

Respectful care for parturients in hospital maternity hospitals: a scope review protocol*Atención respetuosa a las parturientas en maternidades hospitalarias: un protocolo de revisión de alcances**Cuidado respeitoso às parturientes em maternidades hospitalares: um protocolo de revisão de escopo***Zannety Conceição Silva do Nascimento Souza¹**

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Abstract

The aim is to map the evidence on respectful care for parturients in hospital maternity wards. The scope review will be conducted according to the methodology proposed by the Joanna Briggs Institute. As inclusion criteria: articles involving women who gave birth in hospital maternity wards; discuss respectful care for pregnant women or use terms equivalent to respectful, such as humanized, appropriate, welcoming or sensitive; care performed in an obstetric center, normal intrahospital delivery center or delivery rooms. The search strategy, elaborated in a preliminary search, will use the following databases: PubMed, CINAHL, LILACS, APA PsyArticles, Web of Science Core Collection, Scopus, BASE, EMBASE, BDNF, Cochrane Library and other specific gray literature. Reference lists of retrieved articles will be screened to include them in the study sample. Qualitative, quantitative studies, reviews, opinion articles, editorials will be included in the review. The selection of studies will be carried out by two independent reviewers using Zotero and Rayyan software, while a third will resolve differences between them. For extraction, analysis of evidence and synthesis of knowledge MaxQda software will be used. In the final scope review there will be a description of the research results and the process of including articles in the study.

Descriptors: Humanized Childbirth; Obstetric Nursing; Humanization; Delivery Rooms; Maternity Hospitals.**Resumen**

El objetivo es mapear la evidencia sobre el cuidado respetuoso de las parturientas en las salas de maternidad hospitalarias. La revisión del alcance se realizará de acuerdo con la metodología propuesta por el Instituto Joanna Briggs. Como criterios de inclusión: artículos que involucran mujeres que dieron a luz en salas de maternidad hospitalarias; discutir el cuidado respetuoso de las mujeres embarazadas o usar términos equivalentes a respetuoso, como humanizado, adecuado, acogedor o sensible; atención realizada en un centro obstétrico, centro de parto intrahospitalario normal o salas de parto. La estrategia de búsqueda, elaborada en una búsqueda preliminar, utilizará las siguientes bases de datos: PubMed, CINAHL, LILACS, APA PsyArticles, Web of Science Core Collection, Scopus, BASE, EMBASE, BDNF, Cochrane Library y otra literatura gris específica. Se examinarán las listas de referencias de los artículos recuperados para incluirlos en la muestra del estudio. Se incluirán en la revisión estudios cualitativos, cuantitativos, revisiones, artículos de opinión, editoriales. La selección de estudios a realizarán dos revisores independientes utilizando los software Zotero y Rayyan, mientras que un tercero resolverá las diferencias entre ellos. Para la extracción, análisis de evidencia y síntesis de conocimiento se utilizará el software MaxQda. En la revisión final del alcance habrá una descripción de los resultados de la investigación y el proceso de inclusión de los artículos en el estudio.

Descriptorios: Parto Humanizado; Enfermería Obstétrica; Humanización; Salas de Parto; Hospitales de Maternidad.**Resumo**

Objetiva-se mapear as evidências sobre o cuidado respeitoso às parturientes em maternidades hospitalares. A revisão de escopo será conduzida de acordo com a metodologia proposta pelo Joanna Briggs Institute. Como critérios de inclusão: artigos que envolvam mulheres que tiveram parto em maternidades hospitalares; abordem sobre o cuidado respeitoso às parturientes ou use termos como equivalentes para respeitoso a exemplo de humanizado, adequado, acolhedor ou sensível; cuidados realizados em centro obstétrico, centro de parto normal intrahospitalar ou salas de parto. A estratégia de pesquisa, elaborada em busca preliminar, utilizará as seguintes bases: PubMed, CINAHL, LILACS, APA PsyArticles, Web of Science Core Collection, Scopus, BASE, EMBASE, BDNF, Cochrane Library e em outras específicas de literatura cinzenta. Serão rastreadas as listas de referências de artigos recuperados para incluí-los na amostra do estudo. Estudos qualitativos, quantitativos, revisões, artigos de opinião, editoriais serão incluídos na revisão. A seleção dos estudos será feita por dois revisores independentes utilizando os softwares Zotero e Rayyan, enquanto um terceiro resolverá divergências entre esses. Para extração, análise das evidências e síntese do conhecimento será utilizado o software MaxQda. Na revisão de escopo final haverá descrição dos resultados da pesquisa e do processo de inclusão dos artigos no estudo.

Descriptorios: Parto Humanizado; Enfermagem Obstétrica; Humanização; Salas de Parto; Maternidades.

Introduction

Care for pregnant women encompasses clinical, cultural, spiritual, psychological, institutional aspects, and this makes it multidimensional. Women in labor have beliefs, hopes, taboos, anxieties, fears influenced by culture, values, experiences, social context, aspects that sometimes they do not even mention, but that can interfere in the parturition process in a positive or negative way.

Records show that until the 17th century, childbirth took place in an intimate, private, home environment, experienced by the parturient in the presence of other women, one of whom was an experienced midwife, portraying a context of female autonomy, until the entry of the medical professional into this scenario. At the beginning of that period, the figure of the surgeon gradually replaced the midwife, dispossessing her of her knowledge; in the 20th century, childbirth care was institutionalized in the hospital environment, and medicalization was legitimized. This transition brought improvement in the prevention of maternal morbidity and mortality, but left the woman insecure, far from her family, subjected to interventions, with restricted choices about the delivery process.¹

Experiencing labor can be a stressful moment, even when the fetus is wanted, due to the hospitalization experience, the assistance received or the way the health professionals conduct the 'delivery', the presence or not of a companion, pain intrinsic to the parturition process, among other factors. Each woman will express her experience in a unique way; with this, the care of pregnant women needs to value their uniqueness, being respectful and promoting maternal and fetal well-being.

Regarding to respectful care for pregnant women, the White Ribbon Alliance is a non-governmental organization based in Washington (USA) that brings together partners around the world to give visibility and encourage safe motherhood to be a priority for governments. This alliance through the Global Council on Respectful Maternity Care, which comprises "a broad group of stakeholders representing research, clinical, human rights, and advocacy perspectives," has crafted the Respectful Maternity Care Charter: The Universal Rights of Women and Newborns, that "clearly clarifies and articulates the rights of women and newborns when receiving maternity care in a health facility."²

The Respectful Maternity Care (RMC) Charter² it lists principles for respectful care in maternity based on human rights: freedom from damage and mistreatment of women and newborns; information, informed consent and respect for the woman's choices and preferences including choice of companion during maternity care and refusal of medical procedures; privacy and confidentiality; treatment with dignity and respect; equality, freedom from discrimination and equitable care; the right to health and to the highest attainable standard of health; self-determination, autonomy and freedom from arbitrary detention; the newborn's right to be with their parents or guardians; the identity and nationality of the person from birth, as well as the right to adequate food and clean water.

Estudo considerou como comportamentos desejáveis para alcance do RMC por parte dos provedores de cuidado:

"[...] (1) receber e cumprimentar as gestantes, (2) explicar cada etapa do procedimento, (3) encorajar as mulheres a fazerem perguntas, (4) responder educadamente às mulheres e seus companheiros quando fizerem perguntas, (5) explicar para mulheres o que vai acontecer no trabalho de parto, (6) encorajar as mulheres para andar e mudar de posição, (7) garantia da alimentação no parto, (8) perguntar às mulheres em qual posição elas gostariam de dar à luz e (9) permitir que as mulheres dêem à luz na posição que elas querem."^{3,4}

Research with a synthesis of qualitative evidence argues that the RMC should be organized from different levels of care: At the individual level, actions aimed at the care and satisfaction of women at the time of birth stand out, such as privacy and secrecy; at the level of health units, emphasis is placed on the effectiveness of services and professionals who assist in childbirth, including adequate physical infrastructure, trained and well-supervised human resources; and at the health system level, the organization of services for the implementation and implementation of RMC.⁴

No contexto brasileiro, o conceito de parto humanizado encontra semelhança ao de RMC, em seus atributos essenciais:

"[...] o respeito à fisiologia do parto; o ato de escutar e garantir o direito de conhecimento e escolha da parturiente; respeito aos aspectos clínicos do recém-nascido; evento fisiológico e sexual; experiência humana que envolva aspectos subjetivos, sociais, psicológicos e emocionais da parturiente; reconhecimento dos direitos fundamentais das mães e bebês; conjunto de boas práticas para promoção do nascimento saudável e prevenção da mortalidade materna e perinatal; utilização de práticas baseadas em evidências científicas; adoção de medidas que atendam às necessidades bio-psico-emocionais da parturiente, do recém-nascido e da família; parto seguro, natural e ativo".^{5,3}

It is also noteworthy that the humanization of care in the context of childbirth is also characterized by assistance based on the bond between professional and parturient, strengthening the woman's autonomy and control over her body, stimulating her role in childbirth itself,⁶ which would reduce the chances of experiencing obstetric violence.

The term obstetric violence is used to characterize disrespectful attitudes, violence and abuse committed by health professionals with women in the pregnancy-puerperal cycle, and was defined by Bowser and Hill in 2010 as disrespect and abuse in facility-based childbirth, encompassing seven dimensions in its definition: 1) physical abuse; 2) non-consented care; 3) non-confidential care; 4) non-dignified care (including verbal abuse); 5) discrimination based on specific patient attributes, 6) abandonment of care; 7) detention in facilities. This supported the "The prevention and elimination of disrespect and abuse during facility-based childbirth" published by the World Health Organization (WHO) in 2015.⁷

In practice, in the daily life of many maternity hospitals, the term respectful care in childbirth is used as equivalent to humanized, adequate or sensitive childbirth.



However, the concept of respectful care during childbirth seems to encompass the prerogatives of humanized childbirth, the behavior of those who provide care, aspects of preventing obstetric violence and levels of care.

In view of this, a study that can clarify respectful care during childbirth is warranted. Preliminary search carried out on April 8, 2022, with the descriptor respectful maternity care, in Epistemonikos, JBI Evidence Synthesis, Cochrane, Pubmed and OSF databases, did not find records of literature reviews on the subject in progress, which justifies the need to carry out of this scoping review proposal.

As a scope review question: How does the evidence characterize respectful care for parturients in hospital maternity hospitals? The aim of the study is to map the evidence on respectful care for parturients in hospital maternity wards.

Methodology

The scope review will follow the guidelines proposed by the Joana Briggs Institute, guided by chapter 11 of the JBI Reviewer's Manual - JBI Reviewer's Manual⁸; the review protocol is registered in the Open Science Framework (OSF).⁹ The research period began with the elaboration of the protocol in April 2022 and will end in December 2022.

The issue of scope review was elaborated from the mnemonic Population, Concept and Context (PCC). As the texts to be reviewed have already been published, there is no need for this proposal to be considered by the Ethics Committee for Research with Human Beings. The study will be carried out with an ethical commitment to respect what was written by the authors of the articles and the way in which their information is used.

Inclusion Criteria

Studies involving women who gave birth in maternity hospitals.

Participants

For the research, the definition of parturient will be the "[...] woman who is in labor or who has just given birth".¹⁰

Exclusion Criteria

Studies with women who started childbirth at home and completed childbirth in hospital maternity hospitals; those who gave birth in transit and were referred to health units.

Concept

Articles that address respectful care during labor and delivery or use the terms "humane, appropriate, welcoming or sensitive" as equivalents for respectful.

The use of the term respectful care, for the purposes of this study, corresponds to attitudes and actions of care, based on guaranteeing the rights of women and newborns, mentioned in the indicators of the Respectful

Maternity Care (RMC) Charter², as well as the desirable behaviors for the professional care provider described in the study by Sheferaw et al.³

Context

Studies carried out in an obstetric center, normal delivery center or delivery rooms in hospital maternity wards.

Obstetric center will correspond to "independent facilities that provide antenatal, delivery and postnatal care and generally incorporate family-centered maternal care concepts and practices."¹¹

Normal Birth Center (CPN) is considered "the health unit intended to assist low-risk childbirth belonging to a hospital, located in its internal dependencies or in the immediate vicinity".¹²

About delivery rooms, these consist of "hospital units equipped for childbirth"¹³ and maternity hospitals are "specialized hospitals that provide assistance to women during pregnancy and childbirth."¹⁴

Source Types

For this scope review, qualitative studies without delimitation of approaches will be included as a source of evidence, that is, phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research will be included.

Quantitative studies with experimental and quasi-experimental designs will also be included, including randomized controlled studies, non-randomized controlled studies, time series, in addition to analytical observational studies, such as prospective and retrospective cohort studies; case-control and cross-sectional analytical studies; descriptive observational study designs, including case series, individual case reports, and descriptive cross-sectional studies.

Text and opinion articles, editorials, gray literature (theses and dissertations), as well as systematic reviews that meet the inclusion criteria and research question will also be considered. There will be no limitation of language and date of publication of the studies.

Search Strategy

The search strategy will aim to locate published and unpublished studies. A preliminary search of PUBMED and CINAHL was performed to identify articles on the subject (Figure 1) in the month of April 2022. The text words contained in the titles and abstracts of relevant articles and the index terms used to describe the articles were used. to develop a complete search strategy for the remaining databases.

The search strategy, including all identified keywords and index terms, will be adapted for each database and/or information source included (Figure 2). The reference list of all included sources of evidence will be screened for further study.



Figure 1. Scoping review preliminary search strategy Respectful Maternal Care. Feira de Santana, BA, Brazil, 2022

Data base	Strategy	Quantity of articles
PubMed (NCBI)	("respectful maternity care" OR "humanized delivery" OR "humanizing delivery" OR "humanized childbirth")	286
CINAHL (EBSCO)	"respectful maternity care"	155

Figure 2. Search strategy for scoping review databases. Feira de Santana, BA, Brazil, 2022

Data base	Strategy
BASE	"respectful maternity care"
BDEFN	("respectful maternity care" OR "humanized delivery" OR "humanizing delivery" OR "humanized childbirth" OR "parto humanizado") AND (db:("BDEFN") AND mj:("Parto Humanizado"))
B ON	"parto humanizado" OR "violencia obstétrica" OR "respectful Maternity care"
CINAHL (EBSCO)	"respectful maternity care"
COCHRANE	"respectful maternity care"
CYBERTESIS	"humanized childbirth" OR "parto humanizado"
DART-E	"respectful maternity care" OR RMC OR (mistreatment AND "maternity care" OR perinatal care")
EMBASE	'respectful maternity care' AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)
LILACS	("respectful maternity care" OR "humanized delivery" OR "humanizing delivery" OR "humanized childbirth" OR "parto humanizado") AND (db:("LILACS") AND mj:("Parto Humanizado"))
OATD	"respectful maternity care" OR RMC OR (mistreatment AND "maternity care" OR "perinatal care")
PSYINFO	((title: ("respectful maternity care")) OR (abstract: ("respectful maternity care"))) OR ((Any Field: (mistreatment)) AND (Any Field: ("maternity care") OR Any Field: ("perinatal care")))
PUBMED	("respectful maternity care" OR "humanized delivery" OR "humanizing delivery" OR "humanized childbirth")
RCAAP	"respectful maternity care" OR RMC OR (mistreatment AND "maternity care" OR "perinatal care")
SCOPUS	("respectful maternity care" OR "humanized delivery" OR "humanizing delivery" OR "humanized childbirth")
TESES CAPES	"parto humanizado" OR "violencia obstetrica" OR "respectful maternity care"
WEB OF SCIENCE	"respectful maternity care"

Sources for evidence selection and study

The databases selected for this review will be: PubMed, CINAHL, LILACS (Virtual Health Library), APA PsyArticles, Web of Science Core Collection (Clarivate Analytics), Scopus (Elsevier), BASE, EMBASE, BDEFN, Cochrane Library. For the search for sources of unpublished studies or gray literature, the bases used will be: Portal de Teses da Capes, Open Access Theses & Dissertations (OATD), B ON, Cybertesis, DART-E and RCAAP.

After the search, all articles found will be grouped and directed to the Zotero citation management system and duplicates removed. Titles and abstracts will then be read and selected by two independent reviewers for evaluation against inclusion criteria for review using the Rayyan Intelligent Systematic Review digital tool. Those that do not meet the inclusion criteria will be recorded and reported in

the scoping review. If there is disagreement between reviewers at any stage of the review process, there will be consensus through a third reviewer.

Texts included in the corpus will be retrieved in full and imported into the MaxQ software version 20.0 (VERBI GmbH, Berlin, Germany) for data organization, management and recovery. In the final scoping review there will be a description of the research results and the study inclusion process, which will be presented by the specific flowchart for Systematic Reviews and Meta-analyses for scoping review (PRISMA-ScR).¹⁵

Data Extraction

Data will be extracted by two independent reviewers using a data extraction form developed by them (Figure 3).

Figure 3. Data extraction form Scope review Respectful Maternal Care. Feira de Santana, BA, Brazil, 2022

Source	Title	Author	Journal volume/ number/ year	Method used	Participants	Concept	Context	Main results	Conclusions Gaps

If there is disagreement between reviewers, consensus will be reached through a third reviewer, or if

necessary, the authors of the articles will be contacted to clarify doubts or request missing information. The form will



be modified and revised according to the need identified in the process of extracting data from each source of evidence included, with subsequent description in the scope review.

Data referring to the participants, concept, context, study methods and main discoveries relevant to the review question will be inserted and adapted to the structure proposed by the MaxQda software for the coding process, whether in-vivo or open.

Data Analysis and Presentation

The coding and analysis process will be intermediated by the MaxQda 20.0 software, which provides a grid and table of abstracts, code map, picture of documents to provide a detailed description of the findings; in addition, a narrative of tabulated and/or mapped results will be elaborated, analyzing how the findings relate to the objective and review question.

Expected Results

It is intended to characterize the care practices and attitudes considered respectful based on the indicators of the Respectful Maternity Care (RMC) Charter² and the desirable behaviors of the RMC provider.³

It is expected to establish how respectful care for parturients in hospital maternity hospitals is conceptualized, perceived and developed, in order to, from this mapping, analyze the concept and operationalize it in the empirical field of professional practice.

Final Considerations

The protocol of this scope review demonstrates the entire strategy of a future study that can contribute to care practices in the obstetric area, insofar as, by knowing what is considered Respectful Care for parturients in hospital maternity hospitals, it becomes possible to discuss the attributes, antecedents and consequences of this concept, carry out an operational definition and analyze its application in the chosen context.

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