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RESEARCH

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Choosing the home planned childbirth: a natural and drug-free option

A opção pelo parto domiciliar planejado: uma opção natural e desmedicalizada

Opción para el parto hogar planificada: una elección natural y desmedicalizada

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ABSTRACT

Objective: The study's purpose has been to analyze, based on Dorothy Smith's theoretical framework, the women's choice for the home planned childbirth as a safety factor, as well as a women's comfort issue. **Methods:** It is an institutional ethnographic study with 17 women who gave birth at home over the period from 2008 to 2010 in *Rio de Janeiro* city by applying a semi-structured interview in the data collection, and then analyzed according to the thematic analysis articulated with Dorothy Smith's Theory. **Results:** The expression of natural childbirth is present in the women's conceptions, expressing through greater comfort and freedom a relationship of trust with the health professional, thus conveying security towards the home childbirth option. **Conclusion:** It was concluded that the encounter with the referential ratifies both awareness and empowerment of the women, who in turn get empowered toward the defense of access to information, and also toward a healthy relationship with the health professional.

Descriptors: Natural childbirth, home childbirth, obstetric nursing.

RESUMO

Objetivo: Analisar com base no referencial teórico de Dorothy Smith, a opção de mulheres pelo parto domiciliar planejado com fator de segurança e conforto para a mulher. **Métodos:** Estudo etnográfico institucional, com 17 mulheres que pariram no domicílio no período de 2008 a 2010 no município do Rio de Janeiro, aplicando entrevista semiestruturada na coleta dos dados, analisados conforme a análise temática articuladas com a teoria de Dorothy Smith. **Resultados:** A expressão do parto natural faz-se presente nas concepções das mulheres, expressando, em maior conforto e liberdade, uma relação de confiança com o profissional de saúde, transmitindo uma segurança para a opção do parto domiciliar. **Conclusão:** Concluiu-se que o encontro com o referencial ratifica a conscientização e o fortalecimento da mulher, que se empodera em defesa ao acesso da informação, e uma relação saudável com o profissional de saúde.

Descritores: Parto normal, Parto domiciliar, Enfermagem obstétrica.

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RESUMEN

Objetivo: analizar basa en el marco teórico de Dorothy Smith, la elección de las mujeres para el factor de parto en casa planeado de seguridad y comodidad para la mujer. **Métodos:** estudio etnográfico Institucional con 17 mujeres que dieron a luz en el hogar en el período de 2008 a 2010 en la ciudad de Río de Janeiro la aplicación de entrevistas semiestructuradas para recopilar datos, y analizados de acuerdo con el análisis temático articulado con la teoría de Dorothy Smith. **Resultados:** la expresión de parto natural está presente en las concepciones de la mujer, que expresa una mayor comodidad y libertad, una relación de confianza con el profesional de la salud, transmitiendo una seguridad para la opción de parto en casa. **Conclusión:** se concluye que la reunión con el punto de referencia confirma la sensibilización y capacitación de las mujeres, que faculta, en defensa de acceso a la información, y una relación sana con el profesional de la salud.

Descriptores: Parto normal, Parto domiciliario, Enfermería obstétrica.

INTRODUCTION

The birth process has been suffering direct and sometimes perverse influence of the hospital-centered culture and the technocratic model. The reorganization of his attention, especially from the nineteenth century, established a pathological connotation to an event that until then was characterized as biological and social.[1] Thus, childbirth in this technological context was established by a fragmented, mechanized, and interventionist, then bringing feelings of insecurity, fear, which had a direct impact on the birth process.[2]

In Brazil, there is practically the domain of hospital childbirth, including this model of care for women, where 98% of deliveries are in a hospital environment, and with a consequence of up to 52% of the country's cesarean sections rate in 2010.[3] Additionally, for many times the women cannot choose for a planned and drug-free home childbirth.

The choice for home delivery is due to innumerable factors, including the intention to exclude the process of giving birth and being born from the exclusively medical domain, bringing them to the perspective of human and social experiences. This transformation has generated new behaviors, values and feelings, both for the families and for the professionals involved in the care of home birth.[4]

The house is a option for parturition events in many countries, such as Canada, Australia, the United Kingdom, and also considering their safety, since home childbirths have less risks as well as fewer interventions.[5] With the increasing demand by home delivery, it is necessary to study this phenomenon, which shows that there are couples who confront the current urban ideology, and also struggle for a less use of medications and technological way of experiencing the reproductive phase. As technology advances, information is becoming increasingly accessible and people are questioning the current model, mainly because Brazil holds the title of cesarean rate champion and interventions in the birth process.[4]

Therefore, the home childbirth arises with a modality of rupture of the current health model, aiming to guarantee the woman's right to choose and contributing to the safety and comfort of the birth process.

Nonetheless, for a change of beliefs and values in the model of attention to the process of birth and birth, the information becomes essential, and it is an important strategy for women to have the necessary knowledge about the benefits of home planned childbirth, and opt for this care model, with the transformation of passive attitudes towards active postures, because she then becomes capable of making the decision of free choice for care in face of her needs.[6]

Given the aforementioned, the study's goal is to analyze, based on Dorothy Smith's theoretical framework, the women's choice for the home planned childbirth as a safety factor, as well as a women's comfort issue.

METHODS

The present study integrates a summary of the results of the doctoral thesis entitled "Women's health and the option for the home planned childbirth" in which the institutional ethnographic study is a methodological path, a method proposed by the Canadian sociologist Dorothy Smith, who was strongly influenced of the epistemological positioning developed within feminist studies, Garfinkel's ethnomethodology and Marxist materialism.[7]

The selection of the deponents was based on the search of information from the professionals who attended home deliveries in *Rio de Janeiro* city, namely: four obstetrical nurses and two obstetricians. These professionals were informed about the survey by telephone, when they were asked to contact the clients who actually gave birth at home over the period from January 2008 to December 2010.

Sixty-five women were selected from the survey, and seventeen were selected to participate in the study. After agreeing to participate in the study, they signed the Free and Informed Consent Term according to the Resolution No. 466/12 from the National Health Council, ensuring the anonymity and secrecy of the information, confirmed by the use of an alphanumeric code (P1... P17).

Regarding the exclusion criterion, it was not considered the childbirths that did not actually occur at home and children with health problems (which were not verified), and the childbirths that resulted in miscarriages. The study scenarios went to the women's house, which they indicated by telephone as the place of preference for the interview.

Data collection was performed at the home of the selected women, in *Rio de Janeiro* city over the first half of 2011, through a semi-structured interview that was recorded digital apparatus, with prior authorization of the study participants, in addition to the annotations in the field. After the transcription of the statements, prior to the analysis, the reports were then validated by the interviewees.

In order to analyze the collected data, the thematic categorization was chosen.[8] Following the interview transcripts, we then used the Registration Unit (RU) from the thematic, as an organizational strategy. We have used colors to identify each RU and grouped, allowing an overview of the matter. And from the meaning core found, it was possible to construct the following category: The desire for natural childbirth: space of bonding, security, and comfort. Thus, it

was possible to discuss and lay the foundations of Dorothy Smith's theory according to the study's purpose.

The investigation was carried out after the assessment and approval of the ethical and legal aspects by the Ethics Committee from the *Escola de Enfermagem Anna Nery*, approved according to the Resolution No. 466/12, and under the Protocol No. 078/2010.

RESULTS AND DISCUSSION

The desire for natural childbirth: space of bonding, security, and comfort

The women do not speak in home childbirth, where it is frequent the citation of natural childbirth, as we can see in the following testimony:

> My goal was to have natural childbirth anywhere. I've always had this idea of natural. (P5)

In the testimony below, she points to the hospital as an inappropriate place to achieve natural childbirth without any possibility of respect for the woman's wishes:

> I wanted to have a normal childbirth; So, a cesarean section is only if you really need it, and in the hospital is very difficult. (P8)

In the following statement, expressions such as squatting to give birth and childbirth in water, bring other definitions within the same idea:

> I've always had a tendency to look for nature. I heard that there was natural childbirth, squatting, in the water, I said, "My son will be born like this. (P9)

The desire to give birth in water or to use it during childbirth labor was mentioned by some women:

> When I was a kid, I was flipping through a magazine and I saw a picture of a woman giving birth in the bathtub. I looked and said, I want that, that's when I decided. (P7)

Water delivery represents, in practice and in the imaginary of the women studied, the possibility of experiencing this process without interventions, as mentioned previously, as the statement illustrates:

> I started researching about natural childbirth, water birth, that birthing thing without medical intervention. (P3)

In the study, some women cited the environment, objects, and furniture known as factors of tranquility, security, and freedom, as the following statement confirms:

> My concern was to be comfortable, I could not imagine any other way to have a child that was not in a comfortable place. With the people I chose, the position, the atmosphere, with music, with the smell, with everything that made me feel good. (P1)

The pain issue during childbirth appears in the statements, as we can see in the following report:

> For me childbirth is not a disease, it is not an event to be treated inside a hospital, where people are sick, in pain or need physicians. Childbirth is a natural thing, we have pain to give birth, and it is natural in the process. (P7)

> In a moment it gave me despair, I was afraid of the pain. But he did not feel like asking for anesthesia, take me to the hospital. But deep down I was holding on, I had support. I did not ask: give me a drug shot, make it go away. (P6)

Among the interviews, they referred to the obstetric nurse and her relationship as an influencing factor for the option of home childbirth. A relationship of equal power, which conveys security, as the following report shows:

> I met the midwife (obstetric nurse) who brought me a lot of security. A partner who would make my wishes come true. I knew that everything was going to work, especially with a secure partner. (P8)

> You have the midwife (obstetric nurse) who knows what to do in an emergency. (P5)

The common data of all the women interviewed was the firm desire to avoid unnecessary and often aggressive interventions:

> It made me panic to think that all of a sudden they made me swallow a cesarean, your child is in pain, put the oxytocin! And I knew that if they did something like that, I would make a scandal, and want to break things, I would see myself in that situation. (P3)

One of our interviewees pointed out the desire for a respectful birth for her daughter and for herself, with no interventions:

> I wanted the best for my daughter, less interference; I believe that this is part of making a better human being, a more conscious human being. So that it is what I wanted to give and propose not only to her, but to the world, to the universe, a more loving human being. (P10)

Etymologically, the meaning attributed to the expression "natural" is: that refers to or belongs to nature, produced by it or according to its laws. The meaning of natural childbirth, used by women, comes loaded with positive and characteristic features of home birth. From the referential and the concept of social organizations, we can understand the power that carries the natural expression that in childbirth appears as a mediator of a possibility of living the process of childbirth without external interventions.

The social organization around natural childbirth includes a spontaneous and simple delivery, without complications or interventions. A process that occurs according to the sequential nature, we can infer the association with the naturalness, simplicity, and spontaneity of the reproductive process. A rescue of the maternal function and the feminine power, from the reproductive cycle and, in particular, from the act of giving birth.[9]

The hospital appears as a place that is not suitable for the fulfillment of her desire: natural childbirth, because her environments are unknown, with strict rules and routines and without any possibility of respect for the woman's desires, breaking with her rightful role.

The horizontal position in labor is used to make it easy for the doctor to do his or her job. When the reclining or reclining position was proposed, in the seventeenth century, it was only at the time of childbirth, in the subsequent centuries its use was extended to labor also, especially when the assistance to the woman patient became the hospital.[10]

Thus, the different modalities of horizontal birth, such as water birth and squatting, show that although they were not in the classical (lithotomy) position when they gave birth, they declared that they did so because the expression had in them an organization social context around a labor without interventions, reworking a redesign of the rupture of the model of attention to the current childbirth.

The desire for use in childbirth led us to dwell on this aspect. The testimony brings the issue of image and its importance in the social organization of childbirth in the water, before a photo as a transmitter of an idea, suggesting that the images can have the same meaning in the mediation of social organizations, as what occurs with the texts, and favors an ideology of childbirth, in front of the fulfillment of their will, and transforming the technocratic hospital model, in order to pay attention to their needs.[11]

It should be remembered that in 2011 in the UK all maternity and childbirth and childbirths of the British Public Health Service had swimming pools for water birth. In Canada, England and Netherland this practice has become known, accepted and disseminated.

Power relations are reversed during childbirth in water, because the woman is the one who dictates the process, and the professional helps the process of care. The recognition of knowledge by women is intuitive. Vaginal touch and fetal auscultation are difficult if the woman is immersed in the water during the expulsion period. The episiotomy, Klisteler's maneuver, or even the forceps and the use of the suction cups are, in practice, impossible if the woman is in the pool. Visualization and access are difficult for the professional. The delivery in the water represents the experience of her childbirth without interventions.

In this context, it is known that the World Health Organization proposes changes in the delivery model, such as the modification of unnecessary, risk-generating and overly interventional hospital routines such as episiotomy, amniotomy, enema and particularly the cesarean childbirth.[10]

The importance of the environment around childbirth. By being in a known environment implies knowing in detail the possibilities that the environment provides; being at home implies a change in the power relationship between pregnant and professional, exerting a great influence on the process of childbirth and its empowerment.[12]

The reports record the overcoming of the culture of pain, of suffering in childbirth. The lack of guidance and knowledge on the part of women and health professionals skilled in labor regarding the various non-pharmacological techniques of pain relief[13] support the myths of unbearable pain in the process of giving birth in daily life.

In this study was also corroborated the social organization[9] around childbirth in our society, confirming the birth with pain. The interviewee's assertion that the best pain is a natural pain, reveals this social organization and carries within itself the concept of its natural character, going against the expression that appears in the Bible will give birth to pain, the concept of divine determination of punishment by the original sin.

The dichotomy is evident between what we express to the other about pain in childbirth and the intimate reality of each woman, so much so that the testimony stands out as the natural process of childbirth labor and support as a technology of care.[14]

The relationship that is established generates confidence, and the obstetric nurse, with her experience, knowledge, conveys security. Trust is being established and the option is being confirmed, and the link between woman and client appears as a positive or almost imperative factor in the option of giving birth at home. For these women, empowerment is possible from the encouragement that emerges in the relationship with the obstetric nurse, since it is much more than just a health professional who attends childbirth: she is an accomplice, she is a co-author.

The question of physical security for mother and baby emerges from the scientific knowledge that the midwife possesses. This confirms the findings, whose study concluded that women who choose planned home birth believed it to be as safe as hospital delivery.[15]

The rejection of unnecessary interventions causes these women to seek something different. In this way, it can be seen that she does not recognize the possibility of negotiating her desires or wishes in the hospital environment, thus affirming that the home environment guarantees autonomy for the woman. Impotence, coupled with the power of the institution, a relationship of power in which women are not respected because there is no negotiation space, makes the search for home delivery appear as an alternative to hospital childbirth.

The woman recognizes the harm of an unnecessary cesarean section. The first goal was natural childbirth; the home birth came during the process of informed and informed choice.

The idea of impotence in the face of established norms and the medical power that determines routine interventions by women in the process of parturition leading to iatrogenesis[16] are important factors in the choice of home childbirth as the first possibility for drug-free and respectful delivery for women and newborns.

The testimony reinforces that the starting point for these women to opt for home birth is not the desire for the place itself, but the rejection of a cascade of obstetric interventions that culminate in cesarean sections or vaginal

births, full of interventions when performed in hospitals and maternity hospitals.

Rejection of unnecessary cesarean section denotes a critical awareness that in Brazil a possible vaginal delivery can easily culminate in an unnecessary cesarean section, especially in the private health care service.[17]

This demonstrates that the power of knowledge in our society, as already identified, continues under the aegis of the masculine. It was from the premise that women are irrational, that the masculine assumed power also in the field of childbirth and birth.[11]

In a society where home planned childbirth is not yet a public policy, the option to give birth at home is built on social relations.[18] Differentiated information may emerge as a desire from the experience of other women as a coping medicalization and disrespect of women during the birth process in the hospital environment.

CONCLUSIONS

Herein, the results have shown that based on the change in the power relations of the option process of women who effortlessly built the right to experience their birth process in a natural and drug-free way, in an environment that offered them security in the city of *Rio de Janeiro*/Brazil.

The option process brings benefits to women in the sense of recovering the right to issues related to their sexual and reproductive life; one of these aspects is the drug-free childbirth, as suggested by both national and international studies.

Through the awareness of her physiological possibilities as a woman, she gets empowered and builds the relationship with the health professional, which in turns maximizes the potential for a personal and political attitude that establishes her choice.

By meeting the Smith's concepts, it was possible to demonstrate the position of women in defense of public policies, such as access to information and their right to choose the place of birth. A political positioning, as professionals working in the care network and teaching.

The number of participants selected is considered a limitation of this study. Therefore, the results found were considered only for the population in under study.

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