Rev Enferm Atenção Saúde
2025;15(1):e20257439
DOI: 10.18554/reas.v15i1.7439
http://seer.uftm.edu.br/revistaeletronica/index.php/enfer

ORIGINAL ARTICLE

Perception of women who sought planned home birth regarding the tea blessing ritual

Percepções de mulheres que buscaram o parto domiciliar planejado acerca do ritual chá de bênçãos

Percepciones de las mujeres que buscaron un parto planificado en casa sobre el ritual del té de bendiciones

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How to cite this article: Perception of women who sought planned home birth regarding the tea blessing ritual. Rev Enferm Atenção Saúde [Internet]. 2025 [access:____]; 15(1): e20257439. DOI: https://doi.org/10.18554/reas.v15i1.7439

ABSTRACT

Objective: to discuss the perceptions of women who sought a planned home birth regarding the blessing tea ritual. **Method**: descriptive, cross-sectional study with a qualitative approach, carried out through semi-structured interviews with eight mothers who had a blessing tea with the planned home birth team in Recife/PE, Brazil. Data collection took place between February and March 2023. Data analysis was supported by the IRAMUTEQ software with Descending Hierarchical Classification analysis being used. **Results**: the tea blessing ritual strengthened spiritual interconnections between the mother, baby, and support network, fostering emotional bonding and preparation for childbirth. Participants reported decreased anxiety and fear, associating the ritual with integrative practices such as aromatherapy and holistic massage. Some women perceived the ritual as a potential trigger for the onset of labor. The choice for planned home birth emerged in response to previous traumatic experiences of obstetric violence, highlighting the importance of autonomy, respectful care, and spirituality throughout the perinatal period. **Conclusion**: the blessing tea ritual helped the participants to have greater emotional and spiritual preparation for labor and birth.

Descriptors: Home Childbirth; Ceremonial Behavior; Qualitative Research; Nursing.

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RESUMO

Objetivo: discutir as percepções de mulheres que buscaram o parto domiciliar planejado acerca do ritual chá de bênçãos. **Método**: estudo descritivo, transversal e de abordagem qualitativa, realizado por meio de entrevista semiestruturada com oito mães que realizaram o chá de bênçãos com a equipe de parto domiciliar planejado em Recife/PE, Brasil. A coleta de dados ocorreu entre fevereiro e março de 2023. A análise de dados contou com o auxílio do *software* IRAMUTEQ e empregou-se a análise de Classificação Hierárquica Descendente. **Resultados**: o ritual chá de bênçãos fortaleceu as interconexões espirituais entre gestante, bebê e rede de apoio, promovendo vinculação emocional e preparo para o parto. Além disso, relataram redução de ansiedade e medo, associando o ritual a práticas integrativas como aromaterapia e massagem. Também houve percepção empírica de indução do trabalho de parto. A procura pelo parto domiciliar planejado surgiu como resposta a experiências traumáticas de violência obstétrica, destacando a importância da autonomia, do cuidado respeitoso e da espiritualidade no ciclo gravídico-puerperal. **Conclusão**: o ritual chá de bênçãos contribuiu para que as participantes tivessem maior preparação emocional e espiritual para o trabalho de parto e nascimento.

Descritores: Parto Domiciliar; Comportamento Ritualístico; Pesquisa Qualitativa; Enfermagem

RESUMEN

Objetivo: discutir las percepciones de mujeres que buscaron un parto domiciliario planificado respecto al ritual del té de bendición. **Método**: estudio descriptivo, transversal, con enfoque cualitativo, realizado a través de entrevistas semiestructuradas a ocho madres que tomaron un té de bendición con el equipo de parto domiciliario planificado en Recife/PE, Brasil. La recolección de datos se realizó entre febrero y marzo de 2023. El análisis de los datos fue apoyado por el software IRAMUTEQ y se utilizó el análisis de Clasificación Jerárquica Descendente. **Resultados**: el ritual del té de bendiciones fortaleció las interconexiones espirituales entre la gestante, el bebé y la red de apoyo, promoviendo el vínculo emocional y la preparación para el parto. Las participantes relataron una disminución de la ansiedad y el miedo, asociando el ritual con prácticas integradoras como la aromaterapia y los masajes holísticos. También se identificó una percepción empírica de inducción del trabajo de parto tras la realización del ritual. La elección del parto domiciliario planificado emergió como respuesta a experiencias traumáticas previas de violencia obstétrica, destacándose la importancia de la autonomía, del cuidado respetuoso y de la espiritualidad durante el ciclo gravídico-puerperal. **Conclusión**: el ritual del té de bendición ayudó a las participantes a tener una mayor preparación emocional y espiritual para el parto y el nacimiento.

Descriptores: Parto Domiciliario; Conducta Ceremonial; Investigación Cualitativa; Enfermería

INTRODUCTION

Childbirth care in Brazil has been marked by a hegemonic, technocratic, and hospital-centric model, characterized by excessive medicalization and unnecessary and disrespectful interventions that highlight suffering, anguish, and incapacity, weakening women's autonomy during pregnancy and childbirth and their positive perception of childbirth. This model has reduced birth to an exclusively biological event of imminent risk, making the woman a supporting actor in the birthing process

itself, often subjected to behaviors that constitute obstetric violence, defined as verbal, sexual, and physical violence, negligence, and behaviors not based on scientific evidence. Data from the National Labor and Birth Survey reveal the prevalence of unnecessary cesarean sections, the lack of informed consent, and the practice of interventions without scientific support, contributing to traumatic and dehumanizing experiences.

In response to this scenario, many women have sought Planned Home Birth (PHB) as a safe and respectful alternative, assisted by obstetric nurses. PHB promotes woman-centered, welcoming care that considers the biopsychosocial and spiritual dimensions of women, expanding the perspective on childbirth beyond biomedicine.[5,6] In this context, care rituals emerge as significant practices in the process of preparing for birth, especially in late pregnancy, a period marked by intense physical and emotional transformations.[7]

Among these rituals, the blessing tea stands out, a symbolic and emotional event that usually takes place after the 37th week of pregnancy. During this ceremony, people close to the expectant mother gather to offer words, gestures, and care that express acceptance, protection, love, and strength, connecting the woman with her ancestry and her potential to give birth. This moment is experienced as a spiritual experience, fostering the bond between the pregnant woman, the baby, and her support network, in addition to helping her cope with feelings such as fear, anxiety, and insecurity about childbirth.[5]

Authors emphasize that spirituality, understood as the ability to reframe adverse situations and seek meaning in the process of pregnancy and childbirth, plays a fundamental role in emotional preparation for birth.[5] In the PDP, this aspect is often incorporated into the care provided by obstetric nurses, who understand the complexity of labor as a phenomenon that transcends the physical body.

In this sense, integrative practices such as aromatherapy, massage, meditation and symbolic rituals have gained ground as care strategies that respect individuality and strengthen the childbirth experience.[6,7] In view of the above, the objective was to discuss the perceptions of women who sought a planned home birth regarding the blessing tea ritual.

METHOD

This is a descriptive, cross-sectional, qualitative study. Data collection took place between February and March 2023, with eight mothers who participated in the blessing tea with the private PDP Nascer Luz team in Recife, Pernambuco, Brazil. The homebirth group was chosen

because the blessing tea ritual is mostly performed by women who opted for a planned home birth. The team consists of two nurses and one obstetric nurse (OB) who work in the city of Recife and its metropolitan area.

The inclusion criteria were pregnant women aged 18 or older who had experienced the blessing tea ritual. The exclusion criteria were women who had initiated the blessing tea ritual and, for some reason, had gone into labor during the procedure or experienced a complication that prevented the ritual from continuing. The final sample size was established considering data saturation.[8]

Participant recruitment was carried out using the snowball technique.[9] However, there was exhaustion of study participants, so the researcher contacted the obstetric nurses on the PDP team to recommend new women who had undergone the blessing tea ritual.

Data collection was carried out through the application of semi-structured interviews, with sociodemographic data and guiding questions: 1) "Comment on how you learned about the blessing tea ritual."; 2) "Comment on your experience with the blessing tea ritual."; 3) "What did the blessing tea ritual mean to you?"; 4) "Do you think the blessing tea influenced your labor and birth? Please comment."

Interview data were recorded using a Galaxy A50 smartphone recorder. The average interview time was 30 minutes. The data were transcribed verbatim at the end of each interview and read through thoroughly, maintaining standardized language, by two researchers.

Data analysis was performed using the French software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ)[10], used in the development of textual statistical analyses. For this research, Descending Hierarchical Classification (DHC) analysis was adopted. It is important to emphasize that each excerpt of the participants' speech was taken from the colored corpus created by the software.

Each interviewee was assigned the letter A of the alphabet and the order in which they were collected: A1, A2, and A3, to ensure anonymity. The interviews were conducted in a private room at the couple's home, ensuring privacy, after the couple signed the Informed Consent Form.

The study complied with all the standards established in Resolution 466/12, being submitted to the Ethics and Research Committee of the Federal University of Pernambuco, of the Academic Center of Vitória, obtaining approval, according to CAAE: 60741322.7.0000.9430.

RESULTS AND DISCUSSION

Table 1 shows the sociodemographic profile of the study participants. Eight women participated. The mean age and standard deviation of the participants was 36.5 ± 4.07. The majority lived in the city of Recife, Pernambuco, and had a per capita income of six or more minimum wages.

Table 1– Sociodemographic data of study participants. Vitória de Santo Antão, PE, Brazil, 2023.

Name	Age	State Civil	Color or Race	Education	Religion	Occupation
A1	40	Separated	White	Doctorate Incomplete	Spiritist	Nurse and Teacher
A2	44	Married	White	Complete Master's Degree	None	Nurse
A3	39	Married	Brown	Complete Higher Education	Spiritist	Social worker
A4	34	Widow	Black	Complete Higher Education	Spiritist	Administrator
A5	34	Married	Brown	Full Technician	Spiritist	Nursing Technician
A6	32	Married	Brown	Complete Higher Education	Catholic	Administrative Assistant
A7	35	Stable Union	Brown	Incomplete Higher Education	None	Unemployed

A8	34	Married	White	Complete Higher Education	Evangelical	Teacher

Source: authors, 2023.

Table 2 highlights the interviewees' profile regarding pregnancy and the blessing tea ritual. Most participants had attended more than 10 low-risk prenatal appointments, and all began labor at home.

Table 2– Data from study participants related to planned pregnancy, timing of the blessing tea ritual, place and mode of birth. Vitória de Santo Antão, PE, Brazil 2023.

Name	Pregnancy Planned	Location	Time of performance of the last ritual	Birthplace	GPA *
A1	No	Domicile	1 year and 9 months	Vaginal	G3P3A0
A2	No	Maternity	6 years	Caesarean section	G2P2A0
A3	Yes	Maternity	3 years and 3 months	Vaginal	G4P3A1
A4	No	Maternity	7 years	Vaginal	G2P2A0
A5	Yes	Domicile	7 years	Vaginal	G2P2A0
A6	Yes	Domicile	5 years	Vaginal	G1P1A0
A7	Yes	Domicile	6 years	Vaginal	G3P3A0
A8	Yes	Domicile	4 years	Vaginal	G2P2A0

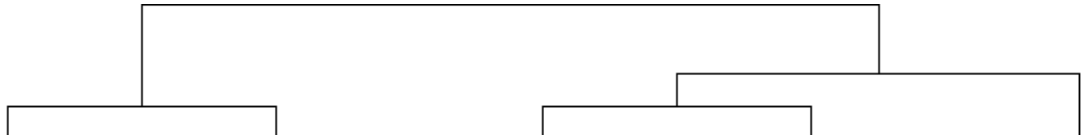
Caption: *G= Number of pregnancies, P= Number of births, A=Number of abortions.
Source: authors, 2023.

The sociodemographic and obstetric profile shows that women seeking planned home birth typically have an upper-middle-class socioeconomic profile and, therefore, have better access to quality information regarding the risks and benefits of vaginal birth and cesarean section. It is worth noting that, culturally, unplanned home birth is linked to precarious access to health services, limited financial resources, and a lack of information among couples.[11]

However, an observational study now shows otherwise, as women who choose PDP are located in large urban centers, have a high level of education, economic power, access to information, and high adherence to prenatal care[12], corroborating the findings of this study's profile. This is possibly explained by the fact that educated women study safety and have the economic power to cover the expenses of PDP and its associated rituals.

Table 3 shows that the textual corpus was analyzed using the DSC and divided into 217 Text Segments (TS), with 989 words appearing 8,871 times. The DSC retained 74.59% of the total TS, generating five classes. Thus, IRAMUTEQ generated the class dendrogram by analyzing the DSC using the corpus.

Table 3– Dendrogram of the analysis of the participants' statements, 2023.



Class 2 **20.5%**	**Class 3** **17.4%**	**Class 5** **22.4%**	**Class 4** **21.7%**	**Class 1** **18%**
Mother	Father-in-law	Labor	Week	Natural birth
Also	Experience	To take time	Day	Dawn of light
To perceive	So	Come	To remember	Home birth
To drink	Different	Yet	Before	To search for
Sister	Teacher	To schedule	Like this	Information
Special	Right	No	God	To understand
Connection	Room	To spend	Moment	Hospital
You	There	Son	After	Pain

Cousin	Friend	To stay	Thing	Search
To bring	Why	Time	Boy	I know
Ready	Family	To be born	Anxious	To finish
Question	Craziness	Why	Child	To work
Shape	Person	It started	More	To talk
Very	Wonderful	To look	Blessing tea	Get pregnant
To participate	Way	Quite	To be born	Medicate
Important	Think	Logo	To think	As
Get	Girl	Wait	Tie	Process
Person	Only	Hospital	To go out	Humanized childbirth
To speak	To present	As	Love	To read
Then	To start	First pregnancy	Era	Body
Ritual	Life	Follow	Sleep	Second pregnancy
Heard	Worried	Second child	Plaster belly	To believe
Willing	Exciting	Night	To arrive	Plan
Present	Good	To live	Year	Book
Time	Doula	Fact	To enter	Fear
Logic	To participate	Vary	Same	Nurse
Spouse	Never	Insane	Less	To help
World	All	Childbirth	Old	To speak
To help	To say	To enter	Wonderful	Always
Always	To know	To want	When	People
To feel	Question	All	See	Possibility
Explain	Something	Guys	Already	Strength
Think	Quiet	Then	Give	Material
Never	Stomach	People	Really	Indicate
Connect	Good	To need	To read	Caesarean section

Old	Moment	Woman	Caesarean section	Childbirth
Time	First child	Today	To like	To want
Be	Spouse	To say	Gestation	Also
To like	Team	World		Spouse
Something	Blessing tea			Home
Quiet	Very			To happen
Stomach	Medicate			It started
To need	To listen			Explain
Welcomed	Plan			
To think	Certainty			
Son	Now			
Nurse	Risk			
After				

The classes were named based on the core ideas contained in the combination of words. Class 1 was named individually, and the others formed two distinct groups: classes 2 and 3 and classes 4 and 5.

The classes were designated from left to right, as the dendrogram suggests. Therefore, the classes were named as follows: class groups 2 and 3: "Spirituality and strengthening interconnections"; 4 and 5: "Care rituals as an empowering moment for labor and birth"; class 1: "The pursuit of planned home birth and care rituals amid obstetric violence."

In class groups 2 and 3, entitled “Spirituality and strengthening of interconnections”, the participants' statements portrayed the presence of spirituality in the blessing tea ritual as promoting the strengthening of interconnections between the body itself, the baby and the people present at the time of the ritual, in addition to offering emotional support with the people chosen by the pregnant woman.

> *(...) I connected with my unborn child, with my body mainly, with my ability to generate and give birth and with the cosmos, with the universe that was working to make everything work out. (A3)*

> *Because, not just for the birth, you know, but something much bigger in relation to the connection with my son, my husband, and my mother who was there, you know. So, something that happened, like, I think there was something much bigger, I don't know how to explain it very well. (A4)*

> *(...) I really liked the plaster belly, but the blessing tea was a very big spiritual connection for me, really (...) because it's a way of connecting spiritually with myself and the baby. (A5)*

Performing these rituals strengthens the interconnectivity between mother and child, as well as the spiritual aspect, which is present in late pregnancy, and family bonds, through support, support, and protection for both mother and baby. A cross-sectional study conducted in Australia shows that the spiritual dimension is addressed during these rituals, particularly in planned home births, as health professionals and couples recognize the importance of spirituality as much as the biophysical and psychosocial dimensions and predictors of perinatal health.[13]

This approach may be related to the fact that spirituality allows the individual to seek and express the purpose, meaning, and transcendence of existence through connection with oneself, family, or something considered sacred. Cross-sectional studies in Brazil have also found that spirituality, when explored early in life through pregnancy, childbirth, the mother's first contact with the baby, during the postpartum period, and at all stages of life, favored the development of well-being during pregnancy, as a coping mechanism, and was used as emotional support for pregnant women.[6,14]

Furthermore, spirituality is necessary for women to cope with the difficulties and stressful situations arising from the pregnancy-puerperal cycle. However, a systematic review that sought to verify the content and structure of educational initiatives related to spiritual care in maternity care identified few approaches to spiritual care by health professionals.[15]

Therefore, it is important to understand the importance of spirituality in the obstetric setting. Scholars suggest that spirituality can be defined as a personal search for answers about the meaning of life, which may or may not be associated with religious practices.[6] This definition is necessary, since many people link spirituality and the blessing tea ritual to religion, thus failing to understand its true meaning.

In class groups 4 and 5, “Care rituals as a strengthening moment for labor and birth,” the participants' statements portrayed the benefits of the blessing tea ritual, alleviating the negative feelings that arise at the end of pregnancy.

> *And it was a pregnancy that I carried out with fear, insecurity, and the blessing tea ritual unlocked all these fears, grounded me, put me in the place of giving birth and trusting my body, of knowing that I would be able to live through it. (...) this fear was healed, I felt the strength of that life within me, that everything was going to be okay and that everything was going well. (A3)*

> *This ritual, this whole mystical thing (...) made me more comfortable, more relaxed, less anxious. (A8)*

The meaning that pregnant women attribute to the final stage of pregnancy can be seen as an emotionally difficult time, due to the emergence of adverse feelings resulting from the proximity of the birth. Therefore, certain care rituals can be performed to welcome and prepare the pregnant woman for labor and birth.[5] In this sense, rituals, combined with a profile of pregnant women who seek knowledge about labor and birth, can foster empowerment and provide necessary support during the birth process.

In groups 4 and 5, important results also emerged regarding the association of other holistic practices linked to the blessing tea ritual.

> *It's hard to explain the feeling, you know, because (...) it's a sublime moment and you kind of realize that you're going to be a mother, that there's a whole process of aromatherapy, holistic massage and everything else, that you meditate on that whole situation, you kind of accept that you're going to be a mother. (A5)*

> *I found this very special, they painted my belly exactly in the position the baby was in, my daughter also participated, so everyone was included in this part focused on the mother. (...) There was a foot bath for me with some essential oils, and music to relax and get in the mood. (A7)*

Regarding holistic practices, a descriptive study observed that aromatherapy brought more comfort, security and emotional control to pregnant women, as it could alleviate pain, stress and anxiety caused by the period preceding labor.[16] Music therapy during pregnancy reduces stress, anxiety levels, pain perception and improves sleep quality.[17]

Furthermore, another qualitative study showed that gestational art enabled the strengthening of the bond between the pregnant woman, family and the professional, promoting emotional well-being, encouraging interconnection and bringing the mother closer to her baby.[18] Thus, the association of blessing tea with integrative and complementary practices can favor a positive experience from the period of pregnancy, labor and birth.

Furthermore, the participants' statements empirically showed an influence between the blessing tea and the onset of labor and birth.

> *We made the tea and, then, I think the next day I went to work normally, I think it was a Friday, the blessing tea was on a Thursday, late in the afternoon (...) then, the contractions started (...). But, so, until the moment before the blessing tea, everything was normal, I don't know if it has anything to do with it, I don't know if it's a coincidence, but it influenced it, I believe it influenced it, I believe it did. (A2)*

> *After the blessing tea, which included all the emotional aspects and everything, the next day, I started feeling contractions. It was incredible. It's like he was listening, he was listening. The baby hears everything, but he felt that he needed to be born and that I wanted him to come. So, the next day, I went into labor; it was 16 hours of home birth. (A5)*

Regarding the empirical influence perceived by the interviewees on the blessing tea ritual and the beginning of labor, it was identified that the care ritual from an anthropological point of view helps the pregnant woman understand that the end of the pregnancy is near and, normally, after performing this ritual, the pregnant woman feels physically and emotionally ready to go into labor.[5] The blessing tea ritual is an exciting moment, which can cause hormonal unblocking, favoring the induction of labor, due to the woman's psycho-emotional state, and the connection and permission created during the ritual.

A qualitative study conducted in Rio de Janeiro at the David Capistrano Birth Center during a discussion group entitled "Childbirth Tea" also showed positive results regarding the onset of contractions after the ritual, which possibly acted as a way to unlock hormones to initiate labor, corroborating the findings of this study. In this sense, it can be inferred that the care ritual, together with the blessings of those closest to the pregnant woman, may have promoted the release of endogenous oxytocin, which led to the onset of uterine contractions during or after the ritual.[19]

Class 1, titled "The search for planned home birth and care rituals amid obstetric violence," reflects the participants' search for healing from the traumatic experiences caused by obstetric violence suffered during previous hospital births. Thus, they sought planned home birth because of its respectful, safe care that prioritizes the autonomy of the mother.

> *In my first pregnancy (...) I didn't have the same framework of information that I had in the following ones, and I wanted a natural birth, but I believed that I could simply say what I wanted and it would be done. Which didn't happen. I went through a series of obstetric violence until it culminated in a cesarean section that was unnecessary, but convenient for the hospital. After this situation, which was quite traumatic (...) I also stayed in the ICU unnecessarily, I didn't see my daughter for a few days. I chose to have a home birth in my second pregnancy, because we had already planned to have two, in the beginning. (A3)*

> *I had my daughter's first birth and it was very traumatic, I didn't know anything (...). I didn't seek information and I was very young and I simply went along with the doctor's instructions. So, at the hospital, they did whatever they wanted to me. (A7)*

Regarding the traumatic experiences of previous hospital births experienced by the interviewees, it is clear that this favored the desire for another model of obstetric care for the current pregnancy with fewer interventions, more autonomy and shared decision-making power over the body and the child, which awakened in women and their partners the need to find other ways to experience a new birth, with professionals who believe in the potential to give birth.[1]

In this sense, the process of deciding on a planned home birth in Brazil is a decision that needs to be very conscious, as the couple goes against a hegemonic system centered on the doctor and hospital-centric.

Therefore, the decision, when made, is based on a lot of information, mainly about the safety of the mother-fetus binomial, as the couple seeks to escape a scenario that depersonalizes people and introduces many practices and interventions without scientific basis, which can be called, in Brazil, obstetric violence.[11]

Obstetric violence can be defined as any action or omission related to women during pregnancy and childbirth that causes harm or suffering through unnecessary procedures performed without consent or that disrespect the woman's autonomy. In Brazil, one in four women suffers obstetric violence. This pathologization of obstetric care impacts women's ability to make decisions about their bodies and sexuality, which weakens their quality of life.[1]

The national survey "Nascimento no Brasil" (Born in Brazil), conducted with 23,940 women, shows that obstetric violence is rooted in the biomedical model, primarily due to the excessive use of unnecessary interventions, such as the Kristeller maneuver, episiotomies, and cesarean sections. Approximately 30% of the women interviewed reported having suffered some form of obstetric violence in the private health system, and 45% in the Unified Health System.[4]

Women who experience some type of obstetric violence are traumatized, feeling fear, anguish, guilt, and insecurity, which directly affects their quality of life. Therefore, the demand for humanized hospital and home births has been growing, aiming to prevent obstetric violence and, consequently, minimize the harm caused by this act1, as well as a way to heal from the trauma suffered during previous obstetric care. Thus, it is clear that women are dissatisfied with the current obstetric model, which leads to the search for planned home births, so they can have autonomy over their own bodies and make their own choices from the moment they discover they are pregnant until the moment of birth.[11]

FINAL CONSIDERATIONS

Perceptions of care rituals were related to the interconnection between mother, child, and partner, as well as with friends and family, and greater emotional and spiritual preparation for labor and birth. Furthermore, rituals were also identified as a moment of welcome, emotional support, reduction of negative feelings at the end of pregnancy, and an empirical influence between the blessing tea and the onset of labor and birth.

Furthermore, the study suggests that health professionals working in the obstetric setting include the dimension of spirituality as a way of comprehensively acting in health for protagonism, female autonomy and the conduct of care rituals.

The study cannot be generalized to the general population, as it was limited to the reality of the blessing tea ritual practiced during obstetric nursing care during planned home births among women with high economic income in a region of northeastern Brazil. Another limitation is that the results of the qualitative research are subjective, and to minimize subjectivity, software was incorporated to assist in the elaboration of the results.

However, this topic is current, sensitive and little explored in the national scenario, especially in the context of the humanization of labor and birth.Finally, future longitudinal and randomized studies are suggested to identify scientific evidence on the topic.

Funding Source:

This study did not receive any funding for its completion.

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RECEIVED: 03/09/24
APPROVED: 07/14/25
PUBLISHED: 07/2025