

Humanized childbirth as a public health strategy in Peru

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Abstract. *Background and aim:* A systematic review was carried out on the production and publication of research papers concerning the study of Humanized Childbirth at a global level, thinking about institutionalization as a public health strategy in Peru during the period between 2017 and 2021 under the PRISMA approach (Preferred Reporting Items for Systematic reviews and Meta-Analyses). *Methods:* The purpose of the analysis proposed in this document was to know the main characteristics of the publications registered in the Scopus and Wos databases during and their scope in the study of the proposed variables, achieving the identification of 91 publications. *Results:* Thanks to this first identification, it was possible to refine the results through the keywords entered in the search button of both platforms, Humanized Childbirth, reaching a total of 17 documents, already excluding duplicates and those that did not meet the analysis criteria. *Conclusions:* The identified scientific publications were analyzed to know the main characteristics within the execution of research projects related to the study of the advantages and disadvantages of the implementation of Humanized Childbirth policies in health care centers, as well as the programs for the promotion and prevention of practices during childbirth that are detrimental to the Fundamental Rights of the mother, the newborn, medical personnel or companions.

Keywords: Humanized childbirth; Public Health; Peru

Introduction

Humanized Childbirth consists of the respect given to the mother and her child in the process through which she brings to life a new being, and it is called this way because it seeks to privilege the will of the woman who is going to give birth and respects her physiological times. The objective is that the moment of childbirth is a family space where the woman and her product of conception are the protagonists, where the birth develops in the most natural way possible (García Jordá, 2011). This, taking into account that childbirth can be one of the most contradictory events that a woman can experience because while bringing to life a new human being, she can feel one of the most rewarding feelings that exist, but at the same time, the physical pain reaches insurmountable peaks, so it is expected that this event is carried out under a minimum of guarantees that allow respecting the rights of all personnel involved in this act. León López (2015), based on WHO recommendations, has put forward a set of ideas that the authors share with the criteria for

humanized care provided by the health team attending childbirth:

- Care of professionals and accompanying persons: Women in labor should be treated with the utmost respect, have all the information and be involved in decision-making. Proper use of informed consent with women and family members.
- Accompaniment: The woman should be accompanied during delivery by the person of her choice.
- Individualized care: The woman is attended to individually from the moment she is admitted and continuously by the nursing staff.
- Mobilization and adoption of different positions during labor: Women, including those using epidural analgesia, should be encouraged to adopt any position they find comfortable throughout the dilation period and to mobilize if they wish to do so.
- Delivery position: The lithotomy position alone should not be used.

- Pain, analgesia and maternal satisfaction during labor: To meet, as far as possible, the woman's expectations regarding pain relief. Not only continuous epidural analgesia is referred.
- Non-pharmacological methods of pain relief: Immersion in warm water is an effective method of pain relief during the late first stage of labor. Massage and soothing physical contact as a method of pain relief during the first and second stages of labor. Use of kinesthetic balls, among other aids to find more comfortable positions. They should be supported to use breathing or relaxation techniques of their choice.

This implies a road map to guarantee a Humanized Childbirth that allows the woman to count on a process where her rights are respected and those of the being that is about to be born. Therefore, it is necessary to identify the main characteristics of the scientific production registered in WOS and Scopus databases, to analyze it using the PRISMA methodology and determine the position of different authors regarding the topic proposed in this document.

General Objective

To analyze from a bibliometric and bibliographic perspective, the production of research papers on the variable Humanized Childbirth and Public Health through the PRISMA methodology according to Wos and Scopus records during the period 2017-2021.

Methodology

The present research is of qualitative type, and according to Hernández et al. (2015), qualitative approaches correspond to research that performs the procedure of obtaining information to review and interpret the results obtained in these studies; for this, the search for information was carried out in the Scopus and Wos databases through the words HUMANIZED BIRTH, PUBLIC HEALTH.

Research design

The research design proposed for this research was the Systematic Review, which involves a set of guidelines to carry out the analysis of the data collected, framed in a process that began with the codification until the visualization of theories (Strauss & Corbin, 2016). On the other hand, it is stated that the text corresponds to a descriptive narrative because it is intended to find out how the levels of the variable affect, and systematic because after reviewing the academic material obtained from scientific journals, the theories on knowledge management were analyzed and interpreted. (Hernández et al., 2015).

The results of this search are processed as shown in Figure 1, which expresses the PRISMA technique for identifying documentary analysis material. It was taken into account that the publication was published during the period between 2017 and 2021 and limited to scientific production originating in institutions of Latin American countries and open to any area of knowledge, as well as any publication, namely: Journal Articles, Reviews, Book Chapters, Book, among others.

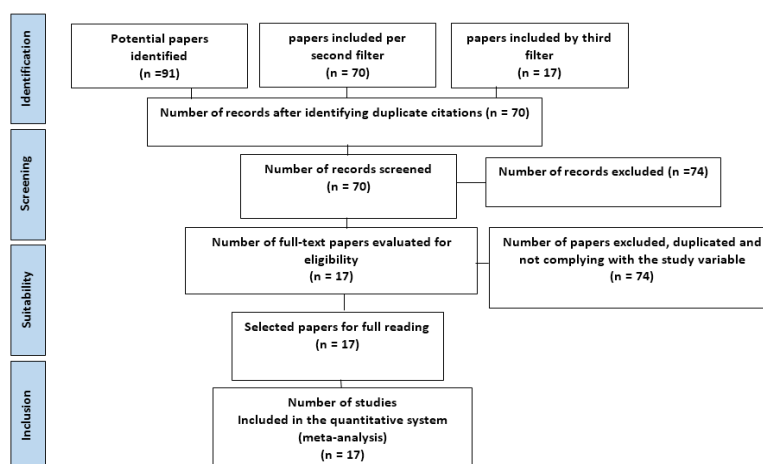


Figure 1. Flow diagram of systematic review performed under PRISMA technique (Moher et al., 2009).

Source: Own elaboration; Based on the proposal of the Prisma Group (Moher et al., 2009).

Results

Table 1 shows the results after applying the search filters related to the methodology proposed for this research after recognizing the relevance of each referenced work.

Table 1. List of articles analyzed
Source: Own elaboration

No.	TITLE OF THE RESEARCH	AUTHOR/YEAR	COUNTRY	TYPE OF STUDY	INDICATION
1	Expectations of the pregnant woman about the accompaniment of the couple during labor	García-Carrera, G., Rojas, M. S., Barja-Ore, J., Salvatierra, E. S., & Guevara, Z. Z. (2021)	CUBA	QUALITATIVE	SCOPUS
	Women's childbirth satisfaction and obstetric outcomes comparison between two birth hospitals in Barcelona with different level of assistance and complexity	Rodríguez Coll, P., Casañas, R., Collado Palomares, A., Maldonado Aubián, G., Duran Muñoz, F., Espada-Trespacios, X., ... & Escuriet Peiro, R. (2021).	SPAIN	QUALITATIVE	SCOPUS
	Birth Center: A continuous and humanized accompaniment of the midwife in childbirth	Manjón, N.H. (2021)	INDEFINED	QUALITATIVE	SCOPUS
	Childbirth and birth care in maternity hospitals in northern and northeastern Brazil: Perception of evaluators of the blind network.	Lamy, Z. C., Gonçalves, L. L. M., Carvalho, R. H. D. S. S. B. F. D. D., Alves, M. T. S. S. D. B., Koser, M. E., Martins, M. D. S., ... & Thomaz, E. B. A. F. (2021)	BRAZIL	QUALITATIVE	SCOPUS
5	Humanized childbirth: the values of health professionals in daily obstetric care.	Rodrigues, D. P., Alves, V. H., Paula, C. C. D. D., Vieira, B. D. G., Pereira, A. V., Reis, L. C. D., ... & Branco, M. B. L. L. R. (2021).	BRAZIL	QUANTITATIVE	SCOPUS
	Women's perceptions of humanized nursing care during childbirth care.	Borges Damas, L., Sánchez Machado, R., Peñalver Sinclaiy, A. G., González Portales, A., & Sixto Pérez, A. (2021).	CUBA	QUALITATIVE	SCOPUS
	The pregnant woman's right to be accompanied during childbirth: Legal provisions in Latin American and Caribbean countries.	Lamy, M., de Souza, L. P., de Souza, K. R. R., & Akaoui, F. R. V. (2021).	BRAZIL	QUALITATIVE	SCOPUS

	Meanings and experiences of women who experienced humanized hospital birth assisted by obstetric nurses	Baggio, M. A., de Castro Pereira, F., Cheffer, M. H., Machineski, G. G., & dos Reis, A. C. E. (2021).	BRAZIL	QUANTITATIVE/QUALITATIVE	SCOPUS
	Development and validation of a primer on humanized childbirth.	Cáceres-Manrique, F. D. M., Nieves-Cuervo, G. M., & Lizarazo-Castellanos, A. D. (2020).	COLOMBIA	QUALITATIVE	SCOPUS
	Educational intervention to improve normal childbirth care	Lira, I.M.S., e Silva Melo, S.S., Gouveia, M.T.O., Feitosa, V.C., Guimarães, T.M.M. (2020).	BRAZIL	QUALITATIVE	SCOPUS
	Obstetric Psychoprophylaxis: An unavoidable path for the achievement of humanized childbirth in Cuba.	Damas, L. B., Machado, R. S., Sinclay, A. G. P., Portales, A. G., & Pérez, A. S. (2020).	CUBA	QUALITATIVE	SCOPUS
	Violence against women during childbirth: unknown or naturalized reality?	Damas, L. B., Machado, R. S., Sinclay, A. G. P., & Portales, A. G. (2020).	CUBA	QUALITATIVE	SCOPUS
	humanized childbirth and the right to choos ² : analysis of a public hearing in rio de janeiro	Souza, J. B. (2020).	BRAZIL	QUALITATIVE	SCOPUS
	Interdisciplinary simulation scenario in nursing education: Humanized childbirth and childbirth.	Fonseca, L. M. M. M., Monteiro, J. C. D. S., Aredes, N. D. A., Bueno, J. V., Domingues, A. N., Coutinho, V. R. D. D., & Baptista, R. C. N. (2020).	BRAZIL	QUANTITATIVE	WOS
	Bioethics in Childbirth Care: Protocol for a Scoping Review	Ferreira, G. I., Barbosa, K. H., Duarte, A. D. C., De Oliveira, C., & Guilhem, D. (2021).	BRAZIL	QUANTITATIVE	WOS
	Stakeholders' perceptions of humanized birth practices and obstetric violence in Chile: A scoping review.	Silva, A., Pantoja, F., Millón, Y., Hidalgo, V., Stojanova, J., Arancibia, M., ... & Campos, M. (2020).	CHILE	QUALITATIVE	WOS
	Giving birth is not a matter of ethnicity, it is a matter of humanity: experiences of obstetric violence during	Gleason, E. G., Molina Berrío, D. P., López Ríos, J. M., & Mejía Merino, C. M. (2021). “	ARGENTINA	QUALITATIVE	WOS

	childbirth among indigenous women.			
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Co-occurrence of words

Figure 2 shows the relationship between the keywords used to search the study material for elaborating the systematic analysis proposed for the present research.

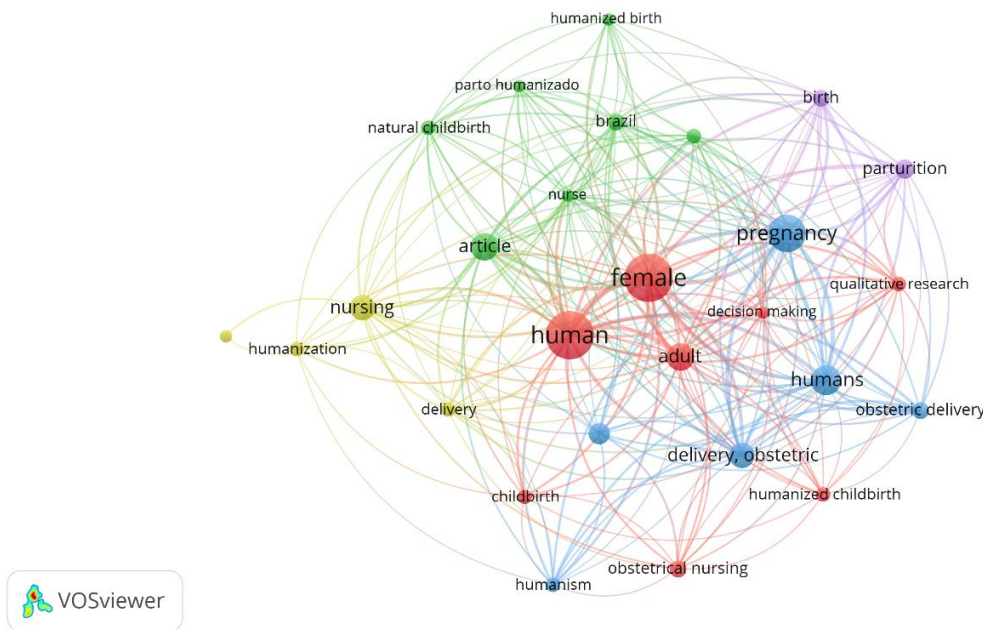


Figure 2. Co-occurrence of keywords.
Source: Own elaboration

Within the development of the research identified through the applied search, it was possible to determine through the previous figure how the variable Human constitutes the central axis of the analyzed articles, keeping special relation with studies based on the keywords Female, Pregnancy, Adults, Decision-making, Childbirth. This indicates that there is relevance between the objective of this article and the research identified for analysis. Furthermore, humanized childbirth turned out to be another of the main variables in different lines of research, such as Obstetrics, Natural Childbirth, Human Rights, and Humanization, among others.

Discussion

The purpose of this article was to analyze, from a systematic perspective, the contribution of the authors

through their publications to the study of Humanized Childbirth as a Public Health Strategy In this way, it is possible to affirm that the publications indicated in the body of this document, have carried out research at different levels whose findings contribute to the generation of new knowledge regarding the variables proposed for the present study, this is how great contributions are identified as contemplated in the article entitled “Humanized childbirth: the values of health professionals in the daily obstetric care” (Rodrigues et al., 2021), whose objective was to understand the values of health professionals in the process of thinking and feeling about obstetric care, based on their lived shortcomings in the process of caring. Through the analysis tools implemented by the authors of the mentioned article, it was possible to determine that the resignification of the practice of obstetrics, conjugated through public policies

sustained in the ethical and legal character, as well as the moral bases necessary for the good practices in the assistance to childbirth, contributes positively to the humanization of childbirth in defense of the fundamental rights of those who intervene in it. The same was perceived in the development of research works such as the one entitled “Bioethics in Childbirth Care: Protocol for a Scoping Review” (Ferreira et al., 2021), whose objective was to explore the available evidence on the application of bioethical principles in the general context of childbirth care. This review was based on the records of relevant studies indexed in PubMed and the Virtual Health Library, including MEDLINE, LILACS, BDNF, SCiELO, Web of Science and Google Scholar. This review confirms that the construction of an ethical balance in good practices during childbirth achieves the desired confidence in women during this event, as well as the individualization of the needs presented in each case, which ensures correct and timely care through the identification of these needs, which represents one of the main points in the search for a humanized childbirth. However, all this would be possible if the implementation of humanized practices during childbirth is sought from the academy. Thus, articles such as the one entitled “Interdisciplinary simulation scenario in nursing education: humanized childbirth and childbirth” (Fonseca et al., 2020) seeks to explain the importance of having academic programs that base their practices on the humanization of childbirth processes. Thus, the authors of this article conclude that the simulated scenario of humanized childbirth and childbirth can strengthen the articulation between the disciplines of women’s and children’s health and was validated by experts. It is important to mention that, among the main anomalies identified during childbirth, which may violate the rights of both the woman and the fetus, the article entitled “Violence against women during childbirth: unknown or naturalized reality?” (Damas et al., 2020), whose objective was to reflect on the study of violence towards women during childbirth, from the identification of certain manifestations present in the Cuban obstetric context. The study carried out a systematic bibliographic review to develop a critical analysis of the researchers’ position on the topic previously exposed, concluding that in Cuba, Obstetric Violence is not recognized, up to the date of publication of the article, as a manifestation of Violence against Women, so it is expected its recognition as such for the implementation of the pertinent legal framework in order to prevent this type of acts and

penalize them through the correct configuration of the crime presented to the authorities.

Conclusions

This review article concludes by highlighting the importance of knowing the updated state of the literature published in databases, such as Scopus or Wos, regarding studying humanized childbirth and public health policies and their implementation in Peru. It is important to highlight that no scientific evidence was found of publications registered in Scopus or Wos, referring to the variables mentioned above by researchers affiliated with Peruvian institutions, so the present study was limited to search for information at the Latin American level, finding an important number of publications, most of which represent systematic bibliographic reviews. For this reason, it can be inferred that progress in legal or public policy matters has been slow in comparison to other communities in the world since the Latin American scientific community has focused its efforts on understanding the meaning and the different implications of humanized childbirth, even though there has been a latent intention in the search for contributions, from the academic training of health personnel, to guarantee women a birthing process that defends their rights and those of the unborn child. This document concludes by highlighting the importance of knowing the current state of scientific publications on the variable Humanized Childbirth but urges the scientific community to go further in terms of findings and contributions that may be useful in practice as strategies on which health authorities in countries such as Peru can rely on for the implementation of public policies behind an objective such as humanization in the birthing process.

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