

The choice of the mode of delivery: an integrative review**A escolha da via de parto: uma revisão integrativa****La preferencia por la vía del parto: una revisión integradora****Received: 02/07/2019****Approved: 15/11/2019****Published: 17/02/2020****Bruna Lima¹****Efigênia Aparecida Maciel de Freitas²**

This study aims to analyze and discuss the preference of women regarding the route of birth and associated factors, based on an integrative review. This is a review study that asks: What is the preference of women when choosing the mode of delivery? Considering the period from 2014 to 2019, the research was carried out in the Virtual Health Library (VHL) databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDEnf) and SciELO Virtual Library. A total of 128 articles were reached, of which 9 were included. There was a predominance of authors and journals in the nursing field that portray several regions of Brazil and with a predominance of qualitative research. The samples ranged from 8 to 23,940 women. The following categories emerged: the preferred mode of delivery for women; factors associated with choosing the mode of delivery; and, the outcome between the choice and the fact that occurred. Thus, it was possible to observe that most women have normal birth as their choice for the birth route, however many cannot reach their desire due to influences and other associated factors.

Descriptors: Cesarean section; Natural childbirth; Decision making.

O presente estudo tem como objetivo analisar e discutir a preferência das mulheres quanto à via de nascimento e fatores associados, a partir de revisão integrativa. Trata-se de um estudo de revisão que interroga: Qual a preferência das mulheres na escolha da via de parto? Considerando o período de 2014 a 2019, a pesquisa foi feita nas bases de dados Biblioteca Virtual em Saúde (BVS): Literatura Latino-americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Banco de Dados em Enfermagem (BDEnf) e Biblioteca Virtual da SciELO. Atingiu-se um total de 128 artigos dos quais 9 foram incluídos. Observou-se predomínio de autores e periódicos da área de enfermagem que retratam diversas regiões do Brasil e com predomínio de pesquisas qualitativas. As amostras variaram de 8 a 23.940 mulheres. Emergiram as seguintes categorias: via de parto de preferência das mulheres; fatores associados à escolha da via de parto; e, desfecho entre a escolha e o fato ocorrido. Assim, foi possível observar que a maioria das mulheres tem como escolha para a via de nascimento o parto normal, contudo muitas não conseguem alcançar seu desejo devido a influências e outros fatores associados.

Descritores: Cesárea; Parto Normal; Tomada de decisões.

El presente estudio tiene como objetivo analizar y discutir la preferencia de las mujeres con respecto a la vía de parto y los factores asociados, a partir de una revisión integradora. Para ello, se parte de la siguiente pregunta: ¿Cuál es la preferencia de las mujeres al elegir el modo de parto? Considerando el período de 2014 a 2019, la investigación se realizó en las bases de datos de la Biblioteca Virtual en Salud (BVS): Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Base de datos de enfermería (BDEnf) y Biblioteca Virtual SciELO. Se alcanzó un total de 128 artículos, de los cuales se incluyeron 9. Hubo un predominio de autores y periódicos en el campo de la enfermería que retratan varias regiones de Brasil y con un predominio de la investigación cualitativa. Las muestras oscilaron entre 8 y 23.940 mujeres. Surgieron las siguientes categorías: el modo preferido de parto para las mujeres; factores asociados a la elección del modo de parto; y, el desenlace entre la elección y el hecho que ocurrió. Por lo tanto, fue posible observar que la mayoría de las mujeres tienen un parto normal como su opción de nacimiento, sin embargo, muchas no pueden alcanzar su deseo debido a las influencias y otros factores asociados.

Descritores: Cesárea; Parto Normal; Toma de decisiones.

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INTRODUCTION

Parturition or childbirth is an event of great importance in a woman's life. It is also a milestone of change between who she was and the mother that comes into existence with the birth of a new life, a mark in the woman's memory, so the way the whole process takes place - whether it is experienced beautifully or in a traumatic way - is important¹.

The history of childbirth has reshaped itself several times over the years in Brazil. For centuries, births took place in a home environment, attended only by women and assisted by midwives with knowledge based on their practice, capable of creating a timely emotional atmosphere. Home birth was an event in which women had full autonomy of her body and in the process of giving birth².

The advancement of science and the creation of the technocratic model have increasingly brought men to care for childbirth that began to be seen as a pathology and women as patients. This was the trigger for the great changes in this universe². From then on, childbirth went from home to hospital-centered, from midwives to doctors, from a healthy event without the need for intervention to an interventionist event, and from the woman's autonomy for submission.

The change in the care model and the large adherence to scheduled childbirth prevented women from being protagonists in the process of giving birth, in their right to information and choice, being left aside in the face of the humanistic aspect. In this context, several public policies were developed - such as the Humanization Program for Prenatal and Birth (PHPN, 2000), Rede Cegonha (2011), among others - in order to foster the change in the care model, focused on comprehensive care for pregnant women, and the reduction of maternal and perinatal morbidity and mortality³.

However, despite regulations and public policies, cesarean sections are highly valued by doctors and the population. The Ministry of Health understands that Brazil is experiencing an epidemic of cesarean sections, with approximately 1.6 million of such operations carried out each year. In the last few decades, the national rate of cesarean sections has increased steadily and has become the most common mode of birth in the country. The rate of cesarean section in Brazil is around 56%, with a significant difference between public health services (40%) and private health services (85%)⁴.

The high rate of cesarean sections in Brazil can be explained by several factors, which involve the development of the history of birth in the country, culture, traumas in previous births, lack of information, lack of autonomy or influence in the decision-making process. In view of the complexity that the subject of childbirth involves, and even considering that one of the justifications that guide the high rates of cesarean delivery is cesarean delivery at the request of the pregnant woman, the present study aims to analyze and discuss the preference of women regarding the way of birth and associated factors, based on an integrative review.

METHOD

This is an integrative review study, supported by the Evidence-Based Practice approach. This research methodology allows for the condensation of several studies and raises general aspects regarding a given theme⁵. This study went through the six stages of construction: elaboration of the guiding question of the research; literature search; data collection from included studies; critical analysis; discussion of results and presentation of the integrative review⁶.

Through the guiding question - "What is the preference of women when choosing the mode of child birth?" - to identify the articles on the subject, a search was performed in the computerized databases: Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDenf) and SciELO's Web of Science and Virtual Library, with

the following descriptors delimited in the Health Sciences Descriptors (DeCS): Cesárea/Cesarean Section; Parto/Parturition; Parto Normal/Natural Childbirth; Tomada de Decisões/Decision Making.

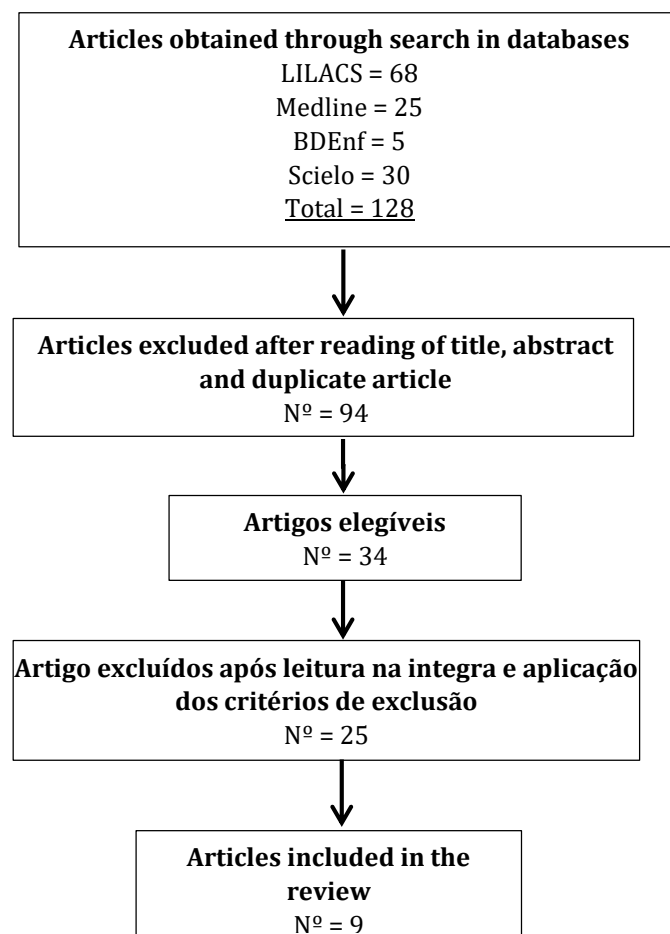
For the inclusion of articles, the following criteria were used: studies that bring the preference of women over the mode of delivery, well presented methodology, studies whose target population are women, studies carried out in Brazilian territory, published in Portuguese, English and Spanish, from 2014 to 2019, with texts available in full. Articles related to pathologies, articles in duplicates and those that did not fit the research objective were excluded from the research.

Soon after consulting the databases that took place in June 2019, the execution of search strategies and the exclusion of duplicate articles, the resulting titles were read. Then, the resulting abstracts were read and finally the remaining articles were identified after application of the inclusion and exclusion criteria.

RESULTS

The searches in the databases from the established criteria showed a total of 128 articles. After reading the titles, the abstracts of articles, which by the title alone were not considered selectable, and also excluding duplicate articles, only 34 articles were selected. Another batch of 25 out of these 34 articles were excluded after being read in their entirety and selected from the inclusion and exclusion criteria. Thus, nine studies were included in the integrative review, of which 6 have a qualitative approach and 3 a quantitative approach. Figure 1 represents the synthesis of the article selection process.

Figure 1. Flowchart showing the selected articles from the integrative review on the preferred mode of delivery for women, Brazil, 2014 to 2019, Brasil, 2014 a 2019. Uberlândia, MG.



By grouping the articles of the study, the information was separated and synthesized in tables for an easier view of the results. The data extracted from the articles were distributed in table 1 with the following information: code, author, year, publication, research location, research design, sample and level of evidence⁷:

- Level 1: evidence resulting from the meta-analysis of multiple, controlled and randomized clinical studies;
- Level 2: evidence obtained from individual studies with experimental design;
- Level 3: evidence from quasi-experimental studies;
- Level 4: evidence from descriptive studies (non-experimental) or with a qualitative approach;
- Level 5: evidence from case or experience reports;
- Level 6: evidence based on expert opinions.

Table 1. Characteristics of studies on the preferred mode of delivery for women according to the author, year, place of research, method used and sample size, Brazil, 2014 a 2019. Uberlândia, MG.

Code	Author, Year, Publishing Vehicle	Level of Evidence	Place	Research Design	Sampling
1	Kottwitz F <i>et al.</i> , 2018 ⁶ . EEAN	4	University Hospital, Sul do Brasil	Quantitative/ Cross-sectional	361 puerperals
2	Oliveira VJ <i>et al.</i> , 2018 ⁷ . REBEn	4	Mid-west municipalities of Minas Gerais	Qualitative/DA'	36 puerperals
3	Silva ACL <i>et al.</i> , 2017 ⁸ . Rev. Eletr. Enfermagem	4	Hospital de Clínicas Triângulo Mineiro	Quantitative/ Cross-sectional	190 puerperals
4	Nascimento RRP <i>et al.</i> , 2015 ⁹ . Rev. Gaúcha Enf.	4	Campo Grande – MS	Qualitative/CSD''	25 puerperals
5	Carneiro LMA <i>et al.</i> , 2015 ¹⁰ . RECOM	4	Riachão do Jacuípe, BA	Qualitative/CSD''	12 women
6	Pimenta LF <i>et al.</i> , 2014 ¹¹ . Rev. Pesq. Cuidado é Fundamental	4	Rio Grande do Sul	Qualitative/TCA'''	8 women
7	Velho MB <i>et al.</i> , 2014 ¹² . REBEn	4	Florianópolis, SC	Qualitative/Descriptive	20 women
8	Domingues RMSM <i>et al.</i> , 2014 ¹³ . Cad. Saúde Pública	4	Nation wide	Quantitative/Cross-sectional	23.940 puerperals
9	Martins APC <i>et al.</i> , 2018 ¹⁴ . Rev. Baiana Enf.	4	Zona da Mata, MG	Qualitative/TCA'''	15 pregnant women

DA' = Discourse Analysis; CSD'' = Collective Subject Discourse; TCA''' = Thematic Content Analysis.

Five authors of the included articles were nursing professionals and four others were not. It was also possible to identify the professional category of the authorship of the articles. Seven of them were published in nursing journals and two of them were published in different areas.

As for general characteristics, the articles include portraits of several regions of Brazil, three of the south, three of Minas Gerais, one of Mato Grosso do Sul, one of Bahia and one focused on national coverage. The design of qualitative research was predominant, and the samples ranged from 8 to 23,940, being only women.

Table 2 shows the data collection instrument used, the preferred way of birth in women's opinions and the outcome according to the author.

Table 2. The preferred mode of delivery for women according to the author and data collection instrument, Brazil, 2014 a 2019. Uberlândia, MG.

Code	Author, Year	Instrument	Women's preferred mode of delivery	Outcome
1	Kottwitz F <i>et al.</i> , 2018 ⁶	Questionnaire	According to the study of this article, after the application of the questionnaire and the statistical analysis of the sample (361 mothers), 77.6% of women (280 mothers) chose vaginal delivery as the outcome for pregnancy.	*
2	Oliveira VJ <i>et al.</i> , 2018 ⁷	Recorded and fully transcribed individual interview	As a result of the analysis of the study, the author presents that 12 out of the 36 participants stated that they had always wanted to have natural delivery.	As an outcome, 24 women had a normal delivery (9 with episiotomy), 12 pregnant women underwent cesarean section.
3	Silva ACL <i>et al.</i> , 2017 ⁸	Questionnaire	According to the results presented by the author, 68.9% of the women interviewed had wished for natural birth as their preferred route.	In the outcome, 50.9% underwent cesarean section, 18.9% of which were justified as emergency, among other reasons.
4	Nascimento RRP <i>et al.</i> , 2015 ⁹	Semi structured interview	The author brought as a result that 19 (76%) women expressed a preference for natural birth.	Finally, 10 (40%) out of these 19 women who preferred normal delivery were submitted to cesarean section and 9 (36%) experienced normal delivery.
5	Carneiro LMA <i>et al.</i> , 2015 ¹⁰	Semi structured Form	In this study, women included having experienced both ways of delivery. However, it was possible to note that 10 out of the 12 interviewees preferring natural delivery through their speech.	According to the author, vaginal delivery was a positive experience for 28.7% of the interviewees and cesarean delivery was accepted by 24.5%.
6	Pimenta LF <i>et al.</i> , 2014 ¹¹	Semi structured interview	According to the analysis of the interviews conducted by the author, most women had natural birth as their desired route.	As an outcome, the study showed that although most women have had a desire for the vaginal route, most were submitted to cesarean section.
7	Velho MB <i>et al.</i> , 2014 ¹²	Structured script	In this study, the author states that despite all women having experienced a cesarean section, they have declared preference and advised normal birth as the best route.	Only one interviewee highlighted her preference for cesarean section due to the possibility of planning, but reported positive perceptions experienced in natural birth.
8	Domingues RMSM <i>et al.</i> , 2014 ¹³	Face-to-face interviews and telephone interviews	Approximately 66% of 23,940 respondents had a preference for vaginal delivery at the beginning of pregnancy. In a second moment, after prenatal care, it increased to 63.2%, of which 21.5% believed that both routes were safe.	At the end of the research, 51.5% of women underwent cesarean section, and 65.7% were submitted to surgical deliveries without the beginning of labor.
9	Martins APC <i>et al.</i> , 2018 ¹⁴	Semi structured script	In this study, the author reports resulting natural birth as the preferred way of birth for the pregnant women interviewed.	**

*The outcome is presented in the Preferred Way; ** The research took place only during pregnancy, so there is no outcome of the delivery performed.

Approach strategies were carried out through face-to-face, individual interviews, telephone interviews, analysis of medical records and questionnaires. The articles included in the study have a different target audience: in five studies, they were puerperal, in another three, they were women who already had children and experienced both ways, and one that included only pregnant women.

Some surveys conducted interviews with women during pregnancy and after birth to find out the outcome of the route of choice. In other surveys, the interview took place only during or shortly after the end of pregnancy, and in others, the interview was with women who had experienced their pregnancies and the two routes of experience for some time.

The data in Table 3 presents a summary of the factors associated with the choice of the most frequent route of delivery in the articles included in the present study.

Table 3. Associated factors with choosing the most frequent mode of delivery, Brazil, 2014 a 2019. Uberlândia, MG.

Code	Normal Delivery	Cesarean Section
1	Better postpartum recovery (81.8%); Safer. ⁶	Not feeling pain (74%); Previous experience. ⁶
2	Faster recovery; Fear of cesarean section; Previous natural Delivery. ⁷	Fear from pain while delivering; Dilatation stop; Too big baby. ⁷
3	Faster recovery (55,7%); Healthier for mother and newborn (14,5%) ⁸	Previous C-sections (30,5%); Fear from pain while delivering (23,7%). ⁸
4	Natural process; Faster postpartum recovery. ⁹	Not feeling pain; Not offering risks to the newborn; Not feeling unsuccessful for trying and not having a natural delivery. ⁹
5	Better recovery (68,5%). ¹⁰	Fear from pain while delivering (46,6%). ¹⁰
6	Faster recovery; Lower risk of infection. ¹¹	Avoid the pain of natural birth. ¹¹
7	Faster recovery; More independence in child care; Enhanced protagonism. ¹²	Does not infringe on pain at delivery; Birth can be planned. ¹²
8	Faster recovery (68,5%); More natural/physiologic; Fear from cesarean section; Previous positive experience. ¹³	Fear from pain while delivering (46,6%); Tubal ligation Fear of not being able to have a natural birth. ¹³
9	Better recovery; Dread of cesarean. ¹⁴	Fear from pain; Fear from suffering. ¹⁴

DISCUSSION

From the surveyed articles, it was possible to reach the following categorizations: *preferred way of delivery for women; factors associated with choosing the mode of delivery; and, the outcome between the choice and the fact that occurred.*

The preference birth mode

As for the preferred route of birth for women, in all included articles⁶⁻¹⁴, the choice of the vaginal birth route predominated. In a study that included three hundred and sixty-one puerperal women as a total sample, 77.6% of these women opted for natural birth for their pregnancy, which contrasts with the rates of caesarean delivery in the country.

When the interviewees were asked if the way of delivery of choice offered risks, the majority of the mothers replied that it does not offer risks to their health (64.8%) nor the health of the baby (67.9%)⁶.

One of the inclusion criteria, for one of the studies analyzed, was that the participants would have experienced both types of delivery: natural and surgical. Thus, out of a total of twelve women interviewed, ten who went through both experiences had preferred vaginal

delivery¹⁰. In this study, the pain of childbirth is always present in the women's speech, but it is well portrayed, as it is experienced momentarily unlike the cesarean section that limits women through postoperative pain.¹⁰

In one of the studies, out of a total sample of twenty women, only one highlighted a preference for surgical delivery due to the possibility of being able to plan the birth, yet, she reports positive perceptions experienced in natural delivery¹². The study portrays, through the women's speech, positive and negative aspects about the two delivery routes, showing the women's awareness of the benefits and difficulties of natural delivery and the risks of surgical delivery for women and the newborn¹².

A survey of great importance named *Being born in Brazil*, which has several stages, have covered national territory with a sample of 23,940 women¹³. Women are interviewed at different times. In the first moment of the research, without having received prenatal care, 66% of the interviewees opted for natural birth as their route of choice. In the second moment, after receiving counseling during prenatal care, 63.2% of the women referred to natural delivery as their route of choice and 21.5% started to believe that both ways of delivery were safe¹³.

It is portrayed that, whether or not it is the outcome route, most of the interviewed pregnant women initially opted for natural birth as the preferred way of birth for their pregnancy^(8,9,11,14). The importance of good prenatal care is emphasized, so that there is the empowerment and autonomy of the pregnant woman to make choices of her own without being directly influenced by other professionals¹⁴.

The parturition process in Brazil has shown an inversion of values, placing the cesarean section as the safest route. The woman who decides to have a natural birth as an outcome for her pregnancy is questioned, so she has to be well oriented and empowered to reaffirm her choice for herself and for society. In this regard, the importance of good assistance from the health team comes in as the primary objective should be providing women with autonomy to make their own choices, whether it should be a natural or a cesarean delivery⁷.

Factors associated with choosing the mode of delivery

Regarding the factors associated with the choice of the mode of delivery, all articles⁶⁻¹⁴ presented similar opinions, according to the interviews carried out. Regarding the factors associated with the preference for natural birth, in all articles⁶⁻¹⁴ the fastest recovery in the postpartum period appeared as a factor of autonomy and independence for the woman because she could return to her activities soon, as well as take care of the baby. Then there was the previous experience with natural delivery and the fear of cesarean surgery. According to the factors associated with the preference for cesarean section, the fear of childbirth pain appears more frequently, related to the fear of not being able to reach its end and, consequently, the fear of frustration for not achieving it appears, followed by previous cesarean section and cesarean section for tubal ligation⁶⁻¹⁴.

Some articles addressed the participation of women in the process of deciding the mode of delivery. In one of them, 72% of the interviewees reported not having participated in the decision-making process and choosing the route of birth⁶.

In another study, 18 out of the 36 postpartum women interviewed had not participated in the decision-making process for choosing the mode of delivery. This is also an important score in the factors associated with the choice for cesarean section observed in the speech of women, who use technical arguments as a justification for the need for intervention, pointing to us the idea of a targeted decision⁷.

Resolution No. 2.144 / 2016 of the Federal Council of Medicine, determines that it is the pregnant woman's right to choose elective cesarean section, provided that she has been exhaustively oriented on vaginal and cesarean delivery, on its risks and benefits so that total autonomy can be guaranteed¹⁸. According to some of the articles, the interviewees' speech goes against the resolution. Interviewed women have reported: the doctor having chosen the way of

birth⁷; The doctor informing lack of conditions to have a natural delivery, besides the women's desire⁹; the pregnant woman is rejected by the doctor due to the choice for natural delivery¹¹.

The technocratic care model which centralizes the responsibility in the institution and invests the doctor with authority over the "patient", is very much portrayed according to the reports on passivity of the woman's choice before the figure of the doctor, a figure of knowledge in which pregnant women place their trust¹¹.

It was also observed frustration of some women in relation to the natural childbirth assisted in a wrong way by the professionals, through reports in the interviewees' speech such as: childbirth is not a pleasant experience⁷; prohibition of a companion or the choice of a companion of the pregnant woman's desire, lack of guidance, lack of autonomy of the woman during the parturition process, lack of privacy in the delivery room¹¹.

The good direction of the professional during labor and delivery is of paramount importance so that the woman has a positive experience and can remember this in future pregnancies. The pain of natural childbirth was a frequent justification in the present study for the preference for cesarean section. The WHO makes recommendations for appropriate assistance to labor in order to modulate pain. The recommendations present manual and relaxation techniques such as: music, hot water compresses, massage, breathing, the attention and care provided to pregnant women as non-pharmacological methods. However, pharmacological methods for pain relief should also be presented and their advantages and disadvantages should be discussed¹⁵.

In one study¹¹, and from the speech of one of the interviewees, there was a desire for natural childbirth, but there was a disincentive on the part of medical guidance to have a cesarean section concomitant with tubal ligation, which would be disrespectful to women under federal law. According to the Ministry of Health, in the current law nº 9.263, female sterilization is not allowed during delivery or until the 42nd day after delivery, except in cases of successive previous cesarean sections¹⁶. A large proportion of surgical deliveries are related to tubal ligation, which undoubtedly contributes to the high rates of cesarean sections in Brazil¹⁶.

The same research¹¹, mentions important points from the interviewees speech such as: the lack of stimulation to the link between mother and child, disrespect for both the autonomy of the decision to choose the mode of delivery and the choice of the presence of the companion. The Pregnancy Booklet, recommended in 2014, is a very complete instrument, containing all the information for the woman to have a healthy and informed pregnancy. It brings several rights of the pregnant woman, explanations about natural birth and cesarean section, as well as the comparison between them, so that the woman can be informed and have the autonomy to choose the route; therefore, the Booklet also mentions Law No. 11,108/2005, which dictates the parturient's right to have a companion of her choice in the period of labor, delivery and postpartum.¹⁷ Another aspect mentioned in the booklet is the immediate meeting of the mother and baby, which is a unique moment, in addition to strengthening the bond between the mother and the newborn, it is also a necessary factor for the newborn immunity¹⁷.

It is worth mentioning that some productions have shown an association between the choice of the mode of delivery and the route of previous experience^{6,8,9}. Previous childbirth experiences strongly influence the choice of future pregnancies route. For this reason, it is important that the woman is provided with a positive experience during these births⁸.

Professionals are seen as the owners of privileged knowledge, being able to decide what is best for the woman and the baby, so women passively deliver the conduct of this process of giving birth to others, allowing them to make decisions of what is best for their own body. Autonomy, independence and quality information in the decision-making process for the choice of delivery by women presents a possibility for changes in the current scenario of high rates of elective cesarean sections in Brazil¹⁴.

Outcome between choice and event

Despite the predominance of preference for natural birth as a way of birth, in most studies, for several reasons, many women did not reach their desires at the end of pregnancy.

Some studies have presented the fulfillment of the woman's desire for natural childbirth as an outcome, however some of these works point out the preference for natural childbirth for women who have already experienced both ways of birth^{5,7}. In one of the studies, most puerperal women went through the process of natural birth as an outcome (twenty-four out of a total of thirty-six) but nine women underwent episiotomy and twelve pregnant women underwent cesarean section².

Despite the fact that the majority of pregnant women desire natural delivery, after data collected from the interviewees' medical records in one of the studies, it was analyzed that 50.9% of deliveries ended up being cesarean sections, with less than half of these being justified as emergency cesareans⁸.

It is possible to observe a difficulty in meeting the desire for natural childbirth as seen in the study: where the author portrays that nineteen out of the total of twenty-five mothers have expressed desire for natural childbirth. Ten out of these who preferred natural childbirth underwent cesarean section; nine chose and achieved vaginal delivery; five chose and underwent cesarean section. Only one woman had no preference, however she believed vaginal delivery was the best option⁹.

As the outcome of one of the studies¹¹, eight women among the majority expressed a desire to choose natural birth, however most of these women have not reached their preferred route; only one participant reported her delivery desire and underwent cesarean section.

According to the outcome of the survey "Being born in Brazil", 51.5% of women underwent cesarean surgery following natural delivery, of which 65.7% were cesarean sections without labor. The proportion of women who preferred cesarean section as an initial option in the private sector was higher than in the public sector, as they believed that cesarean section was the safest route. In the public sector, 70% of respondents opted for vaginal delivery as being safer. The proportion of cesarean sections in the private sector was higher, with about 80% of cesarean sections performed without the onset of labor.

Considering cesarean section as the most common practice in the country, many women see it as the safest way of birth, preferring elective cesarean section to natural delivery. For this reason, the country is experiencing an epidemic of cesarean sections according to information from the Ministry of Health. The rate of cesarean sections in Brazil is around 56%, with a significant difference between public health services (40%) and private health services (85%), while the rate of cesarean surgeries considered ideal by the WHO is 10% to 15%⁴.

It is necessary to demystify the belief that cesarean sections are the safest way of delivering, because according to the Ministry of Health, cesarean surgery contributes to maternal and neonatal morbidity and mortality. Caesarean section is related to several factors of morbidity such as the woman's reproductive future, respiratory distress and long-term repercussions for the newborn, maternal-infant bond and other non-associated factors such as cost¹⁹.

CONCLUSION

In this study, it was observed that the majority of women have the choice for the birth route, natural birth, however many cannot reach their desire due to influences and other associated factors, such as high rates of cesarean sections in Brazil related to: fear labor pain, fear of not being able to reach the delivery process and being frustrated, previous cesarean section and cesarean section followed by tubal ligation.

Although there are several laws related to childbirth, many women go through disrespectful situations such as: lack of autonomy in deciding the route during delivery,

ensorship when having to choose a companionship for the occasion, lack of guidance. Women who were able to give birth vaginally, felt fulfillment, security, independence and recommended and hoped to give birth again through the same route.

In Brazil, the understanding of cesarean surgery as the safest and most advisable route brought by the technocratic model is still very ingrained. The woman who decides for natural delivery as an outcome for pregnancy is questioned by family, friends and even professionals.

In view of the aspects presented throughout the study, the importance of adequate guidance by professionals is emphasized so that the woman could have total autonomy to choose the best for her and her child. Women who are well informed about their choice of birth mode feel empowered, and the team should be the protagonist in preventing making unnecessary directions and interventions so that they could provide a good experience out of a remarkable moment.

It is noteworthy that the method used has limitations due to the reduced number of articles found/selected over the period of time studied, since the study was limited to some databases. In addition, the languages used (Portuguese, English and Spanish), and the restriction to free forms of access can be seen as limiting factors, in addition to the level of evidence of the articles included. On the other hand, the breadth of the theme is highlighted, which, therefore, requires future and further research on the theme.

It is recommended to conduct further studies with differentiated investigations in order to achieve a greater understanding of the factors associated with the woman's choice regarding the mode of birth and the parturition process.

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CONTRIBUTIONS

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How to cite this article (Vancouver)

Lima B, Freitas EAM. The choice of the mode of delivery: an integrative review. REFACS [Internet]. 2020 [cited *in insert day, month and year of access*]; 8(1):114-125. Available from: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)

LIMA, B.; FREITAS, E. A. M. The choice of the mode of delivery: an integrative review. REFACS, Uberaba, MG, v. 8, n. 1, p. 114-125, 2020. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

How to cite this article (APA)

Lima, B. & Freitas, E. A. M. (2020). The choice of the mode of delivery: an integrative review. (2020). The paradox of the action planning for Preventing HIV/AIDS in a public school. REFACS, 8(1), 114-125. Retrieved in: *insert day, month and year of access from insert link access*. DOI: *insert DOI link*.