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Parenthood in Childbirth: Reports by Mothers and Fathers

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Abstract

Nowadays childbirth care in Brazil is mainly guided by the technocratic model, with a high rate of unnecessary interventions that may cause iatrogenesis. Emotional aspects inherent to birth tend to be disregarded in this scenario, which produces risks for the psychological health of the mother, father, and baby. The aim of this study was to look into the subjective experiences of fathers and mothers regarding childbirth in contemporary Brazil. For this purpose, a collective case study was carried out in which 30 birth reports published on personal blogs were analyzed, 15 written by women and 15 by men. The results pointed to the helplessness experienced by fathers and mothers in the face of technocratic care which may sometimes be violent, and to the idealization of health care professionals who work according to the humanized paradigm. The choice of the mode of delivery often appeared in the subjects' discourse, denoting a scenario in which caesarean section is understood as a consumer good. Respect for the temporality of childbirth was considered essential to ensure that giving birth is not experienced in a traumatic way, and pain was reported as a central element to elaborate the symbolic death intrinsic to the process of parenthood appropriation. The lack of support from the environment seems to be a constitutive factor in the experience of obstetric violence and the writing of birth reports a resource to reinterpret this traumatic experience. We came to the conclusion that it is extremely important that the professional team be trained to understand the emotional aspects present in the childbirth experience, with interdisciplinary exchanges being a powerful resource to provide good quality of care for the parental couple.

Keywords

Childbirth, Humanization, Obstetric Violence, Parenthood, Maternal, Child Health

1. Introduction

Brazil is today internationally famous for being one of the countries with the highest caesarean rates in the world [1]. In public health facilities, vaginal delivery is more frequent than in the private ones, which does not mean that parturients are not the target of undue interventions, such as the administration of oxytocin, epidural injections and routine episiotomy. In private care, restricted to those with greater purchasing power, caesarean sections are predominantly elective and pre-scheduled, mainly due to the lack of information during prenatal care and to the financial interest of health professionals [2] [3]. In addition, many health professionals perform caesarean sections for fear of being sued [1]. The high rate of caesarean sections indicates the degree of hyper-medicalization of childbirth in the country [1] [4].

In Brazil, men and women have been reporting their childbirth experiences in personal blogs that deal with this specific topic, and their reports seem to be an emotional support for those who are about to be fathers and mothers. Studies such as those by [5] [6] [7] and [8] point to virtual social networks as contemporary support networks, especially for women about to be mothers. In addition, the internet has become an important tool for mobilizing civil society, which takes into account the need for changes in childbirth care in Brazil.

Although childbirth humanization policies are the object of many investigations in the health field, especially in nursing, there are still very few studies that discuss the emotional aspects of childbirth and its relevance in the construction of parenthood. Thus, in this research we seek to look into the subjective experiences of fathers and mothers regarding childbirth today. As specific objectives, our purpose was to investigate the relationships created by the subjects between the experience of childbirth and the process of parenthood appropriation; the father's involvement at the moment of the baby's birth; the impact of the environment on the parturition process; and the relationship that fathers and mothers set up with the health professionals who assist them in childbirth.

2. Method

A qualitative research investigation was carried out through a collective case study [9], with data collection on the internet in personal blogs, the objective of which was not to come to an intrinsic understanding of each case, but rather to achieve a more global comprehension of the object of study. Employing this method, we thus sought, based on the childbirth accounts we analyzed, to comprehend the social context in the experiences of those who become fathers and mothers in Brazil. Thirty birth accounts were selected, 15 were written by women and 15 by men. The selection criteria consisted of: being published on personal blogs and written by fathers and mothers who wished to share their experiences regarding pregnancy, childbirth and parenthood online. Another stipulated criterion was that they should not be mere descriptions, that is, they should convey the perception and unique feelings of each subject at the time of delivery.

Reports of natural, normal and caesarean delivery were selected in order to increase our learning about the birth experience. However, twin births and births of children with any type of syndrome were excluded, so that the specific details of those cases would not overly extend the experiences to be analyzed. The objective of this selection was to ensure the variety without emphasizing the particularities.

Only accounts posted in the period between 2010 and 2017 and published in blogs intended to share experiences were selected, a decision which excluded commercial blogs, for example. All deliveries took place in Brazil and the accounts came from different regions in the country. Due to the specificity of the research source, it was not possible to identify the place of residence, age and social class of the account writers. However, most of the selected texts referred to births at home or in private hospitals that took place chiefly in large capitals, so it is likely that the fathers and mothers who wrote them came mainly from the middle classes of the population. The names of the report writers were reproduced exactly as they appeared in the published blogs.

After selecting the accounts, the material was submitted to categorical aggregation [9], which consists of gathering together recurrent circumstances until it becomes possible to form a class, a category, and the categories of analysis were defined subsequently. From the selected accounts, eight categories of analysis emerged: technocratic birth: focus on the procedures to the detriment of the subjects; the role of the team in the construction of birth experience; respect for the temporality of childbirth: mother and baby in focus; birth pain and fear of death; obstetric violence; misinformation and virtual support; choice or autonomy?; and birth experience involving three persons.

3. Results

3.1. Technocratic Birth: Focus on the Procedures to the Detriment of the Subjects

The reports pointed to the psychological suffering produced by the attitude of health professionals when they focus on possible biological complications to the detriment of emotional support, which is needed by those who become mothers and fathers. The subjects highlighted the importance of discussing the routine use of procedures; they questioned the medical practice that disregards the protagonism of women in childbirth; and they pointed to the need of caring professionals so that they could feel less helpless in their anguish and as a consequence welcome the baby with greater affectionate willingness. The results indicate the urgency of guiding health professionals to provide assistance focused on the emotional aspects inherent to childbirth. "(…) *I was terrified of falling into the hands of an obstetrician who claimed to be humanized, but at the time of delivery would perform unnecessary interventions, such as episiotomy, analgesia, synthetic oxytocin or even unnecessary caesarean section*" (Juliana).

(…) he was very cold to me. He asked me to lie down and gave me a vaginal

touch. I felt a lot of pain and complained. And he told me that if I complained of a tiny vaginal touch, I wouldn't be able to withstand the contractions of normal childbirth. And whenever he had the opportunity, he would make fun of my choice (Rebeca).

3.2. The Role of the Team in the Construction of the Birth Experience

Some reports gave an account of childbirth experiences in which the attitude of the team—careful and mindful of the emotional demands of the parental couple—contributed to give rise to serene childbirths that remained in the subjects' memories as a pleasant and transforming experience. "*Miriam* (the doula) *came back to our house and slept with me* (…). *In fact, I believe that she only watched over my sleep, because every time I woke up, she was awake*…" (Gabi S.).

3.3. Respect for the Temporality of Childbirth: Mother and Baby in Focus

Respect for the temporality of childbirth seemed to be essential for a positive experience of childbirth. When the pace of labor was governed by the mother-baby dyad, and not by institutional processes or the health professionals' agenda, fathers and mothers reported that they felt supported and respected.

Yes, Antônio was born when he wanted, at home, in our bed, without anyone getting on Camila's belly, telling her to breathe or push, pulling our baby. There was no vaginal touch, no episiotomy. They had Camila and Antônio at the center of everything all the time (Raoni).

3.4. Birth Pain and Fear of Death

The fear of death was reported as the main concern of fathers and mothers about childbirth. The experience of pain stood out as a possibility for elaborating the transition to motherhood, and mothers who did not go through this experience reported that they missed going into labor. "*The prospect of ending up with no babies was threatening. There could be no peace before everything was finished*" (Vinicius). "*I can't say what it's like to go into labor and I miss this experience in my life. It may seem crazy, but only mothers who had a caesarean section without ever going into labor know what this means*" (Mari).

3.5. Obstetric Violence

The accusation of obstetric violence was present in the accounts of five mothers. In the paternal accounts, however, there were no reports of violence during childbirth. We observed that in the reports of three of these women who felt violated, the companion was not allowed to be by their side, which seems to have enhanced experiences of helplessness and loneliness.

I spent the worst 9 hours of my life alone in that hospital, I was hospitalized

with no one by my side. (…) I burst into tears in the operating room. I asked for my doctor and got no answer. I didn't know the faces of those people that were operating on me. (…) I had a bad time during the entire surgery. THEY DID NOT LET MY HUSBAND IN FOR THE SURGERY (Gisele).

3.6. Misinformation and Virtual Support

The reports published online seem to be a tool for elaborating the traumatic experiences of childbirth, making it possible to ascribe a positive meaning to the experience and help other people who go through the same situation. The internet has emerged as a powerful tool both in terms of providing support during the transition to parenthood, especially for motherhood, and in terms of mobilizing civil society to change the childbirth care scenario in the country. The increase of childbirth medicalization is very recent and the exchange of information between generational pairs seems to embolden women to fight for their protagonism in childbirth. "*It hurts to tell, but at the same time it makes us free, because through this report I can prevent women from going through the same type of violence that I suffered*" (Anna D.).

3.7. Choice or Autonomy?

The notions of choice, autonomy and desire—insignia of the individualist ideology—became prominent in the reports, pointing both to the relevance of female protagonism in childbirth and to the difficulty of experiencing a process which no one can control. "*I believe that every woman SHOULD HAVE THE RIGHT TO CHOOSE, whether it's caesarean section or vaginal delivery, without being judged for it*" (Anna S.).

3.8. Birth Experience Involving Three Persons

The father's presence at childbirth also seems to promote female autonomy in parturition processes. In the analyzed reports, most of the women who portrayed experiences of obstetric violence were not allowed to have the baby's father by their side at that moment, which seems to have increased their sense of helplessness. On the other hand, those who were able to experience the birth of their children together with their partners reported this experience as a reinforcement of the marital bond. "*And I feel like the most privileged man in the world because I saw my daughter being born by my hands. This is perhaps the closest I'll ever get to motherhood and I'm fully satisfied with that!*" (Pablo).

4. Discussion

Based on the birth reports analysis, it was possible to perceive that the lack of support from the professional team during childbirth contributed to extremely painful and traumatic childbirth experiences. The reports pointed to the impact that the team's attitude had on the way mothers and fathers felt at the time of delivery and, consequently, on their willingness to welcome the child at birth,

corroborating the results that were discussed in the study by [10].

The feeling of a woman being treated as an object appeared in the reports of mothers, illustrating what authors such as [11] [12] [13] and [14] say about the disregard of female protagonism in childbirth, the expropriation of knowledge concerning the physiology of their own body, and the depersonalization of the female body.

On the other hand, it was evident that when a health professional emotionally in tune with the parturient utters words that comfort, it seems possible to face pain and fear with more confidence. This fact explains the importance of the word as a tool in health care processes, as pointed out by [15].

When discussing the idea of choice, [16] [17] and [18] emphasize the compulsory nature of individual choice today, since social activity is now mainly guided by individual decisions, and no longer by traditions. According to [17], in addition to being mandatory, choices rely on preexisting power relationships that determine the possible options in each context. Therefore, the social logic ruled by decision-making processes should not be identified with a way of favoring pluralism, but with an instrument of power and stratification. In the case of childbirth, for instance, the fact that the rate of caesarean sections is much higher in private than in public health services points to such stratification. That is, not all women can "choose" a caesarean section, only those with the purchasing power to do so.

In the analyzed reports, the notion of choosing the mode of delivery appeared as a guarantee of female protagonism. The humanization policies highlight the importance of female empowerment in childbirth, an essential condition to ensure that women will stop being passive at the birth of their children and that their emotional needs will be taken into account. However, in an extremely individualistic context in which people are urged to choose the course of their lives at every moment, we understand that the ideal of humanization is wrongly assimilated as a guarantee of the parturient's right to choose the mode of delivery. Childbirth is known for being extremely unpredictable and also marked by unconscious and biological mandates no one can control. In this sense, we deem important to emphasize that the idea of choice regarding the mode of delivery is not exactly fitting. Caesarean section is a surgery and as such should be performed when there is a medical or psychological indication. We believe that by carefully listening to their patients, health professionals may understand the desire for caesarean section and help in its resignification throughout pregnancy, realizing that sometimes this desire reveals very deep emotional issues for parents, especially for mothers.

Reference [5] investigated the maternal experience of writing and sharing online reports of traumatic births and found that writing provides empowerment, as it allows women to be authors and protagonists in an experience in which they have felt to be silenced. It is a way of giving a positive meaning to the traumatic experience. In line with what was postulated by the authors, it became

evident in the present research that the writing of the accounts made it possible to elaborate the mothers' experience of traumatic births.

As pointed out by authors such as [19] and [20], the fathers have been discovering different ways of taking part in childbirth. Some participate more actively, comforting the parturient, pushing with her or cutting the umbilical cord, for example. Others just watch, or they film and photograph the event. In the analyzed reports, paternal participation was mentioned in different ways, whether receiving the child, solving practical issues, encouraging women to push, cutting the umbilical cord, or just being close by. The father's presence at childbirth seemed to be a support for the parturient and to promote a better marital rapport.

On the other hand, to create obstacles to the presence of the father in childbirth, in addition to violating Brazilian legislation, can promote experiences of helplessness and loneliness for the woman, which may hinder the progress of labor [21]. Women who had deliveries in which the father's presence was denied by the medical team highlighted that this exclusion was a painful experience for the men as well.

5. Conclusions

As a conclusion, it is of extreme importance that health professionals who assist the parents in childbirth be trained to understand the emotional aspects inherent to birth, so that they can provide a kind support in the parturition process. The relevance of interdisciplinary exchanges to ensure a good quality of care for the parental couple becomes evident. We emphasize the importance of caring for mothers and fathers, because this supporting care enables them to invest in the care of the baby. In this sense, we deem essential that a tender loving care be practiced in the relationships between health professionals who assist the delivery and the subjects who are giving birth—whether it is the mother in concrete terms or the father in psychological terms. This comprehension needs to be increasingly disseminated so that society at large comes to understand it as a sine qua non condition for childbirth care. Although technocratic births still prevail in Brazil, the movement in favor of the humanization of childbirth care is becoming increasingly strong, including many professionals who aim to comply with the demands of civil society and the guidelines of the Ministry of Health and the World Health Organization.

We also emphasize the importance of health professionals who understand that caesarean section is not a mode of delivery that the parturient can choose. To legitimize this "choice" as a way of complying with the parents' fears and fantasies shows a superficial understanding of the subjects' demands, which reaffirms the notion of caesarean section as a consumer good. At the same time, we emphasize the role of respect in interpersonal relationships and the need of tactful clinical listening during prenatal care, which can help evaluate caesarean indications for emotional reasons.

In addition to the need for better knowledge about the emotional processes inherent to childbirth, it is of fundamental importance that health professionals be also emotionally supported. In this way, they will be able to develop psychological resources to access and protect the condition of great vulnerability of the parturient, minimizing the risk of obstetric violence.

6. Limitations and Future Research

In this research, we discussed the topic using a small segment of the birth experience in Brazil, so it is not possible to grasp the whole national scenario of childbirth care based on the results that were found. In the country, there are significant differences between public and private health assistance, which were not the focus of discussion in this study. In addition, there is an enormous cultural diversity, a myriad of birth experiences, and often no public or private health service for certain groups of people like some indigenous populations.

To look into the subjective experiences of men and women at the moment of their children's birth helps to expand the debate on the subject today. It contributes to family assistance actions in the scope of collective health and to the deconstruction of the technocratic obstetric model in Brazil. We point to the need of developing more studies that address the experience of parenthood in childbirth, since this topic is still little explored in the literature. Research that seeks to give voice to maternal and paternal feelings about birth in Brazil is fundamental for the construction of new actions in the field of family emotional health.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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