárea	4 (5,76)
Experiência anterior positiva com parto normal	2 (2,63)
Decisão sobre o tipo de parto próximo à data do nascimento	
Não	2 (2,63)
Sim, parto normal	47 (61,84)
Sim, parto cesárea	27 (35,52)
De quem foi à decisão final	
Da puérpera	36 (47,36)
Do pai da puérpera	1 (1,31)
Do médico	37 (48,68)
Conjunta	2 (2,63)

* Data research 2019.

gher levels of cesarean sections have been found in the private system, and a few studies have found higher levels of surgical procedure among those with higher financial income.⁽¹⁵⁾

As a preference for vaginal delivery, the study shows how the idea of better recovery, positive previous experiences and fear of surgical procedures influence the decision, as well as family support, not evidenced in the present study.⁽¹⁴⁾

Beliefs, myths and taboos related to vaginal birth are still rooted socially.⁽¹⁶⁾ The small portion that initially opts for cesarean section points out that fear of pain is the main reason for choosing, going against other studies in which women are seen as victims of their own nature.⁽⁴⁻¹⁷⁾ On the other hand, cesarean section would be free of painful procedures.⁽¹⁸⁾ This is due to the lack of information on the physiology of natural childbirth, the excess of interventions and possible obstetric injuries.⁽¹⁵⁾ In addition, neonates coming through the abdominal route have a higher risk of problems related to immunity and metabolism.⁽¹⁹⁾

During the course of a pregnancy, a decrease in interest in natural childbirth is identified, a fact that occurs due to the delivery of trust and decision-making autonomy entirely to the professional responsible for monitoring, which throughout the process creates supposed scenarios in order to justify the carrying out the procedure.⁽²⁾ This discouragement to the natural method of childbirth seems to be related to the capitalist society that brings the cesarean section as a means of greater productivity and profitability for the doctor, in addition to seeing the woman as a being unable to deal with the physiological event.⁽²⁾ Another justification for the correlation is the false notion of safety regarding cesarean section and its techniques⁽²⁾, fulfilling the biomedical and scientific role attributed to childbirth over time.⁽¹⁵⁾ On the other hand, the literature shows that risks and complications are greater in cesarean sections.⁽²⁰⁾

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The convenience and the possibility of prior appointment have been brought by the literature as one of the primary factors in this choice.⁽¹⁵⁾ In addition, digital contemporaneity also seems to have an effect through easily accessible media, which disseminates surgical advantages.⁽²⁾

An alarming fact brought by the present study is that almost 50% of the procedures were entirely decided by the doctor, demonstrating his high power of convincing in relation to a woman's weakened decision.⁽²⁾ An important reflection brought by the literature correlates the low level of knowledge of women regarding their rights with the fear of being reprimanded for their autonomy and desire, becoming dependent on the professional, who often opts for cesarean section without scientific evidence while the recommended would be to intervene in the process only when strictly necessary.⁽²¹⁾

Thus, normal childbirth is seen as an active and healthy process due to its naturalness and feminine role.⁽¹⁶⁾ Techniques such as female insertion in the care and monitoring of childbirth seem to be of paramount importance for breaking paradigms regarding natural childbirth, in addition to techniques that bring emotional support and relief of pain and discomfort such as bathing and massage.⁽²²⁾

CONCLUSION

Despite the majority of the interviewees opting for natural birth, the number of vaginal births was still lower than that recommended by the World Health Organization (between 85% to 90% of the total). This may be related to the lack of guidance on the part of health professionals about the implications of each decision for the binomial. More studies need to be carried out to assist in the identification of these reasons and to improve communication between professionals and pregnant women, in order to promote autonomy and empowerment to the mother in the decisions of her body and in the forms of the birth of her children. ■

REFERENCES

- Moore K. Embriologia básica. 10ª ed. Rio de Janeiro: Elsevier, 2016.
- Riscado LC, Jannotti CB, Barbosa RHS. A decisão pela via de parto no Brasil: temas e tendências na produção da saúde coletiva. Texto contexto enfermagem [Internet]. 12 de Maio de 2015 [acesso 20 de agosto de 2018];25:1-10. DOI <https://doi.org/10.1590/0104-0707201600003570014>. Disponível em: <https://www.scielo.br/pdf/tce/v25n1/0104-0707-tce-25-01-3570014.pdf>
- Secretaria de saúde de Maringá [homepage na internet]. www2.maringa.pr.gov.br. 2020 [acesso 10 outubro 2019]. Disponível em: <http://www2.maringa.pr.gov.br/saude/?cod=noticias/35435>.
- Nascimento RRP, Arantes SL, de Souza EDC, Contrera L, Sales APA. Escolha do tipo de parto: fatores relatados por puérperas. Revista Gaúcha de Enfermagem, [Internet] 24 de maio de 2015 [acesso em 4 de setembro de 2018]36, 119-126. DOI: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56496>. Disponível em: <https://www.scielo.br/pdf/rgefn/v36nspe/0102-6933-rgefn-36-spe-0119.pdf>.
- WHO. WHO recommendations - Intrapartum care for a positive childbirth experience [Livro online]. Geneva: World Health Organization; 2018. [acesso 22 de agosto de 2018]: Disponível em: http://febrasgo.mccann.health/childbirth_experience_2018.pdf
- UNICEF. Quem espera, espera. [Livro online]. 2017. Acesso 21 agosto 2018. Disponível em: https://www.unicef.org/brazil/sites/unicef.org/brazil/files/2019-05/br_quem_espera_espera.pdf
- Patah LEM, Malik AM. Modelos de assistência ao parto e taxa de cesárea em diferentes países. Rev Saúde Pública. [Internet] 23 de agosto de 2010 [acesso 05 de abril de 2020]; 45(1):185-94. DOI: <https://doi.org/10.1590/S0034-89102011000100021>. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000100021
- Ministério da Saúde (BR). Portaria n. 1.459, de 24 de junho de 2011. Institui, no âmbito do sistema único de saúde - SUS, a Rede Cegonha. Brasília (DF): MS; 2011
- Guibu IA, Moraes JC, Guerra Junior AA, Costa EA, Acurcio FA, Costa KS, et al. Características principais dos usuários dos serviços de atenção primária à saúde no Brasil. RevSaude Publica [Internet] 2017;51 Supl 2:17s [acesso 15 junho 2019]. DOI: <https://doi.org/10.11606/S1518-8787.2017051007070> Disponível em: <https://www.scielosp.org/article/rsp/2017.v51suppl2/17s/pt/>
- Gadella P. et al. Instituto Brasileiro de Geografia e Estatística-IBGE., Diretoria de Pesquisas, Coordenação de Trabalho e Rendimento. Pesquisa Nacional de Saúde 2013. Rio de Janeiro: IBGE; 2014. Disponível em: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv94074.pdf>
- Ministério da Saúde (Brasil). Portaria nº 569, de 1º de junho de 2000. Princípios gerais e condições para o adequado acompanhamento pré-natal. Diário oficial da União, 8 de junho de 2000.
- Domingues RMSM, Dias MAB, Pereira MN, Torres JA, D'Orsi E, Pereira APE, et al. Processo de decisão pelo tipo de parto no Brasil: da preferência inicial das mulheres à via de parto final. Cad Saúde Pública [online]. 2014; 30(Sup.1) [Acesso 22 de julho de 2019]. DOI: <https://doi.org/10.1590/0102-311X00105113>. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2014001300017&lng=pt&tlng=pt
- Betran A. et al. WHO Statement on caesarean section rates. BJOG: An International Journal of Obstetrics & Gynaecology, v. 123, n. 5, p. 667-670, 2016. [Acesso 22 de maio de 2020]. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf?sequence=1
- Fundação Osvaldo Cruz (BR). Nascer no Brasil: pesquisa revela número excessivo de cesarianas, Rio de Janeiro: Fiocruz, 2014 [acesso 20 maio 2020]. Disponível em: <https://portal.fiocruz.br/pt-br/content/pesquisa-revela-numero-excessivo--de-cesarianas-no-pais>
- Copelli FHS, Rocha L, Zampieri MFM, Gregorio VRP, Custodio ZAO. Fatores determinantes para a preferência da mulher pela cesariana. Texto Contexto Enferm, Florianópolis, 2015 Abr-Jun; 24(2): 336-43 [acesso 9 de abril de 2020]. Disponível em: https://www.scielo.br/pdf/tce/v24n2/pt_0104-0707-tce-24-02-00336.pdf
- Campos AS, Almeida ACCH, Santos RP. Crenças, mitos e tabus de gestantes acerca do parto normal. Rev Enferm UFSM. 2014;4(2):332-41 [acesso 5 de junho de 2020]. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/10245/pdf>
- Almeida NAM, Medeiros M, Souza MR. Perspectivas de dor do parto normal de primigestas no período pré-natal. Texto Contexto Enferm [online]. 2012 OutDez; 21(4):819-27 [acesso 6 de junho de 2020]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072012000400012
- Sell SE, Beresford PC, Dias HHZR, Garcia ORZ, Santos EKA. Olhares e saberes: vivências de puérperas e equipe de enfermagem frente à dor pós-cesariana. Texto Contexto Enferm [online]. 2012 Out-; 21(4):766-74 [acesso 6 de junho de 2020] Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072012000400006
- Silva GPS, Jesus MCP, Merighi MAB, Domingos SRF, Oliveira DM. The experience of women regarding cesarean section from the perspective of social phenomenology. O Braz J Nurs [Internet]. 2014;13(1):5-14. [acesso 14 de junho de 2020]. Disponível em: http://www.objnursing.uff.br/index.php/nursing/article/view/4214/html_104
- Faisal-Cury A, Menezes PR. Fatores associados à preferência por cesariana. Rev Saúde Pública. 2006 Abr; 40(2):226-32 [acesso 4 de abril de 2020]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102006000200007&lng=pt&tlng=pt
- Oliveira VJ, Penna CMM. Cada parto é uma história: processo de escolha da via de parto. Revista Brasileira de Enfermagem, v. 71, p. 1228-1236, 2018 [acesso 13 de maio de 2020]. Disponível em: https://www.scielo.br/pdf/reben/v71s3/pt_0034-7167-reben-71-s3-1228.pdf
- Gayeski ME, Brüggemann OM. Métodos não farmacológicos para alívio da dor no Trabalho de parto: uma revisão sistemática. Texto Contexto Enferm. 2010 Out-Dez; 19(4):774-82. [Acesso 19 de maio de 2020]. Disponível em: <https://www.scielo.br/pdf/tce/v19n4/22.pdf>