

**Humanization during normal labor and cesarean section***Humanización durante el trabajo de parto normal y la cesárea**Humanização durante o trabalho de parto normal e cesárea***Ana Letícia Soares Fonseca da Cunha<sup>1</sup>**

ORCID: 0000-0001-6561-380X

**Thayná Isis Santos dos Anjos<sup>1</sup>**

ORCID: 0000-0003-1800-124X

**Alexia de Sá Corcini Miranda<sup>1</sup>**

ORCID: 0000-0001-5198-6859

**Letícia Loss de Oliveira<sup>2</sup>**

ORCID: 0000-0002-7779-692X

**Rodrigo Rocha de Souza<sup>3</sup>**

ORCID: 0000-0002-9399-8046

<sup>1</sup>Instituto Brasileiro de Medicina de Reabilitação. Rio de Janeiro, Brazil.

<sup>2</sup>Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

<sup>3</sup>Universidade Federal Fluminense. Rio de Janeiro, Brazil.

**How to cite this article:**

Cunha ALSF, Anjos TIS, Miranda ASC, Oliveira LL, Souza RR. Humanization during normal labor and cesarean section. Glob Acad Nurs. 2021;2(Spe.1):e98. <https://dx.doi.org/10.5935/2675-5602.20200098>

**Corresponding author:**

Ana Letícia Soares Fonseca da Cunha  
E-mail: [analeticiasfc@gmail.com](mailto:analeticiasfc@gmail.com)

Chief Editor: Caroliny dos Santos Guimaraes da Fonseca  
Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 03-18-2021

Approval: 04-08-2021

**Abstract**

The aim was to expose the humanization in childbirth and cesarean, breaking any paradigm. Refers to an integrative review study from the years 2015 to 2020, using databases such as Google Scholar, VHL, BDTD, SciELO and PubMed. Seven articles were carefully selected in which the humanization of childbirth is the focus; respect for the parturient and her choices; medical influence on decision making and the importance of information on the subject. It is concluded that vaginal delivery is usually more humanized in relation to cesarean surgery. For the human act to be included in both cases, it is necessary to inform the parturient and her companion as much as possible that she can and must be together in decision-making, prioritizing her will and respecting her.

**Descriptors:** Humanization; Pregnant; Cesarean; Vaginal Delivery, Humanize.

**Resumén**

El objetivo fue exponer la humanización en el parto y la cesárea, rompiendo cualquier paradigma. Se refiere a un estudio de revisión integradora de los años 2015 a 2020, utilizando bases de datos como Google Scholar, VHL, BDTD, SciELO y PubMed. Se seleccionaron cuidadosamente siete artículos en los que la humanización del parto es el foco principal; respeto por la parturienta y sus elecciones; influencia médica en la toma de decisiones y la importancia de la información sobre el tema. Se concluye que el parto vaginal tiende a ser más humanizado en comparación con la cesárea. Para incluir el acto humano en ambos casos, es necesario informar en la mayor medida posible a la madre y su acompañante que puede y debe estar juntas en el proceso de toma de decisiones, priorizando su voluntad y respetándola.

**Descritores:** Humanización; Embarazadas; Cesárea; Parto Vaginal; Humanizar.

**Resumo**

Objetivou-se expor a humanização no parto e cesárea, quebrando qualquer paradigma. Refere-se a um estudo de revisão integrativa dos anos 2015 a 2020, por bancos de dados como Google Acadêmico, BVS, BDTD, SciELO e PubMed. Foram selecionados de modo apurado, sete artigos nos quais é colocado como foco principal a humanização do parto; respeito à parturiente e suas escolhas; influência médica quanto à tomada de decisão e a importância da informação para com o assunto. Conclui-se que o parto vaginal costuma ser mais humanizado em relação a cirurgia de cesariana. Para que haja a inclusão do ato humano nos dois casos, é necessário informar ao máximo a parturiente e seu acompanhante que a mesma pode e deve estar junto na tomada de decisão, priorizando sua vontade e respeitando-a.

**Descritores:** Humanização; Gestante; Cesariana; Parto Vaginal; Humanizar.

**Introduction**

According to a paper<sup>1</sup>, the humanization of childbirth goes far beyond what we usually think. The act of humanizing should not be experienced only in vaginal birth, as many people imagine, it is also possible to humanize in different ways and aspects.

Through nurses working in an Obstetric Center, we can better understand the meaning of humanization of childbirth. They expose that a childbirth, to be humanized, requires empathy<sup>1</sup>. To humanize is to allow women to be the protagonists of that moment, to allow them to express their opinions and make decisions with the team present. Based on work<sup>2</sup>, Brazil is known for the high incidence of cesarean sections, being a scenario far from what is recommended by the World Health Organization.

Childbirth is not easy, it is painful, sometimes it takes a long time, it requires a lot of dedication, physical effort, the woman needs to be mentally well. The nurse's role at this time is to provide support, to let the woman dominate the room, to experience it the way she wants, and understanding that she can choose the best way to give birth, encouraging her to feel strong and capable to achieve your main goal<sup>3</sup>.

Humanizing the cesarean is also necessary<sup>4</sup>, offering a welcoming environment in the operating room, featuring a dim light, allowing her to watch the birth of her child through a transparent surgical field, with her arms and hands free. The presence of a companion is also of paramount importance, performing the removal of the

newborn in an affable manner, respecting the late clamping of the umbilical cord, taking the newborn to skin-to-skin contact, providing this family that is being born a moment of good memories full of love and empathy.

According to the research<sup>5</sup> it was concluded that the hospitals had a regular classification result based on the evaluation of the quality-of-care process, using indicators of humanization, labor, and delivery. However, the result of care was classified as unsatisfactory due to the high number of elective cesarean sections. The inclusion of obstetric nurses in low-risk childbirth care is a strategy that should be adopted to reduce cesarean rates in hospital units.

Our general objective is to analyze how humanization has been practiced, or not, in normal birth and cesarean section through an integrative review of the last five years; and within the following specificities: analyze the presence or absence of humanization of Health during childbirth; identify the presence or absence of humanization of Health in cases of cesarean section; to compare the humanized doing in Health in the two cases mentioned above.

**Methodology**

This is a bibliographic review with a quantitative approach, with a view to a search for articles from different descriptors aiming at greater use and qualitative based on selected articles on humanization and subsequent exhaustive reading of the selected.

Figure 1. Study search and selection flowchart. Rio de Janeiro, RJ, Brazil, 2020



As seen in Figure 1, we started a search using individual descriptors, such as: "vaginal delivery, cesarean delivery, childbirth, natural delivery, active labor, cesarean, humanization, cesarean, labor"; and associates, as follows: "birth + cesarean + nursing, delivery + nurse + obstetrician, delivery + vaginal + nursing, humanization + natural delivery, labor + humanization, humanization + cesarean delivery, humanization + cesarean, humanization + active labor"; that involve the topic to be addressed, all in Portuguese, English and Spanish. We searched our base of articles digitally online in the databases of Google Scholar, VHL, BDTD, SciELO and PubMed, all of which are included in the Health Science Descriptors, we use the strategy of including the most recent ones, restricting the time limit to a search of articles from the last five years.

After a long search for articles, those that addressed and best fitted the chosen topic were selected. The criteria defined for such selection was that only articles that had the subject closest to our work and in a clear and objective way, containing information on childbirth, humanization, ways of giving birth, right to companions, direct decision-making along with the team and show reports of pregnant women. All this research was carried out in a period of five days, from September 23rd to 28th, 2020, for us to start the work. After that, we quantified the articles found. After an exhaustive reading of the articles included for the qualitative analysis of the literature review.

## Results and Discussion

The analyzes carried out throughout the research on humanization in childbirth and cesarean section were motivated by the lack of information. When we searched on the subject, we found that the number of articles, articles on newspaper websites about the health area mostly expose the humanization of childbirth, leaving a certain void of information about the cesarean section.

The fact that it is a surgery scheduled at the option of the mother and her partner, her doctor or even for risky reasons, does not determine that it cannot be humanized. The cesarean should not be romanticized, much less elective, but when it is necessary to perform it, you should have empathy for that family<sup>6</sup>.

The first step to include this surgical humanization is to increase the amount of information. Otherwise, a special moment becomes tense, with a feeling of fear and insecurity. The ideal is to leave the pregnant woman calm, convinced that everything will go as expected and that in a few minutes she will have a healthy newborn in her arms<sup>7</sup>.

The mothers who were interviewed<sup>8</sup> had little knowledge of the benefits and risks of childbirth and cesarean section. Some opted for vaginal delivery because they had already experienced it, others preferred cesarean surgery because it was less painful. However, it was noticeable that there was little participation by them when reaching a final decision on which route, they wanted, because the doctors ended up inducing their decision, saying what would be best to be done<sup>2</sup>.

Based on the quality of the service provided to these women, the model of the three delays was created, in which the first is characterized by a delay in the decision to seek the health service; the second is to identify and reach the proper health service, the delay in transporting to the maternity ward; and lastly, the delay in receiving adequate care at the right time, and in receiving care from a health professional. These models have been used to explain fatal maternal outcomes and severe maternal morbidity<sup>9</sup>.

It is also notorious that the knowledge and wisdom of women about the care and guidance of labor and delivery are essential for a positive result in the model of the three delays, since women who do not have the same type of knowledge take time to seek help and attendance. Making health education essential for the entire population<sup>9</sup>.

Based on research done through several articles, it was possible to classify those low-class women did not have access to the respect they deserved, could not express their wishes and fears, presenting a completely hysterical behavior during the act. Middle-class pregnant women, on the other hand, contained themselves in the face of pain<sup>10</sup>.

Humanized care is a contributor to the evolution of childbirth occurring in a physiological and favorable way, culminating in the evolution to vaginal birth. The inclusion of obstetric nurses in low-risk childbirth care is a strategy that could be adopted to reduce cesarean rates in hospital units<sup>5</sup>.

The nurse is responsible for providing all the guidelines for this family<sup>4</sup>, especially for the partner on how to support this delivery in a way that leaves the parturient at ease, safe and comfortable<sup>1</sup>. The presence of a companion provides the woman with physical and emotional well-being and favors a good evolution in the pregnancy-puerperal period<sup>3</sup>. In addition to this issue, this companion will also be able to observe the entire event so that he/she can intervene or avoid procedures in which he/she and his/her partner do not agree<sup>11</sup>.

The process of humanization of care during labor and birth is essential and a way for this to occur effectively is through information so that the woman understands her active role during all labor, delivery, and birth. For this to occur, health professionals need to be aware that the birth process does refer to scientific evidence<sup>12</sup>.

## Conclusion

Through the findings from this review, it is possible to conclude that vaginal delivery predominantly tends to have a greater humanization in relation to cesarean surgery. Women opt for cesarean section to reduce the degree of pain during childbirth, but few are aware of the risks that this surgery can bring in the future. Many doctors recommend this option so that they can gain more time and benefit more financially, not prioritizing the health of the mother and the newborn.

Currently, there are several information channels through which women can improve their knowledge and decide together with their doctor and/or follow-up obstetric nurse on the best option for giving birth. This information can be acquired through free courses through the Unified Health System, lectures at Basic Health Units, prenatal



consultations, meetings with Community Health Agents and even at clinical schools of Nursing and Medicine faculties.

The safest way to maintain a humanized and respectful childbirth is by carrying out the birth planning, in which the mother will inform her and her companion's

wishes at the time of giving birth, regardless of whether she chooses to be a vaginal birth or a caesarean operation. must be welcomed as a priority, keeping the precaution of future complications.

## References

1. Possati AB, Prates LA, Cremonese L, Scarton J, Alves CN, Ressel LB, et al. Humanização do parto: significados e percepções de enfermeiras. Esc. Anna Nery [Internet]. 2017 [citado em 27 de novembro de 2020]; 21 (4): e20160366. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452017000400203&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452017000400203&lng=en)
2. Fernandes MM. Assistência ao trabalho de parto e parto prestada por enfermeiras especializadas em obstetrícia em maternidades da região metropolitana de Fortaleza. Rep. Inst. UFC. 2018; 42.
3. Moura FMJS, Pires CCD, Nery IS, Mendonça RCM, Araújo OD, Rocha SS. A humanização e a assistência de enfermagem ao parto normal. Rev. bras. enferm. [Internet]. 2007 Ago [citado 2020 Nov 27]; 60(4): 452-455. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672007000400018&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000400018&lng=pt)
4. Alvares AS, Corrêa ACP, Nakagawa JTT, Valim MD, Jamas MT, Medeiros RMK. Práticas obstétricas hospitalares e suas repercussões no bem-estar materno. Rev. esc. enferm. USP [Internet]. 2020 [cited 2020 Nov 27]; 54: e03606. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342020000100449&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342020000100449&lng=en)
5. Nagahama EEI, Santiago SM. Parto humanizado e tipo de parto: avaliação da assistência oferecida pelo Sistema Único de Saúde em uma cidade do sul do Brasil. Rev. Bras. Saude Mater. Infant. [Internet]. 2011 Dez [citado 2020 Nov 27]; 11( 4 ): 415-425. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1519-38292011000400008&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292011000400008&lng=pt)
6. Pereira RM, Fonseca GO, Pereira ACCC, Gonçalves GA, Mafra RA. Novas práticas de atenção ao parto e os desafios para a humanização da assistência nas regiões sul e sudeste do Brasil. Ciênc. saúde coletiva [Internet]. 2018 Nov [citado 2020 Nov 27]; 23( 11 ): 3517-3524. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232018001103517&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232018001103517&lng=pt)
7. Arik RM, Parada CMGL, Tonete VLP, Sleutjes FCM. Percepções e expectativas de gestantes sobre o tipo de parto. Rev. Bras. Enferm. [Internet]. Dezembro de 2019 [cited 2020 Nov 27]; 72 (Suplemento 3): 41-49. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672019000900041&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672019000900041&lng=en)
8. Kottwitz F, Gouveia HG, Gonçalves AC. Via de parto preferida pelas mães e suas motivações. Esc. Anna Nery [Internet]. 2018 [citado em 27 de novembro de 2020]; 22 (1): e20170013. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-81452018000100201&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452018000100201&lng=en)
9. Franchi JVO, Pelloso SM, Ferrari RAP, Cardelli AAM.. Access to care during labor and delivery and safety to maternal health. Rev. Latino-Am. Enfermagem [Internet]. 2020 [cited 2020 Nov 27]; 28: e3292. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-11692020000100345&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692020000100345&lng=en)
10. Giacomini SM, Hirsch ON. Parto "natural" e / ou "humanizado"? Uma reflexão a partir da classe. Rev. Estud. Fem. [internet]. Maio de 2020 [citado em 27 de novembro de 2020]; 28: e57704. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-026X2020000100214&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-026X2020000100214&lng=en&nrm=iso)
11. Holanda SM, Castro RCMB, Aquin OS, Pinheiro AKB, Lopes LG, Martins Evelyn S. Influência da participação do companheiro no pré-natal: satisfação de primíparas quanto ao apoio no parto. Texto contexto - enferm. [Internet]. 2018 [citado 2020 Nov 27]; 27( 2 ): e3800016. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072018000200317&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072018000200317&lng=pt)
12. Gonçalves de Souza J, Figueira Bernardo Dias Azevedo M, Bernardo da Silva MR, Ribeiro Soares Souza D, Dias de Armada e Silva HC, Loureiro da Cunha A, D'Arc Silva Rocha Prado L. Conhecimento das mulheres sobre violência obstétrica em uma Unidade Básica de Saúde na Zona Oeste-RJ. Glob Acad Nurs [Internet]. 23º de março de 2021 [citado 28º de março de 2021];2(1):e76. Disponível em: <https://globalacademicnursing.com/index.php/globalcadnurs/article/view/120>

