

**Humanization of childbirth: study from the perspective of health academics****Humanização do parto: estudo na perspectiva de acadêmicos da área da saúde****Humanización del parto: un estudio desde la perspectiva de los académicos de la salud**

 Ana Carolina Dias Molina<sup>1</sup>,  Jussara Mendes Lipinski<sup>2</sup>,  Michele Bulhosa de Souza<sup>3</sup>  
 Débora Schlotefeldt Siniak<sup>4</sup>,  Lisie Alende Prates<sup>4</sup>

Received: 18/01/2024 Accepted: 14/04/2024 Published: 07/05/2024

**Objective:** to investigate the knowledge and experiences of academics in the Health sector at an educational institution on the topic of humanization of childbirth care. **Methods:** qualitative research, developed with health academics in the Western Border of the state of Rio Grande do Sul, Brazil, between January and May 2022, using a questionnaire, in a virtual environment. The data was subjected to thematic content analysis. **Results:** five categories emerged: *“Respecting one’s decisions and choices”*: the humanization of childbirth from the perspective of academics; *“Conducts not supported by science”*: reflecting on practices that oppose the humanization of childbirth; *“Simple measures that can make a big difference”*: practices that guarantee humanized birth; *“Some things should be changed”*: barriers to the humanization of childbirth; and *“There should be a focus on the topic”*: ways to guarantee the humanization of childbirth. Respect for women’s autonomy and the qualification of assistance were valued, with emphasis on the absence of physical and verbal aggression, in addition to the fact that interventions without scientific support oppose humanization. **Conclusion:** undergraduate courses in the Health sector represent fruitful spaces for fostering debates, capable of contributing to raising awareness regarding the need for new birth models. In this context, academics emerge as important agents of transformation in the obstetric context.

**Descriptors:** Parturition; Humanizing Delivery; Humanization of Assistance; Students; Teaching.

**Objetivo:** investigar os conhecimentos e as vivências de acadêmicos da área da saúde de uma instituição de ensino acerca da temática de humanização da assistência ao parto. **Método:** pesquisa qualitativa, desenvolvida com acadêmicos da saúde na Fronteira Oeste do Rio Grande do Sul, entre janeiro e maio de 2022, por meio de questionário, em ambiente virtual. Os dados foram submetidos à análise de conteúdo temática. **Resultados:** cinco categorias emergiram: *“Respeitando suas decisões e escolhas”*: a humanização do parto na perspectiva dos acadêmicos; *“Condutas não respaldadas cientificamente”*: refletindo sobre as práticas que se opõem à humanização do parto; *“Medidas simples que podem fazer muita diferença”*: práticas que garantem o parto humanizado; *“Algumas coisas deveriam ser mudadas”*: barreiras para a humanização do parto; e *“Deveria ter um enfoque no tema”*: caminhos para garantir a humanização do parto. Valorizou-se o respeito pela autonomia da mulher e a qualificação da assistência, com destaque a inexistência de agressões físicas e verbais, além de as intervenções sem respaldo científico se contraporem à humanização. **Conclusão:** os cursos de graduação na área da saúde representam espaços profícuos para a fomentação de debates, capazes de contribuir para a sensibilização quanto à necessidade de novos modelos de nascimento. Nesse contexto, os acadêmicos emergem como importantes agentes de transformação do contexto obstétrico.

**Descritores:** Parto; Parto humanizado; Humanização da assistência; Estudantes; Ensino.

**Objetivo:** investigar los conocimientos y experiencias de los académicos de salud de una institución de enseñanza sobre el tema de la humanización de la atención al parto. **Método:** investigación cualitativa, realizada con académicos de salud de la Frontera Oeste de Rio Grande do Sul, Brasil, entre enero y mayo de 2022, utilizando cuestionario en ambiente virtual. Los datos fueron sometidos a análisis temático de contenido. **Resultados:** surgieron cinco categorías: *“Respetando sus decisiones y elecciones”*: la humanización del parto desde la perspectiva de los académicos; *“Conductas no respaldadas científicamente”*: reflexión sobre las prácticas que se oponen a la humanización del parto; *“Medidas sencillas que pueden marcar una gran diferencia”*: prácticas que garantizan un parto humanizado; *“Algumas cosas deberían cambiar”*: barreras para la humanización del parto; y *“Debería haber un enfoque sobre el tema”*: formas de garantizar la humanización del parto. Se valoró el respeto a la autonomía de las mujeres y la cualificación de los cuidados, con énfasis en la ausencia de agresiones físicas y verbales y de intervenciones sin respaldo científico contrarias a la humanización. **Conclusión:** Los cursos de pregrado en el área de la salud son espacios útiles para fomentar el debate, que puede ayudar a crear conciencia sobre la necesidad de nuevos modelos de parto. En este contexto, los académicos surgen como importantes agentes de transformación del contexto obstétrico.

**Descriptor:** Parto; Parto humanizado; Humanización de la Atención; Estudiantes; Enseñanza.

Corresponding Author: Lisie Alende Prates – [lisieprates@unipampa.edu.br](mailto:lisieprates@unipampa.edu.br)

1. Hospital São Patrício. Itaqui/RS, Brazil.

2. Universidade Federal do Pampa (UNIPAMPA). Rio Grande/RS, Brazil.

3. Postgraduate Program in Science Education: Chemistry of Life and Health and Undergraduate Nursing Course at UNIPAMPA. Uruguaiana/RS, Brazil.

4. Undergraduate Nursing Course at UNIPAMPA. Uruguaiana/RS, Brazil.

## INTRODUCTION

**T**raditionally, childbirth had its history based on the work of midwives, who, with their empirical knowledge derived from practical experience, developed direct assistance to women in labor<sup>1</sup>. In this context, births were carried out at home, stimulating and respecting the female physiological process<sup>2</sup>.

In the 1940s, some factors, such as the increase in maternal and child deaths during childbirth, contributed to the search for changes in the childbirth process, causing hospitalization to intensify. However, at the same time, there was an increase in the number of unnecessary interventions<sup>1</sup>. This situation has continued over the years, so that currently, in Brazil, the obstetric care model is marked by high rates of elective cesarean sections. According to data from the Unified Health System (*Sistema Único de Saúde - SUS*), rates of normal birth reach 58.1%, while cesarean section represent 41.9% of births, in addition to other interventions, which contribute to removing female autonomy in the birth process<sup>3</sup>.

The World Health Organization, the Brazilian Ministry of Health and other non-governmental bodies suggest obstetric procedures that restore women's protagonism and the experience of childbirth in a natural way<sup>4</sup>. In this line of thought, the National Program for Humanization in Pre-Natal and Birth (*Programa Nacional de Humanização no Pré-Natal e Nascimento - PHPN*) was proposed in 2000, based on the assumption that the humanization of obstetric and neonatal care is fundamental for adequate monitoring of the pregnancy-puerperal period. Therefore, the humanization of childbirth emerges with the premise of rethinking labor and birth care<sup>5</sup>.

The humanization of childbirth consists of conducting childbirth as a physiological event, which prioritizes, respects and embraces the decisions of each parturient. It does not just encompass labor and birth itself, as it starts from prenatal care, also covering the postpartum period<sup>4</sup>.

For obstetric care to be based on the precepts of humanization, this topic must be addressed in academic training and professional updating activities. It is considered that, by introducing the theme of humanization of childbirth in academic-professional training, it is possible to generate reflection and implementation of a new model of care for labor and birth<sup>6</sup>.

In this sense, studies have discussed the training of health professionals and point out weaknesses in teaching and care practice in the parturition process. Although it is possible to observe that the academic training of some professions presents different behaviors, which respect the physiology of childbirth, as is the case of nursing, which has been adding relevance in humanized obstetric care with a growing number of scientific productions related to the

theme, in addition to a qualified assistance, there are still unnecessary interventionist and mechanistic stances, which depart from scientific evidence<sup>7-8</sup>.

Thus, the need to include the theme of humanization as a transversal axis in academic training, in training programs and in ongoing health education actions is justified, with a view to instigating differentiated health actions<sup>9</sup>. There is a need to qualify care for pregnant women, strengthening the theoretical and practical basis of health academics who work in direct assistance during labor and delivery.

Therefore, this study had the following research question: *What knowledge do academics in the health field have about the humanization of childbirth?* Thus, this study aims to investigate the knowledge and experiences of academics in the health field at an educational institution on the topic of humanization of childbirth care.

## METHODS

Qualitative research, of an exploratory and descriptive nature, developed with academics in the health area of an educational institution located on the Western Border of the state of Rio Grande do Sul, Brazil. The inclusion criteria were being enrolled in Nursing, Medicine or Physical Therapy undergraduate courses, because in these courses there were specific curricular components linked to the area of women's health. The exclusion criteria were being under 18 years old.

During the months of January to May 2022, academics from the aforementioned courses were invited. The invitation took place through social media (Instagram and Facebook) of profiles linked to the Courses, Academic Directories and a Research Group, as well as through messaging applications (WhatsApp and Telegram) of the research team. The administrators of these profiles published the invitation and the link to the research instrument, which involved a questionnaire prepared on the Google Forms tool.

In the first stage of the form, participants had access to the Free and Informed Consent Form. After reading the document, participants marked the option "yes" if they agreed to participate and "no" if they refused. Based on the chosen answer, the form was directed to the questionnaire or closed.

The questionnaire contained closed questions that covered sociodemographic and academic information regarding the participants and others linked to the humanization of childbirth. The responses obtained in the questionnaire were transferred to a Microsoft Excel file to carry out thematic content analysis<sup>10</sup>, which allowed the identification of thematic categories.

All standards and guidelines contained in Resolution No. 466/12 were respected. The project was approved by the Research Ethics Committee, on December 17, 2021, CAAE 53397921.3.0000.5323, under opinion number 5,176,515. To guarantee anonymity, the students were identified with the letter A, followed by a number, according to the order of answers obtained in the questionnaire.

## RESULTS

The study included the participation of 29 academics, 11 of whom were from the Nursing course, 10 from the Physical Therapy course and nine from the Medicine course. At the time of data collection, they were between the 2<sup>nd</sup> and 11<sup>th</sup> semester, with a greater predominance of the 7<sup>th</sup> semester (n=10).

The age range of the participants varied between 19 and 30 years old. The majority were female (n=22), single (n=24) and considered themselves white (n=27). Five were from the municipality where the educational institution was located. The others were from Rio Grande do Sul (n=16) or Brazilian other states (n=7), such as São Paulo (n=3), Paraná (n=1), Rio de Janeiro (n=1), Federal District (n=1) and Sergipe (n=1).

Most of them had no experience with monitoring labor (n=21) or childbirth (n=19), nor had they attended a curricular component that addressed the theme of humanization of childbirth (n=18), despite being part of the curricular component, although many had already participated in a scientific event on the topic (n=21).

From the material collected, five categories were constructed: *“Respecting one’s decisions and choices”*: the humanization of childbirth from the perspective of academics; *“Conducts not supported by science”*: reflecting on practices that oppose the humanization of childbirth; *“Simple measures that can make a big difference”*: practices that guarantee humanized birth; *“Some things should be changed”*: barriers to the humanization of childbirth; and *“There should be a focus on the topic”*: ways to guarantee the humanization of childbirth.

### ***Respecting one’s decisions and choices”: the humanization of childbirth from the perspective of academics***

Academics related the humanization of childbirth to different practices and behaviors. According to them, the attitudes of professionals can contribute to the positive experience of parturition:

*Provide the mother and baby with the best possible birth, with humanized care from the team, which allows the patient to bond with her partner or chosen person during birth, as well as bond with her baby post-birth, giving also the possibility for the patient to make choices, when possible/necessary. (A1)*

*Welcoming the woman in labor, allowing continuous monitoring, giving birth, providing guidance, allowing the baby to be placed on her chest immediately after birth, waiting for the umbilical cord's timing. (A4)*

*Have the pregnant woman's rights met and preferences respected by informing all the processes that the pregnant woman is subject to go through during the process and in the postpartum period. (A5)*

*It means that pregnant women can have qualified, up-to-date, evidence-based and respectful assistance, so that they can have a positive birth experience. (A7)*

*A respectful attitude of the professional towards the pregnant woman, allowing her to carry out the birth naturally, without any type of interference. (A8)*

*The woman as the protagonist of her birth, respect, acceptance. The woman's decision about how her birth will be. (A13)*

*Autonomy of the parturient woman in making choices during childbirth. (A17)*

*Humanization is the type of assistance that women receive. Respecting her decisions and choices. (A20)*

### ***“Simple measures that can make a big difference”: practices that guarantee humanized birth***

To ensure the humanization of childbirth, academics consider that some practices are fundamental. According to them, these practices involve the actions of health professionals, but also the structure of institutions:

*The parturient woman's opinion must be taken into account when deciding not to perform an episiotomy, for example. Wait for the cord to stop pulsing before cutting. Skin-to-skin contact between mother and baby in the first minute. Of course, when conditions are favorable, when mother and baby are not at risk. (A1)*

*Ensuring the possibility of patiently waiting for the baby to be born, without pressure from the healthcare team [...] options such as listening to music, walking, doing gymnastics, going to the pool, which are even ways to reduce pain. (A2)*

*First, explaining and offering all the possibilities clearly [...] establish the behaviors that best serve the pregnant woman, always maintaining dialogue and clarity of what could happen. (A3)*

*Offering emotional and physical support, non-pharmacological methods of pain relief, freedom to walk and position, a peaceful environment as far as possible. In short, simple measures that can make a big difference for the birth and for the woman in labor. (A4)*

*Guiding them about their rights, offering quality listening to their fears and desires, offering physical and emotional support, maintaining active participation of parents and family members in the care of the newborn. (A5)*

*Promote continuing education in maternity wards for professionals, inform women about their rights and possibilities when the moment of birth arrives. (A6)*

*It can be offered both by appropriate equipment and environments that stimulate well-being and by non-violent communication. (A10)*

*Respecting all of them as much as possible, allowing the family to participate in the birth, if they and the mother wish to. (A12)*

*Promote a more humanistic education, especially for gynecologists and obstetricians and for the team as a whole. (A14)*

*Offer a space with adequate structure, instruments for childbirth, comfort for the patient and companion. (A16)*

### ***“Conducts not supported by science”: reflecting on practices that oppose the humanization of childbirth***

The statements also highlighted practices that oppose the humanization of childbirth. In this case, they cited procedures carried out routinely and without scientific basis, but also the postures and conduct adopted by the healthcare team:

*Omission of information, episiotomy, maneuvers that force the baby out, manipulation of drugs that accelerate expulsion, when there is still the possibility of waiting for expulsion without them, the verbal way in which the pregnant woman is treated. (A1)*

*Outdated procedures, such as episiotomy, kristeller maneuver, not letting the parturient woman walk and position herself as she would like, not offering non-pharmacological methods of pain relief, being rude in tone of voice and words. (A2)*

*Carrying out conducts that is are scientifically supported, such as episiotomy, and other verbal and physical violence, denied access to visits or companions during childbirth. (A3)*

*The doctor intervenes at the time of birth, performing an episiotomy after the woman said she didn't want it. The behavior of health professionals during labor and delivery. (A4)*

*Not listening to the patient, not explaining the procedures, not asking for consent, not reaching an agreement on the actions to be carried out. (A6)*

*Interventions without theoretical basis, unindicated cesarean sections, physical and verbal abuse, neglect, lack of assistance, sexual abuse. (A7)*

*Surgical interventions, such as cesarean sections and the use of medical tools to speed up the process, as well as the use of drugs. (A8)*

*The lack of empathy, the normalization of cesarean section as a birth method. (A10)*

*Violation of women's decisions, with decisions taken without their authorization. (A13)*

*When the patient is induced to have a cesarean section. (A25)*

### ***“Some things should be changed”: barriers to the humanization of childbirth***

Participants highlighted that changes in the obstetric scenario permeate the need to update the team regarding their practices. In addition to pointing out the resistance of some classes of professionals to adopting behaviors related to humanization:

*I think that, above all, professionals need constant updating, so that they can learn more about the humanization of childbirth. There is a lot of prejudice against the term "humanized birth", which ends up bringing many myths as well. This is not a "fad" as many think, but rather respectful and up-to-date conduct, providing more positive experiences for women and better outcomes for mother and baby. (A5)*

*Some things should be changed, like the cesarean section routine, because I believe it is too automatic. It has become very common to have a cesarean section, as it is convenient for the doctor and “quicker”, as we always hear. (A6)*

*There are still professionals who follow traditional standards, without updating, which harms women and their families. (A7)*

*We often come across a nursing team that adopts humanitarian practices. However, when it comes to the medical part, the continuity of these practices does not occur. (A8)*

*Updating professionals trained long ago, educating women during prenatal care and improving structures. (A13)*

*I think that the mentality of professionals who work in this area must be aligned with the individual wishes of each pregnant woman. (A15)*

### ***“There should be a focus on the topic”: ways to guarantee the humanization of childbirth***

In order to guarantee the humanization of childbirth, those surveyed highlighted some strategies that can encourage discussion of the topic, as well as changes in the hospital context. In this sense, they suggest activities at an academic and professional level, as well as aimed at the community in general, and research on the topic. They also mention the need for improvements in infrastructure and the creation of protocols in the hospital environment:

*Teaching practices that bring students from all areas of healthcare closer to a real birth. We know that having this experience of accompanying a birth is sometimes not possible due to several factors, one of which is the discomfort generated in the parturient woman by seeing the room full of students, but an experience among the students themselves, with models of pelvises and dolls. (A4)*

*Conversation circles, groups of pregnant women, strengthening of the multidisciplinary team in pre-partum, peri-partum and post-partum, infrastructure improvements, professional updating. (A7)*

*Discussion on the relationship of race/ethnicity in humanized or non-humanized births, gender relationship. For example, pregnant trans men can also have humanized births. (A10)*

*Encourage research in the area, hold conversation circles with students, a multi-professional lecture cycle on the topic. (A11)*

*Activities on how to ensure information about your rights during pregnancy and childbirth. (A13)*

*Actions on the legal rights of pregnant women, importance of the companion/doula during childbirth. (A18)*

*I believe that there should be a focus on the topic in health courses, especially nursing and medicine, to train new, more qualified and up-to-date professionals. In hospital environments, everything depends on the doctor on duty. This way, she ends up making the decisions [...] I also believe that it is important to create hospital protocols. (A25)*

## **DISCUSSION**

Academics associated the humanization of childbirth with respect for women's choices, welcoming, establishing a bond, and qualified, up-to-date assistance based on scientific evidence. They also indicated the importance of monitoring the parturition process, emotional and physical support, the use of non-pharmacological methods of pain relief, freedom of movement and positioning of the parturient, skin-to-skin contact between mother and baby, delayed clamping umbilical cord, among others.

The academics' perceptions are in line with the National Guidelines for Normal Birth Care<sup>11</sup>. This document recommends that women in labor are treated with respect, have access to evidence-based information and receive support from people outside the healthcare team. It also highlights the importance of welcoming, qualified listening and guaranteeing the right to a birth companion.

The participants' testimonies are also aligned with the good practices in labor and birth care recommended by the World Health Organization (WHO)<sup>12</sup>. The guide in question indicates useful practices that should be encouraged by health institutions and professionals. Among these, respect for the woman's choices and the companion chosen by her, the empathetic support of professionals, careful monitoring of the progress of the birth and the woman's physical and emotional well-being, the use of non-invasive and non-pharmacological methods of pain relief, freedom of position and movement during labor and early direct skin contact between mother and child<sup>12</sup>.

In the same direction, a survey carried out at the Nursing Department of the Universidade Federal de Pernambuco (UFPE) with nursing students found that they associated the humanization of childbirth care with respect for women's decisions, female protagonism in childbirth, the right to choose the birth companion, among other factors<sup>13</sup>. Another study carried out with medical students at the Universidade Estadual de Montes Claros (UNIMONTES) found that they emphasized welcoming and the need to reduce interventions in the parturition process<sup>14</sup>.

The perspectives of academics are close to the guidelines and premises of the main documents, which guide the humanization of labor and birth<sup>11-12</sup>. In this way, it is assumed that good practices in labor and birth care have been addressed in academia, even if there are limiting factors, such as few practical experiences in the obstetric context.

The debate on the topic in the academic environment, associated with the possibility of following the birth process, during practical activities and internships, can contribute to students' reflection. With this, they can become aware of the importance of welcoming and comprehensive assistance, which allows the elimination or reduction of unnecessary interventionist practices during the parturition period.

It was also found that, to guarantee the humanization of childbirth, academics consider that some practices are necessary. In this way, they indicated the importance of clarifying women about their rights and the conduct carried out at the time of birth, respecting women's decision regarding the performance of procedures, allowing women to walk and assume the position of their choice, guaranteeing aspects related to the environment, provide physical and emotional support, offer non-pharmacological methods of pain relief, provide opportunities for delayed clamping of the umbilical cord and promote skin-to-skin contact in the first hour of life.

Respecting women's autonomy during the birth process and clarifying intrapartum conduct represents practices that come close to the premises of humanization. Furthermore,



autonomy is favored by the woman's knowledge about the conduct and practices that may occur during labor and delivery<sup>15</sup>.

In a study carried out in a maternity hospital in the state of Bahia, with 11 postpartum women and 5 obstetric nurses, it was indicated that the autonomy and active participation of women during childbirth constitute strategies that promote humanization<sup>7</sup>. Women must be informed and clarified regarding the conduct adopted during childbirth, with a view to providing an experience that can strengthen their autonomy and the practice of shared decision-making<sup>15</sup>.

Similar to the perceptions of the academics in the present study, other scientific productions also consider freedom to walk, skin-to-skin contact, physical and emotional support and encouragement of breastfeeding in the first hour of life as behaviors that come close to humanization of childbirth<sup>16-17</sup>. In this sense, another aspect that deserves to be highlighted is the ambiance, which is defined by the National Humanization Policy (PNH), as a comfortable, welcoming, safe and private environment, which provides security and tranquility to the parturient woman<sup>18</sup>.

Regarding the non-pharmacological methods of pain relief, it is recognized that these constitute easy-to-apply practices that contribute to a better birth experience. One study indicated that these measures can help reduce elective cesarean section rates<sup>19</sup>.

Delayed or opportune clamping of the umbilical cord is when the healthcare professional waits for the pulsations to stop before clamping the cord. Since 2012, the WHO has recommended delayed clamping of the umbilical cord, justifying that this procedure can help in the prevention and treatment of postpartum hemorrhage<sup>20</sup>. Furthermore, another investigation pointed to delayed clamping of the umbilical cord as a tool to improve iron stores, thus preventing the occurrence of anemia in the baby<sup>21</sup>.

Skin-to-skin contact in the first hour of life and the promotion of a healthy and welcoming environment, in addition to being safe and low-cost practices, contribute to the thermoregulation of the newborn, and also to the establishment of breastfeeding and strengthening the bond between mother and baby<sup>22-23</sup>. From this perspective, Ordinance No. 371, of May 7, 2014, guarantees women and newborns the right to skin-to-skin contact in the first hour of life<sup>24</sup>.

From the perspective of academics, some behaviors and procedures oppose humanization. Among these, physical and verbal aggression, carrying out procedures without the woman's consent, episiotomy, Kristeller's maneuver, lack of clarification regarding the conduct carried out during intrapartum, non-compliance with the law on the right to a birth

companion, early induction of labor and performing a cesarean section without real indication. Studies indicate that these procedures and behaviors are considered abusive practices, which oppose the humanization of childbirth and can be classified as obstetric violence<sup>25-26</sup>.

Regarding episiotomy, the WHO indicates that this practice is often used inappropriately by health professionals and can lead to several risks such as perineal laceration, hemorrhage and infections. The Kristeller maneuver consists of a practice without sufficient evidence to support its recommendation, in addition to research demonstrating an increase in complications such as uterine rupture, urinary incontinence, complications for the baby such as shoulder dystocia, as well as fetal complications<sup>12,28</sup>.

Participants also highlighted the need for changes in the obstetric scenario, which implies updating professionals regarding the practices adopted in care. They also pointed out that some professionals are resistant to adopting more humanized behaviors.

Thus, it appears that these findings represent barriers encountered for the humanization of childbirth. A study highlighted the same obstacles, showing professionals' lack of knowledge regarding humanization, refusal to revise their conduct, work overload and lack of time<sup>29</sup>.

Therefore, it is important to implement public policies related to time, in addition to ongoing education actions to sensitize health professionals about the recommendations, highlighting the benefits for maternal and child health and the reduction of unnecessary expenses due to complications caused by unnecessary interventions<sup>30</sup>.

Academics suggest that the humanization of childbirth be addressed during academic training, but also in the professional context and in health education activities, aimed at users, such as groups of pregnant women and conversation circles. From this point of view, the qualification of childbirth assistance permeates the academic training of courses in the health area.

Training on the subject of the area is a demand based on the need to update the obstetric scenario, aiming for changes in professional practice in defense of improving labor and birth care. The constant updating and improvement of professionals who work in obstetric practice can contribute to the implementation of actions recommended by institutional bodies and international organizations. Furthermore, it is inferred that carrying out procedures based on scientific evidence is an important tool for qualifying obstetric care<sup>29</sup>.

## CONCLUSION

This study made it possible to investigate the knowledge and experiences of academics in the health area from an educational institution located on the Western Border of the state of Rio Grande do Sul regarding the topic of humanization of childbirth care. Based on the findings, it can be seen that they have knowledge about good labor and birth care practices, even if they have alleged a gap in practice.

Given the barriers found in the obstetric scenario for the implementation of the humanization of childbirth, undergraduate courses in the health area are recognized as fruitful spaces for fostering debates, capable of contributing to raising awareness regarding the need for new birth models. In this context, academics emerge as important agents of transformation in the obstetric context.

Among the limitations of the study, it is considered that collecting data online may have resulted in not deepening the knowledge and experiences of academics. However, due to the context of the COVID-19 pandemic and remote teaching at the institution where the research took place, this represented the only possible strategy to develop the study.

The findings can contribute to the construction of knowledge, as well as to broadening the perspective of academics and health professionals towards the humanization of childbirth, providing greater sensitivity and reflection on the need for changes in the obstetric context. Based on the findings, the need to formulate teaching and learning strategies in the university environment, as well as in continuing education actions in services, on the topic is also recognized, aiming to expand the debate in different segments and greater female protagonism in the process parturitive.

## REFERENCES

1. Bitencourt AC, Oliveira SL, Rennó GM. Significado de violência obstétrica para os profissionais que atuam na assistência ao parto. *Enferm Foco (Brasília)* [Internet]. 2021 [cited in 15 Apr 2024]; 12(4):787-93. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/download/4614/1230>
2. Lara SRGD, Cesar MBN. *Enfermagem em obstetrícia e ginecologia*. São Paulo: Editora Manole, 2017. 296p.
3. Monteiro MSS, Barro MJG, Soares PFB, Nunes RL. Importância da assistência de enfermagem no parto humanizado. *ReBIS* [Internet]. 2020 [cited in 15 Apr 2024]; 2(4):51-8. Available from: <https://faculdadejk.edu.br/wp-content/uploads/2022/05/139-Texto-do-Artigo-332-1-10-20201105.pdf>
4. Nascimento ER, Santos ECS, Souza DS, Gallotti FCM. Desafios da assistência de enfermagem ao parto humanizado. *Cad Grad Ciênc Hum Soc Unit*. [Internet]. 2020 [cited in 15 Apr 2024]; 6(1):141-6. Available from: <https://periodicos.set.edu.br/cadernobiologicas/article/view/8008/3873>

5. Ministério da Saúde (Brasil). Programa Humanização do Parto: humanização no pré-natal e nascimento [Internet]. Brasília, DF: Ministério da Saúde, 2002 [cited in 15 Apr 2024]. 28 p. Available from: <https://bvsmms.saude.gov.br/bvs/publicacoes/parto.pdf>
6. Possati AB, Prates LA, Cremonese L, Scarton J, Alves CN, Ressel LB. Humanização do parto: significados e percepções de enfermeiras. *Esc Anna Nery Rev Enferm.* [Internet]. 2017 [cited in 15 Apr 2024]; 21(4):e20160366. Available from: <https://www.scielo.br/j/ean/a/VVsfXjcBCgnXBYVNf7m68XS/?format=pdf&lang=pt>
7. Leal MS, Moreira RCR, Barros KCC, Servo MLS, Bispo TCF. Humanization practices in the parturitive course from the perspective of puerperae and nurse-midwives. *Rev Bras Enferm.* [Internet]. 2021 [cited in 15 Apr 2024]; 74(Suppl 4):e20190743. Available from: <https://www.scielo.br/j/reben/a/rLrckvzCp8sh8GtLqGx6xSH/?format=pdf&lang=en>
8. Souza AMM, Souza KV, Rezende EM, Martins EF, Campos D, Lansky S. Práticas na assistência ao parto em maternidades com inserção de enfermeiras obstétricas, em Belo Horizonte, Minas Gerais. *Esc Anna Nery Rev Enferm.* [Internet]. 2016 [cited in 15 Apr 2024]; 20(2):324-31. Available from: <https://www.scielo.br/j/ean/a/xDQqdphRKhRc7K6HRV3TWdF/?format=pdf&lang=pt>
9. Medeiros LMO, Batista SHS. Humanização na formação e no trabalho em saúde: uma análise da literatura. *Trab Educ Saúde* [Internet]. 2016 [cited in 15 Apr 2024]; 14(3):925-51. Available from: <https://www.scielo.br/j/tes/a/jLPmBhBN6nSTn9JTP4qvYGQ/?format=pdf&lang=pt>
10. Minayo MCS. O desafio do conhecimento pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014.
11. Ministério da Saúde (Brasil). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes nacionais de assistência ao parto normal: versão resumida [Internet]. Brasília, DF: Ministério da Saúde; 2017 [cited in 15 Apr 2024]. 51 p. Available from: [https://bvsmms.saude.gov.br/bvs/publicacoes/diretrizes\\_nacionais\\_assistencia\\_parto\\_normal.pdf](https://bvsmms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_assistencia_parto_normal.pdf)
12. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience [Internet]. Geneva: WHO; 2018 [cited in 21 July 2022]. 210 p. Available from: <https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;jsessionid=7249D951142ADCD80C5CC49A30B618B0?sequence=1>
13. Francisco MM, Andrade IAF, Silva LSR, Ferreira MC, Aymar DLFA, Simões EMS. Humanização da assistência ao parto: opinião dos acadêmicos de enfermagem. *Nursing* [Internet]. 2020 [cited in 15 Apr 2024]; 23(270):4897-902. Available from: <https://www.revistanursing.com.br/index.php/revistanursing/article/view/1026/1190>
14. Rebello MTMP, Rodrigues Neto JF. A humanização da assistência ao parto na percepção de estudantes de medicina. *Rev Bras Educ Méd.* [Internet]. 2012 [cited in 15 Apr 2024]; 36(2):188-97. Available from: <https://www.scielo.br/j/rbem/a/whR4TSnKMygYWmxswLfDfTn/?format=pdf&lang=pt>
15. Reis TLR, Padoin SMM, Toebe TRP, Paula CC, Quadros JS. Autonomia feminina no processo de parto e nascimento: revisão integrativa da literatura. *Rev Gaúch Enferm.* [Internet]. 2017 [cited in 15 Apr 2024]; 38(1):e64677. Available from: <https://www.scielo.br/j/rgenf/a/W6tHf3txYL75vsf7tc4W4Rj/?format=pdf&lang=pt>
16. Pereira SB, Diaz CMG, Backes MTS, Ferreira CLL, Backes DS. Good practices of labor and birth care from the perspective of health professionals. *Rev Bras Enferm.* [Internet]. 2018 [cited in 15 Apr 2024]; 71(Suppl 3):1313-9. Available from: <https://www.scielo.br/j/reben/a/XYksDZmcHxdFTppBV87bxrn/?format=pdf&lang=en>
17. Alcântara NA, Silva TJP. Obstetric practices in childbirth care and usual risk birth. *Rev Bras Saúde Mater Infant.* [Internet]. 2021 [cited in 15 Apr 2024]; 21(3):761-71. Available from: <https://www.scielo.br/j/rbsmi/a/P6nwRj7VKG8G8C9vcTMZdM/?format=pdf&lang=en>

18. Ministério da Saúde (Brasil). Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. *Ambiência* [Internet]. 2. ed. Brasília, DF: Ministério da Saúde; 2010 [cited in 15 Apr 2024]. 32 p. (Série B. Textos Básicos de Saúde). Available from: [https://bvsms.saude.gov.br/bvs/publicacoes/ambiencia\\_2ed.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/ambiencia_2ed.pdf)
19. Mascarenhas VH, Lima TR, Silva FM, Negreiros FS, Santos JD, Moura MA, et al. Evidências científicas sobre métodos não farmacológicos para alívio a dor do parto. *Acta Paul Enferm.* [Internet]. 2019 [cited in 15 Apr 2024]; 32(3):350-7. Available from: <https://www.scielo.br/j/ape/a/QPfvQVTpmczQgjL783B9bVc/?format=pdf&lang=pt>
20. World Health Organization. WHO recommendations for the prevention and treatment of postpartum haemorrhage [Internet]. Geneva: WHO; 2014 [cited in 15 Apr 2024]. Available from: [https://iris.who.int/bitstream/handle/10665/75411/9789241548502\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/75411/9789241548502_eng.pdf?sequence=1)
21. Rheenen PV, Brabin BJ. Late umbilical cord-clamping as an intervention for reducing iron deficiency anaemia in term infants in developing and industrialized countries: a systematic review. *An Trop Paediatr.* [Internet]. 2004 [cited in 15 Apr 2024]; 24(1):3-16. Available from: <https://www.tandfonline.com/doi/epdf/10.1179/027249304225013286>
22. Mercer JS, Erickson-Owens DA, Graves B, Haley MM. Evidence-based practices for the fetal to newborn transition. *J Midwifery Womens Health* [Internet]. 2007 [cited in 15 Apr 2024]; 52(3):262-72. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1016/j.jmwh.2007.01.005>
23. Fundo das Nações Unidas para a Infância. *Iniciativa Hospital Amigo da Criança: revista, atualizada e ampliada para o cuidado integrado: módulo 1: histórico e implementação* [Internet]. Brasília, DF: Ministério da Saúde; 2008 [cited in 15 Apr 2024]. 78 p. (Série A. Normas e Manuais Técnicos). Available from: [https://bvsms.saude.gov.br/bvs/publicacoes/iniciativa\\_hospital\\_amigo\\_crianca\\_modulo1.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/iniciativa_hospital_amigo_crianca_modulo1.pdf)
24. Ministério da Saúde (Brasil). Portaria nº 371, de 7 de maio de 2017. Institui diretrizes para a organização da atenção integral e humanizada ao recém-nascido (RN) no Sistema Único de Saúde (SUS) [Internet]. Brasília, DF: Ministério da Saúde; 2017 [cited in 15 Apr 2024]. Available from: [https://bvsms.saude.gov.br/bvs/saudelegis/sas/2014/prt0371\\_07\\_05\\_2014.html](https://bvsms.saude.gov.br/bvs/saudelegis/sas/2014/prt0371_07_05_2014.html)
25. Zanardo, GLP, Calderón M, Nadal AHR, Habigzang LF. Violência obstétrica no Brasil: uma revisão narrativa. *Psicol Soc.* [Internet]. 2017 [cited in 15 Apr 2024]; 29:e155043. Available from: <https://www.scielo.br/j/psoc/a/J7CMV7LK79LJTnX9gFyWHNN/?format=pdf&lang=pt>
26. Leite TH, Marques ES, Pereira APE, Nucci MF, Portella Y, Leal MC. Desrespeitos e abusos, maus tratos e violência obstétrica: um desafio para a epidemiologia e a saúde pública no Brasil. *Ciênc Saúde Colet.* [Internet]. 2022 [cited in 15 Apr 2024]; 27(2):483-91. Available from: <https://www.scielo.br/j/csc/a/vWq9rQQg8B8GhcTb3xZ9Lsj/?format=pdf&lang=pt>
27. Aguiar BM, Silva TPR, Pereira SL, Sousa AMM, Guerra RB, Souza KV, et al. Fatores associados à realização de episiotomia. *Rev Bras Enferm.* [Internet]. 2020 [cited in 15 Apr 2024]; 73(Suppl 4):e20190899. Available from: <https://www.scielo.br/j/reben/a/kKtVdKj63vRMVxXNdj39shw/?format=pdf&lang=pt>
28. Rodrigues DP, Alves VH, Silva AM, Penna LHG, Vieira VDG, Silva SÉD, et al. Percepção de mulheres na assistência ao parto e nascimento: obstáculos para a humanização *Rev Bras Enferm.* [Internet]. 2022 [cited in 15 Apr 2024]; 75(Suppl 2):e20210215. Available from: <https://www.scielo.br/j/reben/a/VMVWnx97szrXDzn4KQxkxtn/?format=pdf&lang=pt>
29. Côrtes CT, Oliveira SMJV, Santos RCS, Francisco AA, Riesco MLG, Shimoda GT. Implementation of evidence-based practices in normal delivery care. *Rev Latinoam Enferm.* [Internet]. 2018 [cited in 15 Apr 2024]; 26:e2988. Available from: <https://www.scielo.br/j/rlae/a/6wqzGK8b3B6MPTX4ZpfhZfq/?format=pdf&lang=pt>
30. Bick D, Chang YS. Implementation of evidence into practice: complex, multi-faceted and multi-layered. *Rev Esc Enferm USP* [Internet]. 2014 [cited in 15 Apr 2024]; 48(4). Available

from:

<https://www.scielo.br/j/reeusp/a/d5c7wQ6jHkszdpmJrGmDDWP/?format=pdf&lang=pt>

**Associated Publisher:** Rafael Gomes Ditterich.

**Conflict of Interests:** the authors declared there is no conflict of interests.

**Financing:** none.

#### CONTRIBUTIONS

**Ana Carolina Dias Molina** collaborated in the conception of the study and its design, data collection and analysis, writing and revision. **Débora Schlotefeldt Siniak, Jussara Mendes Lipinski** and **Michele Bulhosa de Souza** contributed to the revision. **Lisie Alende Prates** participated in the conception of the study and its design, writing and revision.

#### Como citar este artigo (Vancouver)

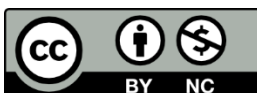
Molina ACD, Lipinski JM, Souza MB, Siniak DS, Prates LA. Humanization of childbirth: study from the perspective of health academics. *Rev Fam, Ciclos Vida Saúde Contexto Soc.* [Internet]. 2023 [cited in *insert day, month and year of access*]; 12(1):e7290. Available from: *insert access link*. DOI: *insert DOI link*.

#### Como citar este artigo (ABNT)

MOLINA, A. C. D.; LIPINSKI, J. M.; SOUZA, M. B.; SINIAK, D. S.; PRATES, L. A. Humanization of childbirth: study from the perspective of health academics. **Rev. Fam., Ciclos Vida Saúde Contexto Soc.**, Uberaba, MG, v. 12, n. 1, e7290, 2024. DOI: *insert DOI link*. Available from: *insert access link*. Access in: *insert day, month and year of access*.

#### Como citar este artigo (APA)

Molina, A. C. D., Lipinski, J. M., Souza, M. B., Siniak, D. S., & Prates, L. A. (2024). Humanization of childbirth: study from the perspective of health academics. *Rev. Fam., Ciclos Vida Saúde Contexto Soc.*, 12(1), e7290. Retrieved in *insert day, month and year of access* from *insert access link*.



This is an open access article distributed under the terms of the Creative Commons License