

PRESENTATION

Labor and birth: knowledge, reflection, and different perspectives

This dossier focuses on the process of medicalizing childbirth and its consequences. Starting in the final decades of the nineteenth century, childbirth had been included in the range of medicine, gradually becoming a completely medicalized event. This historic process expanded vigorously in various regions of the world during the twentieth century and yielded significant advantages, principally with relation to declining rates of maternal and neonatal mortality. However, intensified medicalization of birth also indicates problems, to the extent that excessive technologization has led to criticism and dissatisfaction, mainly with regards to the clinical, physical, and emotional consequences of excessive interventions.

In Brazil, since the late nineteenth century, when medicine began to intensify the medicalization of childbirth, one of the main problems has been the different types of care administered to poor and more affluent women. In most cases, the former had little access to medical and hospital care, while the latter had their babies in the comfort of their own homes with doctors and servants who were entrusted with their care. This problem persists to the present day, despite the formidable expansion of access to medical services and public policies intended to guarantee reproductive rights and humanized care for women.

Medicalization has also been reflected in tensions and controversies regarding the techniques and technologies that gradually came to comprise the scene of childbirth. The inappropriate or unnecessary use of various procedures is increasingly discussed by health professionals and women in the search for balanced use of interventions and technologies in the birthing process. The cesarean section is the most significant example of this problem. Since 2013, more than half of all births in Brazil involved this surgery. Although the World Health Organization states that cesarean section should be used at a rate of 10–15% of all live births (Betrán et al., 2015; WHO, 2018), the remarkable incidence of this procedure in Brazil has unsettled various sectors of society, generating a range of positions between actors from different professional fields and health system users.

The cesarean is not the only problem that has been seen in relation to medicalized childbirth; the excessive number of interventions so criticized by various groups of women contrasts with a lack of adequate assistance for poorer women. While middle-class women debate the most comfortable or “humanized” way of having their babies, poorer women often still have difficulties accessing pain relief and anesthetics to lessen their suffering during labor.

The organization of the health system, of professional practices and of social movements, as well as the way individuals incorporate medical technologies are some of the dimensions

of the process of medicalization of childbirth in Brazil. This complexity requires perspectives from different disciplines and methodologies to explore the issue. These aspects have been covered by various studies addressing birth practices, the use and abuse of cesarean section, topics related to the choice of delivery route, and obstetric violence. Noteworthy among these studies is “Nascer no Brasil: inquérito nacional sobre parto e nascimento” [“Born in Brazil: a national survey of labor and birth”], which was conducted by Fiocruz to understand the determinants, magnitude, and effects of obstetric interventions in childbirth.¹ This study revealed the complex framework of iniquities related to the medicalization of childbirth in Brazil, and is crucial to reflection on transformations in childbirth practices and the increasingly intensive use of interventions.

By sharing the aforementioned concerns, and in order to join efforts to bring new perspectives to the issue of birth and its process of medicalization,² an interdisciplinary group of researchers involved in the Medicalization of Childbirth in Brazil Project (COC/Fiocruz) made a call for articles to be part of this special edition. We would like to thank the authors who responded and who share our goal to provide a foundation for a variety of reflections on this subject.

As a part of this same effort to bring together different perspectives on this issue, an international seminar entitled “Medicalization of Childbirth” was held on October 22–23, 2018, at the Museum of Life auditorium (Fiocruz, Rio de Janeiro). This event featured the participation of researchers from around Brazil and around the world, including different health care professionals and representatives of women’s movements, to discuss the current situation of childbirth assistance in Brazil. The topics discussed during this seminar will soon be organized into a book.

To recall the historian Maria Lúcia Mott, who is honored in our dossier, “childbirth is not only a physiological act, but bears witness to a society, its best and its worst” (Mott, 2002, p. 399). The medicalization of labor, childbirth, and life is part of our society, and looking at these issues is one way of transforming it.

NOTES

¹ See <<http://www6.ensp.fiocruz.br/nascerbrasil/>>.

² Other journals which have devoted special issues or thematic dossiers to the topic of childbirth include *Civitas: Revista de Ciências Sociais* (v.15, n.2, 2015; available at: <<http://revistaseletronicas.pucrs.br/ojs/index.php/civitas/issue/view/974>>) and *Revista Estudos Feministas* (v.10, n.2, 2002; available at: <<https://periodicos.ufsc.br/index.php/ref/issue/view/318/showToc>>).

REFERÊNCIAS

BETRAN, Ana Pilar et al.
What is the optimal rate of caesarean section at population level? A systematic review of ecologic studies. *Reproductive Health*, v.12. Disponível em: <<http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-015-0043-6>>. Acesso em: 19 nov. 2018. 2015.

MOTT, Maria Lucia. Parto.
Revista Estudos Feministas, n.2, p.399-401. 2002.

WHO.

World Health Organization. *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva: World Health Organization. 2018.

Luiz Antônio Teixeira

Researcher, Casa de Oswaldo Cruz/Fiocruz;
professor, Universidade Estácio de Sá.
Rio de Janeiro – RJ – Brasil
luiztei3@gmail.com

Andreza Rodrigues Nakano

Professor, Escola de Enfermagem Anna Nery/
Universidade Federal do Rio de Janeiro.
Rio de Janeiro – RJ – Brasil
andrezaenfermeira@gmail.com

Marina Fisher Nucci

Post-doctoral fellow, Casa de Oswaldo Cruz/Fiocruz.
Rio de Janeiro – RJ – Brasil
marinanucci@gmail.com