

THE PERCEPTION OF PROFESSIONALS REGARDING PLANNED HOME BIRTH

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ABSTRACT

This is a qualitative study aimed to understand the perception of professionals regarding planned home birth. Eight professionals who took part in home births in Cascavel/PR were interviewed. The analysis revealed that home, as the care place, allows more prominence to women and family as a result of tranquility, peacefulness and autonomy. The environment is safe as long as some requirements are observed, such as low-risk pregnancy, appropriate assessment during labor, presence of the right equipment, transdisciplinary network and predefined place for referrals. The professionals also emphasize that the family participation in the process is fundamental. It is concluded that home birth is an excellent strategy to change and improve obstetric care quality.

Descriptors: Home Childbirth; Health Personnel; Humanizing Delivery.

RESUMO

Estudo qualitativo com objetivo de compreender a percepção dos profissionais no acompanhamento do parto domiciliar planejado. Foram entrevistados oito profissionais que atuaram em partos domiciliares, em Cascavel/PR. A análise revelou que o domicílio, enquanto local de assistência, possibilita o protagonismo da mulher e da família pela tranquilidade, calma e autonomia. O ambiente é seguro quando se segue requisitos como baixo risco gestacional, avaliação adequada, no decorrer da evolução do parto, presença de materiais adequados, rede transdisciplinar e local pré-definido para encaminhamentos. Os profissionais apontam, ainda, como fundamental, a participação familiar no processo. Conclui-se que o parto domiciliar é uma excelente estratégia para transformar e melhorar a qualidade da atenção obstétrica.

Descritores: Parto domiciliar. Pessoal de saúde. Parto humanizado.

Título: A percepção dos profissionais sobre a assistência ao parto domiciliar planejado.

RESUMEN

Estudio cualitativo con el objetivo de comprender la percepción de los profesionales en el acompañamiento del parto domiciliar planeado. Fueron entrevistados ocho profesionales que trabajaron en los partos domiciliarios en Cascavel/PR. El análisis reveló que el domicilio como un lugar de atención posibilita el protagonismo de la mujer y de la familia por la tranquilidad, calma y autonomía. El ambiente es seguro cuando se siguen los requisitos tales como bajo riesgo gestacional, evaluación adecuada de la evolución del parto, presencia de materiales adecuados, red transdisciplinaria y local predefinido para encaminhamientos. Los profesionales apuntan también como fundamental la participación familiar en el proceso. Se concluyó que el parto domiciliar es una excelente estrategia para transformar y mejorar la calidad de la atención obstétrica.

Descriptores: Parto domiciliar. Personal de salud. Parto humanizado.

Título: La percepción de los profesionales acerca de la atención al parto domiciliar planeado.

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INTRODUCTION

Brazil is still the country with the highest rates of cesarean sections. Brazilian rates correspond to 52% in 2010, reaching 87% in the private sector and 37% in public hospitals, much higher values than the 15% recommended by the World Health Organization (WHO).

Contributing to this setting, cesarean sections are three times more frequent in the private sector and health insurance plans than in the Unified Health System (SUS, as per its acronym in Portuguese), which is proportionally two times higher than the national mean⁽¹⁾. This fact results mainly from the delivery hospitalization and the appreciation of the scientific and technological progress occurred as of the 1960's, disseminating the concept that home birth should take place under the care of health professionals in order to present less risks to the health of mother and child⁽²⁾.

There has been a steady increase of cesarean sections in several Brazilian states⁽¹⁾. One of the main challenges to transform this reality and to improve the quality of obstetric and neonatal care is reducing the proportion of cesarean sections. Evidence indicates that maternal mortality rates associated with cesarean sections are seven times higher than in natural childbirth, risks to the baby including accidental lesions, premature births and deaths⁽¹⁾.

Even though this question is broadly discussed worldwide, there are aspects related to the birth care that still need to be discussed, for instance the adoption of more humanizing obstetric care models. The model proposed by the WHO adopts practices based on scientific evidence, emphasizing the need to respect the physiology of labor and birth, and to reduce unnecessary interventions at this moment⁽³⁾.

The ideal environment for the delivery of a woman with a low-risk pregnancy may be a place that provides her with as much peripheral security as possible, at home, where the care quality is assured with reference systems⁽⁴⁾. The Ministry of Health and the WHO recognize home as an appropriate and safe place for delivery, because of its obstetric results, as long as it is the mother's choice, and her and her family receive safe care at the moment of delivery⁽³⁾.

Considering the reduced number of professionals who dedicate themselves to this activity,

which currently escapes from the conventional and restricted publication on the theme, the purpose of this study was to learn the perception of professionals regarding the care provided in planned home births.

METHODOLOGY

This qualitative descriptive study was performed with the purpose to understand the phenomenon of home birth from the perception of the professionals involved.

The study setting was the Mother and Child Nursing and Physiotherapy Clinic (MATERNAR), located in Cascavel/PR, which provides care to planned home births. This clinic operates in the private sector and aims to provide health education, the physical preparation of the pregnant woman and/or couple and family for the active delivery, care with the newborn, labor monitoring, delivery and postpartum in the hospital or home space and breastfeeding support.

In 2009 and 2010, six nurses worked in this service, including a midwife expert and an urogynecologic physiotherapist. The service also counted with a photographer, a nutritionist, a psychologist, and obstetric and pediatric physicians. In this period, the service assisted approximately 58 women/couples and 46 newborns, culminating in the monitoring of 12 hospital births (four in the water) and nine home births (eight in the water). Nurses usually were the professionals who assisted home births, though other professionals also participated in some births.

Study subjects were seven health professionals, namely three nurses, one physiotherapist, two obstetricians and one pediatrician, and one professional from another area - a photographer. The inclusion criterion applied was the subject's not working at the service during the research period.

Data were collected in the period between April and May of 2011, using a semi-structured interview with open questions. Interviews were recorded and transcribed in order to keep the reliability and signifiers of the discourses for posterior categorization and analysis. Participants were represented by the letter P, followed by an Arabic number according to the sequential order of the interviews. Data analysis was performed with the content analysis⁽⁵⁾. After reading the discourses for

several times, three categories of analysis were created based on the purpose and similarity of answers.

This manuscript is an excerpt of a master's dissertation⁽⁶⁾ and was approved by the Human Research Ethics Committee (COPEP) of the State University of Maringá/PR, under the protocol number 544/2010.

RESULTS AND DISCUSSIONS

Influence of the home environment in the recovery of delivery humanization

For the professionals, home, as the birthplace, brought several elements that favored one of the main requirements for the recovery of humanization in the birth process: the autonomy of the woman. At home, she becomes the active subject of her delivery, recovering her own delivery and the control over her body, having the opportunity to act, to make choices safely, without inhibition.

At home the woman is safer, she knows that there will not be any intervention without her agreement.(P3)

[...] she is at home, at her environment, she does what she wants. She has her family with her, her pets, she can lie down, walk, use her bathroom, eat her own food, with the seasoning she is used to, and the people present are the ones she chose to be there.(P6)

It is a common agreement that the autonomy, individuality and privacy provided to the woman by the environment are essential conditions for an adequate delivery evolution⁽⁷⁾. The place where the delivery is made may interfere in the obstetric results⁽⁸⁾. At home, women feel more secure, surrounded by people who love her, in a place where she can express her feelings and show authentic behavior.

The institutionalization of the delivery and its medicalization contribute to the woman's loss of autonomy and consequently to the increase of interventionist measures⁽⁹⁾.

Therefore, home is justified as the ideal setting for delivery since it provides comfort and freedom for the woman's choices⁽⁴⁾. Freedom is a primary human right, which women in labor expect the professional assisting her to respect that right, and, furthermore, they also defend and demand this particular space for delivery in agreement with the team.

An environment that is calm, harmonious and free of stimuli such as light, noise and language promotes the release of the hormones necessary for delivery, given the fact that, like any other mammal, the woman seeks privacy at this moment⁽¹⁰⁾. And she finds that privacy at the environment of her home.

It is important to highlight that there is no humanization in childbirth as long as the leading role in this act is returned to the woman, regardless the place where it occurs⁽⁴⁾. The counterpoint between home and hospital environment and their effects over women were highlighted in this discourse:

At home she has the right to choose, just like it should be in hospitals but unfortunately isn't. At home she can choose the type of delivery she wants, that is, any position she prefers, like in the squatting or in the vertical position, on the bed, in the bathtub, under the shower, sitting [...].(P7)

The emphasis given to this autonomy in the interviews seems to be related with the need to transform the current delivery setting, revealing a criticism to the impersonality and inflexibility of hospital environments, where the technocratic hegemonic care model prevails and demands the woman to play a passive role⁽¹¹⁾.

In this statement, the professional establishes the counterpoint between the home and the hospital environment, showing that if the hospital provided the same opportunities, health institutions could also be a choice for delivery. Today, the home is considered a positive location with positive results that benefit a good evolution of labor, as well as for the delivery in term of respecting the rights of the woman and her child.

Since home is an environment that contributes to the physiological evolution of the delivery, where the woman's rights are respected and the benefits of the reduction of interventions are taken into consideration, it is possible to state that the home delivery particularly meets the psychological, emotional and social needs of the woman and her family, with safety and advantages that range from the freedom of movements to the emotional needs met in this environment⁽⁸⁾.

In the home environment, professionals are capable of adjusting to the needs for achieving a successful delivery and assuring that the care is valued and delivered with quality. That adjustments

also counts with the help of the family, as they are in their own environment and this eventually affect the health care process. This transference of care from the hospital to the home setting stimulated and favored this new professional attitude.

The team is transferred to her environment, instead of her coming to the environment of the team. (P4)

When you are in the house of someone it is different from when that person comes to your work, you are going where she is, so it is not about her coming to your routine, you are coming into hers, and we have to adapt to whatever she wants in her house [...]. (P6)

Therefore, home allows care to be centered in the woman and her family, since the professional is the one in a different environment, which demands his/her adjustment to this place and no longer the adjustment of the woman to routines and professionals, as it happens in the hospital environment. This condition facilitates the continuous emotional support, stimulates the autonomy of the woman and reduces unnecessary procedures and interventions.

The monitoring of low-risk normal delivery requires only careful observation, aimed at detecting early signs of complications, and emphasizes that incentive, support and affection are necessary, rather than interventions⁽³⁾.

At home, labor is once again natural, with little intervention by the professional, however with an array of knowledge that surpasses that of technology. At home, the woman assumes a leading role with a family support network that characterizes the value of the process.

Monitoring the woman in labor requires much more than technical competence, as professionals must be familiar with both the procedures and the emotional support, being able to provide both with competence and sensitivity⁽³⁾. This requisite was also pointed by the interviewees:

I find it important that in our team, at that moment, she can hug us, and cry. (P2)

I get involved, I hug them during their contractions, we try to be quiet, respect the woman and transmit trust [...]. (P3)

At home, the professional must provide a sort of care that is characterized by affection, human

warmth and companionship, inspiring trust and safety, concerned with the woman's wellbeing and comfort, which contributes to a positive evolution of the delivery in a harmonious environment⁽¹²⁾.

In the statements of professionals that assist labor and delivery, they reveal that their presence during home birth requires confidence and sensitivity, undoubtedly added to respect, harmony and affection.

In order to achieve this, professionals must have some sort of sensitivity that is closer to instinct and affection to be in harmony with the state of the woman in labor. Thus, the environment and the relationships established with the parturient are fundamental for the delivery to be successful⁽¹⁰⁾.

Promotion of safety in home birth

The birth event is currently seen as a risky experience for the woman and her baby, and for this reason, whenever the woman decides to give birth at a non-conventional extra-hospital place such as home, the strength of the knowledge socially built throughout the years makes the home birth be seen as a major risk event⁽⁷⁾.

The professional who work in both environments focus clearly on the positive and negative aspects of both birth locations.

Evidences of home birth safety were demonstrated in 2009 in a study with 529,688 women in low-risk pregnancy, through the comparison of data between home and hospital births, concluding that the planned home birth did not increase maternal and perinatal mortality and morbidity risks⁽¹³⁾. Another study in the same scope, in 2010, presented a perinatal mortality rate in one thousand births of 0.35 in the home group and 0.64 in the group assisted in a hospital⁽¹⁴⁾.

The effects of the technology used in a hospital environment are perverse and numerous, ranging from the aggressive form of care to the acceleration of labor, use of medications, amniotomy and mother-child distancing, among many other procedures⁽⁸⁾.

We know that many women want a natural delivery and are deprived of it, they are treated with cruelty, humiliated, abandoned. Many of them have their children alone in a hospital bedroom, totally isolated, and there is nothing wrong with having a baby in a hospital, but they should not be on their own. (P6)

Thus, the hospital environment does not necessarily guarantee adequate labor and birth monitoring, and it is possible to perceive that, in general, women are abandoned despite all the existing resources. Generally speaking, women with a low-risk pregnancy could have their delivery in other locations than the hospital.

Regardless the birth care location, this place must have elementary prerequisites for safe care. The WHO emphasizes that a properly assisted home birth requires an essential preparation, such as the availability of clean water, warm environment, hygiene of the hands, minimum materials and transportation to a reference center⁽³⁾.

The interviewees reinforced these prerequisites in their discourses, inferring that the birth monitoring safety was based on the criteria for a low-risk pregnancy, on the obstetric care quality and on the reduction of interventions.

We know that these women who have home births are healthy [...] the births we assist at home are term births [...] we are entirely dedicated to this person, everything is monitored, heart rate, fetal movement, so the woman is never unassisted, not for a minute, that is why it is not risky.(P7)

Because the entire pre-partum period was well guided, this is important, the partogram was made, as well as everything that is necessary.(P8)

There was also concern with the material:

[...] we have all the material, we take it, we have safety [...], we took everything before [...]. (P3)

The structure I had at hand was enough to perform the procedure as if I was in a hospital, but as we expected we did not have to use any of it.(P8)

Risk exists both at home and in the hospital, and both locations have their indications. Despite any technology that may be used, even in the hospital, it will never be possible to offer a completely safe situation for mother and child. Safety is not associated only with the birth location, but mainly with the type of education of the people who assist it⁽⁸⁾.

The interviewees also considered other factors as fundamental to assure safety in home birth, for instance the service organization, transdisciplinarity and transferring possibility in case the team

detects a possible complication in labor. This fact was emphasized in several speeches, among them:

[...] if we perceived any complication that could happen and that would lead us to take her from her home to a hospital environment [...], we predicted it, the time that would be spent from her house until the closest hospital, everything to provide her with safety. (P6)

We also need someone to help us, someone who may take the patient to the physician in case of a complication and have enough transportation, to stay on call [...], available in case of an emergency. (P1)

In the discourses, it is possible to perceive that the monitoring of home births was planned by the professionals in anticipation as for the care quality and safety, which also contributed to strengthen the performance of the professional and the team in the home care.

It is necessary to highlight that the risk assessment is a continuous process that must be adopted during the whole period of labor. A careful monitoring allows the early identification of any sign of risk and the referral of the patient to services that provide more complex care⁽¹⁾.

Nevertheless, in general, home birth is often seen as a poorly safe and simplified care model. The professionals indicate some complaints of other professionals regarding the home birth monitoring:

When we perform a home birth, it is as if we were from another planet: 'you are crazy, this is a backward point of view, we have so many wonderful and well-equipped surgical centers, why would you go back?', I have heard it several times. (P2)

Some colleagues even questioned me: 'you are crazy', and I said 'no, I have everything I need here' we heard a lot of different opinions, but they came from people who either was not interested or ignored and did not know it [...].(P8)

This perspective of risk and simplification may be one of the factors that complicate the broader acceptance of home birth by professionals and women. It is possible to notice that this controversy remains and maybe justifies the poor compliance of health professionals with home births, culminating in the reduced number of procedures throughout the country.

Participation of father and family in home births

The participation of the family in the delivery is one of the prerogatives for the recovery of humanization in childbirth. However, the exclusion of these social players from the birth context is common. The family distancing throughout the years because of the institutionalization of birth contributes to its artificiality and dehumanization⁽¹⁵⁾.

It is observed that for many professionals, the presence of the family in the care process tends to generate doubts, fears and questionings regarding the care and effectiveness of the practice, which are usually unfamiliar to the family.

Birth care requires considering all the implicit subjectivities that go beyond the place where it occurs. This event configures an experience of multiple meanings and must be experienced under the perspective of comprehensiveness⁽⁷⁾, since it is not possible to dissociate the woman from her family and relationships.

During labor, the woman perceives the environment, the people and their attitudes, and given the fact this is an intense process of physical, emotional and psychic sensations, this perception evidences some signs shown by her⁽⁷⁾.

The home environment meets, in a particular way, psychological and social needs of the woman, and allows the active participation and presence of the father or partner⁽⁸⁾.

Therefore, the confidence and calmness identified in women in labor at home were pointed by the professionals as resulting from family support.

I think this family presence favors significantly the birth peacefulness and the presence of father, grandparents, there was even a child there on the day, it is something interesting. Later, there is the emotional aspect of the family, the peacefulness, I went there to visit them and it was peaceful.(P8)

The woman is in her environment, next to the people she loves [...], I think that contributes to strengthen the emotional factor of the woman, she feels safer, more confident, and has the support of the people she loves. (P2)

Home birth allowed the effective participation of the family, which resulted in greater safety, peacefulness and affection for the woman, favoring the positive outcome of the assisted births.

It was also possible to notice the importance given by the interviewed professionals to the role of the father in the birth scene and the way this was seen by them as something natural and vital. Similar to the family, the father is inserted in every moment and encouraged to participate, as highlighted in the following discourses:

Thus, the safety in the parents, the parents who were together, I think there is no logic when the husband makes the baby and is not involved in the birth, right? There is no reason for the man not to be living it with his wife.(P3)

[...] he is active in the home birth, he is in his environment, with his wife, and his child is being born, so he feels much more responsible, he feels like he is also giving birth to this child, whereas in the hospital he often does not even enter the delivery room [...].(P6)

In many hospitals the father or other companions chosen by the woman are not welcome to participate in labor and delivery, being often separated from their partners and distanced from the scene under the argument that they may disturb or even because they are considered to be supervising the professional performance⁽¹⁶⁾. Nevertheless, in home birth, the presence of the father and/or family members was highlighted by the interviewees as an extremely positive condition.

The professional who agrees to assist a home birth does not see companions as an obstacle for their actions, since they perceive them as allies for the physiological evolution of the delivery and consequently for the promotion of a respectful and humanizing delivery.

FINAL CONSIDERATIONS

Understanding the perception of health professionals who assist planned home births allowed to state that home, as birth location, is an environment that encourages the woman and her family to be the leading players in this event, due to the peacefulness and autonomy offered by this place.

It is considered safe as long as planned in anticipation and when professionals observe some requisites such as the classification of low-risk pregnancy, the appropriate assessment throughout the entire labor, delivery and postpartum, having materials for the procedure and relying on a trans-disciplinary network for necessary referrals.

A performance based on the conception of birth as a physiological event and on the understanding of the supporting role of the professional was fundamental for the promotion of the recovery of the real meaning of birth, returning the right of the woman and her family. This contributed to obtain positive obstetric results, strengthened family bonds and stimulated social transformations.

Health professionals are considered key players in the transformation of obstetric care, since they are in direct contact with patients, and their concept of birth must go beyond the biological event, being aware of the social, emotional and subjective aspects involved in the pregnancy, labor and birth.

The changes in the professional practices are complex, and seeing the patient's home as their work location requires that they move to a new place and develop new skills, discarding ingrained traditions and restrictions disseminated as right throughout the decades.

A greater encouragement and sensitization of the professionals becomes essential, so that they update their knowledge based on scientific evidence and adopt a birth care model focused on the mother and her family.

Among the limitations of this study, there is the reduced number of participations in home births by the interviewed professionals, and maybe if this number were higher there would be an extension of the horizon regarding the theme. There were also few studies found on the subject, probably because it is an area that is being currently (re)built as a professional field.

Therefore, new studies are necessary, involving professionals working in the area, as well as an increase in the experiences in planned home births, so that new discussions may be held.

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