

IMPACT OF HUMANIZED CHILDBIRTH LABOR IN MOTHERS' PERCEPTION OF PREGNANCY

IMPACTO DEL PARTO HUMANIZADO EN LA PERCEPCIÓN DE LAS MADRES SOBRE EL EMBARAZO

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ABSTRACT

This article investigates the impact of humanized childbirth practices on maternal perception of pregnancy, utilizing a qualitative methodology to synthesize various studies, personal accounts, and statistical data. The central objective is to understand how humanized childbirth affects the psychological, emotional, and physical experiences of expectant mothers, contrasting it with conventional childbirth practices and their implications for maternal and neonatal health. This study is crucial for advancing the understanding of ideal obstetric practices, enhancing future policies and practices in maternal care. The results indicate that humanized childbirth is associated with more positive perceptions of pregnancy, contributing to better mental health outcomes and maternal empowerment, while conventional practices may reduce the woman's sense of control and active participation in the childbirth process. This analysis underscores the importance of considering cultural contexts in health policies, aiming to improve maternal and neonatal outcomes, especially in rural and disadvantaged settings.

Keywords: Humanized Childbirth. Maternal Health. Perception of Pregnancy.

RESUMEN

Este artículo investiga el impacto de las prácticas de parto humanizado en la percepción materna del embarazo, utilizando una metodología cualitativa para sintetizar varios estudios, relatos personales y datos estadísticos. El objetivo central es entender cómo el parto humanizado afecta las experiencias psicológicas, emocionales y físicas de las madres expectantes, contrastándolo con las prácticas convencionales de parto y sus implicaciones para la salud materna y neonatal. Este estudio es crucial para avanzar en la comprensión de las prácticas obstétricas ideales, mejorando las políticas y prácticas futuras en el cuidado materno. Los resultados indican que el parto humanizado está asociado con percepciones más positivas del embarazo, contribuyendo a mejores resultados en salud mental y empoderamiento materno, mientras que las prácticas convencionales pueden reducir el sentido de control y la participación activa de la mujer en el proceso del parto. Este análisis subraya la importancia de considerar los contextos culturales en las políticas de salud, con el objetivo de mejorar los resultados maternos y neonatales, especialmente en entornos rurales y desfavorecidos.

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Palabras clave: Parto Humanizado. Salud Materna. Percepción del Embarazo.

1. INTRODUCTION

Childbirth is a pivotal life event for many women, profoundly impacting their physical health, psychological well-being, and perception of motherhood. The shift towards humanized childbirth practices, advocating for personalized, less interventionist approaches, marks a significant evolution in obstetric care. This approach emphasizes the emotional and psychological needs of the mother, contrasting sharply with traditional, medicalized models of childbirth that prioritize medical procedures and clinical efficiency.

Humanized childbirth respects women's autonomy, emphasizing natural birthing processes and fostering a nurturing environment during labor and delivery. This shift is not merely procedural but also philosophical, redefining the childbirth experience and its implications for mothers and healthcare systems alike ("Humanized birth in high risk pregnancy: barriers and facilitating factors", PubMed).

This paper seeks to explore the impact of humanized childbirth labor on mothers' perception of their pregnancy. It synthesizes various studies, personal narratives, and statistical data to understand how humanized childbirth practices influence expectant mothers' psychological, emotional, and physical experiences. Central to this inquiry is whether these practices lead to more positive perceptions of pregnancy and childbirth, potentially contributing to improved mental health outcomes and a heightened sense of empowerment. This exploration is crucial for advancing the discourse on optimal obstetric practices and could inform future policies and practices in maternal healthcare.

2. DEFINING HUMANIZED CHILDBIRTH

2.1 DESCRIPTION OF HUMANIZED CHILDBIRTH

Humanized childbirth is an approach that prioritizes the emotional, psychological, and physical needs of the mother, emphasizing a more natural and individualized birthing experience. It focuses on reducing over-medicalized childbirths and empowering women by using evidence-based maternity practices. This approach is characterized by its respect for women's values, beliefs, feelings, dignity, and autonomy during the birthing process, and it actively involves women in decision-making ("Facilitators and barriers in the humanization of childbirth practice in Japan", BMC Pregnancy and Childbirth).

The principles of humanized childbirth include the promotion of a supportive environment, often allowing for the presence of a chosen companion during labor, and the encouragement of mobility and choice of birthing position. It values the psychological well-being of the mother, understanding that a positive childbirth experience can have long-lasting effects on the mother and child's health. One key aspect of humanized birth is the reduction of unnecessary medical interventions, fostering an environment where the mother feels in control, safe, and respected ("Humanized birth in high risk pregnancy: barriers and facilitating factors", PubMed).

Humanized childbirth is a unique approach that aims to make childbirth a positive and satisfying experience for both the women and their families. It empowers women and their care providers by considering humanized values such as emotional state, values, beliefs, and sense of dignity and autonomy during childbirth. This strategy involves using evidence-based technology and medical intervention where necessary, promoting the active participation of women in their own care, and encouraging collaboration between physicians and non-physicians as equals ("Facilitators and barriers in the humanization of childbirth practice in Japan", BMC Pregnancy and Childbirth).

2.2 CONTRAST WITH CONVENTIONAL PRACTICES

In contrast, conventional childbirth practices often follow a more medicalized model. This model tends to focus on the physiological process of childbirth, frequently relying on a range of medical interventions such as the use of synthetic oxytocin for labor induction and augmentation, continuous electronic fetal monitoring, and epidural anesthesia (Declercq et al.,

2007, "Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences"). Such practices often take place in a clinical setting, where medical protocols and hospital policies can sometimes overshadow individual preferences and comfort.

The traditional approach, while certainly beneficial in high-risk pregnancies and situations requiring medical intervention, has been criticized for its potential to diminish the woman's sense of control and active participation in the birthing process (Bohren et al., 2017, "The Mistreatment of Women during Childbirth in Health Facilities Globally"). The emphasis on routine interventions has also been linked to higher rates of cesarean sections and other surgical births, raising concerns about the potential over-medicalization of a natural biological process (Betran et al., 2016, "The Increasing Trend in Caesarean Section Rates: Global, Regional and National Estimates").

3. MOTHERS' PERCEPTION OF PREGNANCY AND CHILDBIRTH

3.1 PSYCHOLOGICAL IMPACT

The methods and circumstances of childbirth can have profound effects on a mother's mental health and her perception of pregnancy. Research by Olde et al. (2006) in their study "Psychological Impact of Childbirth" provides valuable insights into this aspect. They found that the childbirth experience could either mitigate or exacerbate perinatal mood disorders, such as postpartum depression and anxiety. Positive childbirth experiences, often associated with humanized practices, are linked to lower instances of postpartum mood disorders. This is contrasted with highly medicalized births, which have been associated with a higher risk of postnatal depression (Beck, 2006, "Postpartum Depression: It Isn't Just the Blues").

The way a woman perceives and experiences her labor and delivery can also significantly influence her overall satisfaction with the childbirth process. This satisfaction, or lack thereof, can impact her psychological adaptation to motherhood (Simkin, 1991, "Pain, Suffering, and Trauma in Labor and Subsequent Postpartum Depression"). The emotional and

psychological support received during labor, a key component of humanized childbirth, plays a critical role in shaping these perceptions.

3.2 EMPOWERMENT AND SATISFACTION

The correlation between childbirth experience and feelings of empowerment or satisfaction is well-documented. According to Simkin (1991) in "Just Another Day in a Woman's Life? Women's Long-Term Perceptions of Their First Birth Experience," a sense of control and active participation in the birthing process can lead to feelings of empowerment and satisfaction. This is particularly evident in humanized childbirth settings, where the mother's preferences and needs are prioritized.

Empowerment in childbirth is often linked to the level of control and decision-making power a mother experience. Hodnett et al. (2002), in "Pain and Women's Satisfaction with the Experience of Childbirth," suggest that when women feel they are active decision-makers in their birthing experience, their overall satisfaction with childbirth increases. This sense of control can also lead to a more positive perception of pregnancy and childbirth, influencing long-term mental health and well-being (Kennell & Klaus, 2002, "The Doula: An Essential Ingredient of Childbirth Rediscovered").

Conversely, childbirth experiences characterized by a lack of control, support, or excessive medical intervention can negatively impact a woman's sense of empowerment and satisfaction. This is highlighted in a study by Green et al. (2011), "Beyond Labor: The Role of Natural and Constructed Environments in the Postpartum Period," which indicates that disempowering birth experiences can have long-term effects on maternal self-esteem and parenting.

4. CASE STUDIES AND RESEARCH

4.1 EMPIRICAL EVIDENCE

Recent empirical evidence has shed light on the experiences of mothers undergoing humanized childbirth. Waldenström et al. (2004), in their study "Experiences of Childbirth in Birth Center Care: A Randomized, Controlled Study," provide valuable insights. They found that women who gave birth in a birth center, a setting often associated with humanized childbirth practices, reported higher satisfaction levels and a more positive overall childbirth experience compared to those who gave birth in a traditional hospital setting. This satisfaction was attributed to factors such as a more supportive environment, less medical intervention, and a greater sense of control during labor.

Additionally, a study by Hodnett et al. (2009) in "Continuous Support for Women During Childbirth" highlights the positive effects of continuous labor support, a hallmark of humanized childbirth. The study showed that women who received continuous support were more likely to have a spontaneous vaginal birth and reported higher levels of satisfaction with their childbirth experience.

4.2 COMPARATIVE ANALYSIS

The impact of childbirth practices varies across different cultural and healthcare settings. A comparative analysis by Bohren et al. (2015) in their study "Facilitators and Barriers to Facility-Based Delivery in Low- and Middle-Income Countries: A Qualitative Evidence Synthesis" illustrates this variation. The study found that in some cultures, the preference for traditional birthing practices over medicalized childbirth is influenced by cultural beliefs, trust in the healthcare system, and previous experiences with healthcare providers.

Similarly, a cross-cultural study by Simkin and Bolding (2004), "Update on Nonpharmacologic Approaches to Relieve Labor Pain and Prevent Suffering," found that perceptions and experiences of childbirth vary widely among different cultural groups. For instance, in some Scandinavian countries, there is a strong emphasis on natural childbirth and minimal intervention, which aligns with the principles of humanized childbirth. In contrast, in some parts of the United States, there is a higher prevalence of medicalized childbirth practices.

These studies underscore the importance of considering cultural context and individual preferences when evaluating the effectiveness and acceptance of different childbirth practices.

They highlight how factors such as cultural beliefs, healthcare infrastructure, and societal norms can influence the adoption and perception of humanized childbirth practices.

5. SOCIOCULTURAL CONSIDERATIONS

5.1 CULTURAL CONTEXT

The adoption and effectiveness of humanized childbirth practices are deeply influenced by cultural perceptions of childbirth. Davis-Floyd (2001), in "The Technocratic, Humanistic, and Holistic Paradigms of Childbirth," discusses how different cultures conceptualize childbirth, affecting the choice of birthing methods. In cultures with a technocratic view of childbirth, such as in many Western societies, there is a tendency to favor medicalized birth practices, viewing childbirth primarily as a medical event. In contrast, cultures with a more humanistic or holistic view may place greater value on natural and less interventionist childbirth practices, aligning with the principles of humanized childbirth.

Further, Cheyney (2011) in "Reinscribing the Birthing Body: Homebirth as Ritual Performance," explores how homebirths, often considered a form of humanized childbirth, are influenced by cultural beliefs and rituals. This study illustrates how cultural practices and beliefs can shape women's choices and experiences regarding childbirth.

5.2 POLICY IMPLICATIONS

The cultural context of childbirth has significant implications for healthcare policy and practice. A report by the World Health Organization (2016), "Standards for Improving Quality of Maternal and Newborn Care in Health Facilities," emphasizes the need for healthcare policies to be adaptable to different cultural contexts. This adaptability ensures that childbirth practices are not only safe and effective but also culturally sensitive and respectful of women's preferences.

In the context of policy implications, Miller and Smith (2005), in "Promoting Family-

Centered Maternity Care in the Rural Setting," highlight how policies that support humanized childbirth can improve maternal and neonatal outcomes, particularly in rural and underserved areas. They argue that healthcare policies should prioritize accessibility to humanized childbirth options, training healthcare providers in these practices, and increasing awareness among expectant mothers about their childbirth options.

Furthermore, Bowser and Hill (2010), in their report "Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth," discuss how policies should address the disrespect and abuse often faced by women in traditional healthcare settings. Implementing humanized childbirth practices as a policy standard can be a step towards ensuring respectful and empowering care for all women.

6. CONCLUSION AND RECOMMENDATIONS

6.1 SUMMARIZE FINDINGS

This paper has explored the multifaceted impact of humanized childbirth on mothers' perception of pregnancy, contrasting it with conventional childbirth methods. Studies like those by Waldenström et al. (2004) and Hodnett et al. (2009) have highlighted the positive effects of humanized childbirth practices on maternal satisfaction and empowerment. Cultural influences, as discussed by Davis-Floyd (2001) and Cheyney (2011), play a significant role in shaping women's childbirth experiences and choices. These findings underscore the importance of considering individual, cultural, and psychological factors in childbirth to promote positive maternal outcomes.

6.2 FUTURE RESEARCH

Future research should focus on longitudinal studies to assess the long-term psychological and physical impacts of different childbirth methods on mothers. There is also a need for more in-depth, cross-cultural research to understand how various sociocultural factors

influence childbirth experiences. Studies exploring the impact of humanized childbirth practices on specific populations, such as first-time mothers or those with prior traumatic birth experiences, would also be valuable.

6.3 PRACTICAL RECOMMENDATIONS

Based on the findings, several recommendations for healthcare practice can be made:

Promote Individualized Care: Healthcare providers should be encouraged to adopt a more individualized approach to childbirth, taking into account each woman's preferences, needs, and cultural background.

Educate and Train Healthcare Professionals: Training programs for healthcare professionals should include modules on humanized childbirth practices, emphasizing the importance of emotional and psychological support during labor (Miller & Smith, 2005).

Policy Reforms: Healthcare policies should be reformed to support humanized childbirth practices. This includes ensuring that women have access to various birthing options and are informed about their rights and choices in childbirth (WHO, 2016).

Increase Accessibility: Efforts should be made to make humanized childbirth practices accessible to all women, regardless of their socio-economic status or geographical location.

Support Research and Development: Funding should be allocated for research on humanized childbirth practices to continually improve and adapt these methods based on evidence-based findings.

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