

## CHOICES OF WOMEN IN THE PROCESS OF CHILDBIRTH: INTEGRATIVE REVIEW

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### ABSTRACT

**Objective:** to identify the national scientific evidence about the choices of women in the process of childbirth and the aspects that influence them. **Method:** Integrative review, carried out in the electronic databases Latin American and Caribbean Center on Health Sciences Information, Scopus and National Library of Medicine, in June 2017. There were 1708 productions, of which 27 were included. **Results:** The main choices of women in the process of childbirth are related to the place, type and position of delivery, in addition to non-pharmacological pain relief measures. The positive influences for these choices center on the access to information and the expectation regarding the type of delivery. The negative ones center on unilateral communication and unawareness about rights. In the synthesis of this review, the choice for delivery method, followed by the place for its performance, was evidenced. The positive influences for these choices center on the access to information, and the negative ones, in turn, are pain, fear and anxiety. **Final Considerations:** The choices are associated to the need for qualified information aiming at female autonomy in the process of childbirth.

**Keywords:** Women's health. Parturition. Choice behavior. Patient preference. Decision-making.

### INTRODUCTION

The process of labor and delivery is a unique moment in the reproductive life of women, which for a long time happened at home, having as protagonist the female figure<sup>(1)</sup>. However, scientific advances and the institutionalization of this process ended up depriving women of their role as protagonists, expropriating them of decisions about their own body, reinforcing submission to professionals and institutional directives<sup>(2-4)</sup>.

From the 1970s onwards, the disapproval regarding the labor and delivery assistance model by professionals and feminist movements stimulated the development of programs and policies to modify this model, aimed at restoring the participation of women in the process of labor and delivery. Meeting this proposal, there is a humanist vision, that respects the woman in her totality, guaranteeing her right to choose and actively participate in the decisions that involve this process<sup>(3)</sup>.

In this direction, the right of choice in the process of labor and delivery was reported in

1988 in the Adelaide Declaration (Second International Conference on Health Promotion). It proposed the promotion of public policies focused on childbirth based on women's preferences and choices<sup>(5)</sup>. Another milestone (1996) in this movement was the practical guide for normal delivery care, called "Care in Normal Birth: A Practical Guide", updated in 2018<sup>(6)</sup>. However, there is a failure to use some of the good practices related to the attitude of professionals and to the decision and choices of women<sup>(7)</sup>, besides being a situation that requires a change of culture. In this sense, the concept of choice is a central principle of modern maternity care and ensures women the right to make autonomous decisions. The power of choice allows the woman passive to decisions of professionals to become active, having her needs and preferences considered essential in the decision-making<sup>(8)</sup>.

Such movements had effects on the Brazilian healthcare setting, triggered public policies to promote female protagonism and converge with the principles of the National Unified Health System (SUS), being considered a counter-

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hegemonic movement to the model of obstetric care. The need to carry out this review is justified because it is understood that the results may present contributions to the development of an evidence-based practice, capable of affecting the current hegemonic model. With this perspective, the objective is to identify the national scientific evidence about the choices of women in the process of childbirth and the aspects that influence them.

## METHODOLOGY

This is a study of integrative literature review, which uses careful and systematized methods, in order to synthesize evidence about a particular problem, with six methodological<sup>(9)</sup> steps described below.

Formulation of the review question (step 1): “What are the national scientific evidence about the choices of women in the process of childbirth and the aspects that influence them?”.

For its formulation, the PICO strategy was used: P (Population): Women; I (Interest): Choices made in the process of childbirth; Co (Context): SUS, Brazil.

The inclusion criteria (step 2) were: research articles developed in Brazil, whose participants were women that experienced the process of labor and delivery, published in Portuguese, English or Spanish, in the period from 1996 to 2016 and that answered the review question. The inclusion of studies from Brazil is justified by the model of obstetric care provided in the country, and the time frame is due to the intense movement triggered since “WHO Recommendations - Care in Normal Birth: A Practical Guide”<sup>(6)</sup>. Two reviewers developed the search strategy (Table 1) independently in July 2017. When there were divergences regarding eligibility, in order to minimize bias such as interpretation and selection error, these were solved through consensus or the analysis of a third reviewer expert on the subject.

**Table 1.** Database and search strategy, Santa Maria, Brazil, 2018

Database	Search strategy
Latin American and Caribbean Center on Health Sciences Information (LILACS)	parto OR “parto humanizado” OR “parto normal” OR “parto obstetrico” OR “trabalho de parto” OR “saude reprodutiva” OR cesarea (DeCS) AND decisão OR autonomia OR direito OR preferencia OR escolha OR participação (words).
Scopus, e National Library of Medicine (MEDLINE) through PubMed portal	“Parturition” OR “Humanizing Delivery” OR “Natural Childbirth” OR “Labor Obstetric” AND “autonomy” OR “patient Preference” (words), selecting the “All Fields” item.

The extraction (step 3) was developed in an Excel spreadsheet with the information: title, journal, main author, year of publication, objective, design (approach, participants), level of evidence, choices made by women in the process of childbirth and the aspects that influenced such choices.

The critical evaluation of the selected articles (step 4) included the hierarchical classification of the level of evidence, considering the type of clinical question of the primary study. When the question is of therapy/intervention, it has a hierarchical classification in seven levels; when it is of prognosis/etiology, in five levels; and of

meaning/experience/comprehension of the user, in five levels<sup>(10)</sup>.

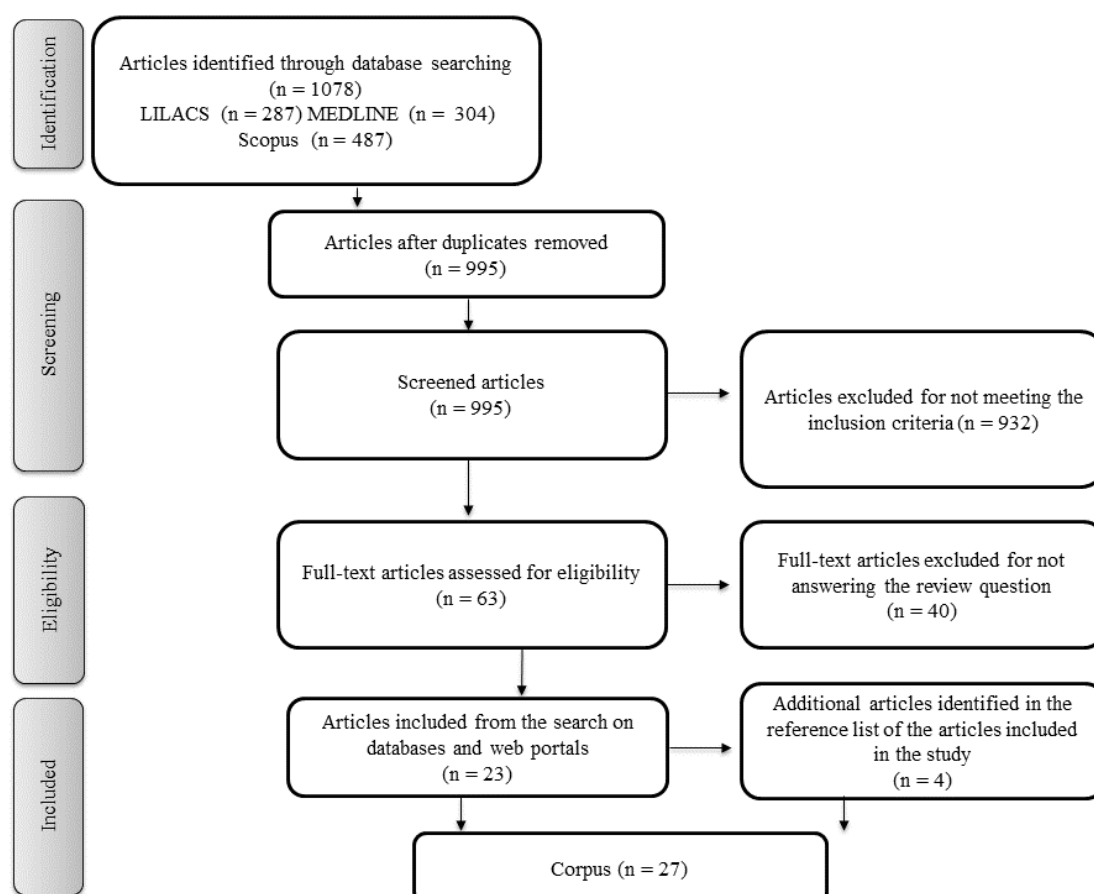
The interpretation of results (step 5) was based on the answer of the review question and on suggestions for further studies. The review presentation (step 6) comprises the synthesis of knowledge, developed through the categorization by similarity about the choices of women during the process of childbirth, as well as aspects that influence them both positively and negatively. From the evidence, the criticism was developed based on the good practices of care for the process of labor and delivery and on the guidelines for normal delivery care<sup>(6,11)</sup>.

## RESULTS

With regard to the characterization of the studies, when analyzing the publications of the articles by triennial distribution, the triennium 2014-2016 stood out, with eleven (50.0%) published articles, evidencing the increase of interest in developing studies on the subject. Regarding the field of expertise of the first author of the publications, it was Nursing in 20 (74.1%) articles.

In the search, 1078 productions were found,

the duplicates being counted only once, totaling 995 productions for the application of the inclusion criteria. There was eligibility of 63 articles for full reading, of which 23 were included in the corpus of the study. The manual search was carried out in the reference list of the included ones, and four articles were added (accessed via *Scielo*), totaling 27 articles in the review. Figure 1 describes the flowchart of the selection of articles for the integrative review, based on the PRISMA statement.



**Figure 1.** Flowchart of the selection of articles for the integrative review, based on the PRISMA statement<sup>(12)</sup>. Brazil, 2018.

Table 2 presents the characteristics of the articles regarding the main author, year of publication, objective, design (study approach,

participants) and level of evidence (LE) according to the clinical question (CQ).

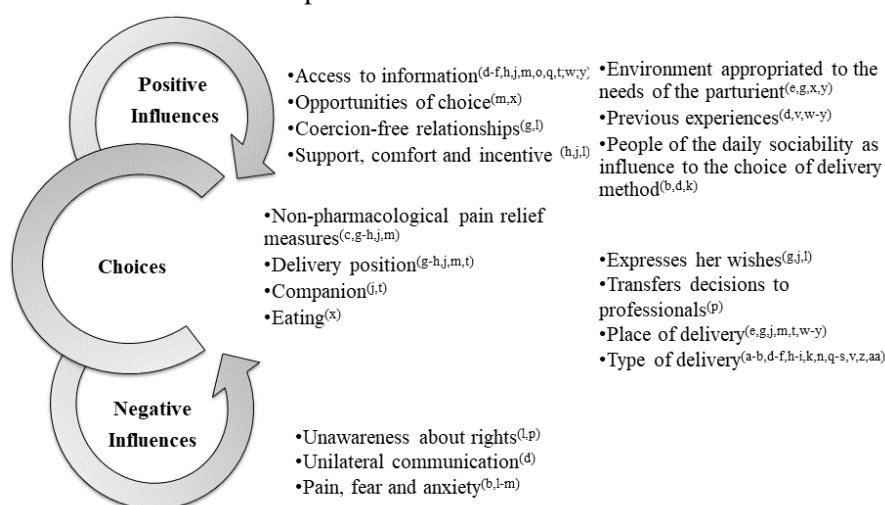
**Table 2.** Characteristics of the selected articles for the integrative review.

Author/ Year	Objective	Design	LE/ CQ
Iorra MRK. 2011 <sup>(a)</sup>	To identify the delivery method of preference for women and which factors influence the choice	QT - 456 puerperal women	L4/M
Pinheiro TMP. 2016 <sup>(b)</sup>	To know the factors that influence the choice of delivery method, in the perspective of pregnant women, puerperal women and obstetricians	QL - 20 pregnant women, 26 puerperal women, 06 obstetricians	L2/M
Apolinário D. 2016 <sup>(c)</sup>	To evidence the practices in labor and delivery care in a maternity ward from the perspective of puerperal women	QT - 100 puerperal women	L4/M
Nascimento RRP. 2015 <sup>(d)</sup>	To know the factors mentioned by puerperal women that influenced the choice of delivery method	QL - 25 puerperal women	L2/M
Sanfelice CFO. 2015 <sup>(e)</sup>	To know the social representations about home birth	QL - 14 puerperal women	L2/M
Vale LD. 2015 <sup>(f)</sup>	To identify the obstetric and socioeconomic factors that influence the preference for the delivery method	QT - 233 puerperal women	L4/P
Silva ALS. 2015 <sup>(g)</sup>	To know the care practices used by nurses involved in the processes of autonomy, dignification and participation of women during normal delivery	QL - 30 women	L2/M
Darós DZ. 2010 <sup>(h)</sup>	To know the importance of developing an educational process from the point of view of women who have lived this experience during pregnancy and childbirth	QL - 9 women	L2/M
Velho MB. 2014 <sup>(i)</sup>	To know the social representations of normal delivery and caesarean section from women who experienced them	QL - 20 women	L2/M
Pereira ALF. 2011 <sup>(j)</sup>	To describe obstetric nursing care during normal delivery and to analyze the exercise of autonomy by women during this assistance	QL - 16 puerperal women	L2/M
Benute GR. 2013 <sup>(k)</sup>	To describe and compare the preference for the delivery method among nulliparous and primiparous pregnant women, and to verify if the previous experience of childbirth influences the parturition process	QT - 100 women	L4/P
Oliveira ASS. 2010 <sup>(l)</sup>	To know the perception of puerperal women about the experience of labor and delivery	QL - 14 puerperal women	L2/M
Silva LM. 2011 <sup>(m)</sup>	To understand the experiences of women who experienced labor and delivery in a hospital	QL - 8 puerperal women	L2/M
Mandarinó NR. 2009 <sup>(n)</sup>	To know the desires of parturients related to each delivery method; to verify and compare the frequency of caesarean sections; to identify their indications and other variables that determine the delivery method	QT - 252 puerperal women	L4/P
Santos JO. 2008 <sup>(o)</sup>	To identify the knowledge and participation of parturients in decisions about episiotomy during the parturition process	QL - 16 puerperal women	L2/M
Griboski RA. 2006 <sup>(p)</sup>	To know the impact of the humanization policy on labor and delivery, for women and health professionals	QL - 29 women and 16 professionals	L2/M
Zambrano E. 2003 <sup>(q)</sup>	To identify the knowledge of the puerperal woman about the types of delivery and the guidelines given in prenatal care related to this subject	QL - 44 puerperal women	L2/M
Faúndes A. 2004 <sup>(r)</sup>	To know the preference of women regarding methods and types of delivery, and the opinion of doctors about this preference	QT-QL - 656 women	L4/M
Barbosa GP. 2003 <sup>(s)</sup>	To investigate the "caesarean culture" from the perspective of a group of parturients	QT-QL - 909 puerperal women	L4/M
Tornquist CS. 2003 <sup>(t)</sup>	To observe the differences between the users regarding the choice of companion and experiences of pain and breastfeeding	QL - 27 women	L2/M
Aguiar CA. 2016 <sup>(u)</sup>	To analyze the collective memories present in narratives of women who experienced such event	QL - 12 women	L2/M
Domingues RMSM. 2014 <sup>(v)</sup>	To describe the factors mentioned for the preference for the type of delivery in the beginning of pregnancy and to reconstruct the decision process for the type of delivery in Brazil	QT - 23,940 individuals	L4/M
Wei CY. 2011 <sup>(x)</sup>	To know the experience and the perception of a group of women regarding ambulation and diet during labor	QL - 35 women	L2/M
Gama AS. 2009 <sup>(z)</sup>	To verify the current representations and experiences of women regarding the types of parturition and their assistance in different health services	QL - 23 women	L2/M
Lessa HF. 2014 <sup>(w)</sup>	To describe the women's process of choice for planned home birth	QL - 17 women	L2/M
Santos AA. 2014 <sup>(y)</sup>	To analyze the reasons that lead women to choose home birth	QL - 10 women	L2/M
Miranda DB. 2008 <sup>(aa)</sup>	To know the elements of social representation about childbirth in the perspective of women who experienced normal and surgical deliveries	QL - 10 women	L2/M

**Legend:** (QL) Qualitative; (QT) Quantitative; (LE) Level of Evidence; (CQ) Clinical Question; (M) classification from the clinical questions related to meaning; (P) classification from the clinical questions related to prognosis or etiology.

The articles found were analyzed and grouped by similar data, which allowed to evidence the choices of women in the process of

labor and delivery and the aspects that influence them (Figure 2).



**Figure 2:** Evidence about the choices of women in the process of labor and delivery and the aspects that influence them. LILACS, PubMed, SCOPUS 1996-2016, Santa Maria, RS, Brazil, 2018.

## DISCUSSION

The evidence were synthesized and grouped considering their similarity regarding the woman's choices about childbirth, as well as situations that could positively or negatively influence such choices. Because they undergo an intense painful process, women often do not establish effective participation<sup>(m)</sup>. The use of non-pharmacological pain relief measures can improve the childbirth experience, since the intensity and duration of pain make women understand the labor process positively or negatively<sup>(1)</sup>, and whether or not they have an active attitude during labor.

Among the methods there were: the Swiss ball, bathtub, shower, ambulation, breathing techniques, squats and massages<sup>(c,g-h,j,m)</sup>. These are some of the most widespread and indicated methods by women. The guidelines recommend that managers provide readjustment of childbirth care units so that women have access to non-pharmacological pain relief measures<sup>(11)</sup>.

Other choices were related to the position of delivery, such as vertical delivery in the bathtub<sup>(j)</sup>. It is indicated that the companion should be chosen by the woman<sup>(i,t)</sup> (husband, mother, sister-in-law or sister). The benefits of this presence are due to trust, which promotes support in the choices and the protagonism of

women, an issue already established in national guidelines and international recommendations<sup>(6,11)</sup>.

The choice of whether or not to eat during labor<sup>(x)</sup> is a possibility endorsed by the good practices and by the national guidelines for normal delivery care<sup>(6,11)</sup>. However, it is demonstrated in only one study, which may indicate a lack of explanation from professionals to the women, based on the evidence of its erroneous utilization<sup>(x)</sup>.

Additionally, the woman has the possibility to express herself, talking about her needs and desires in the moment of labor and delivery<sup>(g,j,l)</sup>, without fear of judgement of the professionals<sup>(g)</sup>. Such possibility is supported by the principle of listening and respect between the professionals and the women.

The birth plan is also an strategy that allows women to express their desires about the moment of childbirth<sup>(i)</sup>. By instituting such resource, it is possible to increase the chance for the protagonism to be respected and to reduce interventions during childbirth. On the other hand, there is evidence of a disconnection of the women from decisions, due to the unawareness about their rights, which causes them to transfer their decisions to professionals<sup>(p)</sup>.

In order to increase their participation, women choose places that allow their

protagonism, such as the home, since it is centered on their needs<sup>(e,w-y)</sup>. This option of childbirth, however, is not available at SUS, and therefore cannot be recommended, but the normal delivery guidelines recommend that women, when choosing home birth, should have ensured access to maternity wards in a timely manner, in case an incident happens<sup>(11)</sup>.

Other places chosen are Birth Centers<sup>(g,m,j)</sup> or Maternity Wards structured to provide the participation of women<sup>(l)</sup>. Such institutions have been increasing the nurse's professional autonomy and contributing to the implementation of public policies.

Regarding the choices of women for the type of delivery, more than half of the studies indicated the preference for normal delivery<sup>(a,d-f,h,k,n,r-s,v,z,aa)</sup>, followed by caesarean section<sup>(b,i,m)</sup>. This evidence contrasts with the excessive execution of caesarean sections in Brazil, often justified under the discourse that it is a choice of women. It was found that several aspects influence positively the women's choices in the process of childbirth, such as the access to information about it<sup>(d-f,h,j,m,o,q,t,w-y)</sup>. Some women receive information since the prenatal period<sup>(d,f,h,j,m)</sup>, through educational processes carried out during home visits<sup>(h)</sup> or in pregnancy support groups<sup>(i,w)</sup>. In the latter, women can express their fears and doubts, understand the process of childbirth as a whole<sup>(h,j)</sup> and review their attitude during this process<sup>(h)</sup>. This indicates the need for greater investment in educational technologies with the inclusion of the partner, aiming at responsible fatherhood and the full experience of the couple's sexuality.

The appreciation of the knowledge of family and friends during informational processes allows sharing experiences and strengthening the choices<sup>(h)</sup>. It is recommended to use understandable language, adequate to the level of education of the people involved<sup>(11)</sup>, and horizontal relationships between the social actors concerned. The information obtained by women on their own provided support to those who opted for home birth, reducing the fear<sup>(w)</sup>. By knowing the good practices, women become capable to question, make informed decisions and choose technologies they are acquainted with<sup>(e,h)</sup>.

The opportunities for choices<sup>(m,x)</sup> about non-

pharmacological pain relief measures<sup>(m)</sup> and delivery positions<sup>(x)</sup> stimulated the parturient's participation. Relationships free of coercion<sup>(g,l)</sup> contributed for the women to choose what was most convenient for their well-being, acting according to their needs, without impositions of the professionals<sup>(g)</sup>. The support and comfort to the parturient<sup>(h,j,l)</sup>, as well as the incentive, positively influenced her protagonism<sup>(l)</sup>.

Another aspect that positively influences the women's choices is the appropriate environment<sup>(e,g,x,y)</sup>, since they seek environments that provide safety, well-being and relief from painful sensations<sup>(l)</sup>. The women chose the domestic environment since it ensures their protagonism and autonomy, being able to put their habits into practice and adapt the environment to their beliefs<sup>(y)</sup>. The women's previous experiences also influence their choices<sup>(d,v,w-y)</sup>. When they have negative experiences in the hospital environment, they seek alternatives, such as home birth, so that their desires can be respected<sup>(w)</sup>.

There are situations of women's preference for the delivery method to be caesarean, which meets the position of professionals. The woman expects a fast delivery, with reduced hospital stay, and that guarantees the well-being of the mother and the newborn<sup>(k)</sup>. The caesarean section is chosen by the woman in the expectation that she will feel less pain and that the process will occur more quickly<sup>(a,f,i,n,r)</sup>, and because it allows to decide the day of the child's birth<sup>(i,r)</sup>.

With respect to the aspects that influence the women's choices in relation to normal or caesarian delivery, studies evidence the fear of pain<sup>(b,k)</sup>, expectation for a fast delivery and reduced hospital stay. When the woman chooses normal delivery, she expresses the understanding that it is safer, has faster recovery and less intense pain after the birth, and that it allows active participation in the birth of her child<sup>(b,e-f,h-i,n,r-s)</sup>.

It was possible to identify that the choice for delivery method is influenced by the people of the daily sociability and health professionals<sup>(b,d,k)</sup>. It should be noted that, for the woman to make choices about the delivery method, knowledge, information and power are required<sup>(d)</sup>. Evidence indicates that the choice for

delivery method and the delivery method to which the women were subjected did not always converge<sup>(d,f,l)</sup>, causing feelings of frustration and loss of control and protagonism<sup>(d)</sup>. The difficulties may be related to the current medicalization of the process of labor and delivery, which projects on the parturients the conception of dependent individuals incapable of dealing with the events of this process autonomously<sup>(e)</sup>.

Regarding the factors that negatively influence the women's choices, the unawareness about sexual and reproductive rights<sup>(l,p)</sup> and the lack of information about the parturition process during prenatal care stand out<sup>(d,h,o,p,q)</sup>. Although most women attended prenatal care with an average of 6 to 8 appointments<sup>(a,n,q)</sup>, the information is often insufficient, resulting in the lack of preparation of women to experience labor and delivery in an active and participatory way<sup>(h,q,z)</sup>, since unawareness can lead women to not know how to act<sup>(d,o,p,q)</sup>.

Unilateral communication, technical language and insufficient information characterize the negative influence<sup>(d,z)</sup>, resulting in unilateral decisions<sup>(u)</sup> and the control of these decisions by professionals, favoring the passivity and submission of women<sup>(d,l,o)</sup>. In addition, there are aspects that include pain, fear and anxiety<sup>(b,l,m)</sup>, which can be overcome through the access to information during prenatal care<sup>(h)</sup>.

We understand that the negative aspects can be minimized through the information and engagement of women from reproductive planning, prenatal care to childbirth and puerperium. It is worth noting that there is recommendation that, during prenatal care, educational and information activities should take place. However, they need to go beyond the biological aspects of the pregnancy-puerperal period, enabling women to be aware of their rights during this process<sup>(11)</sup>.

The results of this review contribute to rethink the practice of professionals that work in the assistance of women, in Brazil, from prenatal care to puerperium. The analysis of Brazilian studies limits broadening the context of childbirth care at an international level.

However, it provides subsidies for the redirection and qualification of care for women in childbirth and indicates the need for researches about how these choices can restore their protagonism and autonomy in childbirth.

## CONCLUSION

In the synthesis of this review, the choice for delivery method followed by the place for its performance stood out. The positive influences for these choices center on the access to information, and the negative ones, in turn, are pain, fear and anxiety. It was possible to infer that they are related to the expectation of a childbirth process in which access to information is expanded through home visits, participation in pregnancy support groups and during their own medical or nursing appointments, aiming at female autonomy in the process of childbirth.

When considering the critical appraisal of the articles through the classification of evidence from the primary studies, according to the type of research question, it is worth to point out: a gap of meta-synthesis review studies, since most of the primary studies were qualitative, in response to a question of meaning; and the need to develop studies with experimental or quasi-experimental design of the type cohort or case control and systematic reviews, since the articles with the question related to prognosis or etiology were all level 4. In this review, articles with intervention-type question were not retrieved, indicating gaps in the production of knowledge on this topic. This leads to the reflection of the possibility of developing studies on the topic of female autonomy, aiming at expanding and strengthening evidence that the autonomous decisions of women in the process of childbirth will be fundamental for changing the hegemonic interventionist model.

## FINANCING

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## ESCOLHAS DAS MULHERES NO PROCESSO DE PARTO: REVISÃO INTEGRATIVA

### RESUMO

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**Objetivo:** identificar as evidências científicas nacionais acerca das escolhas das mulheres no processo de parto e os aspectos que as influenciam. **Método:** Revisão integrativa, realizada nas bases eletrônicas de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, Scopus e National Library of Medicine, em junho de 2017. Localizaram-se 1078 produções, destas incluíram-se 27. **Resultados:** As principais escolhas das mulheres no processo de parto relacionam-se ao local, tipo e posição do parto, além de métodos não farmacológicos para alívio da dor. As influências positivas para essas escolhas centram-se no acesso à informação e na expectativa em relação ao tipo de parto. As negativas centram-se no desconhecimento dos direitos e comunicação unilateral. Destacou-se na síntese desta revisão a escolha do tipo de parto seguida do local para sua realização. As influências positivas para essas escolhas centram-se no acesso à informação, e as negativas, por sua vez, são a dor, medo e ansiedade. **Considerações Finais:** As escolhas estão atreladas à necessidade de informações qualificadas tendo em vista a autonomia feminina no processo de parto.

**Palavras-chave:** Saúde da mulher. Parto. Comportamento de escolha. Preferência do paciente. Tomada de decisões.

## ELECCIONES DE LAS MUJERES EN EL PROCESO DE PARTO: REVISIÓN INTEGRADORA

### RESUMEN

**Objetivo:** identificar las evidencias científicas nacionales acerca de las elecciones de las mujeres en el proceso de parto y los aspectos que las influyen. **Método:** revisión integradora realizada en las bases electrónicas de datos Literatura Latino-Americana e do Caribe em Ciências da Saúde, Scopus y National Library of Medicine, en junio de 2017. Fueron localizadas 1078 producciones, de estas se incluyeron 27. **Resultados:** las principales elecciones de las mujeres en el proceso de parto se relacionan al local, tipo y posición del parto, además de métodos no farmacológicos para la reducción del dolor. Las influencias positivas para estas elecciones se centran en el acceso a la información y en la expectativa respecto al tipo de parto. Las negativas se centran en el desconocimiento de los derechos y la comunicación unilateral. Se señaló en la síntesis de esta revisión la elección del tipo de parto seguida del local para su realización. Las influencias positivas para estas elecciones se centran en el acceso a la información, y las negativas, a su vez, son el dolor, miedo y la ansiedad. **Consideraciones finales:** las elecciones están vinculadas a la necesidad de informaciones calificadas, tomando en cuenta la autonomía femenina en el proceso de parto.

**Palabras clave:** Salud de la mujer. Parto. Conducta de elección. Preferencia del paciente. Toma de decisiones.

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