Experience of Women Who Had Natural Childbirth

Experiência de Mulheres que Tiveram Parto Natural

Experiencia de Mujeres que Tuvieron Parto Natural

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How to cite: Freitas DAM, Ribeiro LB, Andrade CMV, Suzano AAS, Campos EAC, Barbosa JSP, et al. Experience of Women Who Had Natural Childbirth. REVISA. 2022; 11(2): 187-99. Doi: https://doi.org/10.36239/revisa.v11.n2.p187a199

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Received: 25/01/2021
Accepted: 15/03/2021

RESUMO

Objetivo: descrever a experiência de mulheres que tiveram vivências negativas e passaram pelo parto natural, a partir de uma página virtual na rede social Instagram. Tendo como problema de pesquisa: De que maneira as experiências negativas no parto natural podem influenciar na escolha da via de parto e seus benefícios posteriormente? **Método:** abordagem qualitativa e método de história oral. **Resultados:** Foram entrevistadas de 05 participantes com idade entre 22 a 53 anos, com diferentes graus de escolaridade que vivenciaram algum tipo de experiência negativa no parto natural. **Conclusão:** A coleta de dados evidenciou que há muito ainda a se fazer no atendimento à gestante, seja por parte da enfermagem ou equipe multiprofissional. Que a humanização tão descrita e comentada por muitos precisa ser melhor aplicada e constantemente avaliada para que a assistência seja de fato integral.

Descritores: Saúde Parto; Assistência Integral à Saúde das Mulheres; Parto normal.

ABSTRACT

Objective: to describe the experience of women who had negative experiences and went through natural childbirth, from a virtual page on the social network Instagram. Having as a research problem: How can negative experiences in natural childbirth influence the choice of delivery method and its benefits later on? **Method:** qualitative approach and oral history method. **Results:** Five participants aged between 22 and 53 years old, with different levels of education, who had some kind of negative experience in natural childbirth, were interviewed. **Conclusion:** Data collection showed that there is still much to be done in the care of pregnant women, whether by the nursing staff or the multidisciplinary team. That the humanization so described and commented on by many needs to be better applied and constantly evaluated so that care is truly comprehensive.

Descriptors: Parturition; Comprehensive Assistance to Women's Health; Natural Childbirth.

RESUMEN

Objetivo: describir la experiencia de mujeres que tuvieron experiencias negativas y pasaron por un parto natural, a partir de una página virtual en la red social Instagram. Teniendo como problema de investigación: ¿Cómo pueden las experiencias negativas en el parto natural influir en la elección del método de parto y sus beneficios posteriores? **Método:** enfoque cualitativo y método de historia oral. **Resultados:** Se entrevistaron cinco participantes con edades entre 22 y 53 años, con diferentes niveles de escolaridad, que tuvieron algún tipo de experiencia negativa en el parto natural. **Conclusión:** La recolección de datos mostró que aún queda mucho por hacer en el cuidado de la mujer embarazada, ya sea por parte del personal de enfermería o del equipo multidisciplinario. Que la humanización tan descrita y comentada por muchos necesita ser mejor aplicada y constantemente evaluada para que la atención sea verdaderamente integral.

Descriptores: Parto; Asistencia integral à la salud de la mujer; Parto normal.

ORIGINAL

Introduction

Natural childbirth is the oldest known form of childbirth worldwide. In the early days, midwives provided assistance to women and newborns at home. The instability of the care provided led, many times, to infections and postpartum hemorrhages that could result in the death of the woman. The improvement of medicine in care from the pregnancy cycle to the puerperal brought significant improvement in the face of maternal and infant mortality. Childbirth ceases to be physiological and becomes an event with interventions, be it drug or surgical.[1]

Cesarean sections in Brazil have reached high annual rates. A cesarean section should be performed by justified clinical indication, but this number is due to obstetric clinics and even preference of health professionals or women. When such a procedure is justified it brings health benefits and decreases the number of morbidities.[2]

The choice of cesarean delivery by the woman can happen due to the influence of family, friends, unpleasant experiences in previous delivery and statements found in the media. Cesarean Section is exposed as a safer way and without the pain provided by natural childbirth. This choice may also be associated with family income that can guarantee the choice of the type of delivery in private networks.[3]

Most pregnant women already acquire fear regarding vaginal delivery associated with reports of people close to their trust, who may have experienced some complication or undergone some intervention or mistreatment during their previous experiences. These reports may cause a change of heart about the benefits of vaginal delivery and may cause anxiety and fear in women, who fear that the same will occur in childbirth. The provision of information and the withdrawal of doubts of pregnant women during prenatal care is important, as it can unmask fears and fears related to their moment.[3]

Normal delivery is related to high levels of satisfaction without increasing the risk to mother and baby. This mode of delivery provides a faster recovery for the woman, lower risk of infection, recovery of the uterus more quickly, besides providing greater activity for the baby and greater immediate contact with the mother.[4]

Therefore, it is important for professionals involved in prenatal care to the puerperium to provide information to women about the advantages and benefits of choosing natural delivery. They should also provide a calm environment and support women in their rights and choices, providing their role as the main person of this moment. This study presents the following problem: How can negative experiences in natural childbirth influence the choice of the route of delivery and its benefits later?

The aim of this study was to describe the negative experiences experienced in natural childbirth by women who are members of a profile called "Waiting for a delivery" on the Social Network of Instagram.

The study becomes relevant because it may present data to the awareness that the poor experience experienced by women in natural childbirth can affect their choice in a cesarean delivery later, not taking into account its benefits for the pregnant woman and the fetus.

It may reveal the importance and development of workers in the area of obstetrics and professionals in training in humanized care provided to women in prenatal, childbirth and postpartum.

It can contribute to a new look at humanized care in the area of obstetrics, so that at this moment when the woman is the protagonist she can experience this stage of her life in the best possible way by untying the natural birth of a moment of only suffering and bad experiences. Finally, it may stimulate further research in the area of women's health.

Methodology

The methodology for this study was a qualitative approach and oral history method following the assumptions of Halbwachs.[5]

Data were collected through a virtual meeting by Zoom Cloud Meetings, where the recording was performed and later, transcription for analysis of the data obtained. It was collected as a questionnaire of 11 discursive questions. After the transcript ive of the interview, the recording was erased and the transcription of the interview was stored by the researchers for a period of up to 05 years, where after this period the data will be incinerated.

The participants were invited through the profile called "Waiting for a delivery" of the Social Network of Instagram, where there was the first contact with the women and then were invited by invitation virtually to participate in the research and sharing of their experiences obtained in their natural delivery. The meeting took place on a date and time chosen by the five (participants) and after signing the Informed Consent Form (TCLE).

To participate in the research, the women had to meet the following inclusion criteria: being a follower of the virtual page, enjoying full mental health, being 18 (eighteen) years of age or older, being willing to participate in the research, having undergone one or more natural delivery(s) previously and having signed the Informed Consent. The following exclusion criteria were also considered: not being a follower of the virtual page, not enjoying full mental health, being under the age of 18, not having undergone a natural birth or not having signed the Informed Consent.

Data were collected from October 2020 to April 2021 and transcribed following the reliability of the reports, confidentiality and confidentiality necessary for the research, as well as ensuring the anonymity of the informants. Participants had their names replaced by star names from collection to data presentation. The study participants had the freedom to give up the research at any time, without burden and moral damage.

Memory is explained by the fact that the memories that permeate it are coherent, as well as the goals outside of us need to be, but it is the same natural causality that binds things and thoughts in relation to them. It is through remembrance around memories that it is possible to vary the meaning of the story.[5]

The analysis of the data in this study was theoretically based on the findings of Maurice Halbwachs5; where he discussed how history is personal remembrance situated at the crossroads of the multiple networks of solidarity in

which it is inserted, and as the combination of various elements that can emerge the form of remembrance. Brought in language and still as the consciousness that never ends in itself.

Thus, for the historical description of this study, already understanding that in most reports, as well as the facts narrated, describe experiences experienced by the participants. The analysis took place technically from the following steps: Collection and documentation of raw data. The researchers collected and recorded the data, followed by the analysis of data related to the theme, objective, or study questions; Identification of categories and their components. The data were studied, identified by similarities and differences in statements and behaviors. The classification was followed in order to allow the understanding of the situation or issues under study, preserving the meaning of the context.

For this study, there was a systematic transcription of the recording of the interview. They were then transcribed and examined and separated by affinity and later grouped in the form of themes, which the study will call categories and subcategories. Once categorized, they received appropriate identifications to the oral description of the informant.

The study was approved by the Ethics and Research Committee (CEP) on August 28, 2020 under opinion number 4,244,091.

Results and Discussion

The results for this study are contained in interviews with 5 women, whose profiles are described in Chart 1, as follows.

Table 1- Profile of study participants, 2021.

Identification	Age	Education Level	Marital Status	N. of Children	N. of Natural Births
MAIA	22	Incomplete Higher Education	Married woman	2	2
D'ALVA	34	Incomplete Higher Education	Divorced	1	1
BETA	36	Undergraduate	Single	1	1
RANA	39	Complete High School	Married woman	2	2
TÂNIA	53	Graduated	Divorced	3	2

The discussion for this study had as premise to extract from the participants' reports their life histories and experiences that led them to no longer choose the natural route of delivery for the next pregnancy. Therefore, they will be presented in the form of categories.

Experience with previous deliveries

The women interviewed in this study described their experience in previous deliveries and reported scenes of mistreatment, threats and brutality with them during the prepartum and delivery period:

> [...] I suffered obstetric violence in my first birth (MAIA).
>
> [...] my first experience was not good because the doctor threatened me right? [...] It was a kind of embarrassing way and i still said, "if I'm the one who's going to deliver your birth you'll see!" (D'ALVA).
>
> [...] in my first birth I felt that there was abuse, neglect, lack of humanity in a context with a whole. [...] A doctor came and told me she was going to put the serum to induce childbirth and I asked if i couldn't wait in a more natural way right? She said, "you don't have that option! It's a public unit here and it's got protocol." I was very nervous and scared, feeling sick. I asked her to make a call to my family because I didn't want to stay there and she denied me that right. He said, "This is not a hotel! You have no right to call anyone! [...] I think I took 15 to 20 touches before delivery [...] at the time of taking my son they made a huge cut and sewed [...] then they went to count the paninhos and look at the detail, forgot one inside me! And then they took it with me already sewn, it looked like I was having another baby! It was a festival of horrors that there, a total unpreparedness of the medical team and all (RANA).
>
> [...] every time someone was there and felt entitled to do, it was made a touch on me you know? [...] I cried and asked for God's sake not to do it, I couldn't take it anymore. [...] (TANIA).

Obstetric violence is that that occurs in health institutions, either through a disrespectful or abusive approach during prenatal, childbirth or puerperium. It violates the parturient's rights and can be expressed through violence whether verbal, psychological, physical or negligent[6].

The lack of translucency and centralization of the taking of power in the institution and professional relationship benefits the trivialization of the non-recommended procedures, therefore makes them "normal"[7].

Such behaviors place women, who should be the protagonists of this moment, as inactive. The medical authority on the delivery process makes it impossible to make the right and choice of them in the outcome of the delivery[8].

About complications in previous deliveries

Women report complications that arose with them during the prepartum, delivery and postpartum period:

> My second pregnancy was high risk, I had the bag route and I needed more support (MAIA).
>
> [...] I have mitral valve prolapse, on my pregnant card has written and they did not look at whether or not I could have normal delivery [...] after my delivery the obstetrician said: "You could not have had natural childbirth due to prolapse" (D'ALVA).
>
> [...] my baby was born huge, with 4,210kg. [...] it was super traumatic, he didn't have the slightest condition of being born from a normal birth and they knew it! So much so that they broke my son's collarbone and omitted that fact! And they had the knowledge through my exams and

> yet no one did anything at all. [...] they tore me and sewn me and I said that the anesthesia had not caught right that was to put more and was feeling a lot of pain but did not turn on! (RANA).
>
> [...] in my first daughter I had a hemorrhage [...] in the second had complication due to the rest of placenta (TANIA).

Complications are risk factors that can be divided into previous complications and complications of current pregnancy. These complications imply a more complex follow-up in order to avoid further complications at the time of delivery, remembering the importance of early discovery for better treatment[9].

In the case of complications during prenatal care the woman should be referred to high-risk prenatal care receiving a more specialized and close treatment, analyzing the best form of delivery without putting the life of the mother and baby at risk[10].

Postpartum hemorrhage is considered an obstetric emergency. One of the great factors of maternal morbidity and mortality death. In addition to being able to lead to a hysterectomy when it is not possible to be reversed.[10]

The choice of the route of delivery

The women were asked if they had the opportunity to choose their route of delivery and both reported not having this right:

> [...] I couldn't choose, I had no health insurance and i couldn't have a c-section, I didn't have the support of my son's father and no one else financially, so I had no other option left. (D'ALVA).
>
> What led me to choose natural childbirth was rapid recovery (BETA).
>
> [...] I could choose. I was thinking about speeding up and what would be best for my baby. (RANA).
>
> [...] had no choice because I was going into the public system. (TANIA).

The choice of the route of delivery involves several factors. Most women have a predilection for a pathway, but most report that it did not occur as expected, as they do not feel estimated at the time of choice[11].

Most cesarean deliveries are performed in private hospitals. Many women see cesarean section having more comfort, privacy and easier choice of delivery date, in addition to greater attention in care. Parturients with lower financial condition and resort to the public sector, end up without this right of choice, besides not receiving sufficient guidance during prenatal care, women in the public sector suffer fewer interventions, however they suffer more painful procedures for induction and acceleration of childbirth for example[11].

The physician is the main one in childbirth, making the woman adjunct. Medicalization has transformed medicine as the main focus, in which the parturient is taken from his right of choice [12].

Guidelines on natural childbirth

The women interviewed in this study portray the orientations received about natural delivery during the prenatal and delivery period:

> I had no guidance [...] (MAIA).
>
> I did not have, despite doing the exams and monitoring everything cute I had no instruction in relation to childbirth (D'ALVA).
>
> No, I had the consultations, they looked if the baby grew, the measurements and only [...] (TANIA).
>
> Yes. During prenatal care I attended several lectures, which made me define myself better and even decided that I wanted natural childbirth (BETA).

In prenatal care, pregnant women should be oriented about the risks and benefits of childbirth, the level of risk of each one, the rights of the pregnant woman and parturient. It is important that the woman is assured and that all her doubts are answered[9].

The low orientation provided to pregnant women during prenatal care points to the unpreparedness of professionals who play the role of advisor in the preparation of women at the time of delivery[13].

There is a certain vulnerability of prenatal care follow-up scare to the time of delivery. Most women claim partial orientation or no orientation, these findings may clarify the constant negative results suffered at the time of delivery due to lack of education[14].

Negative experiences with professionals

The women reported having experienced at least one negative experience on the part of the professionals at the time of care:

> [...] the doctor said, "If you scream I'll let you suffer!". [...] I threw up and the doctor said, "Are you crazy? Stop throwing up! He screamed and, in my fear, and despair I tried to swallow the vomit. [...] He talked to the other doctor: "No, how is a 15-year-old girl getting a baby? You should be studying, instead you're having sex!" [...] because my daughter does not, at most gives a few kisses in the mouth (MAIA).
>
> [...] All I remember is that she came in spreading my legs, and at no point did she identify herself, she didn't say a good night at any time, it was like I was a tool. [...] I said, "Doctor, that's no way for you to come and examine me, I'm not a pig!" [...] The doctor hit me on the head and just said, "All right, Mommy... You're not going to let me examine you? I hope I'm not the one giving birth! All right?" and left. (D'ALVA).
>
> So I found the techniques even cool, but the nurses were thick and

> arrogant. The first doctor who attended me was rough even in the touches (RANA).
>
> What got me apart was this doctor wanting to remove the placenta by force without asking what I was feeling right? I'm the one who had to speak up. [...] the other nurse fought with me over the sheet, stating that she was urinating on it, instead of her realizing that I was losing blood (Tania).

According to the Code of Nursing Ethics, nurses in their professional practice must ensure the safety, well-being and protection of the health and dignity of the patient under their care. Thus, nursing care should provide risk-free and undamaged care[9].

The assistance provided expresses negligence, malpractice and recklessness. Neglect is exposed by the omission of care, while malpractice is seen in the disqualification of professionals in the exercise of humanized care during childbirth. Recklessness is expressed from the moment that the professional knows the rights of women and still does not respect them[15].

The practice can go from psychological physical abuse, neglect in pain management ironic phrases and threats disrespect that can cause physical and emotional harm that women take with them [16].

The choice of route of delivery in later pregnancy

The women in the study were asked if they had a new pregnancy later, what would be their choice of the route of delivery follows below:

> I don't want to have children anymore, but if I want to give a cesarean section (MAIA).
>
> [...] my next delivery is going to be c-section. Care in a private hospital is another level (D'ALVA).
>
> Never again [laughs], I found the experience horrible [...] (TANIA).
>
> With the right team I would have normal delivery again yes. With the unknown team I would opt for cesarean section (RANA).

Welcoming parturients is an important process, through humanized care the woman feels safer and consequently has been softened the fear of pain and the process of childbirth [17].

Posttraumatic stress disorders in childbirth are frequent in women with a history of negative experiences in previous delivery. This can promote setbacks and fear in an upcoming birth [18].

A woman who has experienced a traumatic birth can carry sequelae to her psychic health. This event carries a frustration of a dream she carries throughout her pregnancy for the time of her son's arrival. Being able to generate the feeling of disability during and after the process. This can generate the desire to not have more children or the change of the route of delivery in an next pregnancy[19].

Knowledge of the rights of pregnant women

The women interviewed in this study described their understanding of their rights as a pregnant woman and the time of delivery:

> No, none [...] had only the exams and prenatal care. (D'ALVA).
>
> No, I don't know [laughs]. Look to tell you the truth by the time I've never heard of it, first time (BETA).
>
> I don't know these rights (RANA).
>
> I never even knew it existed. I didn't know what's right if I hadn't put my mouth on the trombone (Tania).

The lack of knowledge of women about the rights of pregnant women and parturientwomen increase the fragility of the occurrence of obstetric violence [20].

Among the multiparous women, the self-image of normal childbirth is based on the previous experience experienced. This implies fear and insecurity depending on previous experience. It is noteworthy that women choose the route of delivery based on the experiences of friends and family members[21].

Unnecessary interventions and obstetric violence suffered by women in childbirth transform what would be a physiological process into a traumatic and dehumanized procedure. This increases the feeling of pain and fear, this contributes to a choice for cesarean delivery later[22].

Suggestions for care to professionals in the care provided to pregnant women

The women in this study proposed a form of assistance for health professionals in view of the support they received in their care at the time of pregnancy and delivery:

> [...] I believe we have to choose an area that you identify with, that you like. We should treat others as we would like to be treated, it is a time when the mother is delicate, feeling pain and will meet her child for the first time after carrying so much time. This moment, even though it's painful, it has to be gratifying, we have to prepare mom for one of the best moments in her life. We must have a more humanized, dedicated care, not judge, because it affects people's lives (MAIA).
>
> [...] a more humanfollow, without a doubt, since the screening when they take our card, have a more humanized delivery, give more security. Receiving information like, "you're going to go through this, don't worry that it's normal." Everything I didn't have. Pay attention to the technician, nurse or doctor to avoid the feeling of being alone. (D'ALVA).
> The suggestion I would give is the team ask about what we want, whether it is normal or not, whether we want to be cut or not at the time of delivery. Because things are happening and they make the decisions that must be made. And we are not informed of anything, only after it happens (BETA).
>
> So I guess for things to work better, it would be the question of humanity right? From having empathy that each one faces pain in a

> way, I think the respect of the person if they are saying that it is hurting a lot, it is not you who will judge her! We get sensitive, needy, we're there with no one on our side, there's only the medical staff and the nurses. I think it should have more humanity in this sense, have more human warmth right? You don't treat people in a mechanical way every person is in a way! [...] I think these things that treatment makes it much easier! (RANA).

The Prenatal and Birth Humanization Program was legalized by the Ministry of Health through Ordinance/GM No. 569 of 6/1/2000. The main focus is access and quality assistance respecting women's rights as citizens. Its main criterion is humanization in obstetric care[23].

In the birth process the opinions and feelings of the woman are important, the puerpery complain sofone women complain about only having to follow the guidelines, not having the right to give their opinion [24].

The reports and experiences of negative experiences at the time of delivery brings a reflection and visibility on the theme obstetric violence. The subject should be more addressed in professional training programs, as a way to incite professionals that the act has repercussions for that woman.[16]

Feelings about what happened

Given all the experience they had at the time of delivery, the women in this study leave their feelings in relation to what happened at the time of their natural delivery:

> [...] In addition to feeling alone and the threat of the doctor who felt like saying that she would do something with the patient in front of her and my mother's assistant [...] The impression is that you are in a slaughter ready for the time of cutting (D'ALVA).

> So I think that's really it! It was an abuse and total disrespect, talking about it causes me pain to this day and makes me feel bad and I took 5 years to get another child (RANA).

> "I suffered obstetric violence in my first birth" (MAIA).

> "I was very traumatized for a long time by what happened [...] because of this I lost contact with my son for a month" (Tania).

The abusive use of unnecessary interventions can mirror negative feelings. It can generate a feeling that natural childbirth does not have so many benefits and ends up using a cesarean section later. In addition to giving rise to negative experiences and may become a feeling of disturbance to what happened and associated with all deliveries.[25]

Obstetric violence prevents the bond of the professional/patient and the promotion of health in a humanized way. This fact has contributed to women increasingly associating and identifying natural childbirth with the feeling of pain, suffering and accepting the whole process without commenting.[11]

The correct one would be a humanized care with all the guidelines on childbirth and women's rights. This would prevent anxiety, insecurity, fear and greater autonomy of women in the face of childbirth.[26]

Final Considerations

The study met the proposed objectives, revealing the negative experiences faced by the participants at the time of delivery in the face of the care received and how this affected their view of the benefits of natural childbirth in the face of this experience.

This study, despite meeting the objectives, showed the feeling of fragility of women at the time of delivery, being inferiorized and subjugated by their gender, to the point of having to accept the whole situation as patients with their rights violated. Also to think about the preparation of the nursing team and other professionals working in the area. I prepare this that does not simply imply in the discourse of humanization, but in training, in-service training and in constant evaluation of the conducts taken in the day-to-day.

Thus, this study proposes new research, opening new precedents to investigate also the experience and opinion of these professionals, which makes them have such divergent behaviors in relation to the care provided in practice, since the main function of the team is to welcome, support, guide and provide a humanized care to women. In addition, nursing professionals spend most of their time at the side of women. It exposes the need for the importance of the practice of integral humanization to women in the process of childbirth and efficient participation in care.

Acknowledgment

This research did not receive funding to be done.

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