

PARTICIPATION OF WOMEN IN SUPPORT GROUPS: CONTRIBUTIONS TO THE EXPERIENCE OF CHILDBIRTH¹

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ABSTRACT

The objective of the study was to understand how women who participated in childbirth support groups evaluated this participation and the experience of childbirth itself. Communicative Methodology, communicative reporting technique for data collection and the primary analysis of the methodology were used. Thirteen pregnant women from three delivery support groups were included. The participation of the interviewees in these groups allowed them to identify transformative elements: promoters of pleasurable experience of childbirth and, obstructive: barriers to this experience. The groups promoted a source of information, empowerment and support in the search for humanized childbirth, opening for the exchange of experiences and preparation for childbirth through health education. There were reflections based on idealizing information about childbirth, creating expectations that are not always consistent with reality, causing frustration in some women. These were faced with the fact that humanized childbirth entails high costs, making it difficult to access the procedure. Support groups for childbirth contribute to significant social changes in the natural childbirth delivery, however, it is necessary to rethink how the birth culture in Brazil has been rebuilt in this scenario. It is necessary to respect the right of choice and to support the woman who cesarean.

Keywords: Humanizing Delivery. Self-help Groups. Health Education. Obstetric Nursing.

INTRODUCTION

In most western countries, the delivery and birth care model has been the subject of intense discussion by the physician-centered standard and the primacy of technology over human relations. There is little interest and respect for the values of the woman and her family, which causes adverse maternal and fetal effects, such as high cesarean rates, increased prematurity and low birth weight⁽¹⁾. The rate of cesarean deliveries in Brazil reaches an average of 52% of births performed in public and private services, reaching 88% in the private sector⁽²⁾, rates higher than those recommended by the World Health Organization (WHO)⁽³⁾.

The model of obstetric care in Brazil is characterized by disrespectful behavior towards women in labor and delivery, violent attitudes expressed by dehumanized, often prejudiced and threatening speeches that repress women, reflecting their dissatisfaction with the experience of childbirth and increasing the desire for cesarean section⁽⁴⁾. Considering these aspects, feminist groups initiated movements aimed at paradigm changes in relation to the model of attention to delivery and childbirth, a movement that was called the humanization

of childbirth⁽⁵⁾. In 2006, a network of women users of the public and private system created the "Birth Network of the Principle" in favor of women's rights, in support of natural childbirth and issues related to pregnancy presentially, free of charge, for pregnant women and couples in the period prenatal care⁽⁶⁾.

Participation in support groups provides an exchange of experiences between the participants, a strong strategy for the empowerment of women and their families by claiming worthy assistance in childbirth⁽⁷⁾. The learning from support groups contributes to problem solving, understanding of physiological, psychological or social phenomena, coping with anxiety and fears, supporting the promotion and recovery of health and well-being of those involved⁽⁸⁾.

Aspects observed in support groups, attended voluntarily, drew attention, especially regarding to women dissatisfied with their experiences of childbirth, which motivated to study the subject in greater depth. Thus, the objective of this study was to understand how the participation of women in support groups influenced their delivery experiences, based on the guiding question: in what way support groups can influence the delivery experience of their participants?

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METHOD

Research with qualitative design that used the Communicative Methodology (CM) as a methodological reference, dialogical research, in which the researcher and the participant interact through open and negotiable argumentative dialogue, generating self-awareness of the social reality and a better understanding of the situations experienced, stimulating them to act as agents of transformation⁽⁹⁾.

The sample was intentional, with an invitation to 25 women from three delivery groups in the cities of São Carlos, Araraquara and São Paulo. Among the 25 women, five did not respond to the invitation, seven participated in the pilot project and thirteen of the main study. Participants were recruited following presentational group meetings, telephone contact, referrals from other group members and the group page on Facebook.

The technique for collecting CM data for this study was the communicative report, a differentiated interview in which a dialogical process between researcher and participant is established, seeking to interpret and reflect on their daily life in the study⁽⁹⁾. The seven stages carried out in the development of this research are described following its accomplishment:

1. Exploratory phase: bibliographical review on the research topic and approximation of the research universe by participation in the support groups, making records in field diaries.

2. Construction of the interview script: through the information and perceptions recorded in the field diary, the script for the communicative report was constructed, which included the following topics: preparation for childbirth: gestation, Natural Birth Support Group (NBSG) and decisions; delivery and care received. For each theme an updated scientific article was included for discussion with the participant of the exposed evidence, based on their life experience.

3. Selection of the sample: It was included women who had participated in support groups during pregnancy and accepted to participate in the study, regardless of age, marital status or outcome of delivery. Potential participants were given a brief explanation of the research, with emphasis on their social relevance and the importance of their participation.

4. Communicative report: the establishment of the dialogue between researcher and participant occurred at the time of postpartum. At the beginning of the meeting, the presentation on the study, reading and explanation of the Informed Consent Term (TCLE) was resumed, and

the authorization for inclusion in the study with the signature of the TCLE was completed. The communicative report followed the previously prepared script. Initially, a pilot test was applied to suit the script. The test was applied to seven participants and the approved communicative report was applied to the other thirteen women. The meetings were recorded in audio to facilitate the transcription and later analysis. The place of the meetings was defined by the availability of participants, usually performed in their homes. The communicative report lasted in average sixty minutes. The data collection period occurred between July 2013 and June 2014.

5. Analysis of the data: five collaborators trained to carry out the transcription process transcribed the reports, which were later analyzed by two researchers, considering the annotations made in field diaries, before, during and after the meetings, following the basic level of analysis proposed by CM to identify transforming and obstructing elements, social dimensions that emerge from the data collected⁽⁹⁾.

The inclusion of new participants was suspended using the saturation technique, when data were redundant or repetitive, and it was considered irrelevant to persist in data collection⁽¹⁰⁾.

One of the pillars of CM is Habermas's Theory of Communicative Action, which understands society through two spheres: system and world of life, in which the world of life is the meaning of the objective, social, and subjective "world" that we live, instead of spontaneous social relations, the real needs of the subjects, their feelings and perceptions, the established bonds with their fellows. The system is the formal world of rules, laws and norms, built from a particular dominant paradigm in a given period, in which all social, political, economic, and cultural organization is shaped⁽¹¹⁾.

6. Second meeting: this process advocated by CM is considered the validation of the results. The transcripts and analyzes were presented to the participants, their opinions were heard and their opinions were considered with respect to the elements that emerged from the analysis, as well as their meaning. From an open dialogue, a consensus was reached, resulting in the final analysis.

7. Final analysis of the data: in the second meeting new data emerged that allowed the composition of a new frame of analysis: the Final Matrix. The study was approved by the Ethics and Research Committee of the Federal University of São Carlos, under opinion No. 322,574.

RESULTS

Thirteen women participated in the communicative report, identified with names of flowers because of the symbolic figure of life and strength. The age of the participants ranged from 24 to 37 years, the family income between two and more than five minimum wages and the level of schooling predominating complete higher education. All deliveries were performed in a hospital setting, one in a public institution, ten were funded by health insurance, two private and one by the Unified Health System (SUS). Nine deliveries were vaginal and four cesareans.

The main themes addressed in the communicative reports were identified previously and from data analysis. The elements were categorized according to the Theory of Communicative Action in the world of life and system. The number of mentions of each element indicates the number of times the element was mentioned in the participant's speeches. The elements categorized in the system are related to the hospital context, professional assistance and services regimented by the national health system. The elements of the world of life category correspond to the life experiences, family context of the participants, objective and subjective factors that mark their experience in childbirth, their concepts and personal knowledge.

As transformers have emerged twelve elements (65 mentions) in the *world of life* category and four elements (26 mentions) in the *system* category. The most mentioned elements in the *world of life* category, with fourteen mentions each, were: family support, feelings and sensations of joy during gestation; in the *system* category, with 9 mentions: professional support. As obstacles, five elements (24 mentions) appeared in the *system* category and six elements (17 mentions) in the *world of life* category. The most mentioned element in the *world of life* was: romanticism of childbirth presented by the support group (6 mentions); and, in the *system*: lack of professional support (8 mentions).

The groups were cited as helpers in the husband's understanding and support regarding the choice of the woman for the natural childbirth, a source of information corresponding to the aspects: gestation and delivery phases, exposition of up-to-date scientific knowledge to support and strengthen the woman's decision. The groups acted as participants to clarify the reality of obstetric care and the difficulties faced in order to have a normal delivery. They meant a source of support, acceptance of doubts, longings and provided a space for exchange of experiences, essential elements to

provide the woman and the family for an adequate preparation for childbirth, as expressed below.

What I did not know and found out in the group when I started attending the it was that it is difficult to have a normal birth. What I did not know is that the doctors lie, that the doctors procrastinate, that lead the women to have a cesarean delivery. [...] (**Purple Cactus Flower**).

The quality of care recognized by the woman as good and humanized was represented by support, attention and respect for her needs during labor, doula presence and access to information during pregnancy until delivery.

These elements have crossed the conflict between acquired knowledge, expectations and uncertainties, and the idealization of perfect delivery, with few spaces for dialogue about the possibility of a caesarean section. The women perceived a delivery model presented as unique, ideal, painless, surrounded by magic, perfection and romanticism, which contradicts the reality of childbirth care in the country. With regard to the obstructive elements related to the *world of life*, the expectation of childbirth created by direct and indirect influence of the support groups pointed to conflicts between acquired knowledge, expectations and uncertainties, and idealization of perfect delivery, with few spaces for dialogue for the need to cesarean section. Verbalizations projected the sense of guilt that some women attributed to themselves by childbirth did not occur as intended, causing feelings of frustration and shame.

If I could say two things I would say frustration and to know that the cesarean was really necessary, because I prepared so much to have the normal birth, I knew the whole theoretical part and at the time of the practical part, I had to undergo an intervention. I was frustrated because of this ... (**Red Rose**)

[...] I think it was a deficiency in my body that I did not go into labor [...] because I did not go into labor, because I did not react, it's frustrating for me. [...]. (**Red Carnation**)

The support groups were mentioned nineteen times as a transforming element and eleven times as an obstacle in the participants' delivery experience, which proved to be a positive factor. However, the obstructive mentions showed negative influence in some experiments, demonstrating the need for transformation

We have a certain prejudice ... I saw the child born of caesarean section and the child who was born in normal birth. In my head, the one who was born in normal birth was much more calm [...] everyone has to make their decision according to what they feel, because if you get too caught up in the opinion of these groups, I think you end up frustrated, not being as you imagined it would be. (**Yellow Sunflower**)

Situations of self-indication, self-promotion and personal marketing and of medical professionals, obstetric nurses and doulas in the meetings of the support groups were identified by the women as a way of favoring the work of the conductors of the groups, which caused some annoyance.

[...] they self-refer too much, besides indicating only one doctor, it ends up getting elitist [...] they talk a lot and complain a lot about the doctors who make living out of cesarean sessions plans, but the plan of humanized childbirth is the same thing, I commented with my husband, in a while there will be doctors making living from humanized birth plan, it's the same thing ... it's one of the things which bothered me in the group. (**Purplish Cyclamen**)

It was observed that the majority of the participants of the support groups were of social classes with access to information and services, making the support groups under study differentiated.

The group was pretty radical about normal birth, you know? It was one of the things that turned me away ... because either you have a normal humanized birth with the doctor so-and-so or not. [...] for them or is it humanized with so-and-so or so, so it was one of the things that bothered me a lot, so I would say, what do you mean? There is no half term? Because it's expensive for you to have a humanized birth ... because I felt kind of pissed because at the time I could not have the doctor so-and-so, I had to borrow money to pay the doctor, you know? [...] I think they had to see that there is a woman who can not have a doula, right? [...] (**Purplish Cyclamen**)

The model of parturition recommended by the groups does not always coincide with the model of childbirth care, especially in the SUS, which can put women in a situation of vulnerability.

[...] the doctor who followed me during pregnancy, I said I wanted normal birth, he never told me that I could not, he motivated me, but unfortunately, I had to pay a fee so that he would attend me at SUS and did not arrive in time, because my son was born 15 days before the planned date and did not have time to get the doctor, pay this health plan, so that the doctor who accompanied me during pregnancy would follow me in childbirth. [...] can't do it through the SUS to have a ... to fulfill your delivery plan, are such details that I felt in the flesh itself ... because there in the group, they insisted not to do episiotomy, so much so that I studied the fact of not doing episiotomy [...]. (**Red Gladioli**)

DISCUSSION

The transforming and hindering elements related to the support groups in the experience of women in

relation to childbirth were listed in the *world of life* category. The support group was considered an environment of exchanges of experiences based on the individuality of each woman, their experiences and perspectives intrinsically and subjectively arising from family and cultural life. As transformative elements, they not only contributed to the satisfaction of women with the experience of childbirth, but also appeared as a factor in the dissemination of current scientific knowledge and in the construction of a culture of natural childbirth - without unnecessary interventions - in the Brazilian context of childbirth care.

The participation of the women in the group offers a feeling of shelter and preparation for the moment of delivery. Interaction among women is the key to creating a positive or negative image of women. It provides mutual recognition, a guide to actions based on what these images mean for each one. In these spaces all women, without exception, should have the right to express and defend their opinions, as well as to share their life experiences, bringing reflection to construct new meanings through egalitarian processes⁽¹²⁾.

Information is one of the ways for women's autonomy, since it enables them to increase their decision-making capacity in a responsible and informed way to exercise their right to choose. It deserves to be rescued as a condition of health and citizenship, in such a way that several social movements have sought the possibility of extending the autonomy of women in the parturition process through support groups for childbirth, mutual support and the sharing of successful experiences⁽¹³⁾.

Childbirth support groups provide women with feelings of relief, confidence, security and calm, fueled by the climate of trust created by the professionals and participants in the meetings and by the exchange of experiences. Aspects that strengthen the group and contribute to the formation of bonds surrounded by support and affection, necessary for the humanization of childbirth. Women who have not yet experienced childbirth have doubts and anguish about this moment, fear of the unknown, of not bearing the pain, of not knowing what will happen. The exchange of ideas, listening to the reports of the births of women who have gone through this process, allows those in the process to trust their potential and the belief that they can have a pleasant and satisfying experience⁽¹⁴⁾.

In this context, in order to offer humanized assistance in childbirth, it is necessary to personalize it and give women the role of protagonist, respecting their choices about the use of technologies and interventions

when necessary and desired. This posture promotes women's autonomy throughout the process, allowing them to associate their experience with the previous delivery and to include information obtained through the experience of other women to build new bases and a new reality of their expectations regarding childbirth⁽¹⁵⁾. The importance of participation in support groups for the construction of egalitarian relations between health professionals and women is perceived, allowing collective actions and mobilizations, in order to promote claims related to the rights of women in society.

Solidarity among women is a basis for transformations in gender relations. To divide the same problems, share the same situations, to dialogue with other people who have the same fears, doubts, which, in our case, refers to the experiences of childbirth of other women; are actions of dialogical feminism related to solidarity. Through interaction and dialogue groups, women find the necessary power to transform themselves, to defend themselves, to fight for their desires and rights, facing situations of inequality imposed by the system. It is necessary, therefore, to value the spaces of solidarity as tools for the empowerment of women⁽¹²⁾.

Women groups need to become spaces for bringing scientific knowledge and life together, using as a tool the equal dialogue between women of different generations, cultures and academic levels, whose themes and activities to be developed will be defined by the group itself, from dialogue and consensus. Discussions should center on the interests, knowledge and experience of all participants⁽¹²⁾.

The great challenge seems to be how to find the balance between the idealizations of childbirth and the feelings of disappointment, impotence and frustration arising from unsuccessful experiences that can impact the lives of these women. The focus on perfect birth does not open space for discussion of a required cesarean section. When this happens, the procedure is perceived by the women themselves as personal failures. Being submitted to a cesarean section may trigger recrimination by other women as if they were mothers of inferior quality because they did not have a normal birth⁽¹⁶⁾.

In this sense, when the woman brings this feeling of guilt to herself, she contributes to the non-transformation of the system, since, by attributing to herself the cause of the frustrations, she creates obstacles that immobilize her, absolving the system and causing it to remain without change. Support groups should discuss these issues clearly and objectively, showing that situations

can vary and can not always be controlled by the expectations and idealizations created by the information and experiences of other women heard in support groups.

From the outset, the medicalization of childbirth was permeated by power relations, lack of dialogue, the treatment of the woman's body as an object of work and unequal relationships between health professionals and women. Although the original intention was to control maternal and neonatal mortality, this process has led to conflicts, death and suffering due to the abusive use of technologies and disregard for women's autonomy⁽¹⁷⁾. Currently, the Stork Network and maternity and birth protection laws, such as the Companion Law and the Laws to Protect Obstetrical Violence, have made it possible for women to receive the humanized birth offer, strengthening the doctrinal principles of SUS^(18,19).

Regarding self-referral, self-promotion and medical professionals, midwives and doulas in the support groups was seen as a strategy to present a certain professional as highly competent for certain skills or aptitudes, attitude perceived by some of the respondents as posture personal and third party marketing tax

The results showed that not all women are able to afford the costs of childbirth. However, many of them pay to receive assistance from a humanized team, which seems unfair to those who can not pay and participate in the group. Support groups, through the movement, should act as agents of social control in the struggle for greater access of women to this kind of assistance, to strengthen the principles of equity, integrity and humanization in childbirth care⁽²⁰⁾.

The speech of humanization is articulated with the concept of human rights, in claiming the autonomy and informed power of choice of women in matters of childbirth and birth. Each woman has individual needs, each organism and each health condition demands a differentiated care, in this way, each woman is unique and the assistance she provides must be "personalized" according to her needs. The expectation of childbirth created by direct and indirect influence of the support groups brought the need for transformations to overcome obstacles that do not allow women to experience childbirth satisfactorily.

In order for reality to be transformed it is imperative that academic and non-academic women unite in common spaces, dialogue, help each other, exchange experiences, alert one another, acquire scientific and life knowledge, fight together, motivate one another, denounce inadequate, unqualified and inhumane services. Such claims can be achieved only when

worked together. Support groups as part of the *world of life* should use conscience and language to share knowledge about childbirth and birth through an egalitarian relationship, not power. It is in the *world of life* that communication is established that provides learning, in the established interactions of one with another, as well as the way in which individual actions are directed in a rational way. The interaction suggested by Habermas understands that a society is formed from the coexistence between subjects, by communication and action. In this dimension of social practice, communicative action and the socialization of participants in the *world of life* prevail ⁽¹¹⁾.

The results showed that the groups studied acted both as a transformative element and as an obstacle to the woman's experience of childbirth. There are a number of barriers to be transposed and they must be clearly and objectively exposed in order to truly empower the woman and her family for the best choice of childbirth.

CONCLUSION

The childbirth support groups bring significant and important social transformations to the rescue movement to natural childbirth and represent a potential tool for the empowerment of women. Three transforming elements emerged from the verbalizations, indicating that the groups represent the main source of knowledge acquired by women in the gestational period.

The scientific evidence found contributes to the

understanding of factors that bring satisfaction to women with childbirth, involving the quality of delivery care in Brazil. The data generated demonstrate the urgent need for public health policies that encourage the social transformation of the culture of childbirth, the existence and permanence of support groups in the dissemination of information to women, and contemplate improvements in the technical preparation of health professionals who provide assistance to the childbirth. However, we recommend that you reconsider how the scenarios of support groups rebuild the culture of childbirth in Brazil, you must respect the right of choice and inform the woman of the risks and benefits of each type of delivery to decide what they think is best for you.

Normal or natural birth needs to be encouraged, but support must be provided to the woman in the possibility of the outcome being a Cesarean. Many public or private institutions do not yet have a humane and respectful model that allows for the delivery of a satisfactory birth experience, which leads women to pay for individualized care. The struggle for a humanized model is for all of us, women and men, to believe like Michel Odent that, "to change the world, we must first change the way we are born".

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PARTICIPAÇÃO DE MULHERES EM GRUPOS DE APOIO: CONTRIBUIÇÕES PARA A EXPERIÊNCIA DO PARTO

RESUMO

O objetivo do estudo foi compreender como mulheres que participaram de grupos de apoio ao parto avaliam esta participação e a própria experiência de parto. Utilizou-se a Metodologia Comunicativa, a técnica de relato comunicativo para coleta de dados e a análise primária da metodologia. Incluíram-se treze gestantes de três grupos de apoio ao parto. A participação das entrevistadas nesses grupos permitiu-lhes identificar elementos transformadores: promotores de vivência prazerosa do parto e, obstacularizadores: barreiras à esta vivência. Os grupos promoveram fonte de informação, empoderamento e apoio na busca pelo parto humanizado, espaços acolhedores para troca de experiências e preparo para o parto por meio da educação em saúde. Observou-se reflexões realizadas a partir de informações idealizadoras sobre o parto, criando expectativas nem sempre condizentes à realidade, ocasionando frustração em algumas mulheres. Estas se depararam com o fato de que o parto humanizado implica em altos custos, dificultando o acesso ao procedimento. Os grupos de apoio ao parto contribuem para transformações sociais significativas no resgate do parto natural, contudo, deve-se repensar como a cultura do parto no Brasil tem sido reconstruída nesse cenário. É preciso respeitar o direito de escolha e também apoiar a mulher que necessita passar pela cesareana.

Palavras-chave: Parto Humanizado. Grupos de Auto ajuda. Educação em Saúde. Enfermagem Obstétrica.

PARTICIPACIÓN DE MUJERES EN GRUPOS DE APOYO: CONTRIBUCIONES PARA LA EXPERIENCIA DEL PARTO

RESUMEN

El objetivo del estudio fue comprender cómo mujeres que participaron de grupos de apoyo al parto evalúan esta participación y la propia experiencia de parto. Se utilizó la Metodología Comunicativa, la técnica de relato comunicativo para recolección de datos y el análisis primario

de la metodología. Fueron incluidas trece gestantes de tres grupos de apoyo al parto. La participación de las entrevistadas en estos grupos les permitió identificar elementos transformadores: promotores de experiencia placentera del parto y, obstaculizadores: barreras a esta vivencia. Los grupos fueron percibidos como fuente de información, empoderamiento y apoyo en la busca por el parto humanizado, espacios acogedores para cambio de experiencias y preparación para el parto por medio de la educación en salud. Se observaron reflexiones realizadas a partir de informaciones idealizadoras sobre el parto, creando expectativas ni siempre acordes a la realidad, ocasionando frustración en algunas mujeres. Percibieron que el parto humanizado implica altos costes dificultando el acceso al procedimiento. Los grupos de apoyo al parto contribuyen para transformaciones sociales significativas en el rescate del parto natural, pero, se debe repensar cómo la cultura del parto en Brasil ha sido reconstruida en este escenario. Es necesario respetar el derecho de elección y también apoyar a la mujer que necesita pasar por la operación cesárea.

Palabras clave: Parto Humanizado. Grupos de Autoayuda. Educación en Salud. Enfermería Obstétrica.

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