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ORIGINAL ARTICLE

DELIVERY PLAN AS A CARE TECHNOLOGY: EXPERIENCE OF WOMEN IN THE POSTPARTUM PERIOD IN A BIRTH CENTER*

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ABSTRACT

Objective: To analyze the perception of women who adopted the delivery plan in a birth center in southeastern Brazil.
Method: Descriptive study with a qualitative approach with eleven mothers at Casa de Parto (Birth Center) in Rio de Janeiro, through semi-structured interviews conducted from April through June 2017, which were later transcribed and subjected to thematic content analysis.
Results: The construction of the delivery plan favored the empowerment of women in their choices of safety, qualified and respectful obstetric care, in addition to individualized care, impacting the adoption of more humanized practices such as non-pharmacological methods for pain relief.
Conclusion: The use of the birth plan supports qualified care based on scientific knowledge and can be a powerful tool capable of mediating relationships between women and health professionals, promoting safe paths, with the judicialization of health, reducing the risks to women's health.

DESCRIPTORS: Women's Health; Normal childbirth; Personal Autonomy; Obstetric nurses; Nursing Care.

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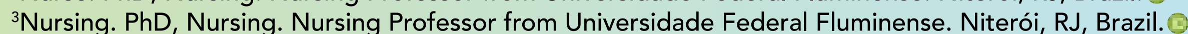

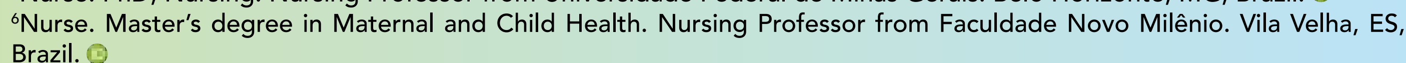

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ARTIGO ORIGINAL / ARTÍCULO ORIGINAL

PLANO DE PARTO COMO TECNOLOGIA DO CUIDADO: EXPERIÊNCIA DE PUÉRPERAS EM UMA CASA DE PARTO

RESUMO
Objetivo: analisar a percepção de mulheres que utilizaram o plano de parto em uma casa de parto do Sudeste do Brasil.
Método: estudo descritivo com abordagem qualitativa, realizado com onze puérperas, na Casa de Parto do Rio de Janeiro, mediante entrevistas semiestruturadas entre os meses de abril e junho de 2017, posteriormente transcritas e submetidas à análise de conteúdo na modalidade temática.
Resultados: observou-se que a construção do plano de parto favoreceu o empoderamento da mulher nas suas escolhas para sua segurança, cuidado obstétrico qualificado e respeitoso, além de atenção individualizada, repercutindo na adoção de práticas mais humanizadas como os métodos não farmacológicos para alívio da dor.
Conclusão: a aplicação do plano de parto sustenta o cuidado qualificado respaldado no conhecimento científico, podendo ser uma ferramenta potente capaz de mediar relações entre mulher e profissionais de saúde, fomentando caminhos protegidos de judicialização com menos risco à saúde da mulher.

DESCRITORES: Saúde da Mulher; Parto Normal; Autonomia Pessoal; Enfermeiras Obstétricas; Cuidado de Enfermagem.

PLAN DE PARTO COMO TECNOLOGÍA DEL CUIDADO: EXPERIENCIA DE PUÉRPERAS EN UNA CASA DE PARTO

RESUMEN:
Objetivo: analizar la percepción de mujeres que utilizaron el plan de parto en una casa de parto de Sudeste de Brasil.
Método: estudio descriptivo con abordaje cualitativo, que se hizo con once puérperas, en la Casa de Parto de Rio de Janeiro, por medio de entrevistas semiestructuradas entre los meses de abril y junio de 2017, las cuales fueron posteriormente transcritas y sometidas al análisis de contenido en modalidad temática.
Resultados: se observó que la construcción del plan de parto ha favorecido el empoderamiento de la mujer en sus elecciones para seguridad, cuidado obstétrico cualificado y respetuoso, además de atención individualizada, lo que lleva a la adopción de prácticas más humanizadas como los métodos no farmacológicos para alivio del dolor.
Conclusión: la aplicación del plan de parto apoya el cuidado cualificado basado en el conocimiento científico, siendo una herramienta para mediar relaciones entre mujer y profesionales de salud, lo que promueve caminos protegidos de judicialización con menos riesgo a la salud da mujer.

DESCRIPTORES: Salud de la Mujer; Parto Normal; Autonomía Personal; Enfermeras Obstétricas; Cuidado de Enfermería.

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INTRODUCTION

The proposal of care in a Birth Center is guided by the humanization paradigm, the resumption of the physiology of delivery and birth and of care centered on women and their families. Thus, this service can contribute to give more visibility to the changes occurred in the current obstetric care model. Based on respect for the social and emotional aspects of delivery and birth, with a minimum of interventions and with the active participation of women in the entire process, the service also ensures autonomous assistance with the introduction of obstetric nursing in the care process[1].

The delivery plan is a strategic tool that requires the participation of health professionals. It is a proposal that seeks to respect the woman's choices during delivery, as well as mediate processes aimed at the implementation of practices focused on current scientific evidence (1). Assisting women, both through the promotion of activities in health education groups and through individual appointments, contributes to the establishment of bonds that avoid disagreements and tensions in the delivery and birth process.

Thus, the delivery plan promotes the guarantee of women's rights during obstetric care in the birth process, valuing their choices and respect for their bodies, meaning the use of qualified care, humanized practices and evidence-based practices[2]. Thus, the World Health Organization (WHO), Governmental Organizations such as the Ministry of Health and Non-Governmental Organizations ratify that the birth plan should be encouraged from the prenatal period, with the adoption of practices consistent with qualified care[3-5].

Thus, according to Law No. 7,191 of January 6, 2016, the delivery plan is mandatory for women assisted in the public and private network of the State of Rio de Janeiro. It is an instrument through which pregnant women can express their choices, get closer to health professionals, in a strategy that promotes changes in delivery and birth care[6].

The delivery plan is a strategy that can significantly contribute to changes in obstetric care, since the current health care model in Brazil has been supported by a technocratic ideology,according to which health professionals are solely responsible for the care to be provided to postpartum women. Women's health care has been currently characterized by unnecessary interventions, in a process of medicalization of the woman's body and the use of maneuvers banned by scientific evidence, such as the Kristeller maneuver. The delivery plan also contributes to reducing the excessive use of episiotomies and the high rates of cesarean sections in Brazil, which have increased the rates of maternal morbidity and mortality. Women's choices were limited, as they have been denied the right to decide on their bodies and choices[7].

With the delivery plan, women can make choices that value respect, guarantee of rights, humanized relationships and practices based on scientific evidence. A study with women at a teaching hospital - Hospital Virgen de la Arrixaca de Murcia, in Spain, made a comparison between women who had and who did not have a delivery plan. There was a predominance in the use of scientific practices, such as fluid intake, skin-to-skin contact, late clamping of the umbilical cord, etc. among the women who had a delivery plan. Also, the non-use of unnecessary practices such as enema, perineal trichotomy, episiotomy, among others, was greater among the women who had a delivery plan. These women were more likely to make their own healthcare decisions[8].

Another study with women who had a delivery plan reported positive experiences, with emphasis to respect and positive interpersonal relationships, such as the use of non-pharmacological methods for pain relief, the right to have a companion of their choice during hospital stay, practices directly related to women's knowledge and practices of health professionals that directly impact labor and delivery, as well as women's satisfaction[9].

Thus, women are entitled to the elaboration of the delivery plan, and this right must be respected by all health professionals. The delivery plan is considered a legal document

where women state their choices, conveying to the obstetrical team her knowledge and wishes regarding childbirth[7,10].

Thus, the delivery plan should be investigated as a strategy for the promotion of changes in obstetric care, making it possible to reduce unnecessary interventions and ensuring respect for the decisions of women regarding delivery and birth. Therefore, this study aimed to analyze the perception of women who used the delivery plan in a birth center in southeastern Brazil.

METHOD

Descriptive study with a qualitative approach with eleven mothers in a Birth Center in Rio de Janeiro, according to the following inclusion criteria: women aged eighteen or older; who participated in the rounds of conversations and individual consultations in prenatal care for the construction of the birth plan. Women who started educational activities but did not participated in the monitoring activities in the health unit for the monitoring were excluded.

There were in average 30 births/month in the Birth Center in 2017. The Center counts on obstetric nurses involved in delivery and birth care, valuing the humanized concept in obstetric care and the implementation of changes in the current scenario of care to women.

During prenatal care activities, the Birth Center promotes educational activities and groups of pregnant women in workshops. These workshops take place simultaneously with prenatal care, and five of them are performed by obstetric nurses. Thus, with the information and guidance provided, the women improve their knowledge on the bodily and emotional phenomena involved in the parturition process. The topics covered include the types of care that can be offered, and pregnant women are encouraged to construct their own Delivery Plans, describing the type of care they would like to receive at the time of delivery. This allows them to regain their autonomy and control over their reproductive lives and their bodies.

At the institution, after return for puerperal evaluation, scheduled for the month following delivery, the mothers who participated in the conversation circles during prenatal care and in the elaboration of their delivery plans were approached. For data collection, semi-structured interviews, an instrument composed of open and closed-ended questions elaborated by the researchers, were used according to a previously established interview guide. The selected theme was the perception of these women about the elaboration of their delivery plans.

All face to face interviews were conducted in a private room. The following questions were posed: Can you describe the process of construction of your delivery plan and the differences perceived in the application of this plan in the health unit during delivery and the birth of your child? The answers were recorded and fully transcribed by the researchers to provide a verbatim account of the interviews. The participants were identified by letter "P" followed by the interview order number (P1, P2, ..., P11), to ensure their anonymity.

Thematic content analysis was the approach used to analyze the data collected[11]. This approach comprises three different steps, with a specific guide, as follows: 1) pre-analysis; 2) material exploration and 3) processing of results, inference and interpretation[11]. This made it possible to highlight the thematic units and, subsequently, to analyze them according to the proposed objective.

Once the recorded interviews were transcribed and the recording units (RU) were identified, colorimetry was used to identify and group the related RUs. This allowed an overview of the theme. The interviews originated the following recording units: encouragement to women's autonomy; delivery and birth safety; scientific evidence in

the birth process; qualified obstetric care; respectful care; use of non-pharmacological methods of pain relief; information for the construction of respectful care.

The referred units underpinned the construction of the thematic nucleus Delivery Plan from the point of view of the women who gave birth to their children at the Birth Center. This nucleus supported the justification of the following thematic category: Care technologies of obstetric nurses in delivery and birth.

The research was approved by the Ethics and Research Committees of Universidade Federal Fluminense (Protocol no 1,963,984) of the Department of Health of Rio de Janeiro (SMS) under protocol no 2.023.037.

RESULTS

Care technologies of obstetric nurses in delivery and birth

The participants reported that the care provided by obstetric nurses was based on their delivery plans, which, in turn, were based on an ethical behavior and scientific evidence, and that these plans provide safety, individualized care, bond and confidence, as well as respectful care throughout the process:

[...] when we make the decisions and plan the delivery, we feel more confident as parturients, and as mothers, because we know that this is very unpredictable [...]. (P8)

I was sure there would be no unforeseen events, right? I knew that my decisions would be respected, you see? [...](P9)

The mothers said that they received qualified and respectful care during delivery and birth at the Birth Center. This can be seen in the following statements:

I wasn't worried about the Birth Center because I have been assisted there for a long time [...]I knew that everything would happen just as I had requested, see? I didn't need to worry [...]. (P3)

The difference is that I was able to express what I would like to happen [...] my plan was read as soon as I arrived in the Birth Center, and everything was done just as I requested. I believe that even if I didn't submit the plan, the nurses would have done everything the way I asked, allowing my husband to be by my side all the time [...]. (P4)

Individualized care was also encouraged. Such care, which involves respectful and responsible care and the establishment of a relationship of intimacy, interaction and empathy made delivery satisfactory for the mothers and their families:

[...] the delivery plan was wonderful. The nurses respected all my decisions, made me feel at ease, and when I called them, they came and asked me if everything was fine. I was totally satisfied with the care received. That's why I decided to have my baby here again, it is my third child. (P6).

They all helped me, were very attentive and very patient. Because I didn't even know what to do, I didn't understand much about it and they helped me. Basically it means that they did exactly everything I asked for in the delivery plan (P11).

Most participants mentioned pain as part of the parturition process. This perception was described in the delivery plan of the pregnant women, and labor pains did not eliminate the positive feelings they experienced, and satisfaction with the care offered in in the birth center regarding the process of gestation and child birth was evident. This was due to the use of non-pharmacological methods described in the delivery plan, through which

qualified care provided by health professionals mitigated the pain. The following reports demonstrate the experience of each birth process:

[...] at that moment I was feeling so much pain [...]the songs calmed me down, and that was really cool [...]a song I had chosen, a praise, was playing... so, this planning was very good, right? And obviously they couldn't guess what I wanted, if I hadn't expressed my wishes in writing in a plan [...].(P1)

The contractions were very strong [...] it was something very intense for me [...]at that time I couldn't understand what was going on, it seemed like it was all a dream. And I was in a very bad mood. Also because of the pain [...] it exceeded my expectations. (P5)

With the delivery plan, a bond was established between mothers and health professionals, guaranteeing the quality of the information the women received and strengthening the relationship of trust at the moment of delivery. This allowed pregnant women to experience parturition with more confidence in the health professionals shown in the following statements:

So, though the delivery plan we idealize what we want [...]it made all the difference, because it soothed me, made me feel more relaxed, and I realized that the setting I wanted was arranged for my childbirth. So, yes, the delivery plan made the difference, in this regard[...].(P1)

[...] I think this planning is very important, a delivery plan as a sort of prevention, right? So, if that happens, great! but if it happens otherwise, everything is fine, because I will have support.. (P7) [...]

Regarding the delivery plan as an instrument of offering respectful care, the statements of all the participants indicated that their choices were observed:

[...] the nurses respected all my choices.. It was great! The delivery plan. Because it's our body . Our moment, a moment that is mine and my first daughter's. I lived experienced a lot of things in my life before my daughter was born… it would be a shame that things did not go the way we want, right? That was respected, it was great! (P3)

I did not suffer any violence, and that was what I wanted, it was what I most cherished, to be respected as a woman, to make the decisions about my birth. And I was respected. That made me very happy! (P9)

DISCUSSION

The delivery plan is a technology that enables the integration between pregnant women and health professionals, strengthening health communication. It expresses the woman's wishes about the context of parturition and highlights the fact that women are entirely responsible for the decisions that concern their bodies.

Therefore, the plan must be jointly prepared by the women and the obstetric nurses or obstetricians. It can also be prepared with the hospital ward or the doctor of the family health strategy, based on the understanding that the production of the birth plan starts from the beginning of pregnancy, with a focus on reproductive rights and the uniqueness of women. It can also be an effective communication between professionals and the women and their families. The production of individualized care must be based on the principles of autonomy, benevolence and justice, becoming an instrument that favors the connection of pregnant women to the service and its health professionals [10].

For women, safe delivery, means having confidence in the health care team throughout the labor process, ensuring active participation of the mothers. The assistance of these

professionals must generate freedom and autonomy, so that these women feel their demands were respected[3,4]. This allows qualified care in line with the pregnant women's choices.

The elaboration of the delivery plan provides actions to strengthen the bond between pregnant women, their families and the health professionals, mediated by information about the best practices in childbirth and birth care and their rights, such as the presence of a companion, fetal monitoring, free diet, among others, favoring an empathic approach and with the aim of improving maternal and fetal well-being [12].

Corroborating findings consistent with a study at the national level, it can be reaffirmed that the delivery plan characterizes a positive experience of delivery and birth[13]. In addition, the delivery plan provides women with knowledge of female physiology, especially the process of gestation and giving birth, and the procedures that can occur in the reproductive stage, making them aware of her choices. This process translates into meanings regarding the rights and desires of women and their active participation in their own care at the time of delivery. The plan provides guidance on a pleasant, physiological, less painful experience, reinforcing autonomy regarding the planning and execution of the delivery process itself.

Women often seek referral professionals to obtain information on the subject. However, the search for support groups on the internet, which independently share experiences of delivery and birth that encourage active childbirth and warn of the risks of unnecessary caesarean sections have also been helpful.

Therefore, the internet and globalization are factors that impact the access to information and are crucial to favor the construction of the delivery plan. These participants who experience the construction of the birth plan provoke reflections in health services, which has a positive impact on the role of women as individuals responsible for their care, on respect to their bodies and physiology, contributing to the empowerment of women who are preparing for childbirth and birth. Such empowerment induces qualified and safe care, supported by scientific evidence [14].

Women value the delivery plan, especially regarding safety, as it allows the description of the needs for physical comfort, psychological support, privacy and personalized care [15]. Therefore, the delivery plan developed together with the obstetric nurses at the Birth Center encourages women's control over the delivery process, as the tool can reduce women's fears and create an environment and philosophy that favor individualized obstetric care, ensuring respect for women's choices for qualified obstetric care since prenatal care.

During the prenatal period, women can obtain information about non-pharmacological methods for pain relief, choice of birth companion, birth position they wish to give birth, breastfeeding in the first hour of life, the possibility of a family member cutting the umbilical cord, among others, which will culminate in well-being during gestation and childbirth. These questions are elaborated and discussed in the delivery plan, through which obstetric nursing aims to support pregnant women, strengthen their autonomy, so that they play an active role in the delivery process [10,15].

It should be stressed that the women will have unique experiences regarding childbirth, because each experience is personal, and thus the delivery aims at comprehensive, individualized and unique care[16].

In this regard, the delivery birth plan offers qualified and safe obstetric care based on the demands of women, providing effective practices for well-being, such as massage, music therapy, aromatherapy, warm bath, exercise ball, among others. Moreover, the delivery plan allows the choices of women in the parturition process to be respected, and it is up to the health professional to offer personalized care, which contributes to the establishment of confidence,safety and bond during labor [17].

There is more confidence between pregnant women and health professionals when

these are close to the pregnant women, care about them and are willing to take care of and listen to them. The delivery plan aims to favor this relationship in labor and delivery, making it a unique moment in the life of each pregnant woman and family. When there is really trust between the people, an exchange of glances between people may suffice, and so no words and actions are necessary [18].

Thus, the joint construction of the delivery plan throughout its course favors trust, safety and bond with the service and the health professionals. This construction even allows changes in the delivery plan desired by the women or when it is necessary to intervene. In the latter case, a shared intervention with the woman is necessary.

However, as this tool allows recording what the women and their partners want to experience and what they want to avoid, in the relationship with health professionals (obstetric nurses and obstetricians) it should be taken into consideration that the period before delivery and during delivery allows dynamic situations. Thus, the understanding that there is a possibility that the content of the plan may not be implemented according to the plan must be shared.

The delivery plan advocates comprehensive care centered on women, which means guaranteeing the rights to non-obstetric violence, the right to qualified information and access to care without unnecessary interventions. It also recognizes that childbirth is a physiological event that involves social and cultural aspects, giving emotional support to the women and their families[10,19].

The delivery plan is important for health professionals because they obtain knowledge on the wishes and needs of pregnant women, to ensure that these are fully respected and also empowered to seek pleasure in the parturition process[10]. The women interviewed in this study claimed that the delivery plan allows freedom and autonomy in the childbirth process. They perceived themselves as active participants in the process and respected as women in their desires. With the delivery plan, family members are recognized as members selected by women to share their childbirth. As for the health institutions and professionals, they assist in delivery and birth, ensuring high quality care and safety.

One limitation of this study was the fact that it did not involve other birth centers, which make it impossible to increase the sample size, although the statements of the eleven women interviewed supported the analyzes constructed. Thus, it can be inferred that the delivery plan is an effective instrument for the qualification of care to women in the field of childbirth and birth.

CONCLUSION

Analysis of the perception of postpartum women, based on their recorded statements, demonstrated that the delivery plan is a key instrument for the empowerment and autonomy of women, sharing all decisions in the delivery process.

Thus, the delivery plan was found to be an important tool for the transformation of the current obstetric model, enabling humanization in women's health care. It should be noted that the delivery plan itself does not generate women's autonomy. For this, a change in attitude and decision during labor and delivery is necessary. The inter-professional relationship based on mutual respect must be shared through understandings consistent with the quality of care and safety for women and their newborns. Therefore, the women must be well advised not to become excessively attached to processes of idealizations and desires. They must understand that the delivery plan is a living technology that can adapt to different needs.

The results obtained corroborate the National Guidelines for Maternity Services of the Ministry of Health, consistent with the recommendations of the World Health Organization

and the Ministry of Health's Humanization of Childbirth and Delivery policies, which advocate the need for qualified and safe care, as well as the importance of obstetric nurses in performing practices during labor in low-risk pregnancies coordinated with humanized, responsible and respectful work.

The implementation of delivery plans in all prenatal care, private or public, is proposed, so that it can be used by all health professionals as an instrument of care technology for women, in order to individualize care, respecting their autonomy. Also, the promotion of safe paths, with the judicialization of health, is intended to reduce the risks to women's health.

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